SUD LIFE

A joint venture of

Bank of India | Union Bank of India | Dai-ichi Life

Policy Document

Your SECURED JOURNEY starts here!

Protecting Families, Enriching Lives!

IMPORTANT THINGS you should know ABOUT YOUR POLICY

Know your policy

- Read and understand the key benefits and features of your policy.
- Please ensure that the benefits are what was informed to you at the point of sale.

Importance of nomination

- Nomination is important as it ensures that your policy beneficiary gets a hassle-free and speedy claim settlement in their hour of need.
- Keep your nominee informed of the policy benefits and claim compensation.
- You can download the nomination form from our website: **www.sudlife.in**
- For intimation of death claim, please write to us at **claims@sudlife.in**

Stay connected

- Please keep your latest contact details, updated with us, at all times.
- We will share updates on your policy, with you, from time to time.

Update your bank details

- Please ensure that you update your bank details with us, to ensure smooth facilitation of policy payouts, claim settlements or survival benefits (if any).

Safeguard your policy document

- Life insurance is a long-term contract between you and the insurer - please keep your policy documents with utmost care and safety.
- DO NOT write, scribble or tear any of the pages of your policy contract as it contains vital information on your policy features and benefits.

Stay invested

- Please ensure that you pay your premium throughout the premium paying term.
- Please do not let your policy lapse or surrender your policy prematurely. This would impact your cover and returns.

Beware of spurious calls

- We request you to remain alert and not fall prey to any fraud or scams by miscreants who impersonate employees or officers of either SUD Life or IRDAI.

Dear Sir/Madam,

Sub: Your Policy Number

Welcome to Star Union Dai-ichi Life Insurance (SUD Life) family.

We are enclosing herewith the Policy Document for your records. We request you to kindly check the policy details, terms and conditions carefully.

In case you are not satisfied with the terms and conditions of the Policy, then you may return the Policy Document to us within Free Look period of 15 days (30 days for Distance Marketing mode/ Policies issued in electronic mode) from the date of receipt of this Policy Document specifying reason thereof. In such event, You shall be entitled to refund of premium received by Us excluding proportionate risk premium for the period of cover, any expenses incurred by Us on medical examination, if any and stamp duty charges. All the rights under this Policy shall immediately stand extinguished at the cancellation of the Policy.

If the Policy is opted through Insurance Repository ('IR'), the computation of the said Free Look Period will be as stated below:

For existing e-Insurance Account: Computation of the said Free Look Period will commence from the date of delivery of the e mail confirming the credit of the Insurance Policy by the IR.

For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the e-Insurance Account (eIA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance policy by the IR to the eIA, whichever is later, shall be reckoned for the purpose of computation of the free look period.

For any assistance relating to your Policy or claim related query, you may get in touch with us via Toll Free No: 18002668833 or email Us at: customercare@sudlife.in. Thanking you once again for your patronage and looking forward to your continued support in future as well.

Yours sincerely,

Signed for and on behalf of SUD Life Insurance Company Limited

Abhay Tewari
MD & CEO

Channel Details

Corporate Agent Name	
Specified Person Name	
Specified Person Code	
Specified Person Registration Code	
Specified Person Tel. No.	
Specified Person Email ID	
Specified Person Address	

Policy Document

SUD Life Century Royale
UIN – 142N083V02
Individual Non-Linked Non-Participating Savings Life Insurance Plan

Preamble

The Proposer named in the Schedule of this Policy has submitted the Application together with a personal document and statement and the first instalment of Premium specified in the Schedule to Star Union Dai-ichi Life Insurance Company Limited herein referred to as the "**Company**". It is agreed by the Company and the Proposer (the "**Parties**") that the Application along with the personal statement and the declaration together with any report or other document leading to the issuance of this Policy shall form the basis of this contract of insurance.

It is further agreed by and between the Parties that these terms and conditions, any endorsement or a separate instrument executed by the Company in connection with this Policy and any special provisions subject to which this Policy has been issued by the Company and any schedules, annexure, endorsement and/or addendums hereto shall together form part of this Policy.

It is also agreed that this Policy shall be governed by the laws of India in force from time to time and all premiums and benefits shall be payable in Indian Rupees only. The benefits and the Premiums payable under this Policy will be subject to applicable taxes and other statutory levies as may be applicable from time to time and such applicable taxes, levies etc will be recovered directly and completely from the Policyholder.

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First Premium Receipt

Receipt No.

Policyholder	:	
Life Assured	:	
Application No.	:	
Policy No.	:	
Client ID	:	
Product	:	SUD Life Century Royale
UIN Number	:	142N083V02

We certify that the premium amount mentioned below, which was received from you as initial deposit has, consequent to the issue of Life Insurance Policy, been accounted by us towards First Premium payable.

Next Premium Due Date		
Mode of Premium Payment		
Date of Commencement of Policy		
Basic Sum Assured		₹
Total Basic Premium (incl GST)		₹
GST *		₹
Premium	Base	₹
	Rider	₹
CGST	Base	₹
	Rider	₹
SGST	Base	₹
	Rider	₹
Total Basic Premium (incl GST)		₹

Total Amount Received	Premium Amount Adjusted	Excess Premium (If any)
₹	₹	₹

Revenue Stamp Duty of ₹ 1 (Rupee One Only) paid under Mudrank Number – 2017/CR.97/M-1, Receipt Number – CSD/285/2018/5576/18 dated 26/12/2018.

Note:

- Amount received by cheque will be subject to realization of cheque. Excess premium amount, if any, will be maintained in the policy account and will be adjusted towards next/future premium payment/dues under the policy
- Tax benefits are available U/s 80C/80CCC(1)/80D of the Income Tax Act 1961 and applicable or as per prevailing tax rules. Please consult your tax advisor for details.
- Goods and Services Tax as per prevailing GST law.
- *GST Registration No. 18AALCS3949Q1ZB. SAC Code of Life Insurance Service: 997132

Our Touch-points:

Call Centre : 18002668833 (Toll Free)
Monday-Saturday, 9.00 am to 7.00 pm

E-mail : customercare@sudlife.in

Website : www.sudlife.in

Authorised Signatory

Know Your Policy

Regional Office / Branch Office Location	
Regional Office / Branch Office Address	
Product	
Policy No.	
Type of Policy	Individual Non-Linked Non-Participating Savings Life Insurance Plan
Nominee under this Policy	
PREMIUM PAYMENT TERM	
FREQUENCY OF PAYMENT	
PREMIUM AMOUNT PAYABLE	
LAST PREMIUM PAYMENT DATE	
Loan Option Available	Yes
Surrender Option Available (provided premiums have been paid for at least first two consecutive full policy term)	Yes
Assignment Option Available	Yes
Basic Sum Assured	

Benefits Payable under this Policy
(provided all due premiums are paid, the policy is in-force and terms & conditions as mentioned in the policy document are satisfied)

Maturity Benefit - Guaranteed Maturity Benefit as specified in the policy schedule will be payable

Survival Benefit - Guaranteed Income payouts will be payable during the payout period till the end of policy term provided the policy is in-force

Death Benefit - Sum Assured on Death as defined in the policy document

Disclaimer: Please refer to the policy contract for complete details on the terms and conditions applicable under this policy contract.

SCHEDULE

I. Policyholder Details

Name of the Policyholder			
Date of Birth		Age	
Telephone No.		Gender	
Mobile No.		Address	
Email			

II. Life Insured Details

Name		Age Admitted	
Date of Birth		Age	
Telephone No.		Gender	
Mobile No.		Address	
Email			

III. Nominee Details

	Nominee 1	Nominee 2	Nominee X
Name of the Nominee (s)			
Age of the Nominee (s)			
Gender of Nominee (s)			
Nomination Share (in %)			
Relationship with the Life Insured			
Name of Appointee (if nominee is minor)			
Relationship of Appointee with Nominee			
Gender of Appointee			

I. Policy Details

Date of Proposal		Proposal No.	
Policy No.		Client ID	
Date of Commencement of Policy		Date of Commencement of Risk	
Policy Term		Premium Paying Term (PPT)	
Premium Payment Frequency		Next Premium Due Date	
Last Premium Due Date		Guaranteed Income Benefit	
Guaranteed Income Payout Start Date		Guaranteed Maturity Benefit	
Maturity Date			

Plan Details	Sum Assured (₹)	Instalment Premium (₹) (a)	Applicable Taxes (b)	Total Instalment Premium plus Applicable Taxes, if any (₹) (a+b)
Base Plan				

Signed for and on behalf of SUD Life Insurance Co. Ltd.

