

Maturity Payout Form

1. The form must be duly filled and signed by the Claimant (PolicyHolder / Assignee / Trustee) and can be submitted at any Aviva Branch or sent by courier to Aviva's Head Office
2. The PolicyHolder/Claimant is required to carry Original Documents for verification at the Aviva Branch. Self-attestation on documents is a mandatory requirement and any alterations/corrections in the form need to be duly signed by the PolicyHolder/Claimant
3. In case the PolicyHolder authorizes any third person to submit the document/s on his / her behalf, the customer's authorization letter & depositor's ID proof is required
4. TDS (Tax Deduction at Source), if applicable will be imposed as per applicable Income Tax Laws

| Documents Required for Maturity | Documents Required for Aviva Annuity Policy |
|---|---|
| <input type="checkbox"/> Self attested copy of Photo ID Proof <input type="checkbox"/> Copy of Cancelled Cheque/Self attested Bank Statement with pre-printed name and Account Number reflecting the last 3 months' transactions <input type="checkbox"/> Address Proof (in case of Non-Residents or change in address) | <input type="checkbox"/> Annuity Proposal Form with recent Photograph <input type="checkbox"/> Self Attested copy of Age/ID Proof and Address Proof <input type="checkbox"/> Copy of PAN Card (in case of non availability, Form 60 is mandatory) <input type="checkbox"/> Form 15 G/15 H/ Exemption Certificate (Subject to TDS applicability) <input type="checkbox"/> PEP Declaration, GSTIN Addendum and E-Form |

POLICYHOLDER DETAILS

Policy Number(s)

Name of the Policyholder/Assignee/Trustee

Current Address

City State Pin Code

Mobile Number Alternate Number

Email ID

PAN No (Mandatory)

Residential Status (Tick as applicable) Resident Non Resident

Residence for Tax Purposes in Jurisdiction(s) outside India: Yes* No

*If either Residential Status is "NRI" or Tax jurisdiction is "Yes", kindly fill the CRS/FATCA Addendum available on the Aviva Website or at any Aviva Branch.

BANK ACCOUNT DETAILS

Account Holder's Name (as appearing in the Bank records)

Bank Name

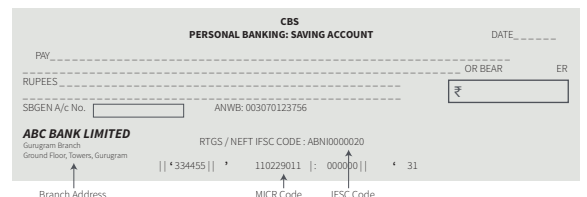
Branch Address

Account Number

IFSC Code (11 digits)

MICR Code (9 digits)

Account Type Savings Account Current Account NRE* NRO



The image shows a sample of a CBS Personal Banking Saving Account passbook page. It includes fields for PRY, DATE, RUPEES, OR BEAR, ER, SBGEN A/c No., ANWB: 003070123756, ABC BANK LIMITED, Gurugram Branch, RTGS / NEFT IFSC CODE: ABNI0000020, Ground Floor, Towers, Gurugram, MICR Code, and IFSC Code. The MICR Code is shown as || *334455 || and the IFSC Code is 110229011 | : 000000 | * 31.

*For NRE Account Type, kindly submit Pre Printed cancelled Cheque of NRE Account and Self Attested Bank Statement/Passbook of NRE Account from which premiums are remitted. Aviva will not be responsible for any delay or non-credit due to incorrect banking details.

ANNUITY OPTION (Applicable for Pension Maturity only)

I exercise the following option for availing Annuity

I avail _____ % of the policy value (not more than 1/3rd of the policy value) towards lump sum withdrawal and would like to buy annuity from _____ (Name the Indian Life Insurance Company from which you would like to buy Annuity) for the balance amount.

OR

I avail 100% of the maturity value towards buying annuity from _____ (Name of the Indian Life Insurance Company from which you would like to buy Annuity).

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it.

For CRS/FATCA - I hereby consent and authorize the Company to collect, store, communicate and process information relating to the policy and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

Signature/Thumb Impression
of PolicyHolder

Date Place _____

VERNACULAR DECLARATION (Declaration when the Policyholder has affixed thumb impression or has signed in any language other than English) - I hereby declare and certify that I have explained the content of this form to the Policyholder in the language understood by him/her and that the Policyholder has affixed his/her thumb impression/ signature on this form in my presence, after fully understanding the content thereof.

Declarant's Name _____

Declarant's Address & Contact No. _____

_____ Declarant's Signature _____

Date

Note: Kindly submit a copy of the Photo Identity Proof of the Declarant.

FOR BRANCH USE ONLY

Service Request ID _____

Branch Name _____ Employee Code

Employee Name & Signature

Branch Stamp & Date



Aviva Life Insurance Company India Limited
401-A, 4th Floor, Block A, DLF Cyber Park,
Sector-20, NH-8, Gurugram, Haryana-122 016
www.avivaindia.com



Customer Service Helpline Number
1800-103-77-66 (Toll Free)
0124-270-9046



Email
customerservices@avivaindia.com