

Part A
(Welcome Letter)

<<Date>>
<<Policyholder's Name>>
<<Policyholder's Address>>
<<Policyholder's Contact Number>>

Sub: Your Policy no. <<>>-HDFC Life Sampoon Nivesh Plus

Dear <<Policyholder's Name>>,

We are glad to inform you that your proposal has been accepted and the HDFC Life Sampoon Nivesh Plus Policy ("Policy") being this Policy, has been issued. We have made every effort to design your Policy in a simple format. We have highlighted items of importance so that you may recognize them easily.

Policy document:

As evidence of the insurance contract between HDFC Life Insurance Company Limited and you, the Policy is enclosed herewith. Please preserve this document safely and inform your nominees about the same. A copy of your proposal form and other relevant documents submitted by you is also enclosed for your information and record.

Cancellation in the Free-Look Period:

In case you are not agreeable to any of the terms and conditions stated in the Policy, you have the option to return the policy to us for cancellation stating the reasons thereof, within 30 days from the date of receipt of the Policy whether received electronically or otherwise. On receipt of your letter along with the original policy(original Policy Document is not required for policies in dematerialised form or where policy is issued only in electronic form), we shall arrange to refund the value of Units allocated to you on the date of receipt of request plus the unallocated part of the premium plus charges levied by cancellation of Units, subject to deduction of the proportionate risk premium for the period on cover expenses incurred on medical examination of the proposer and stamp duty charges (if any).

Contact us:

For any assistance with your policy or services, please call us at **022-68446530** (Mon to Sat – 10 AM to 7 PM IST) or email us at service@hdfclife.com. Please quote your Policy number in all correspondence. Our postal address for correspondence is as specified below. You may reach out to your Certified Financial Consultant (Insurance Agent) who assisted you with this policy.

Agent details:

Name:<<HDFC BANK, **Address:** HDFC Bank Ltd, Sandoz House, 2nd Floor, Shiv Sagar Estate, Dr. Annie Besant Road, Worli, Mumbai, Maharashtra -400018 **Agent No.:** 01546366 **License No.:** CA0010 **Contact Details:** XXXXXXXX>>

To contact us in case of any grievance, please [Click here](#), you may also refer to Part G.

Yours sincerely,



Authorised Signatory

Branch Address:<<HDFC Life Nagpur-Central Avenue, 1st floor Rajmahal Complex, Central Avenue Road Lakardganj, Above Axis Bank, Nagpur, 440008.>>

Address for Correspondence: HDFC Life Insurance Company Limited (“HDFC Life”), 11th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai-400011.

Registered Office: HDFC Life Insurance Company Limited (“HDFC Life”), Lodha Excelus, 13th Floor, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai- 400 011.

CIN: L65110MH2000PLC128245, IRDAI Reg. No. 101 |Website: www.hdfclife.com | Email ID: service@hdfclife.com|nriservice@hdfclife.com (For NRI customers only) |Helpline number: **022-68446530** (Call charges apply) (Mon to Sat – 10 AM to 7 PM IST) | NRI Helpline number +91 89166 94100 (Call charges apply)(Mon to Sat – 10 AM to 9 PM IST)

SAMPLE COPY

POLICY DOCUMENT- HDFC Life Sampoon Nivesh Plus

Unique Identification Number: <<101L180V01>>

ALL UNIT LINKED POLICIES ARE DIFFERENT FROM TRADITIONAL INSURANCE POLICIES AND ARE SUBJECT TO DIFFERENT RISK FACTORS. IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.

THE LINKED INSURANCE PRODUCTS DO NOT OFFER ANY LIQUIDITY DURING THE FIRST FIVE YEARS OF THE CONTRACT. THE POLICYHOLDER WILL NOT BE ABLE TO SURRENDER OR WITHDRAW THE MONIES INVESTED IN LINKED INSURANCE PRODUCTS COMPLETELY OR PARTIALLY TILL THE END OF THE FIFTH YEAR

Your Policy is a << regular/ limited/single >> Premium paying Unit Linked Non-Participating Individual Life Insurance Savings Policy. This document is the evidence of a contract between HDFC Life Insurance Company Limited (“HDFC Life”) (‘We/ ‘Company’) and the Policyholder (‘You’) as described in the Policy Schedule given below. This Policy is based on the Proposal made by the within named Policyholder and submitted to the Company along with the required documents, declarations, statements, << any response given to the Short Medical Questionnaire (SMQ) by the Life Assured >>, <<applicable medical information and documents>> and other information received by the Company from the Policyholder, Life Assured or on behalf of the Policyholder. This Policy is effective upon receipt and realisation, by the Company, of the consideration payable as First Premium under the Policy. This Policy is written under and will be governed by the applicable laws in force in India and all Premiums and Benefits are expressed and payable in Indian Rupees.

POLICY SCHEDULE

Policy number: <<>>

Client ID: <<>>

Policyholder Details

Name	<<>>
Address	<<>>
Gender	<< Male/ Female/ Transgender >>

Life Assured Details

Name	<<>>
Date of Birth	<< dd/mm/yyyy >>
Age on the Risk Commencement Date	<<>> years
Age Admitted	<<Yes/No >>

Policy Details

Policy Commencement Date	<<Date >>
Risk Commencement Date	<< Risk Commencement Date >>
Plan Option chosen	<< Classic (Life Option/Extra Life Option)/ Classic Plus / Classic Waiver/ Classic Waiver Plus >>
Premium Due Date(s)	<<dd /month >>

Basic Sum Assured (at inception)	Rs. <<>>
Income Benefit	<< NA / % of Sum Assured (For Classic Waiver Plus Option only)>>
Income Term	<< NA / years (For Classic Waiver Plus Option) >>
Annualized Premium/Single Premium	Rs. <<>>
Policy Term	<<>> years
Premium Paying Term	<<>> years
Frequency of Premium Payment	<< Single / Annual / Half-Yearly / Quarterly / Monthly >>
Premium per Frequency of Premium Payment	Rs. <<>>
Total Premium per Frequency of Premium Payment	Rs. <<>>
Grace Period	<< 15 (for Monthly mode) 30 (for other modes) >> days
Fund	<<Fund Name - % Allocation>>
Expiry Date of Lock-in Period	<< 5 years from RCD >>
Final Premium Due Date	<< dd/mm/yyyy>>
Maturity Date	<< dd/mm/yyyy>>
Policy issued on the basis of Short Medical Questionnaire (SMQ)	<< Yes/No >>

Minimum Values Required

Partial Withdrawal Amount	Rs. 10,000
----------------------------------	------------

Rider Policy Details

Name of the Rider	<<>>
UIN of the Rider	<<>>
Risk Commencement Date	<<>>
Date of Issue	<<>>
Rider Sum Assured	<<>>
Annualized Premium/Single Premium	<<>>
Policy Term	<<>>
Premium Paying Term	<<>>
Frequency of Premium Payment	<<>>
Premium per Frequency of Premium Payment	<<>>

Rider Policy Details

Name of the Rider	<<>>
UIN of the Rider	<<>>
Risk Commencement Date	<<>>
Date of Issue	<<>>
Rider Sum Assured	<<>>
Annualized Premium /Single Premium	<<>>
Policy Term	<<>>
Premium Paying Term	<<>>
Frequency of Premium Payment	<<>>

Premium per Frequency of Premium Payment	<<>>
---	------

The Premium amount is excluding any applicable Taxes and levies leviable on the Premium. Amount of Taxes and levies will be charged at actuals as per prevalent rate.

NOMINATION SCHEDULE

Nominee's Name	<<Nominee-1 >>	<<Nominee-2 >>
Gender	<< Male / Female / Transgender>>	<< Male / Female / Transgender>>
Nominee's Relationship with the Life Assured	<<>>	<<>>
Date of Birth of Nominee	<< dd/mm/yyyy>>	<< dd/mm/yyyy>>
Nomination Percentage	<<>> %	<<>> %
Nominee's Address	<<>>	<<>>
Appointee's Name (Applicable where the nominee is a minor)	<<>>	
Appointee's Gender	<< Male / Female / Transgender>>	
Appointee's relationship with the Nominee	<<>>	
Date of Birth of Appointee	<< dd/mm/yyyy>>	
Appointee's Address	<<>>	
Address for Communication	<<>>	

Signed at Mumbai on <<>>

For HDFC Life Insurance Company Limited ("HDFC Life")

Authorised Signatory

Stamp Duty of Rs. ____/- is paid as provided under Article 47D(iii) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. (____ Validity Period Dt. ____ To Dt. (O/w.No. ____)/Date: ____).

In case you notice any mistake, you may return the Policy document to us for necessary correction.

SPACE FOR ENDORSEMENTS

Part B (Definitions)

In this Policy, the following definitions shall be applicable:

- 1) **“Act”** means the Insurance Act, 1938 (4 of 1938).
- 2) **“Accident”** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 3) **“Accidental Death”** means death by or due to a bodily injury caused by an Accident, independent of all other causes of death.
- 4) **“Allocation”** for linked insurance product means the process of allocating premium to create units, at the prevailing unit price, in the segregated funds offered under the linked insurance product, as and when the premiums are received or switches from one fund to another fund are made.
- 5) **“Annualized Premium”** means the premium amount payable in a year excluding taxes, rider premiums and underwriting extra premium on riders, if any.
- 6) **“Appointee”** means the person named by You and registered with Us in accordance with the Nomination Schedule, who is authorized to receive the Death Benefit under this Policy on the death of the Life Assured while the Nominee is a minor.
- 7) **“Assignee”** means the person to whom the rights and benefits under this Policy are transferred by virtue of assignment under section 38 of the Insurance Act, 1938 as amended from time to time.
- 8) **“Authority”** means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and Development Authority Act, 1999.
- 9) **“BAUP”** means the Board Approved Underwriting Policy of HDFC Life Insurance Company Limited (“HDFC Life”).
- 10) **“Charges”** means or refers to Premium Allocation Charge, Policy Administration Charge, Fund Management Charge, Mortality Charge, Switching Charge, Partial Withdrawal Charge, Miscellaneous Charge and Surrender or Discontinuance Charge.
- 11) **“Company, company, Insurer, Us, us, We, we, Our and our”** means or refers to HDFC Life Insurance Company Limited.
- 12) **“Cut-off time”** means the time by which we must have accepted your instructions to invest in, or encash Units from a Fund, for us to invest in or encash Units at the associated valuation time. As per Regulations, the current Cut-off time is 3.00pm.
- 13) **“Date of Payment of Premium”** means the date on which premium payment is received by the insurer in accordance with the provisions of Section 64 VB (2) of the Act.
- 14) **“Death Benefit”** means the benefit which is payable on death of life assured, as stated in the policy document.
- 15) **“Discontinuance”** means the state of a policy that could arise on account of surrender of the policy or non-payment of the premium due before the expiry of the grace period.
- 16) **“Discontinued Policy Fund”** means the segregated fund of the insurer constituted by the fund value, as applicable, of all the linked insurance policies discontinued during lock-in period.
- 17) **“Frequency of Premium Payment”** means the period, as stated in the Policy Schedule, between two consecutive Premium due dates for the Policy.
- 18) **“Fund”** means each of the Funds earmarked by the Company for Unit Linked business and available to this product.
- 19) **“Grace Period for other than single premium policies”** means the time granted by the insurer from the due date of payment of premium, without any penalty or late fee, during which time the policy is considered to be in-force with the risk cover without any interruption, as per the terms & conditions of the policy. The grace period for payment of the premium for all types of life insurance policies shall be fifteen days, where the policyholder pays the premium on a monthly basis and 30 days in all other cases.
- 20) **“Income Benefit”** means a percentage of the Sum Assured paid out as monthly income as part of death benefit under Classic Waiver Plus Option.
- 21) **“Income Term”** means the tenure for which the “Income Benefit” shall be paid.