Authorised Signatory

IRDAI Regn: 142 I CIN: U66010MH2007PLC174472

Note: Your Life Cover under this Policy shall commence only on the Date of Commencement of Risk. On examination of this Policy, if you notice any mistake, then the Policy Document is to be returned for correction to the Company.

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PART B

1. Definitions

Term	Meaning
Age	The age of the Life Insured at last birthday.
Application	Refers to the proposal form as defined under IRDAI (Protection of Policyholders' Interest) Regulations, 2017 and amendments thereto, completed, signed and submitted by the Proposer to the Company for obtaining insurance coverage under this Policy.
Assignment	Means transfer by the Policyholder (the assignor) of the benefits or proceeds of the Policy to another person (the assignee).
Basis Point	Refers to one hundredth of 1 percentage i.e. 100 basis points equals to 1%.
Beneficiary	Refers to the person who is entitled to receive benefits under this Policy. The beneficiary may be Policyholder or Life Insured or his Assignee or Nominee or proved Executors or Administrators or other Legal Representatives as the case may be.
Business Day or Working Day	The day on which the offices of the Company remain open for transactions with the public at the place where the concerned transaction is to be carried out.
Claimant	Refers to the policyholder or the nominee or the assignee or the legal heir of the policyholder/nominee as the case may be.
Date of Commencement of Policy	Refers to the date as mentioned in the Schedule from which the Policy Anniversaries, Policy Term, Policy Years, and Premium Due Dates are determined.
Date of Commencement of Risk	Refers to the date on which your rights, benefits and risk cover begin, as shown in the Policy Schedule.
Death Benefit	The amount of benefit payable on death of the Life Insured.
Free Look Period	Means a period of 15 days (30 days if opted through Distance Marketing mode/Policies issued in electronic mode) from the date of receipt of Policy Document by Policyholder to review the terms and conditions of the Policy.
Grace Period	Refers to the time granted by the Insurer from the due date of payment of premium, without any penalty/late fee, during which time the policy is considered to be in-force as per the terms of the Policy.
G Sec Rate	Refers to the interest rate payable on Government Securities.
Guaranteed Surrender Value	Refers to the minimum guaranteed amount of surrender value of the policy which is payable on surrender of the policy.
Instalment Premium	The Premium payable periodically under the policy as shown in the schedule exclusive of applicable taxes, if any.
IRDAI	The Insurance Regulatory and Development Authority of India.
IRDAI Rules	The regulations made and the guidelines, directives and circulars issued by the IRDAI from time to time.
Life Insured	The person, as specified in Schedule, on whose life the Life Cover is effected and at whose death, the death benefit under this Policy will be payable.
Maturity Date	Refers to the date specified in the schedule on which the Policy matures.
Nominee(s)	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. The Nominee(s) means such person(s) so nominated by the Policyholder under this Policy and registered with the Company.
Policy Anniversary	The date corresponding numerically with the Date of Commencement of Policy after every Policy Year.
Policyholder or Proposer	The person, as specified in Schedule, who is the owner of this policy and who has taken this Policy from the Company.
Policy Term	Refers to the term of the Policy as mentioned in Schedule.
Policy Year	A period of 12 consecutive months commencing from the Date of Commencement of Policy and every period of 12 consecutive months thereafter.
Premium Paying Term (PPT)	The period, as specified in Schedule during which the Premium is payable by the Policyholder to the Company.
Revival of the Policy	Refers to restoration of the policy, which was discontinued due to the non-payment of premium, by the insurer with all the benefits mentioned in the policy document, upon receipt of all the premiums due along with interest as per the terms and conditions of the policy, upon being satisfied as to the continued insurability of the insured on the basis of the information, documents and reports furnished by the policyholder, in accordance with the Board approved underwriting policy.
Revival Period	The period of five consecutive years from the date of first unpaid premium of the Policy, during which You are entitled to revive the Policy which was discontinued due to non-payment of Premium.
Sum Assured	Means the absolute amount of benefit which is payable on death of the Life Insured, and as specified in the Policy Schedule.
Surrender	Complete withdrawal or termination of the entire Policy.
Surrender Value	The amount which is payable in accordance with Section 3 at the time of surrender of this Policy by the Policyholder.
We, Us, Ours, Company	Refers to Star Union Dai-ichi Life Insurance Co. Ltd (SUD Life).
You, Your/Yours	Refers to the Policyholder.

Interpretation: In this Policy Document, where appropriate, references to the singular will include references to the plural and references to one gender will include references to the other.

PART C

1. Benefits payable under Your Policy

a. **Death Benefit**

i. In case of death of the Life Insured during the policy term provided the policy is in-force and all premiums are received by Us, the Company would pay in lumpsum the following benefits to the Nominee/Beneficiary and the policy will terminate immediately:

Sum Assured on death is defined as Highest of:

- 10 times the Annualized Premium; or
- 10 times the Annual Premium; or
- Absolute Sum Assured; or
- 105% of the Total premiums paid as on date of death of the Life Insured

Where,

i. Annualized Premium refers to premium payable in a year excluding taxes, any underwriting extra premium, rider premium, and loading for modal factors, if any.

ii. Total premiums paid mean total of all the premiums received by the Company, excluding any extra premium, any rider premium and taxes.

iii. Annual Premium refers to premium payable in a year as chosen by the Policyholder excluding taxes, any underwriting extra premium, and rider premium, if any.

iv. Absolute Sum Assured will be as per the Premium Paying Term (PPT) chosen by the policyholder.

PPT	Absolute Sum Assured
7 Years	10 times of Annualized Premium throughout the policy term
12 Years	10 times of the Annualized Premium during the first policy year, increasing at each policy anniversary uniformly up to 15 times of the Annualized Premium during the PPT. From 12th Policy Year, the absolute sum assured will be 15 times of the Annualized Premium throughout the Policy Term.

i. The death benefit will be reduced by the total premiums falling due and unpaid during the policy year in which death occurs.

iii. The Guaranteed Income paid, if any after the date of death of the Life Insured will also be deducted from the death benefit payable.

b. Maturity Benefit
On survival of the Life Insured till the end of the policy term provided this policy is in force, depending on the Annualized Premium and Premium Paying Term, the Guaranteed Maturity Benefit as mentioned in policy schedule will be payable.

The Guaranteed Maturity Benefit is calculated as multiple of Annualized Premium (AP).

Premium Paying Term (PPT)	Multiple factor of Annualized Premium
7 Years	8
12 Years	15

The contract will terminate on payment of Maturity Benefit.

c. Survival Benefit
On survival of the Life Insured, the Guaranteed Income (GI) payouts as percentage of Guaranteed Maturity Benefit depending on the age at entry of the Life Insured, Premium Paying Term and Policy Term will be paid during the payout period till the end of policy term provided the policy is in-force.

For policies with Premium Paying Term of 7 years, the guaranteed income period will start from the end of 10^{th} Policy Year and for Premium Paying Term of 12 years, this period will start from the end of 15^{th} Policy Year.

GI = Guaranteed Maturity Benefit * Guaranteed Income Factor/1000

Guaranteed Income Factors are given under Annexure 1.

The Company will pay the Guaranteed Income benefit only on survival of Life Insured. In case of death of the Life Insured during the payout period, the Death benefit as defined under Clause 1(a) will be paid and the policy will terminate immediately.

