

PLAN FOR A GRAND RETIREMENT WITH SMART GUARANTEED PENSION

Enjoy smart and flexible benefits basis your needs.



Guaranteed
Lifelong Income¹



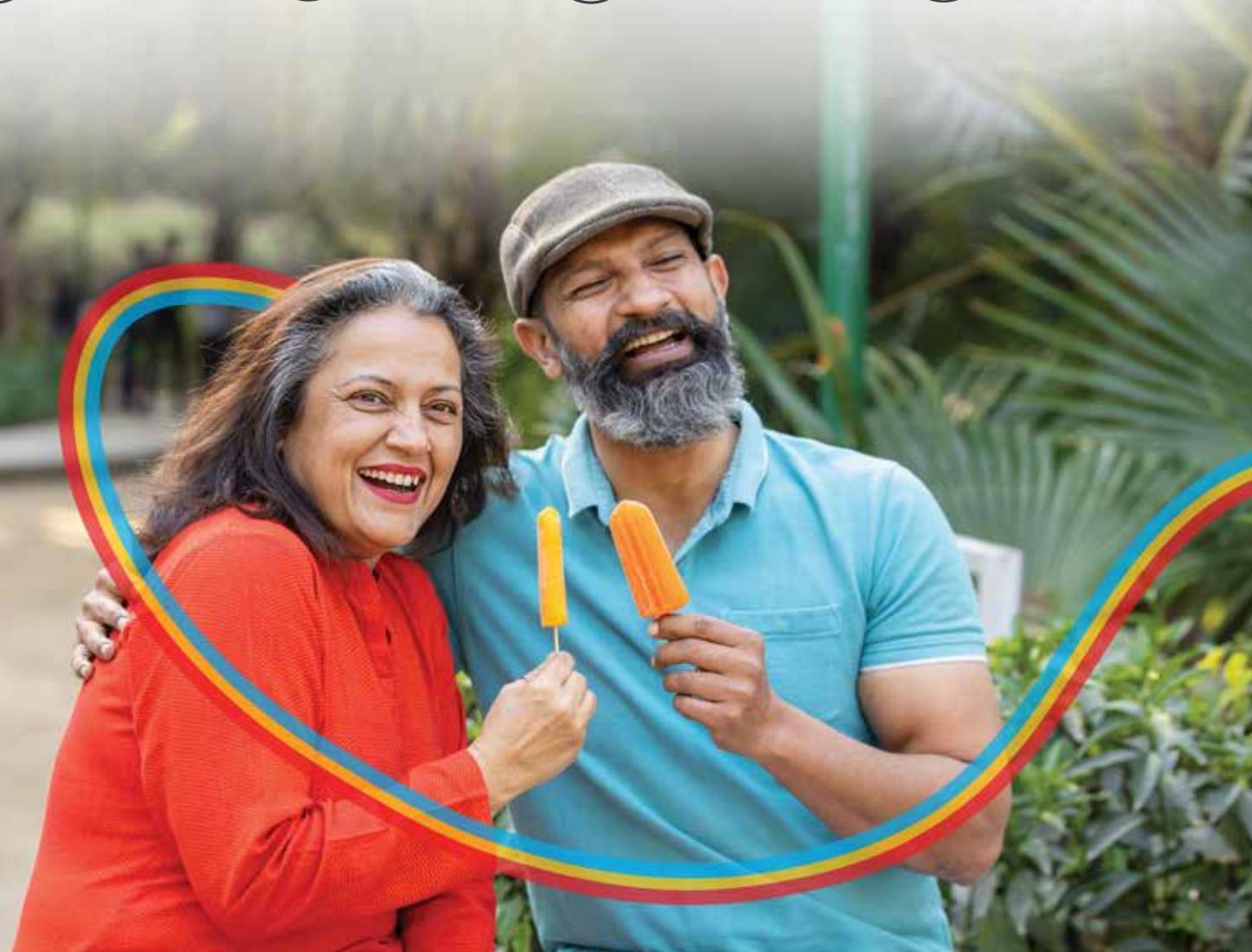
Single/Joint
Life Annuity



Limited Premium
Payment Term



High Premium
Incentive



For more information:  1800-103-0003/1800-891-0003

Canara HSBC Life Insurance | Promises ka Partner

¹Conditions Apply - Provided all premiums are paid as and when due.

“BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRAUDULENT OFFERS

IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.”

Trade Logo of Canara HSBC Life Insurance Company Limited hereinafter referred to as "Insurer" is used under license with Canara Bank and HSBC Group Management Services Limited. The insurance products are offered and underwritten by the Insurer (IRDAI Regn. No. 136) having its head office at 139 P, Sector 44, Gurugram – 122003, Haryana (India). For more details on risk factors, terms and conditions please read the sales brochure carefully before concluding a sale. Corporate Identity No.: U66010DL2007PLC248825. Website: www.canarahsbclife.com Call: 1800-103-0003/1800-891-0003. SMS: 7039004411. Missed Call: 8071262709. Email: customerservice@canarahsbclife.in

PART A

WELCOME LETTER

{{POLICY_OWNER_NAME}}
 {{DATE_OF_ENTRY}}

Date:

{{FATHERS_NAME/HUSBAND NAME}}
 {{PO_M_ADD_1}}
 {{PO_M_ADD_2}}
 {{PO_M_ADD_3}}
 {{PO_M_ADD_CITY}} - {{PO_M_ADD_PINCODE}}
 {{PO_M_ADD_STATE}}
 {{PO_M_ADD_COUNTRY}}
 Contact No.: {{POLICY_OWNER_CONTACT}}

Your Policy Details:		Your Representative Details:	
Client ID.	{{POLICY_OWNER_CLIENT_ID}}	Name	{{AGENT_NAME}}
Policy No.	{{POLICY_NUMBER}}	Code	{{AGENT_CODE}}
Proposal No.	{{PROPOSAL_NUMBER}}	Contact No.	{{AGENT_CONTACT}}

Dear {{Policy_Owner_Name}},

Welcome to the Canara HSBC Life Insurance family. We would like to congratulate you on purchasing **Canara HSBC Life Insurance Smart Guaranteed Pension**. This document is your policy contract and contains important information related to your Policy. We would recommend that you read this document carefully to ascertain if the details mentioned are accurate.

Please also refer to the Customer Information Sheet for key information about Your Policy.

If you wish to rectify any of the details provided by you in the Policy, then please get in touch with our **Resolution center: 1800-103-0003 /1800-891-0003 or your representative**. You can also **SMS us at 7039004411** or write to us at customerservice@canarahsbclife.in and our representative will contact you at your convenience.

If You do not agree with the terms and conditions of the Policy or otherwise and have not made any claim, You can cancel your Policy by returning the Policy Document (if issued physically upon request) along with a written request stating the reasons for non-acceptance to the Company within the Free-Look period of 30 days from the date of receipt of the Policy Document, whether received electronically or otherwise (whichever is earlier). In case you opt for cancellation within the said period, we shall refund the Total Premiums received by us on receipt of the letter subject to deduction of stamp duty charges.

Please note that the Free Look option is available only on the first receipt of the Policy Document, and will not apply to subsequent Policy Document issued by the Company upon your request, either physically or electronically. As an added convenience for you, we offer an easy-to-navigate online system to manage your Policy. Log on to our website www.canarahsbclife.com and register to start using this service.

In case of any claim related matters, you or the Beneficiary/ Claimant may contact us at Canara HSBC Life Insurance Company Limited, 139 P, Sector 44, Gurugram – 122003, Haryana, India. You can also get in touch with us on 1800-103-0003 /1800-891-0003 or SMS us at **7039004411** or write to us at customerservice@canarahsbclife.in

Thank you for giving us the opportunity to service your Insurance needs and we will ensure we are here to fulfill all your Policy servicing needs.

Yours Sincerely,

Chief Operating Officer

Canara HSBC Life Insurance Company Limited

POLICY PREAMBLE

This Policy Document evidences a legal contract between the Policyholder/Annuitant(s) and Canara HSBC Life Insurance Company Limited which has been concluded on the basis of your statements and declarations in the Proposal Form and other documents evidencing the insurability of the Policyholder / Annuitant(s). This is a non-linked non-par individual deferred annuity plan which provides benefits as per the terms and conditions of the Policy.

These terms and conditions are divided into numbered clauses for ease of reference and reading. These divisions and the corresponding Clause headings do not limit the Policy or its interpretation in any way. References to any Act, regulation, guidelines etc shall include subsequent changes to the same. All references to 'age' shall refer to age as per the last birthday. The terms 'you', 'your' used in this document refer to the Policyholder/Annuitant(s). 'We', 'us', 'Company' or 'our' refers to Canara HSBC Life Insurance Company Limited. The word "Authority" would refer to the Insurance Regulatory and Development Authority of India (IRDAI).