- 22) **“Life Assured”** means the person as stated in the Policy Schedule on whose life the contingent events have to occur for the Benefits to be payable. The Life Assured may be different from the Policyholder.
- 23) **“Lock-in Period”** means the period of five consecutive completed years from the date of Policy Commencement Date, during which period the proceeds of the policies cannot be paid by the insurer to the policyholder or to the insured, as the case may be, except in the case of death or upon the happening of any other contingency covered under the policy.
- 24) **“Maturity Date”** means the date stated in the Policy Schedule, on which the Policy Term expires and this Policy terminates.
- 25) **“Net asset value (NAV)”** means the price per unit of the segregated fund.
- 26) **“Nominee”** means the person named by You and registered with Us in accordance with the Nomination Schedule, who is authorized to receive the Death Benefit under this Policy, on the death of the Life Assured.
- 27) **“Non-par products”** or **“Products without participation in profits”** means products where policies are not entitled for any share in surplus (profits) during the term of the policy.
- 28) **“Partial Withdrawals”** means any amount withdrawn partially out of unit fund by the policyholder during the term of the policy.
- 29) **“Policy Anniversary”** means the annual anniversary of the Risk Commencement Date.
- 30) **“Policyholder, You, you, your”** means or refers to the Policyholder stated in the Policy Schedule.
- 31) **“Policy Term”** means the term of the Policy as stated in the Policy Schedule.
- 32) **“Premium(s)”** means an amount stated in the Policy Schedule, payable by You to Us for every Policy Year by the due dates, and in the manner stated in the Policy Schedule, to secure the benefits under this Policy, excluding applicable taxes and levies.
- 33) **“Premium Paying Policy”** means the policy for which all due premiums have been paid.
- 34) **“Premium Paying Term”** means the period as stated in the Policy Schedule, in years, over which Premiums are payable.
- 35) **“Premium Redirection”** means an option which allows the policyholder to modify the allocation of amount of renewal premium to various segregated funds under a linked insurance policy.
- 36) **“Products”** include base products and riders or add-ons.
- 37) **“Revival of a Policy”** means restoration of the Policy, which was discontinued due to the non-payment of Premium, by the Company with all the benefits mentioned in the Policy document, with or without rider benefits, if any, upon the receipt of all the Premiums due and other charges/late fee, if any, during the revival period, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the insured or policyholder on the basis of the information, documents and reports furnished by the Policyholder, in accordance with the Board approved underwriting policy.
- 38) **“Revival Period”** means the period of three consecutive complete years from the date of first unpaid premium
- 39) **“Rider”** means the insurance cover(s) added to a base product for additional premium or charge.
- 40) **“Rider Benefits”** means an amount of benefit payable on occurrence of a specified event covered under the rider, and is an additional benefit to the benefit under the base product, and may include waiver of premium benefit on other applicable riders.
- 41) **“Risk Commencement Date”** means the date, as stated in the Policy Schedule, on which the insurance coverage under this Policy commences. For policies issued on minor’s life, the Risk Commencement Date may start anytime on or up to two years from the Policy Commencement Date or on the policy anniversary after attainment of majority, whichever is earlier.
- 42) **“Savings Products”** means those products other than “Pure risk products”.
- 43) **“Segregated Fund”** means funds earmarked under linked insurance business.
- 44) **“Settlement Option”** means a facility made available to receive the maturity or death proceeds in instalments in accordance with the terms and conditions stated in advance at the inception of the contract.
- 45) **“Surrender”** means complete withdrawal/ termination of the entire Policy contract.

- 46) **“Surrender Value”** means an amount, if any, that becomes payable on surrender of a policy during its term, in accordance with the terms and conditions of the Policy.
- 47) **“Sum Assured”** means an absolute amount of benefit which is guaranteed to become payable on death of the Life Assured in accordance with the terms and conditions specified in the Policy.
- 48) **“Switches”** means a facility allowing the policyholder to move from one segregated fund, either wholly or in part, to other segregated fund(s) amongst the segregated funds offered as per the terms and conditions of the policy.
- 49) **“Top-Up Premium”** is an amount that is paid voluntarily by the policyholder besides contractual premium and is treated as single premium for all purposes.
- 50) **“Total Premiums Paid”** means total of all the premiums received under the base product including top-ups premium paid, if any.
- 51) **“Unique Identification Number (UIN)”** means a unique number allotted to each product which is required to be disclosed in product related literature, policy documents and any other supporting documents for such product.
- 52) **“Unit”** means a specific portion or a part of the underlying segregated unit linked fund which represents the Policyholder’s entitlement in such Funds.
- 53) **“Unit Linked Insurance Products (ULIP)”** are the products where the benefits are partially or wholly dependent on the performance of the underlying assets under each of the segregated fund offered.
- 54) **“Unit Fund Value, Fund Value”** means the summation of number of units in each Segregated Fund multiplied by the Net Asset Value (NAV) for respective Segregated Fund under that Policy.
- 55) **“Unit Price”** means the Net Asset Value (NAV) per Unit of the Investment Linked Fund.

Part C (Benefits)

1. Benefits

- (1) Maturity Benefit - On survival of the Life Assured till the Maturity Date and provided all Premiums which have fallen due have been paid, the Maturity Benefit described below is payable.
The Policyholder has the following options in respect of Maturity Benefit:
 - (i) to receive the entire Unit Fund Value as a lump sum amount; or
 - (ii) to receive the Unit Fund Value by way of Settlement Option as specified in Part D Clause 7 (Settlement Option).
- (2) Death Benefit - On death of the Life Assured before the Maturity Date and provided all Premiums which have fallen due have been paid, the Death Benefit payable will be based on the Death Benefit Option as specified in the Policy Schedule.

A. Classic Option

On a valid death claim for a Premium paying or a fully paid-up Policy, the Death Benefit shall be the highest of:

- (i) Sum Assured less Partial Withdrawals (as defined below) plus any additional Sum Assured in respect of Top-ups,
- (ii) Fund Value, or
- (iii) 105% of total Premiums paid.

For a reduced paid-up policy, the Death Benefit shall be the highest of:

- (i) Paid up Sum Assured less Partial Withdrawals (as defined below) plus any additional Sum Assured in respect of Top-ups,
- (ii) Fund Value, or
- (iii) 105% of total Premiums paid.

B. Classic Plus Option

On a valid death claim for a Premium paying or a fully paid-up Policy, the Death Benefit shall be the higher of:

- (i) Sum Assured plus Fund Value plus any additional Sum Assured in respect of Top-ups, or
- (ii) 105% of total Premiums paid.

For a reduced paid-up policy, the Death Benefit shall be the higher of:

- (i) Paid up Sum Assured plus Fund Value plus any additional Sum Assured in respect of Top-ups, or
- (ii) 105% of total Premiums paid.

C. Classic Waiver Option

On a valid death claim for a Premium paying or a fully paid-up Policy, the Death Benefit shall be the higher of:

- (i) Sum Assured plus any additional Sum Assured in respect of Top-ups, or
- (ii) 105% of total Premiums paid.

In addition, on each future Premium Due Date(s), an amount equal to the modal Premium, shall be credited to the Policyholder's Fund Value after deduction of applicable Charges.

For a reduced paid-up Policy, the Death Benefit shall be the higher of:

- (i) Paid up Sum Assured plus any additional Sum Assured in respect of Top-ups, or
- (ii) 105% of total Premiums paid.

Upon the payment of the Death Benefit, the Policy shall continue till maturity but all other risk benefits shall cease. Upon maturity, the Maturity Benefit shall become payable.

D. Classic Waiver Plus Option

Classic Waiver Plus option is not available for Single Pay policies.

The benefit payable on death are as detailed below:

a) Lumpsum Payout with Waiver of Premium

On a valid death claim for a Premium paying or a fully paid-up Policy, the Death Benefit shall be the higher of:

- (i) Sum Assured plus any additional Sum Assured in respect of Top-ups, or
- (ii) 105% of total Premiums paid.

In addition, on each future Premium Due Date(s), an amount equal to the modal Premium, shall be credited to the Policyholder's Fund Value after deduction of applicable Charges.

For a reduced paid-up Policy, the Death Benefit shall be the higher of:

- (i) Paid up Sum Assured plus any additional Sum Assured in respect of Top-ups, or
- (ii) 105% of total Premiums paid.

b) Monthly Income Benefit

An Income Benefit equal to a percentage of the Sum Assured (excluding any additional Sum Assured in respect of Top-ups) will also be paid on each monthly policy anniversary following the date of death till the end of the Policy Term or the chosen Income Term, whichever comes earlier, subject to a minimum of 24 monthly payments. Both, Income percentage and Income Term will have to be chosen at inception.

In case of death of Life Assured with less than 24 months left till the end of Policy Term, there will be a Lump Sum payment of remaining instalments (24 less monthly instalments already paid) at end of the Policy Term.

For example, for a policy with Policy Term of 10 years, if the Life Assured dies at the end of the 9th policy year, then 12 monthly instalments each equal to the chosen % of Sum Assured (excluding any additional Sum Assured in respect of Top-ups) will be paid at each monthly anniversary till the end of Policy Term and remaining 12 monthly instalments each equal to the chosen % of Sum Assured (excluding any additional Sum Assured in respect of Top-ups) will be paid on the date of maturity.

The policyholder can choose Income benefit % from 0.5%-2% and Income term can be between 5-20 years.

For a reduced paid-up policy, Income Benefit shall be payable as a chosen % of applicable paid-up Sum Assured (excluding any additional Sum Assured in respect of Top-ups).