2. Payment of Premium and Discontinuance of Premium Payment

a. Premium Payment

i. You shall pay Premium on the due dates for the Premium Paying Term under the Policy.

ii. The Premium can be paid only through Monthly or Yearly Mode by the Policyholder. For Monthly modes, the premium payments can be made only through National Automated Clearing Houses (NACH)/Standing Instruction (SI) payment mode.

iii. For your premiums due in the next financial year, the Company would accept the advance payment which are within a maximum period of three months in advance, from the premium due date.

iv. Any advance premium received by Us, will be applied to your policy only on the premium due date.

b. Grace Period

i. To enjoy the plan benefits, it is essential that You pay the premiums regularly on or before the due date(s). If We do not receive the Premium in full by the premium due date, then We will allow a Grace Period of 30 days for Yearly mode and 15 days for Monthly mode from the premium due date, for payment of the premium.

ii. In case of death of the Life Insured during grace period, the policy will be considered in-force and the Death Benefit [as defined above under clause 1(a)] will be paid after deduction of premiums then due and all premiums falling due during the policy year of death.

c. Lapsation

i. Your policy will lapse if the due but unpaid premium is not received by the Company on or before the expiry of grace period for first two full years.

ii. Life cover under lapsed policy will cease and no benefits are payable.

d. Reduced Paid-up Benefit
If all due Premiums have been paid to the Company for at least first two full Policy Years, then, if the Policyholder fails to make the payment of subsequent future Premiums, the Policy will automatically be converted into a reduced paid up Policy and will continue with the reduced paid-up benefits as stated below.

i. Death Benefit under Reduced Paid-up Policy:
In case of death of the Life Insured during the policy term whilst the policy is in reduced paid up status, We will pay the Paid-up death benefit (as defined below) and the policy will terminate immediately:

Paid-up Death Benefit = Total no. of premiums paid divided by total no. of premiums payable multiplied by Sum Assured on Death

ii. Maturity Benefit under Reduced Paid-up Policy:
If the Life Insured survives till the end of the policy term, whilst the policy is in reduced paid-up status, Paid-up Maturity Benefit (as defined below) will be payable and the policy will terminate immediately.

$$\text{Paid-up Guaranteed Maturity Benefit} = \frac{\text{Total number of premiums paid}}{\text{Total number of premiums payable}} \times \text{Guaranteed Maturity Benefit}$$

iii. Guaranteed Income Benefit under Reduced Paid-up Policy:
If the Life Insured survives during the Guaranteed Income period, whilst the policy is in reduced paid-up status, the Paid-up Guaranteed Income will be paid till the end of the policy term.

$$\text{Paid-up Guaranteed Income} = \frac{\text{Total number of premiums paid}}{\text{Total number of premiums payable}} \times \text{Guaranteed Income}$$

iv. Surrender Benefit under Reduced Paid-up Policy:
If the Life Insured surrenders the policy whilst the policy is in Reduced Paid-up status, the Higher of Guaranteed Surrender Value or Special Surrender Value will be payable and the contract gets terminated immediately.

e. How to revive your Lapsed/Reduced Paid-Up Policy
You may revive the lapsed Policy or Reduced Paid-Up policy within five years from the due date of the first unpaid Premium by following these simple steps:

i. Submit a written request to the Company within 5 years from the date of first unpaid premium.

ii. Pay all outstanding Premium amount with interest at the prevailing interest rate.

iii. The prevailing interest rate is calculated as equal to 10 year G-sec benchmark interest rate as on last working day of the previous financial year +1.50%, rounded up to the next multiple of 25 basis points and will be compounded on half yearly basis. The 10 year G-Sec rate on 31^{st} March 2022 was 6.84% and the rate of interest for revival for FY 22-23 is 8.50% (6.84% + 1.5% + rounding to next multiple of 25 basis points).

iv. Any change in basis shall be with prior approval of the Authority. The Company will review the revival interest rate on every 1st of April.

v. Fulfilling all medical requirements as specified by the Company, if required. The cost of the medical examination will be borne by the Policyholder.

The revival will be effected on receipt of the proof of continued insurability and is subject to submission of Declaration of Good Health and Board approved underwriting policy of the Company applicable at that time. Once the Policy is revived, all benefits will be restored to its original benefit level.

PART D

3. Surrender Value

i. You may surrender the Policy at any time during the Policy Term provided the policy has acquired Surrender Value, by giving Us a written request for surrender. The policy will acquire surrender value provided all premiums have been paid for at least first two full policy years.

ii. Surrender Value payable will be higher of Guaranteed Surrender Value or Special Surrender Value:

Guaranteed Surrender Value (GSV) is defined as –

(GSV Factor x Total premiums paid till the date of surrender)
Total premiums paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes.

The Guaranteed Surrender Value (GSV) Factors are given under Annexure 2.

iii. Special Surrender Value (SSV)
Special Surrender value will be calculated using the basis and formula as approved by IRDAI. The Special Surrender Value may be amended by the Company from time to time with prior approval of the IRDAI.

iv. Once the policy is surrender, no further benefits shall be payable.

4. Termination of the Policy

This Policy shall terminate on the occurrence of the earliest of the following:

i. On Policy being lapsed and not revived within revival period.

ii. On Surrender of the Policy (i.e. upon payment of applicable surrender value).

iii. On Maturity of the Policy, (i.e. upon payment of Guaranteed Maturity Benefit).

iv. On Death of the Life Insured, upon payment of Death Benefit.

v. On payment of free look cancellation proceeds.

5. Free Look Cancellation

You have a period of 15 days (30 days, if the policy is opted through Distance Marketing mode/Policies issued in electronic mode) from the date of the receipt of this Policy Document to review the terms and conditions of this Policy. If you disagree to any of the terms or conditions of the Policy, then, You have an option to cancel and return this Policy Document to Us stating the reasons for such objections.

In such an event, this Policy shall terminate and You shall be entitled to a refund of the amount of premium paid subject to a deduction of a proportionate risk premium for the period of cover, any expenses incurred by Us on medical examination, if any and stamp duty charges.

Distance Marketing mode includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) voice mode, which includes telephone-calling (ii) short messaging service (SMS) (iii) electronic mode which includes e-mail and interactive television (iv) physical mode which includes direct postal mail and newspaper & magazine inserts and (v) solicitation through any means of communication other than in person.

6. Alteration of Premium Payment Frequency

During the Premium Paying Term, the Policyholder has an option to alter/change the premium payment frequency as available under the policy.

The Policyholder can exercise such option only on Policy Anniversary.

7. Policy Loan Facility

i. You can avail loan from the Company, provided the policy has acquired surrender value, by assigning the policy document as a collateral security.

ii. The loan can be availed upto 70% of Surrender Value at the applicable interest rate levied by the Company. The prevailing interest rate is calculated as equal to 10 year G-sec benchmark interest rate as on last working day of the previous financial year +1.50%, rounded up to the next multiple of 25 basis points and will be compounded on half yearly basis. The 10 year G-sec rate as on 31st March 2022 was 6.84%. The rate of interest on loan for FY 22-23 is 8.50% (6.84% + 1.5% + rounding to next multiple of 25 basis points).

iii. The interest rate will be reviewed by the Company every year, and the revised loan interest rates will become applicable effective 1st April. The basis of calculation of loan interest rates may be revised by the Company from time to time depending on the then interest scenario in the market after obtaining prior approval from the Authority.

iv. The Company will adjust the outstanding accumulated interest towards the Guaranteed Income and outstanding loan against Death Benefit and Guaranteed Maturity Benefit.

v. For policies in-forces and fully paid, Policy can't be foreclosed on the ground of outstanding loan amount including interest exceeds the surrender value.

vi. For reduced paid up policies, the policyholder will be given written notice when the outstanding loan including the interest amount is 95% of the surrender value. The policyholder may repay whole or part of the outstanding loan amount. At any point of time if the loan outstanding along with accumulated interest under the Reduced Paid Up Policy exceeds the applicable Surrender Value, the Policy will be foreclosed immediately and no further benefits will be payable under the policy.

PART E

CHARGES

There are no explicit charges applicable.

PART F

8. Suicide Exclusion

In the event the Life Insured commits suicide, whether sane or insane within 12 months:

From the Date of commencement of risk or from the date of revival of this policy, the Policyholder/Beneficiary/Nominee, shall be entitled to an amount which is higher of 80% of the Total premiums paid till the date of death of the Life Insured or the Surrender Value available as on date of death of the Life Insured, provided the policy is in force.

9. Claims Processing

a. Maturity Claim: Following documents are required for processing the Maturity Claim.

i. Original Policy Document.

ii. Advance Discharge Voucher.

iii. Any other document as may be requested by the Company.

b. Death Claim: All Death Claims to be notified to the Company in writing by the Nominee/Beneficiary in the prescribed format provided by the Company, for registering a claim under this Policy along with the following documents:

i. Original Policy Document.

ii. Claimant's statement/claim form.

iii. Copy of Death certificate of the Life Insured from the municipal/local authorities.

iv. Copy of photo-identity proof of the claimant and supporting documents evidencing the rights of claimants.

v. Any additional information and documents required by the Company for assessing the validity of a claim and for processing a claim request.

c. All benefits payable under this Policy will be paid by the Company in Indian rupees.

d. A discharge or receipt by the Policyholder or the Nominee/Beneficiary shall be a good, valid and sufficient discharge to the Company in respect of any payment made by the Company hereunder.

e. Upon receipt of satisfactory proof of a claim under this Policy, the Company shall process the claim request.

f. The Company may even consider payment of the claims without any documents and/or other requirements provided there are sufficient grounds to believe that the documents are destroyed completely and could not be retrieved due to causes like natural disaster (e.g. flood, earthquake etc.) etc.

