

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

**Star Union Dai-ichi Life Insurance Company Limited  
Non-Participating Immediate Annuity Plan**

**PART A**

**Forwarding Letter**

**Date: <      >**

<<Name of the Policyholder>>  
<<Address of the Policyholder>>

Dear Sir/ Madam

Sub: Your Policy Number <<\_\_\_\_\_>>

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

We, at SUD Life, thank you for trusting us as your financial partner and in helping you to financially secure lives of your loved ones.

We are enclosing herewith your Policy Document, First Premium Receipt, a copy of your proposal form and other related documents, for your records. We request you to check your personal details, terms and conditions and the privileges under this policy, carefully.

In case you do not agree to any of the provisions stated in the policy or the policy details, you may return the policy to us, specifying reasons thereof, within 15 days (30 days, if this Policy has been taken through Distance Marketing mode) from receipt of this letter. You also have an option to place a request for changing policy details mentioned in the schedule or discontinue this policy. In case of discontinuance, we would refund the premiums paid, subject to the provisions, stated in the Policy.

Please quote your aforesaid Policy Number in all your future correspondence with us, as this will help us to serve you better.

In case you require any information about our other life insurance products, please get in touch with our executive, who has advised you to take this policy. You may also get in touch with us via email at [customercare@sudlife.in](mailto:customercare@sudlife.in) or call us at 022-39546300.

We thank you once again for your patronage and look forward to your continued support in future as well.

Yours Sincerely,

Girish Kulkarni  
MD & CEO

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

**PREAMBLE**

The Proposer named in the Schedule of this Policy ( the “ Proposer”/ “Policy holder”) has submitted a proposal together with a Personal Statement and Declaration and has paid the Purchase Price (single premium) specified herein to Star Union Dai-Ichi Life Insurance Company Limited (the “Company”, which expression shall include its assigns and successors) for grant of the benefits specified in the Schedule. It is agreed by and between the Company and the Proposer/Policy holder and the Company (the “Parties”) that the proposal and the Personal Statement together with any report or other document leading to the issue of this Policy shall form the basis of this annuity contract and that all benefits are subject to the Schedules, the terms and conditions of and Annexure to this document. It is agreed that in consideration of the Purchase Price received as herein stated, the Company will pay the appropriate benefits (without interest) as herein stated, to the Policy holder or, as the case may be, the Beneficiary (named in Schedule I), on proof to the complete satisfaction of the Company, in its sole discretion, of the benefits under the Policy having become payable. It is further agreed by and between the Parties that any endorsement executed either on the Policy itself or through a separate instrument by the Company and any special provisions subject to which this Policy has been issued shall form part of the Policy. It is also agreed that this Policy shall be governed by the laws of India in force from time to time and the Annuity installments and the Purchase Price, where applicable , shall be payable in Indian Rupees only.

This Policy including the Purchase Price and benefits under this Policy will be subject to taxes and other statutory levies as may be applicable from time to time, and such taxes, levies etc. will be recovered, directly and completely from the Policyholder/Beneficiary.

This Policy Document, together with the terms and conditions, Schedules and the annexure endorsements placed, from time to time, shall together form a single contract.

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

**SCHEDULE**

**Policy Details**

|                                         |     |                                                     |     |
|-----------------------------------------|-----|-----------------------------------------------------|-----|
| Policy Type                             |     | Non-Linked Non Participating Immediate Annuity plan |     |
| Date of Application:                    | < > | Application Number:                                 | < > |
| Policy Number                           | < > | Client ID:                                          | < > |
| Date of Commencement of Policy:         | < > | Date of Issue of Annuity Policy                     | < > |
| Purchase Price (Excluding Service tax): | < > |                                                     |     |
| Annuity Amount                          | < > | Annuity Option Chosen                               | < > |
| Due date of First Annuity Installment   | < > | Periodicity of Annuity Payments                     | < > |

**Insurance Agent/ Insurance Broker Details**

|                                                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of the Insurance Agent/ Insurance Broker:<br><br>Insurance Agent/ Insurance Broker License No.:<br><br>Insurance Agent/ Insurance Broker Code:<br><br>Address:<br><br>Telephone No.:<br><br>Mobile No.:<br><br>Email: |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

**Policyholder's Details**

|                          |  |                              |  |
|--------------------------|--|------------------------------|--|
| Name of the Policyholder |  | Date of Birth                |  |
| Address                  |  | Age                          |  |
| Gender                   |  | Telephone No. and Mobile No. |  |
| Email                    |  | Identification Proof         |  |

