

**SCHEDULE**

**An Individual Non-Linked, Non-participating Savings Life Insurance Plan**  
**(UIN:122N097V04)**

<b>Policy</b>	
Policy Number :	
Plan Name	: <b>Aviva Dhan Samruddhi</b>
UIN	: 122N097V04
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 :

One Year's Premium:

\*Regular Premium : Premium Frequency :

Applicable Tax Amount :

Total Amount of Regular Premium

\*Rider Premium :

Applicable Tax Amount :

Policy Term :

Maturity Date :

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/charges/fee/rider premium at the prevailing rate. Tax laws are subject to change.

+ Annualised Premium is the premium amount payable in a Policy Year excluding the applicable taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.

**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:

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, Gurugram -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: Gurugram