10. Disclosures

i. Assignment
Assignment should be in accordance to Section 38 of Insurance Act 1938, as amended from time to time.

(A Leaflet containing the simplified version of the provisions of Section 38 is enclosed in Annexure – 3 for reference).

ii. Nomination
Nomination is allowed as per the provisions of Section 39 of Insurance Act 1938, as amended from time to time.

(A Leaflet containing the simplified version of the provisions of Section 39 is enclosed in Annexure – 4 for reference).

iii. **Fraud and Mis-statement**

Fraud and Mis-statement would be dealt with in accordance with provisions of Section 45 of Insurance Act 1938, as amended from time to time.

(A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – 5 for reference).

11. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, facsimile or e-mail to:

i. **The Policyholder/Beneficiary/Nominee**

Any notice, information or communication from the Company shall be mailed to the address of the Policyholder mentioned in Schedule to this Policy Document or to the changed address as intimated to the Company in writing.

ii. **The Company**

Star Union Dai-ichi Life Insurance Company Ltd., 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703. Email – customercare@sudlife.in

12. Declaration Relating to Mis-statement of Age

This policy contract has been issued on the basis of the admitted age in the Proposal Form/Application form. In the event the stated age is found to be incorrect, the Company may initiate the following action:

i. If age of Life Insured is found to be beyond the age band prescribed for this product, the policy will be cancelled and all the premiums paid will be refunded as per Section 45 of the Insurance Act 1938 as amended from time to time.

ii. If the Correct Age of the Life Insured is found to be higher than the Admitted Age but the Life Insured remains eligible of being assured under this Policy then, subject to fresh underwriting, Basic Premium and Extra Mortality Premiums, if any will be recalculated as per the Correct Age from the Date of Commencement of Risk and the Policyholder shall pay to the Company the difference between the premiums paid and premiums payable as per the Correct Age together with interest at the applicable rate of interest.

iii. If the Correct Age of the Life Insured is found to be lower than the Admitted Age, the Basic Premium and Extra Mortality Premium, if any will be recalculated as per the Correct Age from the Date of Commencement of Risk and the Company shall refund, without interest, the difference between the premiums paid by the policyholder on the basis of the Admitted Age and the premiums calculated as per the Correct Age.

13. Change of Address

i. By You - It is very important that You immediately communicate Us about any change of address or nomination to enable the Company to service this Policy effectively.

ii. By The Company – We will change the address stated above and intimate You of such change by suitable means.

14. Loss of a Policy Document

i. If the Policy Document is lost or misplaced, You will have to give Us a written request stating the fact and the reason of the loss. We will issue a duplicate Policy Document at no extra cost if we are satisfied that the Policy Document is lost. On the issue of the duplicate Policy Document, the original Policy Document immediately and automatically ceases to have any validity.

ii. The Policyholder agrees to indemnify and hold the Company free and harmless from any costs, expenses, claims, awards or judgments arising out of or in relation to the original Policy Document.

15. Governing Laws & Jurisdiction

The terms and conditions of this Policy shall be governed by and subject to Indian laws. All matters and disputes arising from or relating to or concerning this Policy shall be governed by and determined in accordance with Indian laws and shall be subject to the jurisdiction of the courts as prescribed in the relevant laws/Acts.

PART G

16. Grievance Redressal Mechanism

Grievance Redressal Mechanism has been set-up for the resolution of any dispute or grievances/complaint in respect of Policy. You are requested to submit a written complaint at any of the below mentioned touch points:

a. Toll Free No 1800 266 8833 between Monday – Saturday from 9:00 am to 7:00 pm

b. Email to Us at customercare@sudlife.in

c. Write to Us at Customer Care, Star Union Dai-ichi Life Insurance Co. Ltd., 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

d. Online through website www.sudlife.in

e. Any of SUD Life's Regional/Branch Office. Our Regional/Branch office addresses are available on our website.

If You are not satisfied with the response provided by any of the above touch points or do not receive a response within 15 days, You may write to Us at grievanceredressal@sudlife.in or send a communication at Grievance Redressal Unit, Star Union Dai-ichi Life Insurance Company Ltd., 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

To further escalate the matter, You may write to the Grievance Redressal Officer at gro@sudlife.in or send a communication at Grievance Redressal Officer, Star Union Dai-ichi Life Insurance Company Ltd., 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

An acknowledgment to all complaints received will be sent by the Company within 3 working days of receipt of the complaint/grievance.

However, if still You are not satisfied with our response or do not receive a response from Us within 15 days, You may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

Bima Bharosa Shikayat Nivaran Kendra TOLL FREE NO: 155255/18004254732.
Email ID: complaints@irdai.gov.in
You can also register your complaint online at https://bimabharosa.irdai.gov.in

Address for communication for complaints by fax/paper:
Consumer Affairs Department
Insurance Regulatory and Development Authority of India
Sy. No. 115/1, Financial District, Nanakramguda, Gachihowli,
Hyderabad – 500032, Telangana
Fax No: 91- 40 – 6678 9768

Manner of making complaint to Insurance Ombudsman:

a. If the Policyholder is not satisfied with the decision/resolution or complaint is still not resolved, then they may approach the Insurance Ombudsman (at the address given below), by making a complaint in writing to the Ombudsman within whose jurisdiction the branch or office of the insurer complained against is located, or the residential address or place of residence of the complainant is located, and if his/her issues pertains to the following as per the provisions of Rule 13(1) of the Insurance Ombudsman Rules 2017:

i. delay in settlement of claim;

ii. any partial or total repudiation of claims;

iii. dispute over premium paid or payable in terms of insurance policy;

iv. misrepresentation of policy terms and conditions at any time in the policy documents or policy contract;

v. Legal construction of insurance policies in so far as the disputes relates to claim;

vi. Policy servicing related grievances against insurer and their agents and intermediaries;

vii. Issuance of policy not in conformity with proposal form submitted;

viii. Non issuance of insurance policy after receipt of premium;

ix. any other matter arising from non-observance or non-adherence to the provisions of any regulations made by the Authority with regards to protection of policyholders interest or otherwise or of any circular, guidelines or instructions issued by the Authority or of the terms and conditions of the policy contract, in so far as such matter relates to issues referred in clauses (i) to (viii)

a. The complaint should be made in writing duly signed by the complainant or by his/her legal heirs, nominee or assignee or made by way of electronic mail or online through the website of the Council for Insurance Ombudsmen with full details of the complaint, the name and contact details of complainant and the name of the branch or office of the insurer against which the complaint is made, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.

b. As per provision of Rule 14(3) of the Insurance Ombudsman Rules, 2017 , the complaint to the Ombudsman can be made:

i. Only if a representation had been made to the Company in regard to the grievance and the same has been rejected by the Company or the complainant is not satisfied with the reply of the Company or no reply has been received to the representation for a period of 1 month after it is received by the Company;

ii. Within a period of 1 year from the date of receipt of rejection order or from the date of receipt of final reply of the Company;

iii. The complaint is not on the same subject matter for which any proceedings before any court or consumer forum or arbitrator is pending or were so earlier.

Website of Council for Insurance Ombudsmen for online registration of the Complaint is www.cioins.co.in

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The list of the Ombudsman with their addresses has been given below:

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad - 380001 Tel.: 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	State of Gujarat, Union Territories of Dadra & Nagar Haveli, Daman and Diu
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	State of Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	States of Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	State of Orissa
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 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	State of Punjab, Haryana (excluding 4 districts viz Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018 Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	State of Tamil Nadu and Union Territories of Puducherry Town and Karaikal (which are part of Union Territories of Puducherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002 Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi, 4 states of Haryana viz. Gurugram, Faridabad, Sonepat and Bahadurgarh
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759/2359338 Email: bimalokpal.ernakulam@cioins.co.in	States of Kerala and Union Territory of (a) Lakshadweep (b) Mahe – a part of Union Territories of Puducherry
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	States of 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	State of Andhra Pradesh, Telgana and Yanam – a part of Union Territories of Puducherry
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	State of Rajasthan
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339/22124340 Email: bimalokpal.kolkata@cioins.co.in	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330/2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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.: 022 - 69038821/23/24/25/26/27/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	State of Goa and, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Dist: Gautam Buddh Nagar, U.P. - 201 301. Tel.: 0120-2514252/2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Office of the Insurance Ombudsman, 2nd Floor, North Wing, Lalit Bhawan, Bailey Road, Patna - 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	States of Bihar and 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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	State of Maharashtra, Area of Navi Mumbai and Thane but excluding Mumbai Metropolitan Region.

