

**POLICY SCHEDULE**

**Non-Linked Non-Participating Plan**

<b>Policy</b>	
Policy Number	:
Plan Name	: <b>Aviva Life Shield Advantage</b>
UIN	: <b>122N081V02</b>
Plan Option Opted (A/B)	:
<b>Policyholder</b>	
<b>Insured</b>	
Name	: Name :
Date of birth	: Date of birth :
Age	: Age :
Sex	: Sex :
Identity Proof	: Identity Proof :
Address	: Address :

:

Whether Age admitted (Yes/No):

Relationship with Insured (Yes/No):

Marital Status:

**Insurance Details -**

**Option A/ Option B** :

Sum Assured :

Annualised Premium\*\* : Commencement Date :

Regular Premium (if applicable) : Premium Frequency :

Single Premium (if applicable):

Applicable Tax Amount\* :

Total Amount :

Policy Term :

Premium Payment Term :

Commencement Date :

Risk Commencement Date:

Maturity Date :

Due date for payment of last instalment of Regular Premium:

Nature of Charge/Fee	Rate applicable at the Commencement Date	Maximum Limit
1) Alteration charges  This is a charge levied at the time of change in Premium Frequency	Rs.100*	This charge is reviewable subject to approval from IRDA.
2) Revival fee  This is a fee levied at the time of reinstatement of the Policy	Rs.250*	This charge is reviewable subject to approval from IRDA.

\* Applicable taxes will be charged and/ or deducted on/ from the premium/charges/fees at the prevailing rate. Tax laws are subject to change.

\*\*Annualised Premium excludes extra premium and taxes, if any

**Nomination Details (Under section 39 of the Insurance Act 1938)**

**Nominees:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Percentage: \_\_\_\_\_ Percentage: \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

Age: \_\_\_\_\_ Age: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Appointee (in case of minority of the Nominee)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Beneficiaries in case of Insurance under the Married Women's Property Act, 1874**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Age: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address : \_\_\_\_\_

Address : \_\_\_\_\_

**Channel Details**

Insurance Agent/ Insurance Broker:

Name of the Insurance Agent/ Insurance Broker:

Insurance Agent/ Insurance Broker License No.:

Insurance Agent/ Insurance Broker Code:

Address:

Telephone No.:

Mobile No.:

Email:

**Any Special Conditions:**

**Endorsements, if any:**

This Schedule forms an integral part of the Policy Document and should be read in conjunction.

Our Address :

**Aviva Life Insurance Company India Ltd.,** Aviva Tower, Sector Road, Opp. Golf Course, DLF Phase V, Sector 43, Gurgaon -122 003 (Haryana)

**Note:** On examination of this Schedule, if You notice any mistake in the information related to you, this Policy Document is to be returned for correction to Us.

Authorised Signatory :

Date :

Place: New Delhi

SPECIMEN