Upon the payment of the Death Benefit and Income benefit, the Policy shall continue till maturity but all other risk benefits shall cease. Upon maturity, the Maturity Benefit shall become payable.

(3) The Death Benefit is subject to the exclusions set out in Part F Clause 1 (Exclusions).

The “Sum Assured (or Paid-Up Sum Assured, where applicable) less any Partial Withdrawals” will be calculated as follows:

- Sum Assured less all Partial Withdrawals (except from the top-up fund value) made during the two year period immediately preceding the death of the Life Assured

(4) Upon the payment of the Death Benefit (under the Classic and Classic Plus Options) or the Maturity Benefit, whichever is earlier, the Policy terminates and no further Benefits are payable.

- (5) Upon the payment of Death Benefit under the Classic Waiver Option, any other risk benefits will cease. The Policy continues automatically and the Unit Fund continues to remain invested until the Maturity Date without any further cover. On Maturity, the Unit Fund Value will be payable.
- (6) For Minor Life Assured: If Age of the Life Assured is less than or equal to 17 years, the life insurance cover under the Policy will commence:
- either immediately from Policy Commencement Date or
 - upto 2 years after the Policy Commencement Date or on Policy Anniversary after attainment of maturity i.e., on or after attainment of age 18, whichever is earlier.
- Under option ‘b’, there shall be no mortality charge levied till the Risk Commencement Date. Please refer the policy schedule for the Risk Commencement Date. In case of death prior to Risk Commencement Date, the insurance cover shall be restricted to the payment of fund value. In case of death on or after Risk Commencement Date, death benefit will be as per applicable plan option.
- (7) Loyalty Addition - The Loyalty Addition is an additional amount that will be added to the Fund Value every alternate year starting from the end of 11th Policy year. The Loyalty Addition expressed as percentage of average Fund Value, depends on the Premium Paying Term and Frequency of Premium Payment chosen.

Premium Paying Term	Frequency of Premium Payment	
	Annual	Other than Annual
5 to 6 years	1.8%	1.6%
7 to 9 years	1.2%	1.0%
10 years and above	1.2%	1.0%
Regular Pay	1.2%	1.0%

For single pay policies, the Loyalty Addition will be 1.50% of the average fund value. The Loyalty Addition shall be payable at the end of every policy year from year 10 to 14 (both inclusive).

The average fund value shall be calculated based on the fund values at the end of the Policy month, for the immediately preceding 12 policy months.

- (8) Return of Mortality Charge (ROMC)
Return of mortality charges will be applicable only under Classic Waiver Plus option

A percentage of total mortality charges deducted during the policy term (excluding underwriting extra premium and taxes) will be payable along with the fund value at maturity. The percentage of the total mortality charge to be returned is as specified in the table below:

Age (years)	Policy Term (years)	Return of mortality charges
18-45	10	NA
18-44	11-19	0.5x
	20-30	1x
45-50	11-30	1x

Return of mortality charges will only be applicable if the Life Assured survives till maturity and all due premiums are paid.

(9) Accidental Death Benefit - This Clause only applies if the Policyholder has selected the Extra Life Benefit under the Classic Option and we have accepted it. This Benefit will be payable in addition to the Death Benefit as specified in Clause 1(2) above subject to Part F Clause 1 (Exclusions).

The Accidental Death Benefit will be equal to:

- (i) The Sum Assured if it is a Policy where all due Premiums have been paid and
- (ii) The Paid-Up Sum Assured if it is a paid-up Policy.

Accidental Death Benefit shall be payable if the Life Assured dies due to an Accident during the Policy Term within 180 days of the occurrence of the Accident.

Upon payment of the Accidental Death Benefit, the Policy terminates and no further benefits are payable.

(10) Enhanced Terms - If your Policy has been purchased through direct marketing channel, a Loyalty Reward will be payable on Maturity in addition to the Maturity Benefit which shall be 1.5% x Policy Term x Annualized Premium (for e.g., for a Policy Term of 20 years, the Loyalty Reward shall be 30% of Annualized Premium). Such Loyalty Reward shall only be payable for policies where all due Premiums have been paid.

2. The recipients of Benefits under this Policy shall be as specified below:

- (i) Death Benefit shall be payable to the registered nominee(s), if the Policyholder and the Life Assured are the same; or to the Policyholder if the Life Assured is other than the Policyholder.
- (ii) All other Benefits shall be payable to the Policyholder provided the Policyholder is alive. For Classic Waiver Benefit, if the Policyholder is not alive, then the registered nominee shall be entitled to receive all benefits and payments under the Policy.
- (iii) If the Policy has been assigned, all Benefits shall be payable to the Assignee under absolute assignment.
- (iv) In case of any unique situation or doubt the Company's decision will be final and binding.

3. Payment and cessation of Premiums

- (1) The first Premium must be paid along with the submission of your completed application. Subsequent Premiums are due in full on the due dates as per the Frequency of Premium Payment set out in your Policy Schedule.
- (2) Premiums under the Policy can be paid on yearly, half-yearly, quarterly or monthly basis as per the chosen Frequency of Premium Payment and as set out in the Policy Schedule or as amended subsequently.
- (3) The premium chosen at the outset shall become payable throughout the Premium Paying Term of the Policy.
- (4) **Advance Premium-** The Premiums that fall due in the same financial year can be paid in advance. However, where the premium due in one financial year is paid in advance in earlier financial year, we may collect the same for a maximum period of three months in advance of the due date of the premium.
- (5) Any Regular Premiums paid before the Due Date will be deemed to have been received on the Due Date for that Regular Premium. No Units will be allocated before reaching the respective due dates, for the Premiums which are paid before the due date.
- (6) If you have chosen more than one Fund, we will split the allocation in accordance with your instructions before we allocate Units in each Fund.
- (7) Grace period for payment of Premium - The grace period of 15 days (where the premium is paid on a monthly basis) and 30 days (where the premium is paid in quarterly/half-yearly/annual basis) is available on the premium due date, to pay the premium. We will not accept part payment of the Premium. During the grace period, policy is considered to be in-force with the risk cover without any interruption as per terms and conditions of the policy.
- (8) Grace Period is not applicable for single premium policies.
- (9) A Premium will be deemed to remain unpaid if the Premium amount has not been realised by us. If any Premium remains unpaid after the expiry of Grace Period, all risk covers will cease and your Policy will be discontinued as described under Part D Clause 1 (Policy Discontinuance and Revival).
- (10) Premiums are payable by You without any obligation on us to issue a reminder notice to You.

- (11) The application of the Premiums received is conditional upon the realization of the proceeds of the instrument of payment, including electronic mode.

SAMPLE COPY

Part D **(Policy Servicing)**

1. Policy Discontinuance and Revival

(1) Discontinuance of Policy during the lock-in Period

- a) For other than single premium policies, upon expiry of the grace period, in case of discontinuance of Policy due to non-payment of premium, the fund value after deducting the applicable discontinuance charges, shall be credited to the discontinued policy fund and the risk cover and rider cover, if any, shall cease.
- b) Such discontinuance charges shall not exceed the charges, stipulated in “Charges” section of this document and in compliance with in clause 2(A)(vi)(c)(V) of Schedule-I of IRDAI (Insurance Products) Regulation, 2024 as amended from time to time. All such discontinued policies shall be provided a revival period of three years from date of first unpaid premium. On such discontinuance, the Company will communicate the status of the Policy, within three months of the first unpaid premium, to the Policyholder and provide the option to revive the Policy within the revival period of three years.
 - (i) In case the Policyholder opts to revive but does not revive the Policy during the revival period, the proceeds of the discontinued policy fund shall be paid to the Policyholder at the end of the revival period or lock-in period whichever is later. In respect of revival period ending after lock-in period, the Policy will remain in discontinuance fund till the end of revival period. The Fund management charges of discontinued fund will be applicable during this period and no other charges will be applied.
 - (ii) In case the Policyholder does not exercise the option as set out above, the Policy shall continue without any risk cover and rider cover, if any, and the policy fund shall remain invested in the discontinuance fund. At the end of the lock-in period, the proceeds of the discontinuance fund shall be paid to the Policyholder and the Policy shall terminate.
 - (iii) However, the Policyholder has an option to surrender the Policy anytime and proceeds of the discontinued policy shall be payable at the end of lock-in period or date of surrender whichever is later.
- c) In case of Single premium policies, the policyholder has an option to surrender any time during the lock-in period. Upon receipt of request for surrender, the fund value, after deducting the applicable discontinuance charges, shall be credited to the discontinued policy fund.
 - (i) Such discontinuance charges shall not exceed the charges stipulated in clause 2(A)(vi)(c)(V) of Schedule-I of IRDAI (Insurance Products) Regulation, 2024.
 - (ii) The policy shall continue to be invested in the discontinued policy fund and the proceeds from the discontinuance fund shall be paid at the end of lock-in period. Only fund management charge can be deducted from this fund during this period. Further, no risk cover shall be available on such policy during the discontinuance period.

The minimum guaranteed interest rate applicable to the ‘Discontinued Policy Fund’ shall be as per the prevailing regulations and is currently 4% p.a. The proceeds of the discontinued policy shall be refunded only upon completion of the lock-in period.

Proceeds of the discontinued policies means the fund value as on the date the policy was discontinued, after addition of interest computed at the interest rate stipulated as above.

(2) Discontinuance of Policy after the lock-in Period

- a) For other than single premium policies,
 - 1) Upon expiry of the grace period, in case of discontinuance of Policy due to non-payment of premium after lock-in period, the Policy shall be converted into a reduced paid up policy with the paid-up sum assured as stated under clause 4(B)(a)(2)(ii) of Schedule-I of IRDAI (Insurance Products) Regulations, 2024 i.e., original sum assured multiplied by a ratio of “total period for which premiums have already been paid” to the “maximum period for which premiums were originally payable”.

- 2) The Policy shall continue to be in reduced paid-up status without rider cover, if any. All charges as per terms and conditions of the Policy shall be deducted during the revival period. However, the mortality charges shall be deducted based on the reduced paid up sum assured only.
 - 3) On such discontinuance, the Company shall will communicate the status of the Policy, within three months of the first unpaid premium, to the Policyholder and provide the following options:
 - i. To revive the Policy within the revival period of three years, or
 - ii. To completely withdrawal the Policy.
 - 4) In case the Policyholder opts for (i) above but does not revive the Policy during the revival period, the fund value shall be paid to the Policyholder at the end of the revival period.
 - 5) In case the Policyholder does not exercise any option as set out above, the Policy shall continue to be in reduced paid up status. At the end of the revival period the proceeds of the policy fund shall be paid to the policyholder and the policy shall terminate.
 - 6) However, the Policyholder has an option to surrender the policy anytime and proceeds of the policy fund shall be payable.
- b) For single premium policies, the Policyholder has an option to Surrender the Policy any time. Upon receipt of request for Surrender, the Fund Value as on date of Surrender shall be payable.