POLICY SCHEDULE

(This is a schedule attached to this Policy Document and if any updated Policy Schedule is issued by us, the Policy Schedule latest in time shall be the Policy Schedule)

Canara HSBC Life Insurance Smart Guaranteed Pension Non-Linked Non-Par Individual Deferred Annuity Plan

This Policy Document will be valid in consideration of and subject to receipt of Premium mentioned below, the terms and conditions of this Policy or any riders attached and any endorsements made. The Company shall pay relevant benefits that become payable upon occurrence of one or more events mentioned in this Policy on receipt of proof to the satisfaction of the Company. The Policy Commencement Date under this Policy is as mentioned below.

	Policyholder Details	Annuitant/Primary Annuitant Details	Secondary Annuitant Details
Name	{{POLICY_OWNER_NAME}}	{{ANNUITANT_NAME}}	{{SECONDARY_ANNUITANT_NAME}}
Date of Birth	{{POLICY_OWNER_BIRTH_DATE}} {{DD/MM/YYYY}}	{{ANNUITANT_BIRTH_DATE}} {{DD/MM/YYYY}}	{{SECONDARY_ANNUITANT_BIRTH_DATE}} {{DD/MM/YYYY}}
Age	{{POLICY_OWNER_AGE}}	{{ANNUITANT_AGE}}	{{SECONDARY_ANNUITANT_AGE}}
Gender	{{POLICY_OWNER_GENDER}}	{{ANNUITANT_GENDER}}	{{SECONDARY_ANNUITANT_GENDER}}
Address	{{POLICY_OWNER_ADDRESS}}	{{ANNUITANT_ADDRESS}}	{{SECONDARY_ANNUITANT_ADDRESS}}

Policy Schedule Details

Policy Number	{{POLICY_NUMBER}}
Plan Name	{{CANARA_HSBC_LIFE_INSURANCE_SMART_GUARANTEED_PENSION}}
Plan Type	{{NON_LINKED_NON_PAR_INDIVIDUAL_DEFERRED_ANNUITY_PLAN}}
Annuity Option	{{Annuity option}}
Policy Term	{{Single Life - till the death of the Annuitant, or till the diagnosis of covered CI or ATPD (if applicable) before age 85 years last birthday, whichever is earlier. Joint Life - till the death of the last survivor.}}
Premium Payment Term (Years)	{{PREMIUM_PAYMENT_TERM}}
Deferment Period	{{Deferment Period}}
Installment Premium (₹)¹	{{INSTALLMENT_PREMIUM}}
Age Admitted	{{AGE ADMITTED}}
Policy Commencement Date	{{POLICY_COMMENCEMENT_DATE}} {{DD/MM/YYYY}}
Premium Payment Mode	{{PREMIUM_PAYMENT_MODE}}
Next Premium Due Date	{{NEXT_PREMIUM_DUE_DATE}} {{DD/MM/YYYY}}
Last Premium Due Date	{{LAST_PREMIUM_DUE_DATE}} {{DD/MM/YYYY}}
Date of Vesting	{{Date of Vesting}} {{DD/MM/YYYY}}
Annuity Commencement Date	{{Annuity start date}} {{DD/MM/YYYY}}

Benefit Coverage Details

Annuity Benefit (Annuity Installment) (₹)	{{Annuity_amount}}
Annuity Installment Frequency	{{Payout_frequency}}
Applicable Annuity Rate²	{{ Applicable Annuity Rate}}
 {{For Annuity Options 1/ 3/ 4 – “Death Benefit”}} {{For Annuity Option 2 – “Death / CI/ ATPD Benefit”}}	{{ Death/ CI/ ATPD Benefit, as applicable}}
Maturity Benefit	Not applicable

²Applicable Annuity Rate is post High Premium Incentive, as applicable.

Nominee Details³

Name	Gender	Age	Relationship with Annuitant	Percentage
{{NOMINEE_NAME_1}}	{{NOMINEE_GENDER_1}}	{{AGE IN YEARS}}	{{R'SHIP}}	{{PERCENTAGE}}
{{NOMINEE_NAME_2}}	{{NOMINEE_GENDER_2}}	{{AGE IN YEARS}}	{{R'SHIP}}	{{PERCENTAGE}}

³Nominee details under section 39 of Insurance Act, 1938 as amended from time to time.

Appointee Name (Person who receives benefits on death of Annuitant/Surviving Annuitant and gives discharge to Us on behalf of minor Nominee)	{{APPOINTEE_NAME}}
Appointee Gender	{{APPOINTEE_GENDER}}
Appointee Relationship with Nominee	{{APPOINTEE_RELATIONSHIP}}

¹Goods and Services Tax or any other levy by whatever name called under the applicable Goods and Services Tax laws, will be charged over and above the Premium and will be borne by the Policyholder/Annuitant(s).

Canara HSBC Life Insurance Co Ltd.
IRDAI Registration no: 136

Registered Office: 8th Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001, India **Head Office:** 139 P, Sector 44, Gurugram – 122003, Haryana, India

Receipt Number: {{RECEIPT_NUMBER}} **First Premium Receipt** **Date of Issue:** {{FPR_DATE}} {{DD/MM/YYYY}}

Name of the Company	{{NAME OF THE COMPANY}}
Hub Address	{{HUB ADDRESS}}
Goods and Services Tax Identification Number	{{GOODS AND SERVICES TAX IDENTIFICATION NUMBER Of HUB}}
HSN Code	{{ SERVICE ACCOUNTING CODE}}
Plan Name	{{PLAN NAME}}
Plan Option	{{PLAN OPTION}}
Policy Number	{{POLICY NUMBER}}
Policy Type	{{NON_LINKED_NON_PAR_INDIVIDUAL_DEFERRED_ANNUITY_PLAN}}
Annuitant/s Name	{{NAME OF THE PRIMARY ANNUITANT}} {{NAME OF THE SECONDARY ANNUITANT}}, WHERE APPLICABLE
Policyholder Name	{{NAME OF THE POLICYOWNER}}
Policyholder Current Residential Address	{{POLICY HOLDER CURRENT RESIDENTIAL ADDRESS}}
Policyholder State/ Union Territory & Code	{{POLICY HOLDER STATE & CODE}}
Goods And Services Tax Identification Number	{{GOODS AND SERVICES TAX IDENTIFICATION NUMBER }}
Premium Payment Mode	{{PREMIUM PAYMENT MODE}}

Payment Related Information

Base Premium Payable (excluding taxes) (₹)	{{BASE PREMIUM PAYABLE}{excluding taxes}}
Goods and Services Tax⁴ (₹)	{{GOODS AND SERVICES TAX }}
Total Amount Payable (₹)	{{TOTAL AMOUNT PAYABLE }}
Total Amount Received (₹)	{{TOTAL AMOUNT RECEIVED}}
Balance Amount (₹)	{{BALANCE AMOUNT}}
Next Premium Due Date	{{NEXT PREMIUM DUE DATE}} {{DD/MM/YYYY}}
Taxable Value	{{Taxable Value}}

"Break-up of Goods and Services Tax on Taxable Value	(%) Rate	(₹) Amount
Central Goods and Services Tax		
State Goods and Services Tax/ Union Territory Goods and Services Tax		
Integrated Goods and Services Tax		
Cess (es)/Other levy		

Total Amount Payable for the Policy is equal to Base Premium Payable and applicable Goods and Services Tax or any other levy by whatever name called under the applicable Goods and Services Tax laws.

The excess amount, if any, indicated as Balance Amount above will not earn any interest and will be adjusted towards future Premiums on the due date subject to applicable laws. Advance premiums paid, if any, will be appropriated towards Premium on the respective due dates.

Tax Benefits under the Policy will be as per the prevailing Income Tax laws and are subject to amendments from time to time. For tax related queries, contact your independent tax advisor.

Permanent Account Number AADCC1881F
"Goods and Services Tax as above is not payable on reverse charge basis"
"Address of Delivery is same as that of place of supply"

<<Digital Signature>>

Chief Operating Officer

[ENDORSEMENTS]

Total Stamp Value (₹) / {{STAMP_DUTY}}

"The appropriate stamp duty towards this Policy is paid vide <<CRN Number>>"

TERMS AND CONDITIONS

PART B: GLOSSARY OF IMPORTANT TERMS

Age (Last Birthday): means the Policyholder/Annuitant age basis their last birthday, as on Policy Commencement Date.

Appointee: means the person named in the Policy Schedule to receive the Benefit and give a valid discharge to Us on behalf of Minor Nominee in the event of Death of the Life Assured.

Assignee: means the person to whom the rights and benefits of the Policy are transferred / assigned by you.

Annualized Premium: means the Premium amount payable in a year, excluding taxes, rider premiums, underwriting extra premiums and loading for modal premiums.

Annuity Commencement Date: means the date when the payment of Annuity Installment begins.

Annunity Payout Date: means the date on which the respective Annuity Installment stands payable.