Annexure 1 – Guaranteed Income Factors

Age	7 Pay – Policy Year 25	7 Pay – Policy Year 30	7 Pay – Policy Year 35	7 Pay – Policy Year 40	12 Pay – Policy Year 30	12 Pay – Policy Year 35	12 Pay – Policy Year 40	12 Pay – Policy Year 45
18	75.67	73.41	71.97	70.97	78.19	75.27	73.50	72.34
19	75.65	73.39	71.95	70.95	78.19	75.28	73.52	72.37
20	75.64	73.37	71.93	70.93	78.20	75.30	73.54	72.40
21	75.63	73.36	71.91	70.91	78.22	75.32	73.57	72.44
22	75.62	73.35	71.89	70.89	78.24	75.35	73.61	72.49
23	75.60	73.33	71.87	70.87	78.26	75.38	73.65	72.53
24	75.59	73.31	71.85	70.85	78.29	75.41	73.69	72.58
25	75.57	73.29	71.83	70.82	78.31	75.45	73.74	72.64
26	75.54	73.26	71.80	70.80	78.33	75.48	73.78	72.70
27	75.51	73.22	71.76	70.76	78.36	75.52	73.83	72.76
28	75.47	73.18	71.72	70.72	78.38	75.55	73.88	72.82
29	75.43	73.14	71.68	70.68	78.41	75.59	73.93	72.88
30	75.37	73.08	71.63	70.62	78.43	75.63	73.98	72.95
31	75.30	73.02	71.56	70.56	78.45	75.66	74.03	73.02
32	75.23	72.95	71.50	70.49	78.47	75.70	74.09	73.09
33	75.14	72.87	71.42	70.41	78.48	75.74	74.14	73.17
34	75.04	72.78	71.33	70.32	78.50	75.77	74.20	73.25
35	74.93	72.68	71.23	70.23	78.51	75.81	74.26	73.34
36	74.81	72.56	71.12	70.11	78.52	75.84	74.31	73.42
37	74.68	72.44	71.00	69.99	78.52	75.87	74.37	73.51
38	74.53	72.30	70.86	69.85	78.51	75.89	74.43	73.60
39	74.36	72.14	70.70	69.69	78.48	75.90	74.48	73.69
40	74.17	71.96	70.53	69.52	78.45	75.91	74.53	73.78
41	73.96	71.76	70.33	69.32	78.40	75.91	74.56	73.86
42	73.72	71.54	70.11	69.10	78.32	75.88	74.59	73.93
43	73.45	71.28	69.86	68.85	78.22	75.84	74.60	73.99
44	73.14	70.99	69.57	68.57	78.09	75.78	74.60	74.03
45	72.78	70.65	69.24	68.25	77.93	75.70	74.58	74.06
46	72.38	70.27	68.87	67.89	77.74	75.59	74.54	74.07
47	71.92	69.84	68.45	67.48	77.51	75.45	74.47	74.06
48	71.41	69.36	67.98	67.03	77.24	75.29	74.39	74.03
49	70.84	68.81	67.45	66.52	76.95	75.10	74.28	73.97
50	70.20	68.22	66.87	65.97	76.62	74.89	74.15	73.89
51	69.51	67.56	66.24	65.36	NA	NA	NA	NA
52	68.76	66.85	65.55	64.71	NA	NA	NA	NA
53	67.96	66.09	64.82	64.01	NA	NA	NA	NA
54	67.09	65.26	64.02	63.26	NA	NA	NA	NA
55	66.17	64.38	63.18	62.46	NA	NA	NA	NA

Annexure 2 – Guaranteed Surrender Value Factors

Policy Year	25	30	35	40	45
1	0.00%	0.00%	0.00%	0.00%	0.00%
2	35.00%	35.00%	35.00%	35.00%	35.00%
3	35.00%	35.00%	35.00%	35.00%	35.00%
4	50.00%	50.00%	50.00%	50.00%	50.00%
5	50.00%	50.00%	50.00%	50.00%	50.00%
6	50.00%	50.00%	50.00%	50.00%	50.00%
7	50.00%	50.00%	50.00%	50.00%	50.00%
8	52.35%	51.82%	51.48%	51.25%	51.08%
9	54.71%	53.64%	52.96%	52.50%	52.16%
10	57.06%	55.45%	54.44%	53.75%	53.24%
11	59.41%	57.27%	55.93%	55.00%	54.32%
12	61.76%	59.09%	57.41%	56.25%	55.41%
13	64.12%	60.91%	58.89%	57.50%	56.49%
14	66.47%	62.73%	60.37%	58.75%	57.57%
15	68.82%	64.55%	61.85%	60.00%	58.65%
16	71.18%	66.36%	63.33%	61.25%	59.73%
17	73.53%	68.18%	64.81%	62.50%	60.81%
18	75.88%	70.00%	66.30%	63.75%	61.89%
19	78.24%	71.82%	67.78%	65.00%	62.97%
20	80.59%	73.64%	69.26%	66.25%	64.05%
21	82.94%	75.45%	70.74%	67.50%	65.14%
22	85.29%	77.27%	72.22%	68.75%	66.22%
23	87.65%	79.09%	73.70%	70.00%	67.30%
24	90.00%	80.91%	75.19%	71.25%	68.38%
25	90.00%	82.73%	76.67%	72.50%	69.46%
26	0.00%	84.55%	78.15%	73.75%	70.54%
27	0.00%	86.36%	79.63%	75.00%	71.62%
28	0.00%	88.18%	81.11%	76.25%	72.70%
29	0.00%	90.00%	82.59%	77.50%	73.78%
30	0.00%	90.00%	84.07%	78.75%	74.86%
31	0.00%	0.00%	85.56%	80.00%	75.95%
32	0.00%	0.00%	87.04%	81.25%	77.03%
33	0.00%	0.00%	88.52%	82.50%	78.11%
34	0.00%	0.00%	90.00%	83.75%	79.19%
35	0.00%	0.00%	90.00%	85.00%	80.27%
36	0.00%	0.00%	0.00%	86.25%	81.35%
37	0.00%	0.00%	0.00%	87.50%	82.43%
38	0.00%	0.00%	0.00%	88.75%	83.51%
39	0.00%	0.00%	0.00%	90.00%	84.59%
40	0.00%	0.00%	0.00%	90.00%	85.68%
41	0.00%	0.00%	0.00%	0.00%	86.76%
42	0.00%	0.00%	0.00%	0.00%	87.84%
43	0.00%	0.00%	0.00%	0.00%	88.92%
44	0.00%	0.00%	0.00%	0.00%	90.00%
45	0.00%	0.00%	0.00%	0.00%	90.00%

Annexure 3

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 from time to time. 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 of 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 there of certified to be correct by both transferor and transferee or their duly authorized 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 policy

   Such 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 Act, 1938 as amended from time to time shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Act 1938 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated December 26, 2014 for complete and accurate details.]

Annexure 4

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 from time to time. 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 Act 1938 as amended from time to time.
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 Act 1938 as amended from time to time, a nomination is made in favor 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 Act 1938 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated December 26, 2014 for complete and accurate details.]

Annexure 5

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, amended from time to time are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 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 policy

   whichever 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 policy

   whichever 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 Act 1938 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated December 26, 2014 for complete and accurate details.]

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Affix recent photograph (not more than 6 months old)

Affix recent photograph (not more than 6 months old). If Proposer is different from the life to be Assured

Branch Date/ Time - Stamp (Affix stamp in this box only)

Application No. 13558619

PROPOSAL FOR LIFE INSURANCE PLAN

(Common proposal form for both Traditional and Unit Linked plans)

IN CASE OF UNIT LINKED INSURANCE POLICIES, THE INVESTMENT RISK IN THE INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.