(3) Revival of Discontinued Policies

The revival period for this product is three years from date of first unpaid premium.

Revival of a Discontinued Policy during lock-in Period

- a) Where the policyholder revives the Policy, the policy shall be revived restoring the risk cover, along with the investments made in the segregated funds as chosen by the policyholder, out of the discontinued fund, less the applicable charges as in sub-section (b)(ii) below, in accordance with the terms and conditions of the Policy and BAUP.
- b) The Company at the time of revival:
 - (i) shall collect all due and unpaid premiums without charging any interest or fee.
 - (ii) May levy Policy administration charge and premium allocation charge as applicable during the discontinuance period. Guarantee charges, if applicable during the discontinuance period, may be deducted provided the guarantee continues to be applicable. No other charges shall be levied.
 - (iii) Shall add back to the fund the discontinuance charges deducted at the time of discontinuance of the Policy.

Revival of a Discontinued Policy after lock-in Period

- a) The policyholder can revive the Policy as per the Revival of Policy clause provided under the definition section and as per clause 1(A)(1.10) of Schedule-I of IRDAI (Insurance Products) Regulations, 2024. Where the Policyholder revives the policy, the policy shall be revived restoring the original risk cover in accordance with the terms and conditions of the Policy and BAUP.
- b) The Company at the time of revival:
 - (i) shall collect all due and unpaid premiums under base plan without charging any interest or fee. The Policyholder also has the option to revive the rider.
 - (ii) May levy premium allocation charge as applicable. The guarantee charges shall be deducted, if guarantee continues to be applicable.
 - (iii) No other charges shall be levied.

2. Fund Switches

- (1) You can ask us to switch the Funds in which your Units are held. To do this, we will first cancel all of your existing Units. We will then use the proceeds from the cancelled Units, after deducting the applicable charge, to buy Units in your chosen Fund or Funds.
- (2) You may choose any investment linked Fund which is available to this product and which we have not withdrawn or closed.

- (3) We may levy a charge specified in Part E, for any Fund Switch request.
- (4) We may delay switching Funds in line with Part F Clause 8 (Force Majeure).

3. Partial Withdrawals

- (1) You have the option of making Partial Withdrawals at any time after the first 5 years, subject to the following conditions
 - a) Life Assured being at least 18 years of age.
 - b) In the case of child policies, Partial Withdrawals shall not be allowed until the minor life insured attains majority i.e., on or after attainment of age 18.
 - c) Top-up premiums once paid cannot be withdrawn from the fund for a period of 5 years from the date of payment of the Top-up premium, except in case of complete surrender of the policy.
 - d) Partial withdrawals made shall be allowed from the fund built up from the top-up premiums, if any, as long as such fund supports the partial withdrawal and subsequently, the partial withdrawals may be allowed from the fund built up from the base premium. The insurer shall have the necessary systems built to identify the funds from the base premiums and funds from top-up premiums.
 - e) The Partial Withdrawal amount is not less than the minimum amount specified in the Policy Schedule.
 - f) The partial withdrawals with respect to the fund values from the base premiums shall only be counted for the purpose of adjusting the sum assured to be payable on death. Partial withdrawals made from the top-up premiums shall not be deducted for this purpose.
 - g) The fund value after the partial withdrawal and any applicable charges (including applicable taxes and statutory levies, if any) is not less than the 150% of base annualised premium for limited and regular pay policies and 25% of single premium for Single Pay policies.
 - h) In case the policy is opted with minimum death benefit as stipulated in clause 3 of Schedule I of IRDAI (Insurance Products) Regulations, 2024, the sum assured payable on death shall not be reduced except to the extent of the partial withdrawals made during the two-year period immediately preceding the death of the life assured.
- (2) Following a Partial Withdrawal, the Policy continues to be in-force and all benefits under Part C Clause 1 and conditions remain unaltered.
- (3) We will deduct any tax and/or levies from payments if we are required to do so by the relevant authorities.
- (4) We may levy a charge as specified in the Part E, for any Partial Withdrawal request.
- (5) We may delay making a payment from the Funds in line with Part F Clause 8 (Force Majeure).

4. Systematic Transfer Plan (STP)

- (1) Policyholder can invest all or some part of his investment in a Source Fund and transfer a fixed amount or a percentage of the amount in regular monthly instalments into any one of the remaining available Funds.
- (2) At the time of transfer, the required number of Units will be withdrawn from the fund chosen, at the applicable Unit value, and new Units will be allocated in the chosen destination fund.
- (3) The minimum transfer amount is Rs. 5,000.
- (4) The Systematic Transfer Plan will be regularly processed for the Policyholder till the Company is notified, through a written communication, to discontinue the same. Systematic Transfer Plan will not apply if the source Fund Value is less than the chosen transfer amount.
- (5) No additional charges apply on selecting Systematic Transfer Plan.

5. Systematic Withdrawal Plan (SWP)

- (1) This partial withdrawal facility allows the policyholder to withdraw a pre-determined absolute amount from the fund at pre-determined intervals. Such withdrawals can be a percentage of the fund value or an absolute amount.
- (2) Following conditions shall apply on SWP:

- a) This facility can be opted at inception or any time during the policy term.
- b) The policyholder may modify or opt-out of the facility by notifying the Company prior to the policy anniversary. Policyholder may choose to opt-in again as per the requirements on a later date.
- c) It is allowed only after five policy anniversaries from the date of issuance of the policy.
- d) All conditions applicable for partial withdrawals will be applicable for SWP as well.

6. Top-Up Premiums

- (1) Any additional payments made by the policyholders on a voluntary basis besides contractual premium shall be considered as top-up premium and treated as single premium for the purpose of providing insurance cover.
- (2) The Policyholder has the option of paying Top-up premiums, subject to the following conditions:
 - a) Top-up premiums can be remitted to the insurer during the period of contract only, where due basic regular premiums are paid up to date and if expressly allowed in the terms and conditions of the policy.
 - b) Top-up premiums once paid cannot be withdrawn from the fund for a period of 5 years from the date of payment of the 'Top-up' premium, except in case of complete surrender of the policy.
 - c) Top-up premiums are not permitted during the last 5 years of the contract.

7. Settlement Option

The Policyholder can avail of the settlement option on death or on maturity, subject to the following conditions:

Settlement option on maturity:

- (1) The policyholder has the option to take the fund value in periodical instalments over a settlement period which may extend to a maximum of 5 years.
- (2) The first instalment under settlement option will be payable on the date of maturity.
- (3) During the settlement period the units will be redeemed systematically. Units as of maturity date will be redeemed in 60 monthly instalments beginning from the maturity date. The proportion of units redeemed per instalment shall be the number of units available at instalment payout date divided by the number of outstanding instalments.
- (4) The Fund Value at Maturity is greater than or equal to Rs 1 Lakh.
- (5) In case of settlement period after maturity, the risk cover shall be maintained at 105% of the total premiums paid. Accordingly, mortality charges will be deducted.
- (6) The charges levied on the fund during settlement period are the fund management charge, switching charge and mortality charges if any. The company will not levy any other charges.
- (7) Switches will be allowed during the settlement period. Partial withdrawals shall not be allowed during the settlement period.
- (8) During the settlement period, the policyholder shall have an option to withdraw the entire fund value at any time without levying any charge.

Settlement option on death:

- (1) In case of death of the Life Assured during the Policy term, the nominee will have the option to receive the Death Benefit in instalments spread over a maximum period of five (5) years
- (2) The Death Benefit will be unitized in the same Fund(s) and in the same proportion as on the date of intimation of death. However, the nominee has the option to switch fund(s)
- (3) The amount paid out to Nominee in each instalment will be the outstanding Fund Value and Top Up Premium Fund Value, if any, as at that instalment date divided by the number of outstanding instalments.
- (4) The first instalment of the Death Benefit becomes payable on the date of death subject to approval of claim.

- (5) Instalment payment will be made by redeeming units from the Fund(s) at the unit price applicable on the instalment date
- (6) Investment risk during the settlement period will be borne by the nominee
- (7) No partial withdrawals (Non-systematic and Systematic) are allowed during the settlement period
- (8) Fund switches are allowed during the settlement period
- (9) Only fund management charge shall be applicable during the settlement period
- (10) The nominee will have an option to withdraw the Fund Value completely, anytime during the settlement period. The Fund Value will be calculated as the total number of outstanding units in the Policy multiplied by the unit price as on date of complete withdrawal

8. Premium Redirection

- (1) The Funds in which new Premiums are invested can be changed at any time. You can ask for some or all of your future Premiums to be allocated to Units in different Funds that are available to this product. Premiums will only be applied as per the revised instructions if we accept those instructions before the Cut-off time for that Premium.
- (2) We will act on instructions to change the Fund choice for future Premiums subject to receipt of all necessary information required to process the change of Fund.
- (3) We may levy a Charge as specified in Part E, for any Premium Redirection request.

9. Loans

There is no facility of loan available from us under this Policy.

10. Free Look Cancellation

In case you are not agreeable to any of the terms and conditions stated in the Policy, you have the option to return the policy to us for cancellation stating the reasons thereof, within 30 days from the date of receipt of the policy, whether received electronically or otherwise. On receipt of your letter along with the original policy (original Policy Document is not required for policies in dematerialised form or where policy is issued only in electronic form), we shall arrange to refund you the value of units allocated to you on date of receipt of request plus the unallocated part of premium plus charges levied by cancellation of units, subject to deduction of the proportionate risk premium for the period on cover, expenses incurred on medical examination of the proposer and stamp duty charges (if any).

11. Change of address and contact details

In case of change of address, the Policyholder is required to provide timely intimation to the Company supported by the required address proofs to enable the Company to carry out the change of address in its systems. The onus of intimation of change of address lies with the Policyholder. An updated contact detail of the Policyholder will ensure that correspondences from the Company are correctly addressed to the Policyholder at the latest updated address.

**Part E
(Charges)**

1. Charges:

We reserve the right to review our charging structure (except premium allocation and mortality charge) at any time. Proper notification of any changes would be made to the IRDAI.

(1) Premium Allocation Charge:

This charge is a percentage of the premium appropriated towards charges from the premium received. The balance amount known as allocation rate constitutes that part of premium which is utilized to purchase the units of the fund in the policy. This is a charge levied at the time of receipt of premium. The Premium allocation charge is capped at 12.5% of annualized premium in any year.

Premium Allocation Charge varies with Premium bands as specified in the table below and will be levied during the Premium Paying Term.