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

**Annuitants Details**

|                            |  |                      |  |
|----------------------------|--|----------------------|--|
| Name of the Annuitant      |  | Age Admitted         |  |
| Date of Birth of Annuitant |  | Age                  |  |
| Gender                     |  | Address              |  |
| Telephone No.              |  | Mobile No.           |  |
| Email                      |  | Identification Proof |  |

**Nominee Details**

|                                                         |  |                                                |  |
|---------------------------------------------------------|--|------------------------------------------------|--|
| Name of the Nominee:                                    |  | Relationship of the Nominee with the Annuitant |  |
| Date of Birth of the Nominee:                           |  | Age:                                           |  |
| Address                                                 |  | Telephone No./ Mobile No.                      |  |
| Name of the Appointee (In case the nominee is a minor): |  | Age:                                           |  |
| Relationship of the Appointee with the Nominee          |  | Address                                        |  |

Special Provisions (if any) :<< >>

Stamp Duty of Rs. (Rupee Only) is paid for this Policy.

Signed for and on behalf of the Star Union Dai-ichi Life Insurance Company Limited

**Authorised Signatory**

**Note:** On examination of this Policy, if the Policyholder notices any mistake, the Policy Document is to be returned for correction to the Company.

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

**PART B**

**1. Interpretation**

- a) This Policy is divided into numbered parts for ease of reference and reading only. Unless stated otherwise, these divisions and the corresponding headings do not limit the Policy or its interpretation in any way.
- b) Words of one gender will include the other gender, reference to days will include calendar days, reference to any statutory enactment includes any subsequent amendment to that statutory enactment and the singular will include the plural and vice versa, unless the context otherwise requires

**2. Definitions:**

Unless excluded by or repugnant to the context or defined to the contrary, the words and phrases mentioned below shall have the following meaning:

- i. **“Age”** means the age of the Life Insured as at last birthday.
- ii. **“Annuity”** means a specified amount payable by us under this Policy at specified regular intervals depending on the Annuity option and the Periodicity of Annuity Payments chosen by the Annuitant in the Application and as specified in the Schedule.
- iii. **“Annuitant”** means the person on whose life this Policy has been taken from the Company and to such a person the Annuity is payable.
- iv. **“Application”** refers to the proposal form as defined under IRDA (Protection of Policyholders' Interest) Regulations, 2002 or as per the IRDA (Regulations for Standard Proposal Form for Life Insurance) 2013 and amendments thereto, completed, signed and submitted by the Policyholder to the Company for obtaining insurance coverage under this Policy.
- v. **“Date of Commencement of Policy”** is the date on which this Policy commences, as mentioned in the Schedule.
- vi. **“Distance Marketing”** 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.
- vii. **“IRDA”** means the Insurance Regulatory and Development Authority, as established under the Insurance Regulatory and Development Authority Act, 1999.
- viii. **“Insurance Act”** means Insurance Act, 1938.
- ix. **“Nominee”** means a person nominated by the Annuitant under this Policy and registered with the Company in accordance with Section 10 and who is authorized to receive the death benefit/ Annuity payable under this Policy, as the case may be.
- x. **“Policy”** means these terms and conditions of SUD Life Immediate Annuity Plan, Schedule, Application, and any additional information submitted by the Annuitant and accepted by the Company and which governs this contract of insurance.

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

- xi. **“Policy Anniversary”** means the date corresponding numerically with the Date of Commencement of the Policy after every Policy Year.
- xii. **“Policyholder”** or **“Proposer”** means the person, as specified in Schedule, who has taken this Policy from the Company.
- xiii. **“Policy Year”** means a period of 12 consecutive months commencing from the Date of Commencement of the Policy and every period of 12 consecutive months thereafter.
- xiv. **“Purchase Price”** means the amount, as specified in Schedule, which is paid to us before or on the Date of Commencement of Policy in order to purchase the Annuity and to secure the benefits payable under this Policy.
- xv. **“Schedule”** means the schedule, annexures, addendums, endorsements issued by the Company in relation to this Policy and which forms part of this Policy. If the Company has issued more than one Schedule, then, the latest Schedule in time.

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

**PART C**

**3. Eligibility**

- a. The Age of the Annuitant has been admitted under this Policy on the basis of the date of birth declared in the Application.
- b. The Age of the Annuitant on the Date of Commencement of Policy should be between 50 years and 80 years (both inclusive).