Annuity Installment: means the amount paid by the Company to the Annuitant(s) (as applicable) in chosen Annuity Instalment Frequency (yearly/half yearly/quarterly/monthly) in arrears and as specified in the Policy Schedule.

Annuity Option: means the option chosen by the Policyholder/Annuitant at inception and as specified in the Policy Schedule.

Annuitant: means the person (Primary or Secondary) to whom the Annuity Installments are paid by the Company.

Beneficiary/ Claimant: Claimant means the Annuitant(s), however for the purposes of payment of Death Benefit Claimant means the following person(s):-

(i) Where the Policyholder and Annuitant(s) are different, Claimant shall be the Policyholder

(ii) Where Policyholder and Annuitant(s) are same, Claimant shall be the Nominee (s)

(iii) Where Policyholder and Annuitant(s) are same and there is no Nominee(s), then Claimant shall be the Policyholder's legal heir or legal representative or the holder of a succession certificate

Deferment Period: means the period, in years, as chosen by the Policyholder and as specified in the Policy Schedule, commencing from Policy Commencement Date to the Date of Vesting.

G-Sec: means Government Security which is a tradable instrument issued by the Central Government or the State Governments.

Grace Period: means the time granted by Us from the due date of the payment of Premium/ without any penalty/ late fee, during which time the Policy is considered to be in-force with the risk cover without any interruption as per the terms and conditions of the Policy.

Guaranteed Additions(GAs): means the amount that accrue during the Deferment Period at the end of every month and stops after the end of the Deferment Period. Monthly GAs will be calculated as 1/12th of 6% of Total Premiums Paid till date.

Lapsed State: means the state of the Policy which has not acquired Surrender Value and where You fail to pay due Premium within the Grace Period in the first Policy Year.

Minor: means a person who has not completed the age of eighteen (18) years.

Nominee(s): means the person(s) named in the Policy Schedule who is/are entitled to receive the insurance proceeds upon the death of the Annuitant(s).

Paid-Up State: means the state of the Policy where You fail to pay due Premium within the Grace Period after payment of Premiums for at least first full Policy Year; in which state no further Premiums are payable and benefits are reduced as per the terms and conditions of the Policy.

Policy: means the contract of insurance entered into between the Policyholder and the Company as evidenced by Policy Document.

Policyholder: means the person named in the Policy Schedule who is the owner of the Policy.

Policy Anniversary Date: means the date corresponding to the Policy Commencement Date occurring after the completion of every Policy Year.

Policy Document: means and includes terms and conditions, the attached Policy Schedule, the Proposal Form and all endorsements issued by us from time to time.

Policy Month: means the period of one month commencing from the Policy Commencement Date and each subsequent month thereafter during the Policy Term. The Policy Month may be different from the calendar month.

Policy Term: is the period for which Annuity Installments are payable and as specified in the Policy Schedule.

Policy Year: means 12 consecutive months' period commencing from the Policy Commencement Date and each subsequent period of 12 consecutive months thereafter during the Policy Term, which may be different from the calendar year.

Premium: means the amount payable by You to Us, as specified in the Policy Schedule as "Installment Premium" in exchange for Our obligation to pay the benefits under the Policy. Premium excludes any applicable Goods and

Services Tax or any other levy by whatever name called under Goods and Services Tax Scheme.

Proposal Form: means an application form along with any other statements or declarations required by us which is duly completed and submitted by the Policyholder for securing an insurance Policy and forms the basis for issuance of the Policy.

Revival: means restoration of a Policy in Lapsed State or in Paid-up State to in-force status subject to terms and conditions of the Policy.

Revival Period: means a period of 5 consecutive complete years from the date of first unpaid Premium.

Total Premiums Paid: means total of all the Premiums paid under the base product , excluding any extra premium and taxes, if collected explicitly.

Date of Vesting: means the date post which the first Annuity Instalment payment is made to the Annuitant in arrears.

The terms '**Policy Commencement Date**', '**Annunity Installment Frequency**', '**Primary Annuitant**', '**Secondary Annuitant**', '**Applicable Annuity Rate**' '**Deferment Period**', '**Policy Schedule**' shall mean the respective dates, period, amount or names specified against each in the Policy Schedule.

PART C

1. Description of Annuity Options:

No.	Annuity Option	Description
Annuity Option 1	Single Life Annuity with Return of Premiums	<p>a) Annuity Installment(s) is payable, as per the Annuity Installment Frequency chosen and specified in the Policy Schedule, at a constant rate in arrears, post Deferment Period, throughout the life of the Annuitant.</p> <p>b) On death of the Annuitant, all future Annuity Installment(s) payouts cease immediately and the following benefit shall be payable:</p> <p><u>During Deferment Period, higher of:</u></p> <ul style="list-style-type: none"> ➤ Total Premiums Paid till the date of death <i>plus</i> Guaranteed Additions, if any ➤ 105% of Total Premiums Paid till the date of death <p><u>After Deferment Period, higher of:</u></p> <ul style="list-style-type: none"> ➤ Total Premiums Paid <i>plus</i> Guaranteed Additions, <i>less</i> total Annuity Instalment payouts till date of death ➤ Total Premiums Paid
Annuity Option 2	Single Life Annuity with Return of Premiums on Critical Illness (CI) or Accidental Total & Permanent Disability (ATPD) or Death	<p>a) Annuity Installment(s) is payable, as per the Annuity Instalment Frequency chosen and specified in the Policy Schedule, at a constant rate in arrears, post Deferment Period, throughout the life of the Annuitant.</p> <p>b) Upon the Annuitant being diagnosed with any of the covered Critical Illnesses or Accidental Total & Permanent Disability (ATPD) before Age 85 last birthday or on death of the Annuitant, whichever occurs earlier, all future Annuity Instalment(s) payouts cease immediately and the following benefit shall be payable:</p> <p><u>During Deferment Period, higher of:</u></p> <ul style="list-style-type: none"> ➤ Total Premiums Paid till the date of death/ diagnosis of critical illness/ ATPD <i>plus</i> Guaranteed Additions , if any ➤ 105% of Total Premiums Paid till the date of death/ diagnosis of Critical Illness/ ATPD <p><u>After Deferment Period, higher of</u></p> <ul style="list-style-type: none"> ➤ Total Premiums Paid <i>plus</i> Guaranteed Additions, if any, <i>less</i> total Annuity Installment(s) payouts till date of death/ diagnosis of Critical Illness/ ATPD ➤ Total Premiums Paid
Annuity Option 3	Single Life Annuity	<p>a) Annuity Installment(s) is payable, as per the Annuity Installment Frequency chosen and specified in the Policy Schedule, at a constant rate in arrears, post Deferment Period, throughout the life of the Annuitant.</p> <p>b) On death of the Annuitant, all future Annuity Installment(s) payouts cease immediately and the following benefit shall be payable:</p> <p><u>During Deferment Period, higher of:</u></p> <ul style="list-style-type: none"> ➤ Total Premiums Paid till the date of death <i>plus</i> Guaranteed Additions, if any ➤ 105% of Total Premiums Paid till the date of death <p><u>After Deferment Period: NIL</u></p>
Annuity Option 4	Joint Life Annuity with Return of Premiums	<p>a) Annuity Installment(s) is payable, as per Annuity Installment Frequency chosen and specified in the Policy Schedule, at a constant rate in arrears, post Deferment Period, as long as atleast one of the two Annuitants is alive.</p> <p>b) On death of any one of the Annuitants during or after the Deferment Period, no Death Benefit is payable. On death of the surviving Annuitant,</p>

		<p>all future Annuity Installment(s) payouts cease immediately and the following benefit shall be payable:</p> <p>During Deferment Period, higher of:</p> <ul style="list-style-type: none"> ➤ Total Premiums Paid till the date of death <i>plus</i> Guaranteed Additions, if any ➤ 105% of Total Premiums Paid till the date of death <p>After Deferment Period, higher of:</p> <ul style="list-style-type: none"> ➤ Total Premiums Paid <i>plus</i> Guaranteed Additions, if any, <i>less</i> total Annuity Installment(s) payouts till date of death ➤ Total Premiums Paid
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2.1 Benefits under the Plan:

2.1.1 Death Benefit

When Benefits are payable	Death Benefit
Annuity Option 1: Benefit is payable on death of the Annuitant	<p>For in-force Policy:</p> <p>During Deferment Period, higher of:</p> <ul style="list-style-type: none"> • Total Premiums Paid till the date of death <i>plus</i> Guaranteed Additions, if any • 105% of Total Premiums Paid till the date of death <p>After Deferment Period, higher of:</p> <ul style="list-style-type: none"> • Total Premiums Paid <i>plus</i> Guaranteed Additions, if any, <i>less</i> total Annuity Installment(s) payouts till date of death • Total Premiums Paid <p>For Paid-up Policy:</p> <p>During or after the Deferment Period: Total Premiums Paid till the date of death <i>plus</i> accrued Guaranteed Additions, if any, <i>less</i> total Annuity Installment(s) payouts till date of death (if applicable).</p>
Annuity Option 2: Benefit is payable on death of the Annuitant provided CI/ATPD Benefit is not paid	<p>For in-force Policy:</p> <p>During Deferment Period, higher of:</p> <ul style="list-style-type: none"> • Total Premiums Paid till the date of death <i>plus</i> Guaranteed Additions, if any • 105% of Total Premiums Paid till the date of death <p>After Deferment Period, higher of:</p> <ul style="list-style-type: none"> • Total Premiums Paid <i>plus</i> Guaranteed Additions, if any, <i>less</i> total Annuity Installment(s) payouts till date of death • Total Premiums Paid <p>For Paid-up Policy:</p> <p>During or after the Deferment Period: Total Premiums Paid till the date of death <i>plus</i> accrued Guaranteed Additions, if any, <i>less</i> total Annuity Installment(s) payouts till date of death (if applicable).</p>
Annuity Option 3: Benefit is payable on death of the Annuitant	<p>For in-force Policy:</p> <p>During Deferment Period, higher of:</p> <ul style="list-style-type: none"> • Total Premiums Paid till the date of death <i>plus</i> Guaranteed Additions, if any • 105% of Total Premiums Paid till the date of death is payable <p>After Deferment Period: No Death Benefit is payable</p> <p>For Paid-up Policy:</p> <p>During Deferment Period: Total Premiums Paid till the date of death <i>plus</i> accrued Guaranteed Additions, if any</p>

	After Deferment Period: No Death Benefit is payable
Annuity Option 4: Benefit is payable on death of the surviving Annuitant	<p>For in-force Policy: During Deferment Period, higher of:</p> <ul style="list-style-type: none"> • Total Premiums Paid till the date of death <i>plus</i> Guaranteed Additions, if any • 105% of Total Premiums Paid till the date of death <p>After Deferment Period, higher of:</p> <ul style="list-style-type: none"> • Total Premiums Paid <i>plus</i> Guaranteed Additions, if any, less total Annuity Installment(s) payouts till date of death • Total Premiums Paid <p>For Paid-up Policy: During or after the Deferment Period: Total Premiums Paid till the date of death <i>plus</i> accrued Guaranteed Additions, if any, less total Annuity Installment(s) payouts till date of death (if applicable).</p>

2.1.2 Subject to the terms of this Policy and Clause 1 of Part C, any amount payable on the Annuitant(s)'s death shall be paid to the Claimant or Assignee, as the case may be. Any outstanding Annuity Installment(s) till the date of death of the Annuitant will also be payable along with the Death Benefit. However, all the Annuity Installment(s) paid to the Annuitant post the date of death till the date of registration of death shall be deducted from the Death Benefit payable.

2.1.3 Notwithstanding anything to the contrary mentioned in the Policy Document, if the Annuitant/Primary Annuitant/Secondary Annuitant whether sane or insane commits suicide, benefit payable in case of death shall be as per Suicide Exclusion Provisions in Part F.

2.2 Morbidity Benefit

Subject to the terms and conditions of this Policy, Morbidity Benefit will be payable only for Annuity Option 2 – Single Life Annuity with Return of Premiums on Critical Illness (CI) or Accidental Total & Permanent Disability (ATPD): Upon the Annuitant being diagnosed with any of the covered CI or ATPD before Age 85 as at the last birthday, following benefits shall be payable and thereafter all the future Annuity Installment(s) payouts will cease and the Policy will terminate.

For in-force Policy:

During Deferment Period, higher of:

- Total Premiums Paid till the diagnosis of Critical Illness/ ATPD *plus* Guaranteed Additions, if any
- 105% of Total Premiums Paid till the diagnosis of Critical Illness/ ATPD

After the Deferment Period, higher of:

- Total Premiums Paid *plus* Guaranteed Additions, if any, *less* total Annuity Installment(s) payouts till date of diagnosis of Critical Illness/ ATPD
- Total Premiums Paid

For Paid-up Policy:

During or after the Deferment Period: Total Premiums Paid till the date of diagnosis of Critical Illness or ATPD *plus* Guaranteed Additions, if any, *less* total Annuity Installment(s) payouts till date of diagnosis of Critical Illness/ ATPD

2.3 Accidental Total & Permanent Disability (ATPD)

2.3.1 Definition for ATPD

The following definition of 'Accidental Total & Permanent Disability Benefit' is used within this plan:

"Accident" means sudden, unforeseen and involuntary event caused by external, violent and visible means which occurs after the risk commencement date of the Policy and before the termination of the Policy.

“Accidental bodily injury” means bodily injury of the Annuitant caused solely and directly from an Accident and independently of any other intervening causes AND which occurs within 180 days of the date of Accident.

“Accidental Total & Permanent Disability” (ATPD) shall mean the occurrence of any of the following conditions as a result of Accidental bodily injury:

- Loss of use or Loss by severance of two or more limbs at or above wrists or ankles. Limb means the whole hand at or above the wrist or the whole foot at or above the ankle. The diagnosis has to be confirmed by a Specialist.
- “Loss of Sight” shall mean total, permanent and irrecoverable loss of sight of both eyes. The blindness must be confirmed by an Ophthalmologist; loss of sight - means total, permanent and irreversible loss of all vision in both eyes as a result an Accident. The blindness is evidenced by :
 - i. corrected visual acuity being 3/60 or less in both eyes or ;
 - ii. the field of vision being less than 10 degrees in both eyes.The diagnosis of blindness must be confirmed and must not be correctable by aides or surgical procedures.
- “Loss of Speech” shall mean total and irrecoverable loss of the ability to speak as a result of injury to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- “Loss of Hearing” shall mean total and irreversible loss of hearing in both ears as a result of Accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

The above disability must have persisted for at least 6 consecutive months (except for “Loss of Speech” where the disability must be established for a continuous period of 12 months) and must, in the opinion of a registered Medical Practitioner* appointed by the Company, be deemed total and permanent.

The above mentioned 180 days period will not be applicable for disabilities due to Loss by severance.

2.3.2 Exclusions applicable for ATPD:

No ATPD benefit will be payable in respect of any of the conditions covered under the ATPD Cover, arising directly or indirectly from, through or in consequence of the following exclusions:

1. The Annuitant taking part in any hazardous sport or pastimes (including hunting, mountaineering, racing, steeple chasing, bungee jumping, etc., any underwater or subterranean operation or activity and racing of any kind other than on foot).
2. The Annuitant flying in any kind of aircraft, other than as a bonafide passenger (whether fare-paying or not) on an aircraft of a licensed airline.
3. Self-inflicted injury, suicide or attempted suicide-whether sane or insane.
4. Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered Medical Practitioner *.
5. Service in any military, air force, naval or paramilitary organization.
6. War, civil commotion, invasion, terrorism, hostilities (whether war be declared or not).
7. The Annuitant taking part in any strike, industrial dispute, riot.
8. The Annuitant taking part in any criminal or illegal activity with criminal intent or committing any breach of law including involvement in any fight or affray.
9. Exposure to Nuclear reaction, Biological, radiation or nuclear, biological or chemical contamination.
10. Physical handicap or mental infirmity.

In case ATPD benefit is claimed however is not admissible due to any of the exclusion clause(s) applicable for ATPD, then the ATPD would not be payable. However, the benefit payable in the event of death/ CI will continue.

2.4 Critical Illness Benefit (CI)

7 Critical Illnesses covered under CI Benefit are given in the table below:

1. CANCER OF SPECIFIED SEVERITY
2. MYOCARDIAL INFARCTION

3. OPEN CHEST CABG
4. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS
5. STROKE RESULTING IN PERMANENT SYMPTOMS
6. MAJOR ORGAN /BONE MARROW TRANSPLANT
7. PERMANENT PARALYSIS OF LIMBS

The above mentioned Critical Illnesses are defined below:

2.5 Definition

2.5.1 CANCER OF SPECIFIED SEVERITY

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN – 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3.
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2.5.2 MYOCARDIAL INFARCTION

(First Heart Attack of specific severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain).
- ii. New characteristic electrocardiogram changes.
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

2.5.3 OPEN CHEST CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive

keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures

2.5.4 KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner *.

2.5.5 STROKE RESULTING IN PERMANENT SYMPTOMS

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner * and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

2.5.6 MAJOR ORGAN /BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner *

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

2.5.7 PERMANENT PARALYSIS OF LIMBS

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist Medical Practitioner * must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

2.6 Exclusions applicable for CI:

We shall not be liable to make any payment under this Policy towards a covered Critical Illness, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
2. Any Pre-existing Disease or any complication arising therefrom. "Pre-existing disease (PED)" means any condition, ailment, injury or disease: a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer or its revival/reinstatement, whichever is later; or b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy or its revival/reinstatement, whichever is later.
3. Any listed conditions of which you were diagnosed within the Waiting Period**

4. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, whether or not arising out of conditions listed under 2.4 above excluding HIV/AIDS.
5. Alcohol or Solvent abuse, or taking of drugs, narcotics or psychotropic substances unless taken in accordance with the prescription of a registered Medical Practitioner *.
6. Any Critical Illness directly or indirectly caused due to intentional self-injury, suicide or attempted suicide; whether the person is medically sane or insane
7. Any Critical Illness directly or indirectly, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
8. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
9. Any external congenital condition or related illness is not covered under the Policy.
10. Annuitant whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation;
11. Participation by the Annuitant in any flying activity, except as a bona fide, farepaying passenger of a recognized airline on regular routes and on a scheduled timetable.
12. Any Critical Illness based on certification/diagnosis from persons not registered as Medical Practitioners*, or from a Medical Practitioner* who is practicing outside the discipline that he is licensed for, or any diagnosis that is not scientifically recognized;
13. Any treatment/surgery for change of sex, cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and nonsurgical treatment of obesity, including morbid obesity (unless certified to be life threatening) and weight control programs, or treatment of an optional nature including complications/illness arising as a consequence thereof;
14. Any Critical Illness arising or resulting from the Annuitant participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent.
15. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an accident), childbirth, maternity (including Caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.