Premium Bands	Limited Pay /Regular Pay
1	Less Than 1 Lakh
2	1 Lakh - 4,99,999
3	5 Lakh - 9,99,999
4	10 Lakh and above

For Annual Mode:

Premium Due in Policy Year	Premium Bands			
	Band 1	Band 2	Band 3	Band 4
1	9%	6%	5%	4%
2 & 3	7%	6%	5%	4%
4 & 5	6%	6%	5%	4%
6 & above	5%	3%	3%	3%

For Non Annual Mode:

Premium Due in Policy Year	Premium Bands			
	Band 1	Band 2	Band 3	Band 4
1	7%	6%	5%	4%
2 & 3	6%	6%	5%	4%
4 & 5	5%	5%	5%	4%
6 & above	5%	3%	3%	3%

For Single Pay:

Bands	Single Pay	Allocation Charge
1	Less than 10 Lakh	3%
2	10 Lakh - 24,99,999	1.5%
3	25 Lakh and above	1%

The allocation rate shall be 100% less the premium allocation charge.

(2) Policy Administration Charge:

This charge shall represent the expenses other than those covered by premium allocation charges and the fund management charge. This charge is levied at the beginning of each policy month from the unit fund by cancelling units for equivalent amount.

The Policy Administration Charge as specified below shall be deducted monthly, by cancellation of units.

For Limited Pay:

- For first five years: Nil
- After five years: 0.35% per month of Annualized Premium, increasing at 5% p.a. on each Policy Anniversary

For Single Pay:

- For first five years: 0.12% per month of the single Premium
- After five years: 0.07% per month of the single Premium increasing at 5% per annum on each Policy Anniversary.

The maximum policy administration charge that can be levied shall be Rs.500/- per month.

(3) Fund Management Charge:

This charge is levied as a percentage of the value of assets and shall be appropriated by adjusting the NAV. This is a charge levied at the time of computation of NAV, which is done on daily basis.

The cap on fund management charges in respect of each of the segregated fund other than discontinued policy fund shall be 135 basis points per annum. For discontinued policy fund, the cap on fund management charge shall be 50 basis points per annum.

The Fund Management Charge is 1.35% p.a. which will be taken daily and is incorporated into the Unit Prices for each Fund.

The Fund Management Charge for Discontinued Policy Fund shall be 0.50% p.a.

(4) Mortality Charges:

This charge is the cost of life or health insurance cover. It is exclusive of any expense loadings and is levied by cancellation of units. This charge, if any, shall be levied at the beginning of each policy month from the fund.

Mortality charge is calculated as the Sum at Risk multiplied by the appropriate risk benefit charge rate. This charge will be deducted monthly by cancellation of units.

Sum at Risk for a Premium Paying Policy or fully paid-up policy will be calculated as per the following table:

Death Benefit Option	Sum at Risk	
	Sum at risk for Death Benefit	Sum at risk for Accidental Death Benefit
Classic	Max [SA – PW*, FV, 105% of premiums paid] – FV	SA
Classic Plus	Max [SA + FV, 105% of premiums paid] – FV	Not applicable
Classic	Max [SA, 105% of	Not applicable

Waiver	premiums paid] + Waiver Benefit	
Classic Waiver Plus	Max [SA, 105% of premiums paid] + Waiver Benefit+ Income Benefit	Not applicable

Waiver Benefit = Present Value of outstanding future premiums discounted @6%p.a.

Income Benefit = Present Value of outstanding Income instalments payable discounted @6%p.a.

Sum at Risk for a reduced paid-up policy will be calculated as per the following table:

Death Benefit Option	Sum at Risk	
	Sum at risk for Death Benefit	Sum at risk for Accidental Death Benefit
Classic	Max [Paid-up SA – PW*, FV, 105% of premiums paid] – FV	Paid-up SA
Classic Plus	Max [Paid-up SA + FV, 105% of premiums paid] – FV	Not applicable
Classic Waiver	Max [Paid-up SA, 105% of premiums paid]	Not applicable
Classic Waiver Plus	Max [Paid-up SA, 105% of premiums paid] + Paid-up Income Benefit	Not applicable

Paid-Up Income Benefit = Income Benefit * Paid up Sum Assured

Where SA stands for Sum Assured, FV stands for Fund Value, and

*PW refers to Partial Withdrawals as specified under Part C Clause 1(3) (Benefits)

If the Policyholder opts for:

- Life Option, the risk charges will be deducted for the basic Death Benefit.
- Extra Life Option, the risk charges will be deducted for the basic Death Benefit as well as Accidental Death Benefit.

The Mortality Charges are specified in Appendix-1 and are guaranteed for the duration of the Policy.

(5) Surrender or Discontinuance Charges:

This is a charge levied on the unit fund for individual unit linked insurance products where the policyholder opts for surrender or on discontinuance of the contract as stipulated under these regulations. No discontinuance charge shall be imposed on top-up premiums.

The maximum discontinuance charges for limited and regular pay policies are as follows.

Where the Policy is discontinued during the policy year	Maximum Discontinuance Charges for Policies having annualized premium up to Rs.50,000/-	Maximum Discontinuance Charges for Policies having annualized premium above Rs.50,000/-
1	Lower of 20% * (AP or FV) subject to maximum of Rs.3,000/-	Lower of 6% * (AP or FV) subject to maximum of Rs.6,000/-
2	Lower of 15% * (AP or FV) subject to maximum of Rs.2,000/-	Lower of 4% * (AP or FV) subject to maximum of Rs.5,000/-
3	Lower of 10% * (AP or FV) subject to maximum of Rs.1,500/-	Lower of 3% * (AP or FV) subject to maximum of Rs.4,000/-
4	Lower of 5% * (AP or FV) subject to maximum of Rs.1,000/-	Lower of 2% * (AP or FV) subject to maximum of Rs.2,000/-
5 and onwards	NIL	NIL

The maximum discontinuance charges for single pay policies are as follows.

Where the Policy is discontinued during the Policy year	Maximum Discontinuance Charges for Policies having single Premium up to Rs.3,00,000/-	Maximum Discontinuance Charges for Policies having single Premium above Rs.3,00,000/-
1	Lower of 2% * (SP or FV) subject to maximum of Rs.3,000/-	Lower of 1% * (SP or FV) subject to maximum of Rs.6,000/-
2	Lower of 1.5% * (SP or FV) subject to maximum of Rs.2,000/-	Lower of 0.7% * (SP or FV) subject to maximum of Rs.5,000/-
3	Lower of 1% * (SP or FV) subject to maximum of Rs.1,500/-	Lower of 0.5% * (SP or FV) subject to maximum of Rs.4,000/-
4	Lower of 0.5% * (SP or FV) subject to maximum of Rs.1,000/-	Lower of 0.35% * (SP or FV) subject to maximum of Rs.2,000/-
5 and onwards	NIL	NIL

AP – Annualized Premium, SP- Single Premium and FV – Fund Value on the date of discontinuance
This charge will be deducted by cancellation of units.

(6) Statutory Charges:

Taxes and levies, as applicable would be charged on or in respect of this Policy. The tax will be taken at the same time and the same method as the charge on which the tax is being levied or as required by legislation. This tax will be determined by the Government of India in accordance with legislation applicable at the time of providing service.

(7) Switching Charge:

This is a charge levied on switching from one segregated fund to another available within the product. The charge per each switch shall be levied at the time of executing the switch. The maximum switching charge shall be Rs.500 per switch.

The Policyholder will not be charged for the first four fund switch requests in each Policy year. Thereafter, any fund switch request from the Policyholder will attract a charge of Rs 250 per request or a reduced charge of Rs 25 per request if executed through the Company's web portal.

(8) Partial Withdrawal Charge

This is a charge levied on the unit fund at the time of partial withdrawal of the fund during the contract period. The maximum partial withdrawal charge shall be Rs.500/- per transaction.

The Policyholder will not be charged for the first four Partial Withdrawal requests in each Policy year. Thereafter, any Partial Withdrawal request from the Policyholder will attract a charge of Rs 250 per request or a reduced charge of Rs 25 per request if executed through the Company's web portal.

(9) Miscellaneous Charge

This is a charge levied for any alterations within the contract, such as increase in sum assured, premium redirection, change in policy term etc. This charge shall be levied by cancellation of units.

A miscellaneous charge of Rs 250 shall be levied for any Policy alterations within the contract, as per Schedule I Clause 2(A)(vi)(c)(X) of IRDAI (Insurance Products) Regulations, 2024.

Premium Redirection Charges-The Policyholder will not be charged for the first four premium redirection requests in each Policy year. Thereafter, any premium redirection request from the Policyholder will attract a charge of Rs 250 per request or a reduced charge of Rs 25 per request if executed through the Company's web portal.

This charge is levied only at the time of alteration. The maximum miscellaneous charge shall be Rs.500/- per alteration.

(10) Investment Guarantee Charge

Not Applicable

2. Investment Linked Fund

(1) The following fund options are available under the product. Policyholder may choose to invest in one or more of these funds in the proportion they desire. Appendix – 2 to the Investment Linked Funds enumerates investment pattern in the tabular format.

a) **Balanced Fund-**The Balanced Fund aims to generate high returns through a dynamic allocation of investments in Debt and Equity Instruments so as to combine the stability of Debt instruments with the long term capital appreciation potential of Equities.

- b) **BlueChip Fund**-The BlueChip Fund aims to provide medium to long term capital appreciation by investing in a portfolio of predominantly large cap companies which can perform through economic and market cycles. The Fund will invest at least 80% of its assets in companies which have a market capitalization greater than the company with the least weight in BSE100 index. The Fund may also invest up to 20% in Money Market Instruments/Cash and Deposits.
- c) **Opportunities Fund**-The Fund aims to generate long term capital appreciation by investing predominantly in mid cap stocks which are likely to be the blue chips of tomorrow. The Fund will invest in stocks which have a market capitalization equal to or lower than the market capitalization of the highest weighted stock in the NSE CNX Midcap Index. The Fund may also invest up to 20% in Money Market instruments/Cash and Deposits.
- d) **Equity Plus Fund**-The Equity Plus Fund aims at least 80% of the equity exposure to be limited to Nifty constituent stocks at any point in time and the balance of the equity exposure in non-Nifty constituent stocks.
- e) **Diversified Equity Fund**-The Diversified Equity Fund aims to generate long term capital appreciation by investing in high potential companies across the market cap spectrum while taking active asset allocation calls in Equity, government securities, Money Market Instruments, Cash etc.
- f) **Bond Fund**-The Bond Fund aims to dynamically manage the allocation between government securities, Fixed Income instruments, Money Market instruments and Cash with the intent to dynamically manage the duration at a level that delivers superior risk adjusted returns.
- g) **Discovery Fund** - The Fund aims to deliver long term growth of capital by investing predominantly in mid-cap companies. The fund will invest up to 100% in mid-cap stocks which are defined as stocks with market cap falling within the market capitalisation range in the underlying benchmark Nifty free float midcap index (getting renamed as Nifty Midcap 100 index). The fund can also invest up to 25% of the portfolio in stocks falling outside the mid-cap index market cap range. The fund may also invest up to 10% of the portfolio in fixed income instruments, money market instruments, cash, deposits and liquid mutual funds.
- h) **Equity Advantage Fund** - The Fund aims to deliver long term growth of capital through diversified investments in equity and equity linked securities of companies across the market capitalisation spectrum. The fund may also invest up to 20% of the portfolio in fixed income instruments, money market instruments, cash, deposits and liquid mutual funds.
- i) **Flexi Cap Fund** - The fund is an open-ended equity fund that invests in companies across the market capitalization spectrum to deliver superior long term returns to investors through investment in equities of companies in the large, mid and small cap segments.