**4. Benefits Payable**

**a. Death Benefit**

In the event of death of the Annuitant, depending upon the option chosen, the Death Benefit payable on the death of the Annuitant is as follows:

- |           |                                                           |
|-----------|-----------------------------------------------------------|
| Option 1: | No Death Benefit is payable.                              |
| Option 2: | 100% of the Purchase Price is payable to the Beneficiary. |
| Option 3: | 100% of the Purchase Price is payable to the Beneficiary. |
| Option 4: | No Death Benefit is payable.                              |

The Death Benefit is payable to the Beneficiary where the Policy holder and the Annuitant are the same person; otherwise it will be payable to the Policy holder.

**b. Annuity Benefit**

There are four options available to the Policy holder .These are:

- |            |                                                                                                                          |
|------------|--------------------------------------------------------------------------------------------------------------------------|
| Option 1:  | Life Annuity at a constant rate.                                                                                         |
| Option 2 : | Life Annuity at a constant rate with return of purchase price payable on death of the Annuitant.                         |
| Option 3:  | Life Annuity which increases every year by 5% (simple) with return of Purchase Price payable on death of the Annuitant . |
| Option 4:  | Life Annuity which increases every year by 5% (simple).                                                                  |

The option chosen by the Policy holder at the inception of the Policy is irrevocable.

The Annuity amount payable to the Annuitant will depend upon the option chosen by the Policy holder.

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

**PART D**

**5. Requirements for claiming Death/ Annuity Benefit**

**A. Death Benefit:**

- i. All claims must be notified to the Company in writing within 3 months of the date of the death of the Annuitant along with a copy of the original death certificate issued by the appropriate local /governmental authority.
- ii. A claim must be made by notice in writing to the Company in the format supplied by the Company. The primary documents normally required for processing a claim are:
  - a. Original Death Certificate from Municipal/Local / Governmental authorities,
  - b. Claim form duly filled in,
  - c. Certificate from the attending physician along with hospital reports,
  - d. Police panchnama , and FIR and the Final Investigation report of the Police, where applicable, and
  - e. Proof of age of the Annuitant (for example Birth Certificate, School Leaving Certificate or such other proof of the date of Birth of the Annuitant as acceptable to the Company. in case the age has not been admitted )
  - f. Original Policy Document

**B. Annuity Benefit:**

Every year 15 days prior to the Policy Anniversary Date, the Policy holder has to submit an Existence Certificate (in the format prescribed by the Company) of the Annuitant. In case such Existence Certificate is not received the Annuity installments will not be payable. The Annuity payments shall however resume on receipt of the existence certificate.

**C. Death/Annuity Benefit**

The Company reserves the right to call for such additional information and documents as may be considered necessary by it as to the validity of a claim.

**6. Loans**

No Loan is available under the policy.

**7. Surrender**

There is no surrender value available on this policy.

**8. Revival**

No revival facility is available for this policy

**9. Suicide**

a.

In the event the policyholder commits suicide, whether sane or insane at that time, within one year from the date of purchase of the annuity, we will refund the purchase price received without interest, less annuity payments made and stamp charges

**10. Free Look**

The Policyholder has a period of 15 days or 30 days (if this Policy has been acquired through Distance Marketing) from the date of the receipt of this Policy to review the terms and conditions of this Policy. If the Policyholder disagrees to any of those terms or conditions, then, the Policyholder has the option to return this Policy stating the reasons for such objections. In such an event, this Policy shall terminate and the Policyholder shall be entitled

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

for a refund of the amount of premium received excluding annuity amount paid and expenses incurred by Star Union Dai Ichi on the policy ( i.e. stamp duty, medical fees, mortality charges etc.).

**11. Forfeiture**

In the event it is found that any statement in the proposal for insurance or in the personal statement or in any reports or documents leading to the issue of this Policy is inaccurate or false, or, any material information has been withheld, then and in every such case, but subject to the provisions of section 45 of the Insurance Act, 1938, this Policy shall be void and all benefits hereunder shall cease and all moneys that have been paid in consequence hereof shall belong to the Company.



**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

**PART E**

**12. Charges:**

Not Applicable as this is a Non-Linked Non-Participating Annuity plan.

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

**PART F**

**13. Nomination**

Nomination is compulsory under option II and III (for payment of Death Benefit only).

