

Survival Benefit Payout Form

1. The Survival Benefit Payout Form must be filled and signed by the Policyholder (Payee/Assignee/Trustee)
2. TDS (Tax Deduction at Source) will be imposed as per the applicable Income Tax Laws
3. Please submit the request at any Aviva Branch or courier to Aviva's Head Office or email it to claims@avivaindia.com

Mandatory Documents to be Submitted	Additional Documents to be Submitted for NRE/NRO
<ol style="list-style-type: none"> 1. Survival Benefit Form duly filled and signed by the Policyholder 2. Self attested copy of Cancelled Cheque/Self attested Bank Statement with pre-printed name and Account Number, reflecting the last 3 months' transactions 3. Self attested copy of Aadhaar Card 	<ol style="list-style-type: none"> 1. CRS/FATCA form 2. Copy of Cancelled Cheque with pre-printed name and account number or Self attested Bank Statement/Bank Passbook of NRE A/C, from which the premiums are remitted reflecting remittance entry.

POLICYHOLDER DETAILS

Policy Number(s)

Name of the Policyholder/Assignee/Trustee

Mobile Number Alternate Number

Email ID PAN No (Mandatory)

Aadhaar Card No (Mandatory)

Residential Status (Tick as applicable) Resident Non Resident

Residence for Tax Purposes in Jurisdiction(s) outside India: Yes* No

* If "Yes", kindly fill the CRS/FATCA Addendum available on the Aviva Website or at any Aviva Branch

BANK ACCOUNT DETAILS

Account Holder's Name (as appearing in the Bank records)

Bank Name

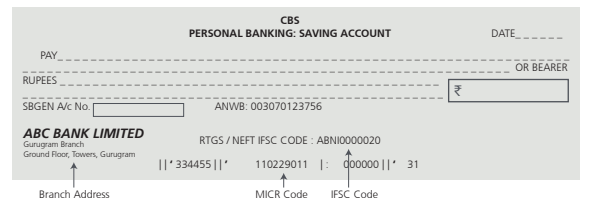
Branch Address

Account Number

IFSC Code (11 digits)

MICR Code (9 digits)

Account Type Savings Account Current Account NRE* NRO



* For NRE Account Type, kindly submit Pre Printed cancelled Cheque of NRE Account and Self Attested Bank Statement/Passbook of NRE Account from which premiums are remitted. Aviva will not be responsible for any delay or non-credit due to incorrect banking details.

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I permit/authorize the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

Signature/Thumb Impression
of PolicyHolder

Date

Place _____

If the form is signed in Vernacular/Thumb Impression, the below declaration should be made by a person who is not connected to Aviva Life Insurance Company India Ltd. Kindly submit a self attested copy of the Photo Identity Proof of the declarant.

Declarant's Name _____ Occupation _____

Declarant's Signature _____

Declarant's Address & Contact Number _____

FOR BRANCH USE ONLY

Service Request ID _____

Branch Name _____ Employee Code

Employee Name & Signature

Branch Stamp & Date



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Customer Service Helpline Number
1800-103-77-66 (Toll Free)
0124-270-9046



Email
claims@avivaindia.com