The definition of Money Market Instruments is as given in the IRDAI(Actuarial, Finance and Investment Functions of Insurers) Regulations 2024.

In all the above Funds, Deposits means deposits issued by Banks included in the Second Schedule to the Reserve Bank of India Act 1934, or a Primary Dealer duly recognised by Reserve Bank of India as such. IRDAI (Actuarial, Finance and Investment Functions of Insurers) Regulations,2024,Schedule III – Part II (2)(2)(iii).

3. Unit Encashment Conditions

- (1) If the transaction request is received before the Cut-off Time prescribed by IRDAI (current Cut-off Time is 3 p.m.) Units will be allocated the same day's NAV and if received after the Cut-off Time, then Unit Prices of the next day's NAV. In case of prepayment of renewal premium, NAV of the due date, shall be applicable. If the date of transaction request is not a valuation date, NAV of the immediately succeeding valuation date will be applicable.

(2) The NAV of the Segregated FUND [SFIN] shall be computed as

$$\text{NAV} = \frac{\text{Market Value of investment held by the Fund} + \text{value of current assets} - \text{(value of current liabilities and provisions if any)}}{\text{Number of Units existing on the valuation date (before creation or redemption of Units)}}$$

The resulting price will be rounded to the nearest Re. 0.0001. The NAV will be published on our Company's website, on the Life Insurance Council's Website.

- (3) You can, through a secured login, access the value of policy wise units held by you in the format as per Form D02 prescribed under IRDAI (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024.
- (4) Your instruction for Allocation of Premium net of all the relevant Premium Allocation Charges, shall be utilized to purchase Units of investment linked Funds for the Policy. In any investment linked Fund, all Units are of equal value. You will not hold the Units directly and the assets of each Fund will belong to us.
- (5) The assets that the Funds invest in will be selected by us at our sole discretion at all times.
- (6) We may close, withdraw, modify, split or combine Funds or introduce new Funds with prior approval from the Authority. 'Withdraw' means no further payments will be accepted into the Fund, while any existing Units held in the Fund will continue to be allocated. 'Close' means We will encash all the Units, which exist for a Fund and terminate the Fund.
- (7) Where We close or withdraw a Fund, We will notify You, three months in advance that, We will switch any existing units in that Fund ('original fund') and / or apply any future Premiums which would have been applied to that original Fund to another Fund that has, in our opinion, the closest investment objectives to the original Fund. During the three month notice period, You can switch to any other available Fund.
- (8) We will not allocate Units in any investment-linked Fund unless assets equivalent to those Units are added at the same time to the Fund. We will also not withdraw assets from any such Fund (except to meet the deductions described below in this Clause) unless units equivalent to those assets are cancelled at the same time. Units will only be cancelled in any such Fund under the terms as specified in this Part E, and assets equivalent to the cancelled units will be withdrawn from the same Fund at the same time.
- (9) We will add the income from the assets of an investment linked Fund to that Fund.
- (10) We can deduct from the assets of an investment linked Fund the amounts that are required to cover:
- expenses, taxes and statutory duties in respect of or due to the buying and selling of assets;
 - part or all of any tax, statutory levy or other statutory/regulatory charge on us allocated to the Fund; and
 - the Fund Management Charges.
- (11) Risks of Investment in the Funds:
- The Premiums paid in the Unit Linked Insurance Policies are subject to investment risks associated with capital markets and the Unit Prices may go up or down based on the performance of the Fund and factors influencing the capital market and You are responsible for the decisions made.
 - HDFC Life Insurance Company Limited ("HDFC Life") is only the name of the Insurance Company and HDFC Life Sampoon Nivesh Plus is only the name of the linked insurance product and does not, in any way, indicate the quality of the product or its future prospects or the returns.
 - The various Funds offered under this Policy are the names of the Funds and do not in any way indicate the quality of the Funds, their future prospects or the returns.
 - There is no assurance that the objectives of any of the Funds will be achieved.
 - The past performance of any of the Funds does not indicate the future performance of these Funds.

4. Applicability of NAV

(1) The allocation and redemption of Units for various transactions will be at the NAVs described below:

Type of Transaction	Applicable NAV (Where transaction is received before Cut-off time)
First Premium deposit received by way of local cheque or pay order or demand drafts payable at par	NAV of the Risk Commencement Date of the Policy
First Premium deposit received by way of outstation cheque or pay order or demand drafts	NAV of the Risk Commencement Date of the Policy or date of realisation of the amount by us, whichever is later.
Renewal Premiums received by way of Direct Debit, Electronic Clearing System (ECS), credit card, etc	NAV of the date of our receipt of instruction or the due date, whichever is later.
Renewal Premiums received by way of local cheque or pay order or demand drafts payable at par	NAV at the date of receipt of instruction or the due date, whichever is later.
Renewal Premiums received by way of outstation cheque or pay order or demand drafts	NAV at the date of our receipt of instrument or the due date, whichever is later.
Partial Withdrawal (if applicable) Fund Switch (if applicable)	NAV of the date of our receipt of the request.
Free Look Cancellation	NAV of the date of our receipt of the request. The free look cancellation request must be in writing or in the electronic mode or in any other manner as decided by us from time to time.
Death Claim	NAV of the date of our receipt of the request intimation of death claim, whichever is earlier. (Intimation for the purpose of claim must be in writing or any other manner as decided by the Company from time to time)
Surrender after first five policy years	NAV of date of our receipt of the request.
Transfer to the Discontinued Policy Fund	NAV of the date of Policy discontinuance.
Charges	NAV of the effective date the Charges are deducted.

- (2) In the event of the new application or proposal received on the last day of the financial year, the NAV of that day would be applicable. The Cut-off Time shall not be applicable for such transactions.
- (3) The Units allocated shall be reversed in case of the non-realisation of the Premium amount.
- (4) We shall follow norms stated above for any transactions which are not specifically mentioned herein but involve allocation and redemption of Units.

APPENDIX – 1
Mortality Charges
Effective Date: < RCD >

Mortality Charges

Mortality Charges are calculated every month based on the age of the Life Assured and on the date the charge is due. These charges are calculated as specified in Part E Clause 1(Charges).

Age	Annual Mortality Charge Rates for Basic Death Benefit	Age	Annual Mortality Charge Rates for Basic Death Benefit
0	5.7785	46	4.1561
1	5.0655	47	4.6365
2	3.8149	48	5.1773
3	2.8750	49	5.7766
4	2.1710	50	6.4292
5	1.6445	51	7.1279
6	1.2532	52	7.8657
7	0.9672	53	8.6353
8	0.7670	54	9.4322
9	0.6390	55	10.2544
10	0.5720	56	11.1053
11	0.5564	57	11.9925
12	0.5818	58	12.9266
13	0.6377	59	13.9217
14	0.7131	60	14.9936
15	0.7976	61	16.1597
16	0.8840	62	17.4382
17	0.9659	63	18.8455
18	1.0394	64	20.3977
19	1.1024	65	22.1111
20	1.1538	66	24.0000
21	1.1941	67	26.0793
22	1.2253	68	28.3641
23	1.2487	69	30.8692
24	1.2656	70	33.6109
25	1.2792	71	36.6067
26	1.2916	72	39.8749
27	1.3046	73	43.4356
28	1.3215	74	47.3122
29	1.3436	75	51.5281
30	1.3722	76	56.1100
31	1.4086	77	61.0877
32	1.4547	78	66.4931
33	1.5126	79	72.3600
34	1.5828	80	78.7254
35	1.6666	81	85.6304
36	1.7654	82	93.1190
37	1.8805	83	101.2380

38	2.0137	84	110.0390
39	2.1671	85	119.5760
40	2.3433	86	129.9090
41	2.5467	87	141.1020
42	2.7820	88	153.2250
43	3.0544	89	166.3520
44	3.3703	90	180.5630
45	3.7356	91	188.4088
		92	204.4150
		93	221.7338
		94	240.4675
		95	260.7313
		96	282.6425
		97	306.3338
		98	331.9438
		99	359.6238

The Accidental Death Benefit charge rate is 0.75 per 1000 Sum at Risk.

Current Annual Mortality Charge Rates

All rates are per Rs. 1,000 of Sum at Risk

Maximum Mortality Charge Rates

Mortality Rates stated above are guaranteed for the term of your Policy.

APPENDIX – 2
Investment Pattern in tabular format
FUND COMPOSITION

FUND NAME, SFIN and OBJECTIVE	ASSET CLASS			RISK & RETURN RATING
	Money Market Instruments, Cash Deposits*, Liquid Mutual Funds**	Government Securities, Fixed Income Instruments & Bonds	Equity and Equity Related Instruments	
FUND COMPOSITION				
Equity Plus Fund SFIN: ULIF05301/08/13EquityPlus101 To generate long term capital appreciation inline or better than Nifty index returns	0% to 20%	0% to 20%	80% to 100%	Very High
Diversified Equity Fund SFIN: ULIF05501/08/13DivrEqtyFd101 To generate long term capital appreciation by investing in high potential companies across the market cap spectrum	0% to 40%	0% to 40%	60% to 100%	Very High
BlueChip Fund SFIN: ULIF03501/01/10BlueChipFd101 Exposure to large-cap equities & equity related instruments	0% to 20%	-	80% to 100%	Very High
Opportunities Fund SFIN: ULIF03601/01/10OpprtntyFd101 Exposure to mid-cap equities & equity related instruments	0% to 20%	-	80% to 100%	Very High
Balanced Fund SFIN: ULIF03901/09/10BalancedFd101 Dynamic Equity exposure to enhance the returns while the Debt Allocation reduces the volatility of returns	0% to 20%	0% to 60%	40% to 80%	Moderate to High

<p>Bond Fund SFIN: ULIF05601/08/13Bond Funds101 Active Allocation across all fixed income instruments</p>	0% to 60%	40% to 100%	-	Moderate
<p>Discovery Fund SFIN: ULIF06618/01/18DiscvryFnd101 Long term capital growth by investing predominantly in mid-cap companies. The Fund may invest up to 25% of the portfolio in stocks outside the mid-cap index capitalisation range. Up to 10% of the Fund may be invested in Fixed income instruments, money market instruments, cash, deposits and Liquid mutual Funds.</p>	0% to 10%	0% to 10%	90% to 100%	Very High
<p>Equity Advantage Fund SFIN: ULIF06723/03/18EqtyAdvtFd101 Long term capital growth through diversified investments in companies across the market capitalisation spectrum. Up to 20% of the Fund may be invested in Fixed income instruments, money market instruments, cash, deposits and Liquid mutual Funds.</p>	0% to 20%	0% to 20%	80% to 100%	Very High
<p>Flexi Cap Fund SFIN: ULIF07114/07/23FlexiCapFd101 The Fund is an open-ended equity Fund that invests in companies across the market capitalization spectrum to deliver superior long term returns to investors through investment in equities of companies in the large, mid and small cap segments.</p>	0% to 20%	0% to 20%	80% to 100%	Very High

*Investment in Deposits will be in line with the IRDAI regulations and guidelines. The current limit for investment in Deposits is 0 - 5%.