The Policyholder, where he is also the Annuitant under the Policy, may at any time but before the death of the Annuitant nominate one or more person(s) (the "Beneficiary") to receive the Death Benefit (return of Purchase Price) in the event of the death of the Annuitant. Where such Beneficiary is a minor, the Policyholder may also appoint any person who is a major (the "Appointee"), to receive the Death Benefit during the minority of the Beneficiary. The Company will not recognize a nomination or a change in nomination for the Policy or of the appointment /change of appointment of an Appointee, until it receives a written notice of the same from the Policyholder at its office. Policyholder can make a nomination only with regard to the entire Policy. If no Beneficiary is alive at the time of death of the Annuitant, the Policyholder's estate shall be deemed to be the Beneficiary.

The Company does not express itself upon the legality or validity or accept any responsibility in respect of any nomination/ appointment of Appointee made by the Policyholder.

**14. Incorrect Information and Non Disclosure**

The Policyholder has an obligation to disclose every fact material to assessment of the risk of issuing this Policy. However, if any of the information provided is incomplete or incorrect, the Company reserves the right to vary the benefits, at the time of payment of such benefit or during the Policy Term and further if there has been non disclosure of a material fact, then, the company may cancel the Policy. In such an event, the Company will pay the Purchase Price after deducting the Annuity payments made to the Annuitant (if any).

**15. Electronic Transfer**

The Policyholder shall adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, mobile, short messaging services, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines, network or through other means of telecommunications, established by or on behalf of the Company, for and in respect of this Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

**16. Taxation**

The Company shall deduct the applicable taxes in accordance with the prevailing provisions of the tax laws in India. The Purchase Price and the benefits payable under this Policy are subject to applicable taxes, levies, cess, etc, which shall be paid by/ payable by the Annuitant along with the benefits or the Purchase Price. The Annuitant is liable to pay all applicable taxes as levied by the Government/ statutory authorities from time to time.

**17. Notice**

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

**The Policyholder / Beneficiary**

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

As per the details specified in this application/ change of address intimation submitted by the policyholder to the Company.

**The Company**

Address: Customer Service Desk,  
Star Union Dai-ichi Life Insurance Company Ltd.,  
Corporate Office,  
11th Floor, Raghuleela Arcade,  
IT Park, Sector 30 A,  
Opposite Vashi Railway Station,  
Vashi, Navi Mumbai 400 703

Notices and instructions given by the Company to the Policyholder / Beneficiary will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

It is very important that the Policyholder immediately communicates any change of address or nomination to enable the Company to service his Policy effectively

**18. Making Untrue/ Incorrect Statement or Withholding Information**

If the Policyholder or the Annuitant or the Beneficiary or anyone acting on the Policyholder's or the Annuitant's or the Beneficiary's behalf submits any claim knowing the claim to be false, dishonest or fraudulent then, this Policy may be cancelled by paying the surrender value.

**19. Loss of Policy Document**

- a. If the policy document is lost or misplaced the Policyholder will give the Company a written request stating the fact and the reason of the loss. The Company will issue a duplicate policy document if the company is satisfied that the policy document is lost. On the issue of the duplicate policy document, the original policy document will immediately and automatically cease to have any validity. The Company may recover cost of issue of duplicate policy from the Policyholder as per the Company Policy.
- b. The Policyholder shall agree 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.

**20. Miscellaneous**

- a. The Policyholder shall at the request of the Company produce the Policy Document whenever required for the purpose of stamping, reference or inspection.
- b. All amounts due under this Policy are payable in Indian Currency at the office of the Company situated at Mumbai, but the Company at its absolute discretion may fix an alternative place of payment for the claim at any time before or after the claim arises.
- c. A discharge or receipt by the Annuitant / Beneficiary shall be a good, valid and sufficient discharge to the Company in respect of any payment to be made by the Company hereunder.

This Policy is subject to prevailing Indian Laws. Any dispute that may arise in connection with this policy shall be subject to the jurisdiction of the Courts of Mumbai

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

## **21. Governing Law and 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 situated at Mumbai or as prescribed in the relevant laws/ acts.

**Section 41 of the Insurance Act, 1938:** “(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind 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 shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer:

**Provided** that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.”

**Section 45 of Insurance Act, 1938:** Policy not to be called in question on ground of mis-statement after two years-

“No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that nothing in this section 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.”

