

SCHEDULE

Non- Linked Participating Plan

Policy Number	:	
Plan Name	:	Aviva Dhan Nirman
UIN	:	122N105VV01
Policyholder		Insured
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 the Insured:		

Marital Status:

Insurance Details -

Sum Assured :

Annual Premium** :

Annualised Premium**:

*Regular Premium : Premium Frequency :

Applicable Tax Amount :

Total Amount :

Policy Term :

Premium Payment Term :

Commencement Date :

Risk Commencement Date:

Maturity Date :

Survival Benefit Payout Details:

Due Date for payment of last instalment of Regular Premium:

Nature of Charge/Fee	Rate applicable
1) Alteration charge This is a charge levied at the time of change in Premium Frequency	Rs.100*
2) Revival fee This is a fee levied at the time of revival of the Policy	Rs.250*

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

** Annual/Annualised Premium excludes extra premium and applicable taxes, if any.

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

Nominees .

Name: Name: Name:

Percentage:_____ Percentage:_____ Percentage:_____

Address:_____ Address:_____ Address:_____

Telephone No.: Telephone No. : Telephone No. :

Age:_____ Age:_____ Age:_____

Relationship:_____ Relationship:_____ Relationship:_____

Appointee (in case of minority of the Nominee)

Name:

Address:_____

Telephone No.:

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

Name:

Name:

Age:

Age:

Relationship:	Relationship:
Address:	Address:
Telephone No.:	Telephone No.:
Any Special Conditions:	
Endorsements, if any:	
.	
This Schedule forms an integral part of the Policy Document and should be read in conjunction.	
Agents/Broker 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:	
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