**Investment in Mutual Funds will be made as per Mutual Fund limits prescribed by IRDAI regulations and guidelines. As per (IRDAI (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024 Master Circular), the Investment limit in Mutual Funds is 5% of Investment assets. This will apply at overall level and at SFIN level, the maximum exposure shall not exceed 15%.

The asset allocation for the Discontinued Policy Fund (SFIN:ULIF05110/03/11DiscontdPF101) shall be as per the prevailing regulatory requirements. Currently, the asset allocation is as follows:

- (i) Money Market Instruments: 0% to 100%
- (ii) Government Securities: 60% to 100%.

SAMPLE COPY

Part F (General Terms and Conditions)

1) Exclusions

(1) **Suicide Exclusion:** In case of death due to suicide within 12 months from the Policy Commencement Date or from the date of revival of the policy, as applicable, the nominee or the beneficiary of the policyholder shall be entitled to the fund value, as available on the date of intimation of death. Further any charges other than Fund Management Charges (FMC) recovered subsequent to the date of death shall be added back to the fund value as available on the date of intimation of death. The policy shall terminate upon payment of the fund value as per above.

(2) Other Exclusion:

We shall not be liable to pay the Accidental Death Benefit if death is caused directly or indirectly

- a) due to war (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- b) from intentional self-injury unless in self-defence or to save life, suicide or attempted suicide.
- c) whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.
- d) whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]
- e) arising or resulting from committing any breach of law with criminal intent.
- f) due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- g) from any claim resulting or arising from or any consequential claim directly or indirectly caused by or contributed to or arising from:
 - i. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - ii. Nuclear weapons material
 - iii. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - iv. Nuclear, chemical and biological terrorism
- h) from any claim arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

2) Age Admitted

The Company has calculated the Premiums under the Policy on the basis of the age of the Life Assured as declared in the Proposal. In case you have not provided proof of age of the Life Assured with the Proposal, you will be required to furnish such proof of age of the Life Assured as is acceptable to us and have the age admitted. In the event the age so admitted (“Correct Age”) during the Policy Term is found to be different from the age declared in the Proposal, without prejudice to our rights and remedies including those under the Insurance Act, 1938 as amended from time to time, we shall take one of the following actions

- j) If eligible, and if the Correct Age is found to be higher, the benefit payable under this Policy and Rider, if any, shall be after deduction of such difference of Premium (i.e., difference in Premium paid based on age declared in the Proposal and Premium based on the Correct Age) along with interest thereon. In such cases, before calculating the amount of benefit payable, the Policy shall be subject to re-underwriting and the Sum Assured shall be subject to eligibility as per underwriting norms and the Premium to be deducted shall be calculated proportionately on such Sum Assured payable. If the Correct Age is found to be lower, excess Premiums without any interest shall be refunded.
- ii) If ineligible for the Policy basis the Correct Age, the Policy shall be void-ab-initio and the total Premiums paid shall be refunded without interest after deducting all applicable charges like medical, Stamp Duty, risk etc.

3) Claim Procedure

(1) Maturity Benefit: The Maturity Benefit will be paid if and only if:

- i. The Policy has matured and the Life Assured is alive on the Maturity Date (except in case of Classic Waiver Benefit),
- ii. No claim has been made on the Policy (except in case of Classic Waiver Benefit),
- iii. The Policy has not been discontinued or surrendered or cancelled or terminated, and
- iv. All relevant documents including the original Policy document in support of your claim have been provided to the Company.

(2) Death Benefit: The Death Benefit will be paid if and only if:

- i. The death of the Life Assured has occurred before the Maturity Date,
- ii. The Standard Policy Provisions specified in Part F Clause 1 (Exclusions) and Part F Clause 9 (Incorrect Information and Non Disclosure) are not attracted,
- iii. The Policy has not been discontinued or surrendered or cancelled or terminated, and
- iv. All relevant documents in support of the claim have been provided to the Company.

Basic documentation if death is due to Natural Cause:

- a) Completed claim form, (including NEFT details and bank account proof as specified in the claim form);
- b) Original Policy;
- c) Original or copy Death Certificate issued by Municipal Authority/ Gram Panchayat / Tehsildar (attested by issuing authority);
- d) Claimant's identity and residence proof.

Basic documentation if death is due to Un-Natural Cause:

- a) Completed claim form, (including NEFT details and bank account proof as specified in the claim form);
 - b) Original Policy;
 - c) Original or copy Death Certificate issued by Municipal Authority/ Gram Panchayat / Tehsildar (attested by issuing authority);
 - d) Claimant's identity and residence proof.
 - e) Original or copy of First Information Report, Police Panchnama report attested by Police authorities; and
 - f) Original or copy of Postmortem report attested by Hospital authority.
- v. In case original documents are submitted, attestation on the document by authorities is not required.
- vi. Depending on the circumstances of the death, further documents may be called for as we deem fit.

vii. The claim is required to be intimated to us within a period of 90 days from the date of death. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant.

- (3) Accidental Death Benefit: The Accidental Death Benefit will be paid if and only if
- i. The death of the Life Assured was due to an Accident,
 - ii. The Life Assured dies within 180 days of the Accident and before the expiry date of this benefit,
 - iii. The Standard Policy Provisions specified in Part F Clause 1 (Exclusions) and Part F Clause 9 (Incorrect Information and Non Disclosure) are not attracted,
 - iv. The Policy has not been discontinued or surrendered or cancelled or terminated; and
 - v. All relevant documents in support of the claim have been provided to the Company. These would normally include the following:
 - a) fully completed claim form; and
 - b) original Policy document; and
 - c) original death registration certificate or certified extract from the death register; and
 - d) original certificate or certified copies of cremation or burial; and
 - e) First Information Report; and
 - f) Police Panchanama; and
 - g) Police Inquest report; and
 - h) Post-Mortem report; and
 - i) originals or certified copies of any medical reports that we consider relevant to the death
 - vi. Depending on the circumstances of the death, further documents may be called for as we deem fit.
 - vii. The claim is required to be intimated to us within a period of 90 days from the date of death. We may condone the delay in claim intimation if the delay is proved to be for reasons beyond the control of the claimant.

4) Alterations

- (1) The Frequency of Premium Payment can be changed subject to the minimum Premium conditions.
- (2) Fund Switches, Premium Redirections, Cancellation in the Free-Look Period, Premium Frequency alterations are available in this product. You can change the product benefit from Life Option to Extra life Option and vice versa. Any change will be applicable from the effective date of the change which will be communicated to You.
- (3) Sum Assured (other than the Policy becoming reduced paid-up) can be changed at any time. Premium and the Plan/Death Benefit Option as specified in the Policy Schedule cannot be changed at any time.
- (4) Policy Term can only be increased. On increasing the policy term, the Return of Mortality Charge as mentioned in Clause 8 of Part C will be applicable as per the policy term chosen originally but will be returned on the new maturity date.
- (5) Premium Paying Term can be reduced after the payment of 5 year's Premiums. For the balance period of the Premium Paying Term after the above alteration (if any), the level of the Premium has to be the same as that at the time of inception. Premium Paying Term can also be increased. We may levy the Miscellaneous Charge.

5) Assignment and Transfer

The Policyholder can assign or transfer of a policy in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. Simplified version of the provisions of Section 38 is enclosed in Annexure I for reference

6) **Nomination**

The Policyholder can nominate a person/persons in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. Simplified version of the provisions of Section 39 is enclosed in Annexure II for reference

7) **Issuance of Duplicate Policy**

The Policyholder can request for a duplicate copy of the Policy at HDFC Life offices or through Certified Financial Consultant (Insurance Agent) who advised you while taking this Policy. While making an application for duplicate Policy the Policyholder is required to submit a notarized original indemnity bond, part an affidavit duly stamped along with KYC documents. There will be no additional charges for issuance of the duplicate policy.

8) **Force Majeure**

- (1) We shall value the funds on each day for which the financial markets are open. However, we may value the funds less frequently in extreme circumstances external to us, i.e., in force majeure events, where the value of the assets is too uncertain. In such circumstances, we may defer the valuation of assets for up to 30 days until we are certain that the valuation of funds can be resumed.
- (2) We shall inform IRDAI of such deferment in the valuation of assets. During the continuance of the force majeure events, all request for servicing the policy including policy related payment shall be kept in abeyance.
- (3) We shall continue to invest as per the fund mandates mentioned under Part E – Appendix 2. However, we reserve the right to change the exposure of all/any part of fund to money market instruments [as defined under Schedule III Part-I Clause 1(8) of IRDAI (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024] in circumstances mentioned under points (1 and 2) above. The exposure of the fund as per the fund mandates mentioned under Part E – Appendix 2 shall be reinstated within reasonable timelines once the force majeure situation ends.
- (4) Few examples of circumstances referred to in Point (1) and (2) above are:
 - i. When one or more stock exchanges which provide a basis for valuation of the assets of the fund are closed other than for ordinary holidays.
 - ii. When, as a result of political, economic, monetary or any circumstances which are not in our control, the disposal of the assets of the fund would be detrimental to the interests of the continuing Policyholders.
 - iii. In the event of natural calamities, strikes, war, civil unrest, riots and bandhs.
 - iv. In the event of any force majeure or disaster that affects our normal functioning.
- (5) In such an event, an intimation of such force majeure event shall be uploaded on our website for information.

