

# 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](mailto:claims@avivaindia.com)

Mandatory Documents to be Submitted	Additional Documents to be Submitted for NRE/NRO
<ol style="list-style-type: none"> <li>1. Survival Benefit Form duly filled and signed by the Policyholder</li> <li>2. Self attested copy of Cancelled Cheque/Self attested Bank Statement with pre-printed name and Account Number, reflecting the last 3 months' transactions</li> <li>3. Self attested copy of Photo ID Proof</li> </ol>	<ol style="list-style-type: none"> <li>1. CRS/FATCA form</li> <li>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.</li> </ol>

## POLICYHOLDER DETAILS

Policy Number(s)

Name of the Policyholder/Assignee/Trustee

Mobile Number  Alternate Number

Email ID

PAN 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

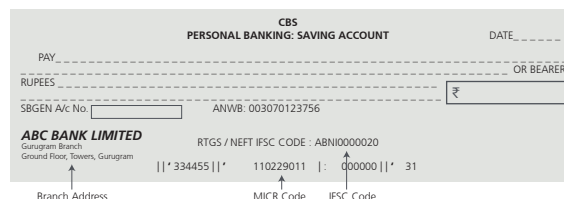
Branch Address

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 

D	D	M	M	Y	Y	Y	Y
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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 \_\_\_\_\_  
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## FOR BRANCH USE ONLY

Service Request ID \_\_\_\_\_

Branch Name \_\_\_\_\_ Employee Code 

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Employee Name & Signature

Branch Stamp & Date



**Aviva Life Insurance Company India Limited**  
Aviva Tower, Sector Road, Opposite Golf Course  
DLF Phase-V, Sector 43, Gurugram-122003  
[www.avivaindia.com](http://www.avivaindia.com)



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



**Email**  
[claims@avivaindia.com](mailto:claims@avivaindia.com)