



PLEASE NOTE

Premium Payment Term : 7 years
Policy maturity : 15 years

SP_Vashi/E18/Assured Savings Insurance Plan



48873999/43989538

Vidya Sinha
A/41
JAY YOGESHWAR TOWNSHIP
NEAR LAKULESH SOCIETY
PART-1 AJWA ROAD
VADODARA
GUJARAT-390019
Mobile Number: 9328231175
Email ID: DR.VIDYASINHA@GMAIL.COM

Dear Sir/Madam,

This is your life insurance policy. It is a legal document and should be read carefully by you and your nominee.

We have highlighted 3 important points regarding your policy that you should keep in mind:

1. YOUR POLICY DETAILS

Name of Your Plan : Assured Savings Insurance Plan

Policy Number : 48873999

Your Mobile Number : 9328231175

Email Id : dr.vidyasinha@gmail.com

Sum Assured (in ₹) :2,000,000

Total Maturity Benefit (in ₹) :27,39,658

Premium Instalment* (in ₹) :200,000

Payment Frequency : Every year

Next Premium Due Date : October 9, 2020

Premium payment term : 7 years

Policy term : 15 years

*Goods and Service Tax and cess (if any).

In case of any discrepancies in the above details please inform us immediately.

You may contact your advisor for any queries you have or any clarifications that you require in relation to the policy terms and conditions or any policy servicing requirements.

If your policy is Limited Pay or Regular Pay, we recommend that for your convenience you register for auto-debit to pay future premiums. In order to do so, you just need to complete the attached ECS/ Direct Debit form, and send it to us and all your future premiums will be debited directly from your bank account electronically.

In case of any queries or clarifications required, please feel free to contact your advisor or reach us at any of our service centres mentioned below. We will be happy to assist you.

Warm regards,

Authorised Signatory

YOU HAVE PURCHASED THIS POLICY FROM

Name : Gennext Insurance Brokers Pvt Ltd Ahmedabad

**Address :502 Sears Tower Gulbai Tekra Off C G road ..
AHMEDABAD Gujarat 380006**

Code/License No. : 01266740

Contact No. : 8980022221

**2. YOU HAVE A REFUND
(FREE LOOK) PERIOD**

You have an option to review the policy following the receipt of the policy document. If you are not satisfied with the terms and conditions of the policy, please return the policy document to the company for cancellation within 15 days or if you have purchased it through Distance Marketing mode (telephone calling, SMS, e-mail, internet, newspaper etc.)*, then within 30 days of receipt. On cancellation of the policy during the free look period, we will return the premium subject to deduction of Stamp duty under the policy and expenses borne on medical examination, if any. The policy shall terminate on the payment of this amount and all rights, benefits and interests under the policy shall stand extinguished. *For complete definition of Distance Marketing, please refer to clause B of the policy

3. MAKING A CLAIM

The claimant can speak to us on 1-860-266-7766 and we will assist the claimant through the entire process

Visit us at

www.iciciprulife.com

Write to us at:

ICICI Prudential Life Insurance Co. Ltd.
Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg,
Malad (East), Mumbai- 400097.

Email us at

lifeline@iciciprulife.com

Customer Service Helpline

1860 266 7766



KNOW YOUR POLICY FEATURES

ICICI Pru Assured Savings Insurance Plan is a savings and protection plan where you have to pay premiums regularly. The benefits in this policy are guaranteed and not dependent on market fluctuations. This document has been designed to help you understand your policy better by explaining some of its features. The complete details of the features are available in the Policy Document?? which has been sent as part of your Welcome Kit. Do go through that document as well to get a complete understanding of your policy.

How many years do you need to pay premiums?

You have to pay premiums for 7 years. This is called the "Premium Payment Term" and is mentioned in your policy schedule.

What are the benefits that you get in this policy?

At the end of the term of your policy, it is said to have attained maturity. At maturity you will receive the Guaranteed Maturity Benefit (GMB) along with Guaranteed Additions (GA).

Do note that the benefits mentioned above will be applicable only if all due premiums have been paid and the policy continues for the entire policy term chosen by you

What is the Guaranteed Maturity Benefit (GMB)?

The GMB is a lump-sum amount which you will receive on maturity of your policy. The exact amount which you will receive as GMB is mentioned in your Policy Schedule.

What are Guaranteed Additions (GA)?

GAs will be added to your policy at the end of every policy year, throughout the term of the policy. Each GA will be calculated as per the following formula:

GA = Sum of all premiums paid till the date of that addition X GA rate

Depending on the policy term chosen by you, the GA rate applicable for your policy will be as follows:

Policy Term	GA rate (as % of sum of premiums paid till date)
10 years	9%
15 years	10%

What is my life insurance cover in this plan?

If the person whose life is covered by this policy dies, during the term of the policy, a lump sum amount will be paid to the person specified by you (known as the Nominee) in your policy.

The amount which will be paid out will be the maximum of:

- 10 times of your annual premium plus GAs added to your policy
- GMB plus GAs added to your policy
- 105% of total premiums paid till the date of death

The Nominee or any other family member can initiate the process of receiving this amount by visiting

What happens if I close my policy prematurely?