9) **Incorrect Information and Non-Disclosure**

Fraud and misrepresentation would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. Simplified version of the provisions of Section 45 is enclosed in Annexure III for reference.

10) **Modification, Amendment, Re-enactment of or to the Insurance laws and rules, regulations, guidelines, clarifications, circulars etc. thereunder**

- (1) This Policy is subject to-

- (i) The Insurance Act, 1938 as amended from time to time,
- (ii) Amendments, modifications (including re-enactment) as may be made from time to time, and
- (iii) Other such relevant Regulations, Rules, Laws, Guidelines, Circulars, Enactments etc as may be introduced thereunder from time to time.

- (2) We reserve the right to change any of these Policy Provisions / terms and conditions in accordance with changes in applicable Regulations or Laws, and where required, with IRDAI's approval.
- (3) We are required to obtain prior approval from the Insurance Regulatory and Development Authority of India before making any material changes to these provisions, except for changes of regulatory / statutory nature.
- (4) We reserve the right to require submission by You of such documents and proof at all life stages of the Policy as may be necessary to meet the requirements under Anti- money Laundering/Know Your Customer norms and as may be laid down by IRDAI and other regulators from time to time.

11) **Jurisdiction:**

This Policy shall be governed by the laws of India and the Indian Courts shall have jurisdiction to settle any disputes arising under the Policy.

12) **Notices**

Any notice, direction or instruction given to Us, under the Policy, shall be in writing and delivered by hand, post, facsimile or from registered electronic mail ID to:

HDFC Life Insurance Company Limited (“HDFC Life”), 11th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400011.

Registered Office: HDFC Life Insurance Company Limited (“HDFC Life”), 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400011.

Helpline number: 022-68446530 (Call charges apply) | NRI Helpline number +91 89166 94100 (Call charges apply)

E-mail: service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only)

Or such other address as may be informed by Us.

Similarly, any notice, direction or instruction to be given by Us, under the Policy, shall be in writing and delivered by hand, post, courier, facsimile or registered electronic mail ID to the updated address in the records of the Company.

You are requested to communicate any change in address, to the Company supported by the required address proofs to enable the Company to carry out the change of address in its systems. The onus of intimation of change of address lies with the Policyholder. An updated contact detail of the Policyholder will ensure that correspondences from the Company are correctly addressed to the Policyholder at the latest updated address.

Part G

(Grievance Redressal Mechanism)

1. Complaint Resolution Process

- (i) The customer can contact us any of our touchpoints or write to us at the below mentioned address in case of any complaint/ grievance:
Grievance Redressal Officer
HDFC Life Insurance Company Limited (“HDFC Life”)
11th Floor, Lodha Excelus, Apollo Mills Compound,
N. M. Joshi Marg, Mahalaxmi, Mumbai, Maharashtra - 400011
Helpline number: 022-68446530 (Call charges apply) | NRI Helpline number +91 89166 94100 (Call charges apply)
E-mail: service@hdfclife.com| nriservice@hdfclife.com (For NRI customers only)
- (ii) All grievances (Service and sales) received by the Company will be responded to within the prescribed regulatory Turn Around Time (TAT) of 14 days.
- (iii) Written request or email from the registered email id is mandatory.
- (iv) If required, we will investigate the complaints by taking inputs from the customer over the telephone or through personal meetings.
- (v) We will issue an acknowledgement letter to the customer immediately on receipt of the complaint.
- (vi) The acknowledgement that is sent to the customer has the details of the complaint number, the Policy number and the Grievance Redressal Department who will be handling the complaint of the customer.
- (vii) If the customer’s complaint is addressed before the acknowledgement, the resolution communication will also act as the acknowledgment of the complaint.
- (viii) The final letter of resolution will offer redressal or rejection of the complaint along with the appropriate reason for the same.
- (ix) In case the customer is not satisfied with the decision sent to him or her, he or she may contact our Grievance Redressal Officer within 8 weeks of the receipt of the communication at any of the touch points mentioned in the document, failing which, we will consider the complaint to be satisfactorily resolved.
- (x) The following is the escalation matrix in case there is no response within the prescribed timelines or if you are not satisfied with the response. The number of days specified in the below- mentioned escalation matrix will be applicable from the date of escalation.

Level	Designation	Response Time	Email ID	Address
1st Level	Chief Manager or above– Customer Relations	10 working days	escalation1@hdfclife.com	11 th Floor, Lodha Excelus, Apollo Mills Compound, N M Joshi Marg, Mahalakshmi, Mumbai 400011
2nd Level (for response not received from Level 1)	VP or above– Customer Relations	7 working days	escalation2@hdfclife.com	

You are requested to follow the aforementioned matrix to receive satisfactory response from us.

- (xi) If you are not satisfied with the response or do not receive a response from us within 14 days, you may approach the Grievance Cell of IRDAI on the following contact details:

- IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255/ 18004254732
- Email ID: complaints@irdai.gov.in
- Online- You can register your complaint online at <https://bimabharosa.irdai.gov.in/>

- Address for communication for complaints by fax/paper:
General Manager
Consumer Affairs Department – Grievance Redressal Cell
Insurance Regulatory and Development Authority of India
Sy No. 115/1, Financial District,
Nanakramguda, Gachibowli,
Hyderabad – 500 032

2. In the event you are dissatisfied with the response provided by us, you may approach the Insurance Ombudsman in your region. The details of the existing offices of the Insurance Ombudsman are provided at <https://cioins.co.in/Complaint/Onlinebelow>.

a. Details and addresses of Insurance Ombudsman

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BHOPAL	Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh.
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 4646394/ 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai,	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).

	Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 – 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363/ 2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOCHI	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp. to Maharaja's College, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe – a part of Union Territory of Puducherry.
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 – 22124339/ 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh,

		Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 6903880027/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding (excluding Navi Mumbai & Thane).
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddhnagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Office of the Insurance Ombudsman, 2 nd Floor, Lalit Bhavan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in.	Bihar, Jharkhand.
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

b. Insurance Ombudsman-

- 1) The Ombudsman shall receive and consider complaints alleging deficiency in performance required of an insurer (including its agents and intermediaries) or an insurance broker, on any of the following grounds—
 - (a) delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999;
 - (b) any partial or total repudiation of claims by the life insurer, general insurer or the health insurer;
 - (c) disputes over Premium paid or payable in terms of insurance Policy;
 - (d) misrepresentation of Policy terms and conditions at any time in the Policy document or Policy contract;
 - (e) legal construction of insurance policies in so far as the dispute relates to claim;
 - (f) Policy servicing related grievances against insurers and their agents and intermediaries;
 - (g) issuance of life insurance Policy, general insurance Policy including health insurance Policy which is not in conformity with the proposal form submitted by the proposer;
 - (h) non-issuance of insurance Policy after receipt of Premium in life insurance and general insurance including health insurance; and
 - (i) any other matter arising from non-observance of or non-adherence to the provisions of any regulations made by the Authority with regard to protection of policyholders' interests or otherwise, or of any circular, guideline or instruction issued by the Authority, or of the terms and conditions of the policy contract, insofar as such matter relates to issues referred to in clauses (a) to (h).

c. Manner in which complaint is to be made –

- 1) Any person who has a grievance against an insurer or insurance broker, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer or the insurance broker, as the case may be, complained against or the residential address or place of residence of the complainant is located.
- 2) The complaint shall be in writing, duly signed or made by way of electronic mail or online through the website of the Council for Insurance Ombudsmen, by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.
- 3) No complaint to the Insurance Ombudsman shall lie unless—
 - (a) the complainant has made a representation in writing or through electronic mail or online through website of the insurer or insurance broker concerned to the insurer or insurance broker, as the case may be, named in the complaint and—
 - i. either the insurer or insurance broker, as the case may be, had rejected the complaint; or
 - ii. the complainant had not received any reply within a period of one month after the insurer or insurance broker, as the case may be, received his representation; or
 - iii. the complainant is not satisfied with the reply given to him by the insurer or insurance broker, as the case may be;
 - (b) The complaint is made within one year—
 - i. after the order of the insurer or insurance broker, as the case may be, rejecting the representation is received; or
 - ii. after receipt of decision of the insurer or insurance broker, as the case may be, which is not to the satisfaction of the complainant;
 - iii. after expiry of a period of one month from the date of sending the written representation to the insurer or insurance broker, as the case may be, if the insurer named fails to furnish reply to the complainant.

- 4) The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer or insurance broker, as the case may be, against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.
- 5) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.
- 6) The Council for Insurance Ombudsmen shall develop a complaints management system, which shall include an online platform developed for the purpose of online submission and tracking of the status of complaints made under rule 14 of Insurance Ombudsman Rules, 2017.

d. Implementation of Ombudsman Award -

The Insurer is required to comply with the award of the Insurance Ombudsman within 30 days of receipt of award by the Insurer. In case the Insurer does not honour the ombudsman award, **a penalty of Rs. 5000/- per day** shall be payable to the complainant. Such penalty is in addition to the penal interest liable to be paid by the Insurer under the Insurance Ombudsman Rules, 2017. This provision will not be applicable in case insurer chooses to appeal against the award of the Insurance Ombudsman.

Annexure I

Section 38 - Assignment and Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The extant provisions in this regard are as follows:

- (1) This policy may be transferred/assigned, wholly or in part, with or without consideration.
- (2) An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
- (3) The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
- (4) The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
- (5) The transfer or assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
- (6) Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
- (7) On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
- (8) If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
- (9) The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bonafide or (b) not in the interest of the policyholder or (c) not in public interest or (d) is for the purpose of trading of the insurance policy.
- (10) Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
- (11) In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
- (12) The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
- (13) Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - ii. the insured surviving the term of the policySuch conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
- (14) In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the policy

- c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

(15) Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015, for complete and accurate details.]

SAMPLE COPY

Annexure II

Section 39 - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The extant provisions in this regard are as follows:

- 1) The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
- 2) Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
- 3) Nomination can be made at any time before the maturity of the policy.
- 4) Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
- 5) Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
- 6) A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
- 7) Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
- 8) On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
- 9) A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
- 10) The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
- 11) In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
- 12) In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
- 13) Where the policyholder whose life is insured nominates his (a) parents or (b) spouse or (c) children or (d) spouse and children (e) or any of them; the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
- 14) If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
- 15) The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015 (i.e. 23.03.2015).
- 16) If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.

17) The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws Act, 2015 a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015, for complete and accurate details.]

SAMPLE COPY

Annexure III

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 are as follows:

- 1) No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.
- 2) On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.
- 3) Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
 - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.
- 4) Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
- 5) No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
- 6) Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
- 7) In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
- 8) Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
- 9) The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015,for complete and accurate details.]

SAMPLE COPY