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

**PART G**

**22. Grievance Redressal Procedure**

- a) If the Policyholder/ Life Insured/ Beneficiary have any query or complaint/ grievance then, the Policyholder/ Life Insured/ Beneficiary can approach the Company at the following address:

Customer Service Desk,  
Star Union Dai-ichi Life Insurance Company Ltd.,  
Corporate Office,  
11th Floor, Raghuleela Arcade,  
IT Park, Sector 30 A,  
Opposite Vashi Railway Station,  
Vashi, Navi Mumbai 400 703  
Contact No: 022 39546300  
Email ID: [customercare@sudlife.in](mailto:customercare@sudlife.in)

- b) If the Policyholder/ Life Insured/ Beneficiary is not satisfied with the decision of the above office or have not received any response within 10 days then, the Policyholder/ Life Insured/ Beneficiary may contact the following Official for resolution on the address mentioned below:

**Executive Vice President – Operations & Service Delivery**  
Star Union Dai-ichi Life Insurance Company Ltd.,  
Corporate Office,  
11th Floor, Raghuleela Arcade,  
IT Park, Sector 30 A,  
Opposite Vashi Railway Station,  
Vashi, Navi Mumbai 400 703  
Contact No: 022 39546200  
Email ID: [grievanceredressal@sudlife.in](mailto:grievanceredressal@sudlife.in)

- c) If the Policyholder/ Life Insured/ Beneficiary is not satisfied with the decision of the above Officer or have not received any response within 10 days then, the Policyholder/ Life Insured/ Beneficiary may contact the following Official for resolution on the address mentioned below.

Principal Compliance Officer  
Star Union Dai-ichi Life Insurance Company Ltd.,  
Corporate Office,  
11th Floor, Raghuleela Arcade,  
IT Park, Sector 30 A,  
Opposite Vashi Railway Station,  
Vashi, Navi Mumbai 400 703  
Contact No: 022 39546200  
Email ID: [cgro@sudlife.in](mailto:cgro@sudlife.in)

- d) An acknowledgment to all complaints received will be sent within 3 working days of receipt of the complaint/ grievance.
- e) If the Policyholder/ Life Insured/ Beneficiary is not satisfied with the decision/ resolution of the Company then, the Policyholder/ Life Insured/ Beneficiary may approach the Insurance Ombudsman at the address given below if his/ her issues pertains to the following and to provision 12(1) of the Redressal of Public Grievances Rules 1998:
- Insurance claim that has been rejected or dispute on legal construction of the policy with regard to a claim;
  - Delay in settlement of claim;

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

- iii. Dispute with regard to premium;
  - iv. Non-receipt of any insurance document;
  - v. Any dispute in regards to premium paid or payable in terms of the policy.
- Address of the Insurance Ombudsman:

| Office of the Ombudsman | Contact Details                                                                                                                                                                                                                                                    | Areas of Jurisdiction                                                               |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| AHMEDABAD               | Insurance Ombudsman<br>Office of the Insurance Ombudsman<br>2 <sup>nd</sup> Floor, Ambica House,<br>Nr. C.U. Shah College<br>5, Navyug Colony, Ashram Road,<br><b>AHMEDABAD – 380 014</b><br>Tel.079-27546840<br>Fax:079-27546142<br>E-mail:ins.omb@rediffmail.com | Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu                                 |
| BHOPAL                  | Insurance Ombudsman<br>Office of the Insurance Ombudsman Janak Vihar Complex, 2 nd floor<br>Malviya Nagar,<br><b>BHOPAL</b><br>Tel. 0755-2769201/ 02<br>Fax:0755-2769203<br>E-mail: bimalokpalbhopal@airtelmail.in                                                 | Madhya Pradesh & Chhattisgarh                                                       |
| BHUBANESHWAR            | Insurance Ombudsman<br>Office of the Insurance Ombudsman 62, Forest Park<br><b>BHUBANESHWAR – 751 009</b><br>Tel.0674-2596461(Direct)<br>Secretary No.:0674-2596455<br>Tele Fax - 0674-2596429<br>E-mail: ioobbsr@dataone.in                                       | Orissa                                                                              |
| CHANDIGARH              | Insurance Ombudsman<br>Office of the Insurance Ombudsman S.C.O. No.101-103, 2 <sup>nd</sup> floor,<br>Batra Building, Sector 17-D ,<br><b>CHANDIGARH – 160 017</b><br>Tel.: 0172-2706468<br>Fax: 0172-2708274<br>E-mail: ombchd@yahoo.co.in                        | Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh              |
| CHENNAI                 | Insurance Ombudsman<br>Office of the Insurance Ombudsman Fatima Akhtar Court , 4 th floor, 453 (old 312) Anna Salai, Teynampet,<br><b>CHENNAI – 600 018</b><br>Tel. 044-24333668 /5284<br>Fax: 044-24333664<br>E-mail: chennaiinsuranceombudsman@gmail.com         | Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry) |
| NEW DELHI               | Insurance Ombudsman<br>Office of the Insurance Ombudsman<br>2/2 A, Universal Insurance Bldg.<br>Asaf Ali Road<br><b>NEW DELHI – 110 002</b><br>Tel. 011-23239633<br>Fax: 011-23230858<br>E-mail: iobdelraj@rediffmail.com                                          | Delhi & Rajasthan                                                                   |