If you close your policy after paying premiums for 2 or more years, you will be eligible for a Surrender Value.

If you close your policy after paying premiums for less than 2 years, you will not be eligible for any benefit

The Surrender Value payable will be at least equal to a guaranteed amount which is called the Guaranteed Surrender Value (GSV). The GSV is calculated as a percentage of the premiums paid and depends on factors like the Premium Payment Term and the year in which you choose to surrender the policy. For more details refer to Part D - Section 2 of the Policy Document.



What happens if I cannot pay premiums for the complete Premium Payment Term?

- If you stop paying premiums after paying for 2 or more years, your policy will continue with reduced benefits.
- If you stop paying premiums before paying premiums for 2 years, you will not be eligible for any benefit.

For more details please refer to Part C - Section 5 of the Policy Document.

Please note that it is in your best interest to pay premiums for the entire Premium Payment Term chosen by you and to stay invested for the entire Policy Term.

ICICI Prudential Life Insurance Company Limited. IRDA Regn No. 105. CIN: U66010MH2000PLC127837

@ 2019, ICICI Prudential Life Insurance Co. Ltd. Registered Address:- ICICI Pru Life Towers, 1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025. Insurance is the subject matter of the solicitation. For more details on the risk factors, terms and conditions, please read the sales brochure carefully before concluding a sale. UIN:105N144V03. Call on 1-860-266-7766 (Valid for calls made from India) and on 91-22-6193-0777 (Valid for calls made from outside India) (10am-7pm (IST), Monday to Saturday, except national holidays). Comp/doc/Nov/2014/958.



Policy Schedule Assured Savings Insurance Plan UIN (105N144V03)

Non-Participating Non linked Insurance Plan

This Policy is the evidence of a contract between ICICI Prudential Life Insurance Company Limited ("the Company") and the Policy holder referred to below.

This Policy is issued on the basis of the details provided by the Policy holder in proposal form submitted along with the required declaration, personal statement, applicable medical reports, the first premium deposit and any other document submitted which constitute evidence of the insurability of the Life Assured for the issuance of the Policy. The Company hereby agrees to provide the benefits set out in this Policy subject to its terms and conditions

Name of the Life Assured: Vidya Sinha

Address: A/41, JAY YOGESHWAR TOWNSHIP, NEAR LAKULESH SOCIETY, PART-1 AJWA ROAD, VADODARA, Gujarat-390019		Category: Non-Medical			
Date of Birth :	March 31, 1977	Age in Years :	42	Age Admitted :	YES

Name of the Policyholder: Vidya Sinha

Policy Number : 48873999	Policy Term in years : 15
Policy Commencement Date : October 09, 2019	
Risk Commencement Date : October 09, 2019	Date of Maturity : October 09, 2034
Premium payment option : Limited Pay	Due date of last premium payable : October 09, 2025
Premium Payment Term in years : 7	Nominee(Name) : Mr.Pratyush Sinha
Policy sourced by Distance Mode : N	Appointee(Name)* : VIJAY SHRIVASTAV
Periodicity of payment of premium (premium frequency) : Yearly	Premium Instalment (Rs.) : 2,00,000
Sum Assured(Rs.) : 20,00,000	Total Maturity Benefit(Rs.) : 27,39,658
Nominee's relationship with the Life Assured : Son	Nominee Age (Years): 10

*Applicable only if Nominee is less than 18 Years old

Goods and Services tax and/or cesses would be charged extra, as applicable.

Policy Schedule, terms and conditions of the Policy and the endorsements by us, if any, shall form an integral part of this contract and shall be binding on us and you.

The policy shall stand cancelled by the Company, without any further notice, in the event of dishonour of the first premium deposit.

Signed for and on behalf of the ICICI Prudential Life Insurance Company Limited, at Head Office, Mumbai on October 09, 2019 (the issuance date).

Digitally signed by Ashish Ravindra Rao
Date: 2019.10.11 08:41:21 IST
Reason: Digitally Signed
Location: Mumbai

Authorised Signatory
Stamp Duty of Rs.400 /- (FOUR HUNDRED RUPEES) paid CSD/67/2019/2866/19 dated 27th June 2019.

Please examine the policy and approach us immediately in case of any discrepancies.

< NSAP_BR >

< ATP_BR >

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

MDTPS5875H

नाम/Name
VIDYA SINHA

माता का नाम/Mother's Name
BIMLA VARMA

जन्म की तारीख/
Date of Birth
31/03/1977

हस्ताक्षर/Signature

206.183.108.79/webmail/7/Raw/View/1036/y8_HrUdwjiewjsro1... 05-10-2019

< Quotation_BR >

ICICI PRUDENTIAL
LIFE INSURANCE

PREMIUM RECEIPT

Name of Policy Holder

Vidya Sinha

Policy Name

Assured Savings Insurance Plan

Policy Number

48873999

Receipt Number

J2409294

Date of Receipt

October 07, 2019

Premium Details (₹)

Premium Installment(A)

2,00,000

Goods and Services tax(B)/Cess

9,000

Premium Amount received(A+B)

2,09,000

Payment Details

Frequency of Payment

Yearly

Cheque / Transaction No .

