



**SCHEDULE**

**Non Linked Non Participating Plan**

<b>Policy</b>			
Policy Number	:		
Plan Name	: <b>Aviva Dhan Samruddhi</b>		
UIN	: 122N097V03		
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:			
<b>Policyholder</b>	<b>Insured</b>		
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)		
<b>Insurance Details</b>		
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

<b>Nomination Details (Under section 39 of the Insurance Act 1938)</b>		
<b>Nominees:</b>		
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:

Age:

Relationship:

Address :

Telephone No. :

Mobile No. :

Email :

Name:

Age:

Relationship:

Address :

Telephone No. :

Mobile No. :

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