In case CI benefit is claimed however is not admissible due to any of the exclusion clause(s) applicable for CI, then the CI would not be payable. However, the benefit payable in the event of death/ ATPD will continue.

*** Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license; but excluding a Medical Practitioner who is:

- Annuitant himself/ herself or an agent of the Annuitant or
- Insurance Agent, business partner(s) or employer/ employee of the Annuitant or
- a member of the Annuitant's immediate family.

The above definition applies to Medical Practitioner mentioned wherever in this document.

**Waiting Period of 90 days will be applicable from the risk commencement date. The benefit shall not apply or be payable in respect of any of the listed conditions of which you were diagnosed within the waiting period.

2.7 Survival Benefits

Subject to the terms and conditions of the Policy, during the life time of the Annuitant(s), We shall pay the Annuity Installment(s) on the respective Annuity Payout Dates:

When Benefits are payable	Survival Benefit
Annuity Options 1 and 3: Benefit is payable after the Deferment Period upon survival of the Annuitant to the date of Annuity Installment(s) payment(s).	For in-force Policy: The defined Annuity Installment is payable in arrears at the chosen Annuity Instalment Frequency (yearly/ half-yearly/ quarterly/ monthly).
Annuity Option 2: Benefit is payable after Deferment Period, upon survival of the Annuitant to the date of Annuity Installment(s) payment(s), subject to return of Total Premiums Paid benefit not already having been paid upon diagnosis of CI/ ATPD.	For Paid-up Policy: The defined Paid-Up Annuity Installment is payable in arrears at the chosen Annuity Installment Frequency (yearly/ half-yearly/ quarterly/ monthly).
Annuity Option 4: Benefit is payable after the Deferment Period, till the time the surviving Annuitant is alive at the time of Annuity Installment(s) payment(s).	

2.8 Maturity Benefit

There is no Maturity Benefit under this Policy.

3. Annuity Installment

We shall pay the Annuity Installment on the respective Annuity Payout Date subject to the Annuitant(s) being alive and subject to compliance to Clause 5. If the Annuity Payout Date falls on a non-working day of the Company, then the Annuity Installment shall be made on the immediate subsequent working day of the Company. The Annuity Installment as specified in the Policy Schedule shall remain constant. The Annuity Installment shall be paid by the Company in arrears and as per the Annuity Installment Frequency chosen by You and specified in the Policy Schedule. Annuity Installment shall ordinarily be payable by the Company through electronic transfer to the account of the Annuitant(s). If the electronic transfer facility is not possible due to any unavoidable circumstances, the Company shall make the payment through other modes including the payment through negotiable instruments. All the information required for facilitating the payments through electronic mode shall be provided by You before the Annuity Commencement Date. In case of Joint Life Annuity, the Annuity Installment shall be made to the Primary Annuitant and shall be paid to the Secondary Annuitant only upon death of the Primary Annuitant.

4. Annuity Installment Frequency

The Annuity Installment Frequency is as mentioned in the Policy Schedule. You can change the Annuity Installment Frequency anytime. However, the same shall be effective from the subsequent Policy Anniversary Date subject to the Company receiving a notice of change at least 60 days prior to Policy Anniversary Date and post change, the minimum Annuity Installment being at least INR 1,000 per month.

5. Survivorship Certificate

The Survivorship Certificate for the applicable Annuitant shall be submitted every year to the Company at least 15 days prior to the Policy Anniversary Date but not before 60 days prior to the Policy Anniversary Date. In case the Survivorship Certificate is not received by the Company, the payment of Annuity Installments shall cease immediately. However, upon receipt of the due Survivorship Certificate, the payment of Annuity Installments shall resume and all the arrears without any interest on the same shall be paid.

6. Premiums

Payment of Premiums: You will pay Premium at the frequency as specified by the Premium Payment Mode and for such Premium Payment Term as indicated in the Policy Schedule at the respective due dates or before the end of Grace Period. If any Premium is received before the due date, we may keep such amount in an advance Premium account and adjust such sum towards Premium on the applicable due date or refund such amount to you. If you pay the Premium in advance and the Premium due date is in the next Financial Year, then we will collect the Premium only if it is received within 3 months of the next Premium due date. Such advance Premium

if any paid by you will not carry any interest. You are not permitted to change the Premium Payment Term and Premium Payment Mode during the Policy Term

Non-payment of Premium: If the Premium is not paid within the Grace period within for the first Policy year, the Policy shall acquire a Lapsed Status at the expiry of the Grace Period. If the Policy is not revived within the Revival Period, the Policy will terminate and Surrender Value, if any, will be paid by the Company.

If the Premium is not paid within the Grace Period after paying Premiums for atleast first full Policy Year, the Policy will acquire a Paid-Up State and will continue with reduced benefits as set out in detail under Part D under Paid-Up clause.

Grace Period: A Grace Period of 30 days will be allowed for annual, half-yearly or quarterly Payment mode policies whereas 15 days will be allowed for monthly mode policies. During the Grace Period, the Policy is considered to be in-force. If death occurs during the Grace Period, the corresponding benefits will be payable as mentioned under Part C subject to deduction of unpaid Premium.

PART D

7. Surrender:

7.1 You may surrender the Policy anytime during the Policy Term, however, the Policy acquires Guaranteed Surrender Value (GSV) after payment of Premium in full for at least 2 Policy Years. The Special Surrender Value (SSV) shall become payable after completion of first Policy Year provided one full Policy Year's Premium has been received by Us. For policies with Premium Payment Term of less than 5 years, SSV shall become payable immediately after receipt of first full Policy Year's Premium.

Surrender Value is defined as the higher of GSV or SSV subject to a minimum of zero and maximum of Death Benefit applicable. For Annuity Option 3, Surrender Value is nil post Deferment Period. The Surrender clause is applicable for all Annuity Options.

7.2 GSV will be equal to: Factor "A" multiplied by (Total Premiums Paid) less Survival Benefits paid, if any. Where Factor "A" is guaranteed for the entire Policy Term and is as provided in the **Annexure 6**.

7.3 SSV will be determined by Us and will vary from time to time with appropriate approvals.

7.4 Upon payment of Surrender Value, the Policy shall terminate and all other benefits shall cease to exist.

8. Paid-up:

After payment of at least first Policy Year' Premium, if any subsequent due Premium is not paid within the Grace Period, the Policy shall acquire a Paid-Up State. Further, a Policy which is in Paid-Up State, shall be kept in-force to the extent of the Paid Up Sum Assured and the subsisting reversionary bonuses including Guaranteed Additions, if any, except for the cases where Paid Up Sum Assured is less than the minimum amount mentioned under IRDAI (Insurance Products) Regulations, 2024.

Once a Policy attains Paid-Up State:

- The Annuity Installment amount will reduce. Paid-Up Annuity Installment amount shall be calculated as: Annuity Installment X (multiplied by) {number of months for which premiums are paid / (12 X Premium Payment Term)}
- For Paid-up Polices, Paid Up Guaranteed Additions will accrue as: Guaranteed Additions X {number of months for which premiums are paid / (12 X Premium Payment Term)}
- If the Paid-Up Annuity Installment amount calculated as above is less than the minimum Annuity Installment allowed under the Policy, then the Policy will cease and the Surrender Value will be paid as a lump sum at the end of the Revival Period from the due date of first un-paid Premium.
- Death Benefit and Morbidity Benefit will be paid as mentioned in Clause 2 (Part C).