INSTRUCTIONS FOR FILLING PROPOSAL FORM

(1)This form is to be filled by the Proposer in BLOCK LETTERS in black/blue ink and leave a space blank between each part of the context. (2)All documents submitted with this Proposal Form must be self attested by the Proposer/Life to be Assured. (3)Insurance is contract of utmost good faith ,which requires all material facts to be disclosed to the insurer. In case if any doubt as to whether the fact is material or not , the fact should be disclosed. (4)If the proposer/Life to be Assured is unable to fill the form due to inability to read or understand this language, the help of a person including the advisor/our employee/insurance intermediary may be used.(Refer to declaration for signing in vernacular language or for uneducated/ illiterate persons). (5)Before filling up the proposal form please read the sales literature to understand the features ,benefits ,advantages and terms and conditions of the product. (6)If the space provided in the proposal form is not sufficient for providing details ,please attach separate sheets signed by the Proposer/Life to be Assured. (7)All details should be filled completely including email ID, mobile number, etc. (8)In case the Proposer and Life to be Assured are two separate individuals , the proposal form will be signed by both. The Life to be Assured can sign only if he/she is 18 years or above. (9)Please fill in additional form in case of Minor/HUF/Employer-Employee / Partnership / Keyman / MWPA case. (10)Please tick a box available where appropriate and strike off the sections / parts which are not applicable by writing NA. (11) All amounts to be mentioned in INR only.

(FOR OFFICE USE ONLY)

CHANNEL TYPE : ☐ Agency ☑ Corporate Agent ☐ Broker ☐ Direct Sales ☐ Others

CHANNEL CODE	82021237	ADVISOR/SO/LPD CODE	82041700
SP/QP CODE	82021237	SUD BRANCH CODE	02559075
Bank Branch/ Broker Code		If this Proposal is sourced through Distance marketing	
LG CODE			

FOR C-KYC: Application Type ☑ New ☐ Update C-KYC N0.
Account Type ☑ Normal ☐ Simplified (for low risk customers) ☐ Small

1. GENERIC DETAILS

EXISTING CUSTOMER ☐ Yes ☑ No POLICY NUMBER — UBI/BOI/SUD Staff ☐ Yes ☑ No

POLICY IS SELF PROPOSED ☐ Yes ☑ No — *if yes please submit employee id card

If no please provide the answer to the following questions

TYPE OF PROPOSAL ☑ Individual ☐ Employer-Employee ☐ HUP ☐ Keyman ☐ Partnership ☐ MWPA

2. PARTICULARS OF PROPOSER

FULL NAME^ FARIDA BEGUM

^In case of Non-Individual fill details of Partnership/HUF/Company

FATHER'S NAME/ SPOUSE'S NAME AHAD ALI

Name provided above is for ☑ Father ☐ Spouse (please tick)

MOTHER'S NAME SADEKUN BEWA

MAIDEN NAME FARIDA

GENDER ☐ Male ☑ Female ☐ Third Gender

MARITAL STATUS ☐ Married ☐ Unmarried ☑ Widow(er) ☐ Divorced

DATE OF BIRTH (DOB)* 2 2 0 8 1 9 7 4

In case of Non-Individual Fill Date of Incorporation of Partnership/HUF/Company

PAN CARD NUMBER CLLPB1195H FORM 60 ☐ Yes ☑ No

CITIZENSHIP ☑ INDIAN ☐ OTHERS PLACE OF BIRTH

RESIDENTIAL STATUS ☑ Resident Indian ☐ NRI* ☐ Foreign National* ☐ OCI* *(Fill in the FATCA/CRS form)

OCCUPATION ☐ Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ Retired ☐ Agriculture ☐ Business (☐ Proprietor ☐ Partner) ☐ Professionals ☐ Self Employed ☑ Housewife ☐ Student ☐ Others

ARE YOU A POLITICALLY EXPOSED PERSON (PEP) OR A CLOSE RELATIVE / ASSOCIATE OF PEP?
☐ In case of close relative / associate of Pep ,please give name of the PEP &Relationship
☐ If No, then in case your PEP status changes in future, you shall inform Star Union Dai-ichi Life Insurance Co. Ltd. of such a change.

ANNUAL INCOME 2,50,000/-

A. CORRESPONDENCE / LOCAL ADDRESS

ADDRESS TYPE ☑ Corporate Agent ☐ Business ☐ Residential / Business ☐ Registered Office ☐ Unspecified

VILL TOWN GOALPARA TOWN

WARD NO.13 GOALPARA — SIMLABARI

ASSAM — INDIA — 783101

Mobile ( ) 84729 86985 — LANDLINE ( ) 84729 86985
Country Code — STD Code

EMAIL ID: ska058329@gmail.com

B. PERMANENT ADDRESS (if different from correspondence address/Overseas Residential Address for NRI/OCI/FOREIGN NATIONAL

ADDRESS TYPE ☑ Corporate Agent ☐ Business ☐ Residential / Business ☐ Registered Office ☐ Unspecified

VILL TOWN GOALPARA TOWN

WARD NO.13 GOALPARA — SIMLABARI

ASSAM — INDIA — 783101

3. INCOME, PHOTO IDENTITY & ADDRESS PROOF

INCOME PROOF ☐ Salary Slip ☐ ITR/Assessment Order/Form 16 ☐ Bank Statement ☐ Audited P&L/Balance Sheet ☑ Others Individual bank

PROOF IDENTITY ☐ Passport* ☐ Driving License* ☐ Voter's ID ☑ PAN Card ☐ NPR letter ☐ Others

PROOF ADDRESS ☐ Passport* ☐ Driving License* ☐ Voter's ID ☐ NREGA Job Card ☐ NPR letter ☑ Others uidai/npr letter

Proof of Address Document Number — Proof of Identity Document Number CLLPB1195H

Proof of Address Document Expiry Date — Proof of Identity Document Expiry Date

4. PERSONAL DETAILS OF LIFE TO BE ASSURED

FULL NAME

MAIDEN NAME

DATE OF BIRTH* — GENDER ☐ Male ☐ Female ☐ Third Gender

MARITAL STATUS ☐ Married ☐ Unmarried ☐ Widow(er) ☐ Divorced

CITIZENSHIP ☐ INDIAN ☐ OTHERS

RESIDENTIAL STATUS ☐ Resident Indian ☐ NRI* ☐ Foreign National* ☐ OCI* *(Fill in the FATCA/CRS form)

OCCUPATION ☐ Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ Retired ☐ Agriculture ☐ Business (☐ Proprietor ☐ Partner) ☐ Professionals ☐ Self Employed ☐ Housewife ☐ Student ☐ Others

PROOF IDENTITY ☐ Passport* ☐ Driving License* ☐ Voter's ID ☐ PAN Card ☐ NPR letter ☐ Others

PROOF ADDRESS ☐ Passport* ☐ Driving License* ☐ Voter's ID ☐ NREGA Job Card ☐ NPR letter ☐ Others

Proof of Address Document Number — Proof of Identity Document Number

Proof of Address Document Expiry Date — Proof of Identity Document Expiry Date

CORRESPONDENCE ADDRESS OF LIFE ASSURED(Applicable for non-individual only)

5. HEALTH/OCCUPATION/FAMILY DETAILS OF LIFE TO BE ASSURED

HIGHEST QUALIFICATION ☐ Post Graduate ☐ Graduate ☐ Diploma ☑ XII[th] pass ☐ X[th] pass ☐ Below X[th] Std ☐ Uneducated

INDUSTRY TYPE ☐ Trading Manufacturing ☐ Service Sector ☐ Armed Forces (Police, CPRF, Army, Navy, Airforce) ☐ Mining ☐ Farming ☐ Oil Refinery ☑ Other
Fill in relevant questionnaire

NAME OF ORGANIZATION IRRIGATION MECHANICAL SERGION — ANNUAL INCOME 2,50,000/-

DESIGNATION — EXACT NATURE OF DUTIES

AGE PROOF ☐ Passport ☐ Driving License ☐ Birth Certificate ☐ Baptism Certificate ☑ PAN Card ☐ Employee Id Card ☐ School/College Certificate ☐ Others

Suppressing facts or providing wrong/innocent information will have an adverse impact on calim payment. Please tick wherever applicable.

1) Height 160 (cms) 64 Weight (kgs)
2) Is your occupation associated with any specific hazard (e.g. Chemical factory, mines, explosives, radiation, corrosive chemicals)? ☐ Yes ☑ No
3) Do you take part in any adventurous hobbies/activities that could be dangerous in any way (e.g. Aviation ,mountaineering, diving, paragliding etc.)? ☐ Yes ☑ No
4) Have you resided overseas for more than 6 months continuously during the last 5 years or do you intend to do so in the future ? ☐ Yes ☑ No
5) Are there any criminal charges against you in any court of law in India or abroad or in the past ? ☐ Yes ☑ No
6) Please answer all the health questions correctly. This form is to be filled up in all cases, including medical cases. Please enclose attending ?

