

SCHEDULE

Non Linked Non Participating Plan

Policy	
Policy Number	:
Plan Name	: Aviva Dhan Samruddhi
UIN	: 122N097V02
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:	
Policyholder	Insured
Name :	Name :
Date of birth :	Date of birth :
Age :	Age :
Sex :	Sex :

Identity Proof :	Identity Proof :
Address :	Address :
Telephone No. :	Telephone No. :
Mobile No. :	Mobile No. :
Email :	Email :
Whether Age admitted (Yes/No):	
Relationship with Insured (Yes/No)	
Insurance Details	
Sum Assured :	
Annualised Premium+ :	Commencement Date :
*Regular Premium :	Premium Frequency :
Applicable Tax Amount :	
Total Amount of Regular Premium :	
Policy Term :	
Maturity Date :	
Survival Benefit Payout Date(s)	
Premium Payment Term :	

Due Dates for payment of Regular Premium:

Date of last instalment of Regular Premium:

Alteration Charges: Rs .100

Revival Fee:Rs.250

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

+ Annualised Premium excludes extra premium and taxes

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

Nominees:

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Age _____ Age: _____ Age: _____

Relationship _____ Relationship: _____ Relationship _____

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

Mobile No.: _____ Mobile No.: _____ Mobile No.: _____

Email: _____ Email: _____ Email: _____

Appointee (in case of minority of the Nominee)

Name:

Address: _____

Telephone No.:

Mobile No.:

Email:

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. :

Mobile No. :

Mobile No. :

Email :

Email

Any Special Conditions:

Endorsements, if any:

All premiums and benefits under this Policy are payable in Indian Rupees.

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 Policy Document, if You notice any mistake, this Policy Document is to be returned for correction to Us.

Authorised Signatory:

Date:

Place: New Delhi