9. Revival:

The Policy can be revived anytime during the Policy Term within the Revival Period from the date of first unpaid Premium subject to the following conditions:

- Payment of all un-paid Premiums along with interest (as notified by the Company from time to time), calculated on simple interest basis. The basis for determining the interest rate, is the average of the daily rates of 10-Year G-Sec rate over the last five calendar years ending 31st December every year rounded to the nearest 50 bps plus a margin of 200 bps, where 1 bps is equal to 0.01%. Any change in the basis of this interest rate will be subject to the appropriate approvals. The Company undertakes the review of the interest rates for revivals on 31st December every year with any changes resulting from the review being effective from the 1st of April of the following year.
- The applicable interest rate for the Financial Year 2025-26 is 8.50% per annum.
- Revival shall be as per the Board Approved Underwriting Policy of the Company.
- On revival of a Policy in Lapsed State or Paid-Up State, the benefits under the Policy before the date of Lapse or Paid-Up will be reinstated.

In addition, on Revival of a Paid-Up Policy, the difference between the paid-up benefits already paid out during the Revival Period and the original benefits payable will also be paid to the Policyholder.

10. Policy Loan:

Loan facility is available under all Annuity Options during the Deferment Period provided that the Policy has acquired the Special Surrender Value and accordingly, You may apply for a loan as per loan application terms and conditions.

The Policyholder can avail a loan for an amount of up to 80% of the Surrender Value subject to a minimum loan amount of Rs. 50,000. The interest rate applicable on the loan (as notified by the Company from time to time) shall be chargeable from the date of disbursement of loan. The basis / formula for determining the loan interest rate is (5 Year Constant G-Sec Yield + 150 bps, rounded down to the nearest 10 bps) % p.a. interest compounding will happen on Policy Anniversary. Any change in basis of determination of interest rate for Policy Loan will be subject to obtaining appropriate approvals. The Company undertakes the review of the interest rate for Policy Loans on 31st December every year with any changes resulting from the review being effective from the 1st of April of the following year. The applicable interest rate for the Financial Year 2025-26 is 8.20% p.a.

The Policyholder may fully or partially repay the Policy Loan anytime by payment of outstanding loan amount including outstanding interest. The minimum repayment amount will be ₹2000.00 or outstanding loan amount including outstanding interest, if any.

Any benefit (i.e. Death / Morbidity / Surrender / Survival) payable under the Policy shall be reduced by the outstanding loan amount including outstanding interest.

For other than in-force and fully Paid-Up Policy: If the outstanding loan amount including outstanding interest is greater than or equal to the Surrender Value payable under the Policy and the Policyholder fails to repay the outstanding loan including outstanding interest after being given intimation and reasonable opportunity to continue the Policy, the Policy will be foreclosed and all rights and benefits under the Policy will stand ceased.

For in-force and fully Paid-Up Policy: Policy cannot be foreclosed on the ground of outstanding loan amount including interest exceeds the Surrender Value

PART E

11. Charges: There are no charges under this Policy.

PART F

12. General Conditions: All options, rights and obligations under this Policy vest with the Policyholder/Annuitant and shall be discharged by the Policyholder/Claimant as the case may be.

Assignment:
Assignment shall be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time. The entire Section 38 is reproduced and enclosed in **Annexure 3**.

Nomination:

Nomination shall be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. The entire Section 39 is reproduced and enclosed in **Annexure 4**.

Modification:

We reserve the right to amend any of the terms and conditions of this Policy, with appropriate approvals. The terms of this Policy shall also stand modified from time to time, to the extent of changes to the applicable laws/regulations affecting the terms and conditions of this Policy.

Policy Currency:

Premiums and Benefits payable shall be paid in Indian Rupees only.

Misstatement of Age:

The Age of the Annuitant(s) has been admitted on the basis of the declaration made in the Proposal Form and/or in any statement, supporting document/proof provided in this regard. If the date of birth of the Annuitant(s) has been misstated, the Company may adjust the Annuity Installment payout and/or the Benefits under this Policy and/or recover the additional amounts, if any, as it deems fit. If at the correct Age, the Annuitant(s) was not eligible under this Policy according to our requirements, we reserve the right to refund the Premiums post deduction of any relevant cost, expenses or charges as applicable and terminate the Policy in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time and subject to other applicable laws.

Compliance with statutes & Taxation:

It shall be solely your responsibility to ensure compliance with all applicable provisions of the Regulations, including taxation laws, and payment of all applicable taxes in respect of the Premium and Benefits or other payouts made or received under this Policy. We are entitled to make such deductions and/or levy such charges, present and future which in Our opinion are necessary and appropriate, from and/or on the Premiums payable or Benefit amounts receivable under the Policy on account of any income, withholding, Goods and Services Tax or other tax, cess, duty or other levy which is or may be imposed in relation to the Policy by any legislation, order, regulation or otherwise upon Us, You or the Claimant. It is agreed and understood that We shall not be liable for any taxes on any personal income of You or the Claimant. You acknowledge that you are solely responsible for understanding and complying with your tax obligations including but not limited to, tax payment or filing of returns or other required documentation relating to the payment of all relevant taxes in all jurisdictions in which your tax obligations arise and relating to the Services provided by Us. We do not provide any tax advice. You are advised to seek independent legal and/or tax advice. We have no responsibility in respect of your tax obligations in any jurisdiction including but not limited to those that relate specifically to the Services provided by Us.

Communication and Policy issuance:

We will issue the Policy Document in accordance with the applicable laws and regulations. We will send the communication or notices to you either in physical or electronic mode (including sms) at your registered address/email id or registered mobile number provided by you in proposal form or otherwise notified to us. Any change in the contact details or communication address such as registered address /email or registered mobile number of Policyholder or Claimant must be notified to Us immediately via any communication mode mentioned in the Policy.

Free-look period:

If You do not agree with the terms and conditions of the Policy or otherwise and have not made any claim, you can cancel Your Policy by returning the Policy Document (if issued physically upon request) along with a written request stating the reasons for non-acceptance to the Company within the Free-Look period of 30 days from the date of receipt of the Policy Document, whether received electronically or otherwise (whichever is earlier). If the Policyholder cancels the Policy for non-agreement with any terms of the Policy during the Free Look period, the Company will cancel the Policy and refund the amount calculated as the Total Premiums Paid less stamp duty charges. Please note that this facility is available only at the first instance, on receipt of the Policy Document, and will not apply to subsequent Policy Document issued by the Company on Your request. No charges/ fee will be levied for issuance of the subsequent Policy Document.

Suicide Claim provisions: For all Annuity Options, if the Annuitant/Primary Annuitant/ Secondary Annuitant (whether sane or insane at the time) commits suicide at any time within 12 months from the Risk Commencement Date, provided the Policy is in-force, or from the date of Revival of the Policy, as applicable, higher of 80% of the Total Premiums Paid till the date of death or the Surrender Value as available on the date of death, will be paid. Upon payment of the above benefit, the Policy will terminate

Claim Procedures:**Death claim requirements**

In the event of death of the Annuitant(s), to register the claim under this Policy, the Claimant shall endeavour to tell us in writing immediately within a period of 90 days of such death through the claim form along with the following documents:

- Policy Document
- Death certificate issued by Government Authority
- Attested copy of photo identity and address proof of the Claimant and Life Assured
- Cancelled cheque / bank passbook (bank account details) of Nominee/ Beneficiary
- If there is no nomination, submit the proof of legal title to the claim proceeds (e.g. legal succession paper)
- Company specific claim form duly completed and signed – Physician's statement, treating hospital certificate, employer certificate.
- All hospital records/other medical records.

In case of death outside India, aside above mentioned documents, We would also require death certificate verified by Indian embassy (located in the country of death), embalming certificate.

ATPD claim requirements

In the event of ATPD of the Annuitant, to register the claim under the Policy, the Claimant will endeavour to inform Us in writing immediately within a period of 90 days of such incident through the claim form along with the following documents:

- Policy Document
- Attested copy of photo identity and address proof of the Claimant
- Bank Details of the claimant – Cancelled cheque (with printed name and account number)/bank passbook and NEFT Form
- Company specific claim formats duly completed and signed – Claim Form, Disability Certificate by attending physician, Rehabilitation Certificate - if applicable,
- Attested True Copy of Indoor Case Papers of the Hospital
- All related hospital reports/other medical reports, discharge summary of hospitalization
- Post-mortem/ chemical viscera report, wherever conducted
- All Police reports - First Information Report, panchnam, Final Investigation Report, Final Police Report

CI claim requirements

Upon the diagnosis of any of the covered seven (7) Critical Illnesses, in order to register a claim under the Policy, the Claimant will endeavour to inform Us in writing immediately and in any event within a period of 90 days of the diagnosis of the Critical Illness through the Claim Form along with the following necessary documents:

- Policy Document.
- Claim Forms
 - Part I: Application Form for Critical Illness Claim (Claimant's Statement)
 - Part II: Confidential Medical Report - to be filled by attending physician
- Hospital Bills for the confinement
- Attested True Copy of Indoor Case Papers of the Hospital
- Discharge Summary of Present and Past Hospitalizations
- Photo Identity of Insured with age and address proof
- Bank Details of the claimant – Cancelled cheque (with printed name and account number)/bank passbook and NEFT Form
- Certificate of Diagnosis
- Medical Examination Certificate (First Consultation Notes, Follow- up consultation notes)
- All related clinical Reports pertaining to the claim Insured Event
 - Laboratory test reports
 - X-Ray / CT Scan / MRI Reports & Plates
 - Ultrasoundography Report
 - Histopathology Report
 - Clinical / Hospital Reports
 - Angiography Reports & Plates
 - Chemotherapy, Radiotherapy etc.
 - Others, as may be required
- If Claims is due to accidental causes (submit in addition to the above) - All police reports including First Information Report, Final Investigation Report.