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Doctor's reports, hospital discharge card, investigation reports, as applicable. ☐ Yes ☑ No

(a) Do you have any physical deformity/congenital defect/abnormality or are you differently abled ☐ Yes ☑ No

(b) During last one year, has there been any increase or decrease in your weight by 5 kgs or have you been advised any medical investigation such as X-Ray, USG, Biopsy, Blood Test, Urine Test, etc. or have been recommended for any surgery ? ☐ Yes ☑ No

(C) Apart from minor ailments such as cold and flu, have you ever received any treatment from or consulted with any doctor or have been hospitalized in the last 5 year ? ☐ Yes ☑ No

d) In the last 5 years, have you remained absent from your place of work on health grounds for a continuous period of more than? consecutive days ? ☐ Yes ☑ No

e) Have you been advised or are you currently taking any treatment or medication for more than a week, in last 5 years ? ☐ Yes ☑ No

Are you suffering from or have you ever suffered from any of the following ? None of the following ☑

(i) Diabetes / Raised Blood Sugar/ Sugar in Urine	☐	(ii) High Blood Pressure/ Hypertension or raised cholesterol	☐
(iii) Heart Disease/Chest Pain/ Palpitations/Heart Mu /Heart Attack/ Rheumatic Fever/Shortness of breath or any other Heart-related disorder/or undergone/recommended for heart surgery/bypass surgery/Angioplasty	☐	(iv)Depression, Schizophrenia, Mental/ Psychiatric ailment, Stroke/Epilepsy/ Fits/Black-outs/Coma, Paralysis, Multiple Sclerosis/Haemorrhage or any brian, nervous system	☐
(v)Anaemia, Thalassemia or any other disorder of blood	☐	(vi) Kidney, Prostate, Urinary System or Reproductive System	☐
(vii)Disorder of the skin, eye, ear, nose, Throart, including blindness, loss of speech etc.	☐	(viii)Asthma, Tuberculosis, Bronchitis, or any other disorder of the lungs and respiratory system	☐
(ix)Musculo-skeletal disorders like Gout, Arthritis, Joint Pain, Slip Disc or any disorder of joints.	☐	(x)Digestive system disorders such as ulcer, Colitis etc. or any disease of the liver or pancreas	☐
(xi) Goitre, Thyroid, other Endocrine or Gland diseases	☐	(xii)Tumor, Cancer, Lukaemia, Lymphoma, Cyst or undergone Chemotherapy or Radiotherapy	☐
(xiii) LA/Spouse of LA diagnosed with Hepatitis B or C, HIV, AIDS or any other STD	☐	(xiv)Any chronic Infection, recurrent pain or any other medical condition not mentioned above	☐

7) ONLY FOR FEMALE LIVES

a) Are you pregnant at present ? ☐ Yes ☑ No

b) Have you ever had an abortion , miscarriage, medical termination of pregnancy or caesarian section ? ☐ Yes ☑ No

c) Have you undergone biopsy or operation of breasts, uterus or any gynecological test or test related to menstruation ? ☐ Yes ☑ No

8) Do you consume any of the following ?

Substance Consumed	Yes/No	Consume as	Quantity	No.of Years
Tobacco	No	Cigar/ Cigarette/ Beedi/ Guthka		
Alcohol	No	Beer/ Wine/ Hard Liquor		
Any Narcotics	No			

9) Family Health History 'In case of siblings, please put the count

Relation	Alive	Present/ Age At Death	Any illness	Present Health/ Details if Alive / Cause of Death
Father	No	62	Deceased	Natural
Mother	No	68	Deceased	Natural
Sibling (s)				
Spouse				
Children (s)	Yes	14	Alive	Normal

Question Number(s)	Details is marked 'Yes 'for Health Related Questions/ Hazardous Occupation or Activity

10) OTHER INSURANCE DETAILS

(If you already have or have applied for ther Life /Health /Group insurance policies with Star Union Dai-ichi Life or other companies, please provide details below)

NAME OF THE INSURER	POLICY/ PROPOSAL NO.	RELATION	ISSUANCE DATE	SUM ASSURED	ANNUAL PREMIUM	MEDICAL DONE	STATUS

6. DETAILS OF NOMINEE

	NOMINEE 1	NOMINEE 2
FULL NAME	ASHIF SHAIKH	
GENDER & DOB	☑ Male ☐ Female 19052002	☐ Male ☐ Female
RELATION WITH LA % SHARE	SON&100	
PHONE NUMBER		

In case of more than two nominees, please fill separate addendum

7. PARTICULARS

FULL NAME	
GENDER & DOB	☑ Male ☐ Female
PHONE NUMBER	
RELATION WITH NOMINEE	

8. BANK NAME

BANK NAME ☐ BOI ☐ UBI ☑ OTHERS Union Bank Of India

BRANCH NAME GOALPARA IFSC CODE UBIN0559075

ACCOUNT HOLDER'S NAME FARIDA BEGUM

BANK ACCOUNT NUMBER 90702010000044 ACCOUNT TYPE ☑ Savings ☐ Current ☐ Others

☑ Cancelled cheque with pre-printed name of the account holder/self-attested Bank Statement /Pass Book attested by bank submitted .

9. PROPOSAL DEPOSIT DETAILS

Is the premium paid by a person other than Proposer /Life to be Assured ? ☑ Yes ☐ No *(If yes, please submit third party declaration)

BANK NAME ☐ BOI ☑ UBI ☐ OTHERS

PREMIUM ACCOUNT 16,191.00 ☐ Cash ☐ Cheque ☐ Demand draft ☑ Direct Debit Bank

CHEQUE /DD NUMBER** CHEQUE/DD DATE**

TRANSACTION ID * S78936041 TRANSACTION DATE 10072020

*Note: (*Mandatory to fill for Corporate Agent Cases, **Mandatory to fill for other than Corporate Agent cases)*

10. PLAN DETAILS

PLAN NAME	PLAN OPTIONS	SUM ASSURED	POLICY TERM (Years)	PPT(Years)	Defer Period	Installment Premium /Rider Charge
SUD Life Aayushmaan UIN 142N0500V1		150000	15	15		16191.00
RIDER OPTED						
ADTPD			0	0		0
FIB			0	0		0
COVID-19						0
TOTAL SUM ASSURED			150000	TOTAL PREMIUM		16191.00

In case of UUP plans, mandatory charges and rider charges will be collected every month of cancellation of appropriate units field under each field

PREMIUM FREQUENCY ☑ Yearly ☐ Half-Yearly ☐ Quarterly ☐ Monthly ☐ Single Premium

MODE OF PAYMENT: Do you wish to pay renewal premium through Direct Debit/ NACH ☑ Yes ☐ No

If Direct Debit /NACH selected, please fill emclosed Direct/Debit /NACH Form. NACH is mandatory for monthly mode case. Refer three months premium product brochure for more details.

For SUD Life Elite Assure Plus, Monthly Payout Opted (Minimum ₹ 10,000/-p.m)

For SUD Life Assured Income Plan, Payout per Annum (Minimum ₹ 24000/-p.a)

For SUD Life AASHIRWAD, Payout Option Chosen is ☐ Self Starter ☐ Professional ☐ Foundation ☐ Technical ☐ Career Builder

For SUD Life Abhay, Benefit Option chosen is ☐ Life Cover ☐ Life Cover with Return of Premium

FUND ALLOCATION

	Blue Chip Equity Fund%	Growth Plus Fund%	Balanced Plus Fund%	Income Fund%	Mid Cap Fund%	Gilt Fund%		Total
Initial Allocation								
SFIN								

Dou you have an Electronic Insurance Account (EIA) ☑ Yes ☐ No

If Yes, then kindly provide your EIA number ________ You can open EIA Account via EIA Form

Would you prefer receiving policy document through email mentioned above ☑ Yes ☐ No

If No, then you can access our portal and download the electronic policy document. We will be sending you the physical copy of the document at your registered correspondence address, subject to policy issuance

Please select option on vesting

Option 1: Single Premium deferred pension plan available at the time of vesting ☐ Option 2: Annuity (pension) ☐

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In case of option 2, please select the annuity plan from below

☐ (i) Life Annuity ☐ (ii) Life Annuity With Return Of Purchase Price

☐ (iii) Increasing Life Annuity With Return Of Purchase Price

☐ (iv) Joint Life Annuity (50%) ☐ (v) Joint Life Annuity (100%)

☐ (vi) Joint Life Annuity (100%) With Return Of Purchase Price

☐ (vii) Annuity Certain for 10 years ☐ (viii) Annuity Certain for 15 years

☐ (ix) Annuity Certain for 20 years

Note: The policyholder has an option to change the chosen annuity option at least 90 days prior to date of vesting.