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

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|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| GUWAHATI            | Insurance Ombudsman<br>Office of the Insurance Ombudsman Jeevan<br>Nivesh, 5 th floor<br>Nr. Panbazar Overbridge , S.S. Road<br><b>GUWAHATI – 781 001</b><br>Tel. : 0361-2132204/5<br>Fax:0361-2732937<br>E-mail: ombudsmanghy@rediffmail.com                          | Assam , Meghalaya,<br>Manipur, Mizoram,<br>Arunachal Pradesh,<br>Nagaland and Tripura |
| HYDERABAD           | Insurance Ombudsman<br>Office of the Insurance Ombudsman<br>6-2-46 , 1 st floor, Moin Court Lane Opp.<br>Saleem Function Palace, A.C.Guards,<br>Lakdi-Ka-Pool<br><b>HYDERABAD – 500 004</b><br>Tel. 040-65504123<br>Fax: 040-23376599<br>E-mail: insombudhyd@gmail.com | Andhra Pradesh, Karnataka<br>and UT of Yanam – a part of<br>the UT of Pondicherry     |
| ERNAKULAM<br>/KOCHI | Insurance Ombudsman<br>Office of the Insurance Ombudsman<br>2 ND Floor, CC 27/2603, Pulinat Bldg,<br>Opp. Cochin Shipyard,<br>M.G. Road ,<br><b>ERNAKULAM – 682 015</b><br>Tel: 0484-2358759<br>Fax:0484-2359336<br>E-mail: iokochi@asianetindia.com                   | Kerala , UT of (a)<br>Lakshadweep , (b) Mahe – a<br>part of UT of Pondicherry         |
| KOLKATA             | Insurance Ombudsman<br>Office of The Insurance Ombudsman<br>Hindusthan Building Annexe, 4 <sup>th</sup> Floor,<br>4 Chittaranjan Avenue<br><b>KOLKATA -700 072</b><br>Tel: 033 22124346/(40)<br>Fax: 033 22124341<br>Email:insombudsmankolkata@gmail.com               | West Bengal , Bihar ,<br>Jharkhand and UT of<br>Andaman & Nicobar Islands<br>, Sikkim |
| LUCKNOW             | Insurance Ombudsman<br>Office of the Insurance Ombudsman<br>Jeevan Bhawan, Phase 2,<br>6 th floor, Nawal Kishore Rd. Hazratganj,<br><b>LUCKNOW – 226 001</b><br>Tel : 0522 -2231331<br>Fax : 0522-2231310<br>Email insombudsman@rediffmail.com                         | Uttar Pradesh and<br>Uttaranchal                                                      |
| MUMBAI              | Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>Jeevan Seva Annexe, 3 rd floor, S.V.Road,<br>Santacruz(W),<br><b>MUMBAI – 400 054</b><br>Tel : 022-26106928<br>Fax : 022-26106052<br>Email ombudsmanmumbai@gmail.com                                      | Maharashtra and Goa                                                                   |

- f) The complaint should be made in writing duly signed by the complainant or by his/ her legal heirs with full details of the complaint and the contact information of complainant.
- g) As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made only if:

**Policy Document – Non-Participating Annuity  
SUD Life Immediate Annuity Plan  
UIN – [142N006V02]**

- i. 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; or
- ii. Within a period of 1 year from the date of its rejection or from the date of the final reply of the Company; or
- iii. The complaint is not on the same subject-matter for which any proceedings before any court or consumer forum is pending or were so earlier.