

SCHEDULE
Non- Linked Non- Participating Plan

<p>Policy Number:</p> <p>Plan Name : Aviva Sampurna Suraksha</p> <p>UIN: 122N107V01</p>
<p>Policyholder</p> <p>Name :</p> <p>Date of Birth :</p> <p>Age :</p> <p>Sex :</p> <p>Identity Proof:</p> <p>Relationship with Insured:</p> <p>Address :</p>

Insured

Name :

Date of Birth :

Age :

Sex :

Address :

Identity Proof:

Whether Age Admitted : (Yes/No)

Marital Status:

Insurance Details

Sum Assured :

Annual Premium**:

Commencement Date :

Risk Commencement Date:

*Single Premium:

Applicable Tax Amount :

Total Amount :

*Regular Premium :

Premium Frequency :

Applicable Tax Amount :

Total Amount :

Premium Payment Term:

Policy Term:

Maturity Date:

Due Date for payment of last instalment of Regular Premium:

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

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

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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)

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

Authorised Signatory

Date :

Place: New Delhi

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