11. DECLARATION & AUTHORISATION BY THE LIFE TO BE ASSURED / PROPOSER

A. Also contains?? that all questions are also answered by me/us after the same are explained to me/us by the Insurance Agent /officials of the intermediary/ Star Union Dai-ichi Life Insurance Company Ltd. (The Company) and that the information shared in the above-mentioned application form are true and correct. (We understand that this information will form the basis of insurance policy and any mis-statement or non-disclosure shall be in accordance with Section 45 of the Insurance Act, 1938. I/We understand that the Company reserves the right to accept, decline or offer alternate terms on this application for life insurance.

B. Undertake to inform the Company of any change in my/our occupation, financial condition or health details or any alteration in enclosing insurance terms or definition of insurance by other insurers between the date of this application to date of acceptance of risk by the Company.

C. I/We hereby declare and confirm that I/We am/are making the premium payment (onwards this application through my /our own bank /credit card and I/We agree to submit a third party declaration in case the premium payment is not made from my/ our own account .I/ We further declare that proposal deposit and future premiums shall be paid through legal source of income with Anti-money laundering Laws.

D. I/We hereby declare and authorize/consent the Company to conduct screening/confirmation of the overall health through medical examinations which may include laboratory test, cardiac test, rildiological investigations and other medical tests. I/We hereby give consent to undergo HIV test which is only for screening purpose.

E. I/We hereby authorize my past/present employer(s). Other insures credit information bureau, medical practitioners hospital centers to share any occupation insurance financial and health details to the Company for assessment and acceptance of risk /claim under this aplication.

F. I/We agree and declare that the Company may, without any reference to me/us for to my/ours beneficiary as the case may be, disclose any information contained in the proposal, the annexure in the reports of any medical examination / laboratory tests or in the documents submitted by me/us or proceed by the Company to any other insurer or to any reinsurer or to any claims investigator count /tribunal or other authorities as may be considered necessary by the Company.

G. I/We hereby consent to receive phone calls, SMS/Email from /on behalf of the Company, with respect to my life insurance policy with them. I/We hereby give my consent to receving information from Control KYC through SMS/Email on the above registered number /email address.

H. I/We also understand that the terms and conditions including premium and benefits under the policy are subject to taxes/duties/charges, in accordance with the laws, as applicable, from time to time.

__________ __________ __________

Name: __________

Address: __________

Date: ____ Date: ____ Date: ____

Place: ____ Place: ____ Place: ____

12. Declaration

I (full name of declarant) __________ hereby declare that I have explained the contents of the proposal form to the Life to be Assured /Proposer in __________ language and that I have read out, the answers to the question, dictated by me to the Life to be Assured/Proposer and that the Life to be Assured/Proposer has/have put his/her thumb impression after fully understanding the contents thereof.

Mobile No. ______ ______ ______

(Country Code)

Place: ______ Date: ____

I (Proposer) __________ hereby declare that I have understood the Terms & Condition of the policy as explained by the declarant.

Place: ______ Date: ____

*SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED FROM TIME TO TIME. (1) No person shall allow or offer to allow, either directly or indirectly, as an to any person to take out or renew or convience an insurance in respect of any limit of risk relating to lives or property in India ,any rebate of the whole or part of the commission payable or any rebate of the premium on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, expect such rebate as may be allowed in accordance with the published prospect uses of the insurer. (2) Any person making in complying with the provisions of this section hsall be liable with a penalty which to extend to ten lakh rupees.

SECTION 45 OF THE INSURANCE ACT 1938, AS AMENDED FROM TIME TO TIME: The provisions of the Section(s) of the Insurance Act 193, as amended from time to time are applicable in the above contract.

Star Union Dai-ichi Life Insurance Company Limited

C/o. Seshaasai Business Forms Pvt. Ltd., C-470, TTC Industrial Area, Pawne, Near Shweta Hotel, Turbhe MIDC, Navi Mumbai - 400 705.

Registered Office: 11th & 16th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai-400 703.

IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472 | Trademark used under licence from respective owners.

Benefit Illustration

(This shall form a part of the policy document)

Name of the Prospect/ Policyholder:	FARIDA BEGUM
Age:	45
Name of the Life Assured:	FARIDA BEGUM
Age:	45
Policy Terms:	15
Premium Payment Term:	15
Amount of Installment Premium:	1594
Mode of Payment of Premium:	Annual

Proposal No.:	
Name of the Product:	SUD Life AAYUSHMAN
Tag Line:	Non–Linked Par-Life-Individual -Savings
Unique Identification Number:	142N050V01
GST Rate and applicable cess, if any:	1st Year Onwards 4.50% 2nd Year Onwards 2.25%

How to read and understand this benefit illustration?

This benefit illustration is intended to show year-wise premiums payable and benefits under the policy, two assumed rate of interest i.e.8% p.a .and 4% p.a.

Some Benefits are guaranteed and some benefits are variable with returns based on the future performance of your insurer, carrying on the life insurance business. If your policy offers guaranteed benefits then these will be clearly marked "guaranteed" in the illustration table on this page. If your policy offers variable benefits then the illustration on this page will show two different rates of assumed future investment returns of 8% p.a. and 4% p.a. These assumed rates of returns are not guaranteed and they are not the upper or lower limits of what you might get back , as the value of the policy is dependent on a number of factors including future investment performance.

Policy Details				
Policy Option	NA	Base Plan	Sum Assured ₹	1,50,000/-
		Base Plan	Sum Assured on Death (at Inception of the policy) ₹	2,25,000/-
		SUD Life Accidental Death and Total & Permanent Disability Benefit Rider –Traditional (UIN 142N050V01)	Rider Sum Assured ₹	0
		SUD Life Family Income Benefit Rider –Traditional (UIN 142N050V01)	Rider Sum Assured ₹	0

Premium Summary			
	Base Plan	Riders	Total Installment Premium
Instalment Premium without GST	15494.00	0.00	15,494.00
Instalment Premium with First Year GST	1691.00	0.00	1,691.00
Instalment Premium with GST 2nd year	15843.00	0.00	15,843.00 Onwards

Endorsements (if any)

BIMA HAI ZAROORI

Planning for your future

Life insurance not only provides financial support in the event of an untimely death but is also a long-term investment to meet your goals such as your children's education, marriage, your dream home or a secure retired life.

Risk cover

As life is always full of uncertainties, life insurance ensures that your loved ones continue to enjoy a good quality of life even in the case of an unforeseen event.

Loans on policy

Depending on the product of your choice, your insurance policy can help you meet your unplanned life stage needs, by helping you avail a loan, without adversely affecting your policy benefit.

Habit of prudence

Paying a fixed amount periodically, helps you build a habit of long-term savings that ensures you build a steady corpus, when you need it the most.

Assured income

Your savings are utilized to provide a steady source of income even when you retire.

Tax benefits

Most Insurance plans provide you with attractive tax benefits, both at the time of entry and exit.

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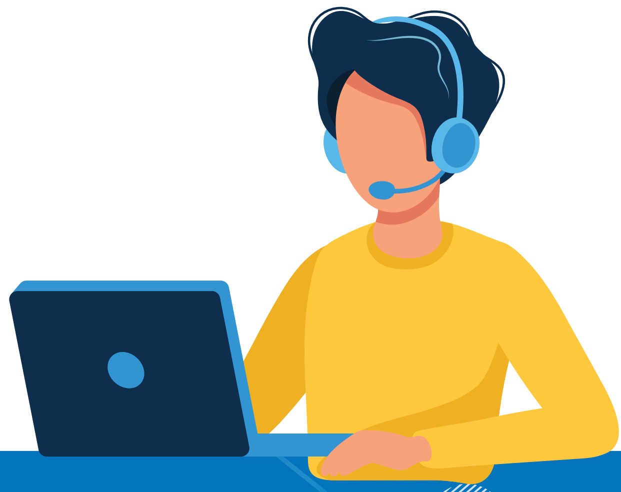

Toll Free: **1800 266 8833**
9:00 am - 7:00 pm (Mon - Sat)

WhatsApp: Say **Hi** to **72088 67122**

Email: **customercare@sudlife.in**

Website: **www.sudlife.in**

To contact us Scan QR Code	To pay online Scan QR Code	To save our contact details scan QR Code

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Bank of India | Union Bank of India | Dai-ichi Life

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703.