If We do not receive notification of the death within 90 days, We may condone the delay if we are satisfied that the delay was for reasons beyond the Claimant's control and pay the claim specified under the Policy to the Claimant. The Company reserves the right to call for such additional documents or information, including documents/information concerning the title of the Claimant, to the satisfaction of the Company for processing the claim.

Any claim intimation to the Company must be made in writing and delivered to the nearest bank branch/ hub office or head office address, which is currently as:

Claims Unit:

Canara HSBC Life Insurance Company Limited,
139 P, Sector 44, Gurugram – 122003,
Haryana, India

Resolution Centre: 1800-103-0003 /1800-891-0003

Email id: claims.unit@canarahsbclife.in

For further details on the process, please visit our claims section on our website www.canarahsbclife.com

Electronic transactions: In conducting electronic transactions, in respect of this Policy, you shall comply with all such terms and conditions as prescribed by us as per applicable law. Such electronic transactions are legally valid and shall be binding on You.

Governing Law & Jurisdiction: This Policy and all disputes arising under or in relation to the Policy shall be governed by and interpreted in accordance with Indian law and will be under exclusive jurisdiction of the Indian courts.

Mis- Statement or Suppression of material facts and Fraud: Fraud, Mis-statement and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. The entire Section 45 is reproduced and enclosed in **Annexure 5**.

Policy Servicing: We endeavor to ensure that you receive our best service in relation to the Policy. If you wish to avail any support or assistance in relation to the Policy, please get in touch with our resolution center: 1800-103-0003 / 1800-891-0003 or SMS us at 7039004411 or write to us at customerservice@canarahsbclife.in and our representative will contact you at your convenience.

Confidentiality: All information collected in relation to this Policy during solicitation or subsequently shall be kept confidential in accordance with applicable data protection laws and shall not be shared with any third party without your consent except where such information/documentation is required to be shared with statutory authorities or for underwriting/claims/reinsurance, or with any IRDAI authorized institutions.

PART G

13. GRIEVANCE REDRESSAL PROCEDURE

1. In case You wish to register a complaint with Us, You may visit our website, approach our resolution centre, Grievance Officers at Hub locations, or may write to Us at. Complaint Redressal Unit: Canara HSBC Life Insurance Company Limited; 139 P, Sector-44, Gurugram

122003, Haryana, India Toll Free: 1800-103-0003 / 1800-891-0003, Email: cru@canarahsbclife.in. Please refer to this Company's Website link to register your complaint: <https://www.canarahsbclife.com/customer-service/grievance-redressal#registerComplaint>.

We will respond to You within 2 weeks from the date of our receiving Your complaint. Kindly note that in case We do not receive a revert from You within eight weeks from the date of Your receipt of our response, We will treat Your complaint as closed.

2. In case you are not satisfied with Our response, or have not received any response, You may write to our Grievance Redressal Officer at: Grievance Redressal Officer: Canara HSBC Life Insurance Company Limited; 139 P, Sector-44, Gurugram 122003, Haryana, India Toll Free: 1800-103-0003 / 1800-891-0003 or Email: gro@canarahsbclife.in.

3. If You are not satisfied with Our response/ decision or do not receive a response from Us within 2 weeks, You may approach the Grievance Cell of the Authority at: Insurance Regulatory and Development Authority of India Grievance Call Centre (IGCC)- Bima Bharosa Shikayat Nivaran Kendra, Toll Free No: 18004254732/155255, Email ID: complaints@irdai.gov.in, Website Address for registering the complaint online: <https://bimabharosa.irdai.gov.in>; Policyholder Protection & Grievance Redressal Department (PPGR) - Insurance Regulatory and Development Authority of India ; Survey no.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad Telangana, PIN-500032

4. Kindly note that You may approach the Insurance Ombudsman, if You do not receive response from Us within 30 days from the date of filing of the complaint or if Your complaint is rejected or if You are not satisfied with Our response. You/ complainant may approach the Insurance Ombudsman for Your State at the address mentioned in Annexure 1 below or the Insurance Ombudsman website: <https://cioins.co.in/Ombudsman> for updated list and details of Ombudsman offices. The Ombudsman may receive complaints under Rule 13 of Insurance Ombudsman Rules, 2017 (amended from time to time): a) for any partial or total repudiation of claim by Us; b) for any dispute in regard to Premium paid or payable; c) for any dispute on the legal construction of the Policy in so far as such dispute relate to claim; d) for delay in settlement of claim; e) for non-issue of any insurance document after receipt of Premium; f) misrepresentation of policy terms and conditions; g) policy servicing related grievances against Company and their agents and intermediaries; h) issuance of policy which is not in conformity with the Proposal Form submitted by Proposer; and i) any other matter resulting from the violation of provisions of Insurance Act, 1938 or regulations, circulars, guidelines or instructions issued by Authority from time to time or terms and conditions of the policy in so far as they relate to issues mentioned above.

5. As per provision 14(3) of the Insurance Ombudsman Rules, 2017:- No complaint to the Insurance Ombudsman shall lie unless—(a) the complainant makes a written representation to the insurer named in the complaint and—(i) either the insurer had rejected the complaint; or (ii) the complainant had not received any reply within a period of one month after the insurer received his representation; or (iii) the complainant is not satisfied with the reply given to him by the insurer; (b) The complaint is made within one year—(i) after the order of the insurer rejecting the representation is received; or (ii) after receipt of decision of the insurer 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 if the insurer named fails to furnish reply to the complainant . As per provision 14(5) of the Insurance Ombudsman Rules, 2017:- 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.

Annexure 1

LIST OF INSURANCE OMBUDSMAN*

1. Ahmedabad: Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in Jurisdiction: Gujarat, Dadra & Nagar Haveli, Daman and Diu;
2. Bengaluru: Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652049 / 26652048 Email: bimalokpal.bengaluru@cioins.co.in Jurisdiction: Karnataka;
3. Bhopal: Office of the Insurance Ombudsman, 1st Floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp Gayatri Mandir, Arera Hills, Bhopal 462011. Tel.: 0755-2769201 / 2769202 / 2769203, Email: bimalokpal.bhopal@cioins.co.in Jurisdiction: Madhya Pradesh & Chhattisgarh;
4. Bhubaneswar: Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar- 751009. Tel.: 0674-2596461/ 2596455/ 2596429/ 2596003 Email: bimalokpal.bhubaneswar@cioins.co.in Jurisdiction: Odisha;
5. Chandigarh: Office of the Insurance Ombudsman, Jeevan Deep Building SCO, 20-27, Ground Floor Sector-17A, Chandigarh-160017. Tel.: 0172 - 2706468, Email: bimalokpal.chandigarh@cioins.co.in Jurisdiction: Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh;
6. Chennai: Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai-600018. Tel.: 044-2433668/24333678 , Email: bimalokpal.chennai@cioins.co.in Jurisdiction: Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry);
7. New Delhi: Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110002 Tel.: 011-46013992/ 23213504/ 23232481, Email: bimalokpal.delhi@cioins.co.in Jurisdiction: Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh;
8. Guwahati: Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Panbazar, S.S. Road, Guwahati-781001(Assam). Tel.: 0361-2632204/ 2602205/ 2631307, Email: bimalokpal.guwahati@cioins.co.in Jurisdiction: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura;
9. Hyderabad: Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500004. Tel.: 040 – 23312122/ 23376991/ 23376599/ 23328709/ 23325325, Email: bimalokpal.hyderabad@cioins.co.in Jurisdiction: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry;
10. Jaipur: Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363, Email: bimalokpal.jaipur@cioins.co.in . Jurisdiction: Rajasthan;
11. Kochi: Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi-682011, Tel.:0484-2358759, Email: bimalokpal.ernakulam@cioins.co.in Jurisdiction : Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry;
12. Kolkata: Office of the Insurance Ombudsman, Hindustan Bldg, Annex, 7th Floor, 4, C.R. Avenue, Kolkata – 700072. Tel: 033-22124339/ 22124341 Email: bimalokpal.kolkata@cioins.co.in Jurisdiction: West Bengal, Sikkim, Andaman & Nicobar Islands;
13. Lucknow: Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226001. Tel: 0522 -4002082 /3500613 , Email: bimalokpal.lucknow@cioins.co.in Jurisdiction: Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdha, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahrach, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi,

Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Balia, Sidharathnagar;

14. Mumbai: Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annex, S.V. Road, Santacruz (W), Mumbai- 400054. Tel: 022-69038800/27//29//31/32/33 Email: bimalokpal.mumbai@cioins.co.in Jurisdiction: List of wards under Mumbai, Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai;

15. 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 – 411030. Tel.:020 – 24471175 ; Email: bimalokpal.pune@cioins.co.in, Jurisdiction: State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region;

16. 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 Jurisdiction: State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur;

17. Patna: Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in Jurisdiction: Bihar, Jharkhand

18. Thane: Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West), Thane – 400604, Email – bimalokpal.thane@cioins.co.in Jurisdiction: Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai M/East, M/West, N, S and T.

*For updated list of Ombudsman please refer to the website at <http://www.cioins.co.in/Ombudsman>

Annexure 2

Canara HSBC Life Insurance Company Limited

Registered Office Address: 8 th Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001

Head Office Address: 139 P, Sector 44, Gurugram – 122003, Haryana, India

For the latest Hub-List please refer to our website at www.canarahsbclife.com. You can also get in touch with us on 1800-103-0003 /1800-891-0003 or SMS us at 7039004411 or write to us at customerservice@canarahsbclife.in

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/ FRAUDULENT OFFERS!

IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Annexure 3

Section 38 of Insurance Act, 1938 (as amended from time to time)- “Assignment and Transfer of Insurance Policies” is reproduced below

38. (1) A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.

(2) An insurer may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-section (1), where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policy-holder or in public interest or is for the purpose of trading of insurance policy.

(3) The insurer shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the policy-holder not later than thirty days from the date of the policy-holder giving notice of such transfer or assignment.

(4) Any person aggrieved by the decision of an insurer to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the insurer containing reasons for such refusal, prefer a claim to the Authority.

(5) Subject to the provisions in sub-section (2), the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the insurer, shall not be operative as against an insurer, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer:

Provided that where the insurer maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.

(6) The date on which the notice referred to in sub-section (5) is delivered to the insurer shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-section (5) are delivered:

Provided that if any dispute as to priority of payment arises as between assignees, the dispute shall be referred to the Authority.

(7) Upon the receipt of the notice referred to in sub-section (5), the insurer shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the insurer that he has duly received the notice to which such acknowledgement relates.

(8) Subject to the terms and conditions of the transfer or assignment, the insurer shall, from the date of the receipt of the notice referred to in sub-section (5), recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.

Explanation— Except where the endorsement referred to in sub-section (1) expressly indicates that the assignment or transfer is conditional in terms of sub- section (10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.

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

(10) Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that —

(a) the proceeds under the policy shall become payable to the policy-holder or the nominee or nominees in the event of either the assignee/or transferee predeceasing the insured; or

(b) the insured surviving the term of the policy, shall be valid:

Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.

(11) In the case of the partial assignment or transfer of a policy of insurance under sub-section (1), the liability of the insurer shall be limited to the amount secured by partial assignment or transfer and such policy-holder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

Annexure 4

Section 39 of Insurance Act, 1938 (as amended from time to time)- “Nomination by Policyholder” is reproduced below

39. (1) The holder of a policy of life insurance on his own life may, when effecting the policy or at any time before the policy matures for payment, nominate the person or persons to whom the money secured by the policy shall be paid in the event of his death:

Provided that, where any nominee is a minor, it shall be lawful for the policy-holder to appoint any person in the manner laid down by the insurer, to receive the money secured by the policy in the event of his death during the minority of the nominee.

(2) Any such nomination in order to be effectual shall, unless it is incorporated in the text of the policy itself, be made by an endorsement on the policy communicated to the insurer and registered by him in the records relating to the policy and any such nomination may at any time before the policy matures for payment be cancelled or changed by an endorsement or a further endorsement or a will, as the case may be, but unless notice in writing of any such cancellation or change has been delivered to the insurer, the insurer shall not be liable for any payment under the policy made bona fide by him to a nominee mentioned in the text of the policy or registered in records of the insurer.

(3) The insurer shall furnish to the policyholder a written acknowledgment of having registered a nomination or a cancellation or change thereof, and may charge such fee as may be specified by regulations for registering such cancellation or change.

(4) A transfer or assignment of a policy made in accordance with section 38 shall automatically cancel a nomination: Provided that the assignment of a policy to the insurer who bears the risk on the policy at the time of the assignment, in consideration of a loan granted by that insurer on the security of the policy within its surrender value, or its re-assignment on repayment of the loan shall not cancel a nomination, but shall affect the rights of the nominee only to the extent of the insurer's interest in the policy:

Provided further that the transfer or assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policy-holder, shall not cancel the nomination but shall affect the rights of the nominee only to the extent of the interest of the transferee or assignee, as the case may be, in the policy:

Provided also that the nomination, which has been automatically cancelled consequent upon the transfer or assignment, the same nomination shall stand automatically revived when the policy is reassigned by the assignee or retransferred by the transferee in favour of the policy-holder on repayment of loan other than on a security of policy to the insurer.

(5) Where the policy matures for payment during the lifetime of the person whose life is insured or where the nominee or, if there are more nominees than one, all the nominees die before the policy matures for payment, the amount secured by the policy shall be payable to the policy-holder or his heirs or legal representatives or the holder of a succession certificate, as the case may be.

(6) Where the nominee or if there are more nominees than one, a nominee or nominees survive the person whose life is insured, the amount secured by the policy shall be payable to such survivor or survivors.

(7) Subject to the other provisions of this section, where the holder of a policy of insurance on his own life nominates his parents, or his spouse, or his children, or his spouse and children, or any of them, the nominee or nominees shall be beneficially entitled to the amount payable by the insurer to him or them under sub-section (6) unless it is proved that the holder of the policy, having regard to the nature of his title to the policy, could not have conferred any such beneficial title on the nominee.

(8) Subject as aforesaid, where the nominee, or if there are more nominees than one, a nominee or nominees, to whom sub-section (7) applies, die after the person whose life is insured but before the amount secured by the policy is paid, the amount secured by the policy, or so much of the amount secured by the policy as represents the share of the nominee or nominees so dying (as the case may be), shall be payable to the heirs or legal representatives of the nominee or nominees or the holder of a succession certificate, as the case may be, and they shall be beneficially entitled to such amount.

(9) Nothing in sub-sections (7) and (8) shall operate to destroy or impede the right of any creditor to be paid out of the proceeds of any policy of life insurance.

(10) The provisions of sub-sections (7) and (8) shall apply to all policies of life insurance maturing for payment after the commencement of the Insurance Law (Amendment) Act, 2015.

(11) Where a policy-holder dies after the maturity of the policy but the proceeds and benefit of his policy has not been made to him because of his death, in such a case, his nominee shall be entitled to the proceeds and benefit of his policy.

(12) The provisions of this section shall not apply to any policy of life insurance to which section 6 of the Married Women's Property Act, 1874, applies or has at any time applied:

Provided that where a nomination made whether before or after the commencement of the Insurance Law (Amendment) Act, 2015, in favour of the wife of the person who has insured his life or of his wife and children or any of them is expressed, whether or not on the face of the policy, as being made under this section, the said section 6 shall be deemed not to apply or not to have applied to the policy.

Annexure 5

Section 45 of Insurance Act, 1938 (as amended from time to time)- “Policy not to be called in question on ground of misstatement after three years” is reproduced below

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

Explanation I- For the purposes of this sub-section, the expression "fraud" means any of the following acts committed by the 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.

Explanation II- Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. Explanation –A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation- For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this sections shall prevent the insurer from calling 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 that the age of the life insured was incorrectly stated in the proposal.

Annexure 6

Factor A – Guaranteed Surrender Value (GSV)

Policy Year / Premium Payment Term + Deferment Period	4	5	6	7	8	9	10	11	12	13	14	15
1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	90%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	90%	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	0%	90%	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	0%	0%	90%	90%	50%	50%	50%	50%	50%	50%	50%	50%
7	0%	0%	0%	90%	90%	50%	50%	50%	50%	50%	50%	50%
8	0%	0%	0%	0%	90%	90%	70%	63%	60%	58%	57%	56%
9	0%	0%	0%	0%	0%	90%	90%	77%	70%	66%	63%	61%
10	0%	0%	0%	0%	0%	0%	90%	90%	80%	74%	70%	67%
11	0%	0%	0%	0%	0%	0%	0%	90%	90%	82%	77%	73%
12	0%	0%	0%	0%	0%	0%	0%	0%	90%	90%	83%	79%

13	0%	0%	0%	0%	0%	0%	0%	0%	0%	90%	90%	84%
14	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	90%	90%
15	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	90%