592636

Cheque / Transaction Date

October 03, 2019

Bank Name

CANARA BANK

Balance Premium (₹)

Balance in deposit

1

The amount indicated as 'balance in deposit' (if any) will be adjusted towards the next premium or refunded to you as applicable

Consolidated revenue stamp duty paid: Notification No - Mudrank - V3.00CSD/336/2019 649/19 -15/02/2019

Income Tax Benefits :

Tax benefits on Life Insurance policy would be available u/s 80C, on Pension Policy u/s 80CCC & on Health riders (if any) u/s 80D

Please note :

For premium payments (including top-ups) aggregating Rs.50,000 or more in a year, updating PAN details is mandatory. Option of submitting Form 60/61 is available in case of no PAN.

The risk of the company under this policy starts with effect from the date of the issuance of this policy October 09,2019 or the date of encashment of the first premium deposit, whichever is later.

In any case, the Policy shall stand cancelled in case of non-encashment of the First Premium Deposit by the Company.

This is an authenticated Receipt/Intimation/Statement. In case of any discrepancies, kindly notify us within 14 working days through any of our touch points mentioned on page 1 of the policy document.

NRI customers are requested to retain a copy of the instrument/proof of transaction of the payment of premium. Such copy of instrument/proof of transaction would be required to be produced at time of any payments request from you. It would help us in confirming the source/form of receipt of premium , which could aid the process of repatriation at the Authorized dealer's end.

Goods and Services tax and/or cess(if any).

Other details :

UIN - Unique Identification Number specified by ASSURED SAVINGS INSURANCE PLAN 105N144V03

Comp/doc/April/2017/0027

XIV. THE INSURANCE LAWS (AMENDMENT) ACT, 2015

Section 41 Prohibition of rebates: (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 prospectuses 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 liable for a penalty which may extend to ten lakh rupees.

Section 45 Policy not to be called in question on ground of mis statement after three years: (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. (2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: *Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.* Explanation I. – For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: (a) the suggestion, as a fact of that which is not true and which the insured does not believe to be true; (b) the active concealment of a fact by the insured having knowledge or belief of the fact; (c) any other act fitted to deceive; and (d) any such act or omission as the law specially declares to be fraudulent. Explanation II. – Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak. (3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer. *Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.* Explanation. – A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer. (4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: *Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:* *Provided further that in case of repudiation of the policy on the ground of mis-statement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.* Explanation – For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured. (5) Nothing in this 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."

our behalf. (xii) You are advised not to hand over cash to any Advisor or any employee of the Company. Handing over cash to any Advisor or any employee is solely at your own risk and we shall in no way be held responsible for any loss in this regard. (xiii) Cheque or demand drafts must be drawn only in favour of ICICI Prudential Life Insurance Company Limited. (xiv) Please ensure that you mention the application number for the first premium deposit and the policy number for the renewal premiums on the cheque or demand draft. (xv) Where premiums have been remitted otherwise than in cash, the application of the premiums received will be conditional on the realization of the proceeds of the instrument of payment, including electronic mode. (xvi) If you suspend payment of premium for any reason whatsoever, we will not be held liable. In such an event, benefits, if any, will be available only in accordance with the policy terms and conditions. (xvii) In case the payment made towards the first premium or renewal premium is not realized by us due to any reason whatsoever, we shall not be duty bound to intimate the same to you. In such cases, you shall be solely responsible for the verification of such realization and the consequences if the payment is not realized.

PART D

1. Free look Period

You have an option to review the policy following receipt of the policy document. If you are not satisfied with the terms and conditions of this policy, please return the policy document to us, with reasons for cancellation within • 15 days from the date you received it, if your policy is not purchased through Distance marketing* • 30 days from the date you received it, in case of electronic policy or if your policy is purchased through Distance marketing* On cancellation of the policy during the free look period, we will return the premium subject to the following deductions: **a)** Stamp duty under the policy **b)** Expenses borne by us on medical examination, if any The Policy shall terminate on payment of this amount and all rights, benefits and interests under this policy will stand extinguished.

2. Surrender

(i) The Policy will acquire a Surrender Value on payment of: • At least 2 full years' premium if your Premium Payment Term is 5 or 7 years • At least 3 full years' premium if your Premium Payment Term is 10 years (ii) On policy surrender, we will pay the Surrender Value equal to the higher of the following: • Guaranteed Surrender Value (GSV) plus Surrender value of accrued Guaranteed Additions • Special Surrender Value (SSV) (iii) The policy will terminate on payment of the surrender value. Surrender will extinguish all rights, benefits and interests under the policy. (iv) Surrender value may be taxable as per prevailing tax laws. **a) Guaranteed Surrender Value** GSV will be calculated as follows: $GSV = GSV \text{ Factor} \times \text{total premiums paid (excluding extra mortality premiums, applicable taxes and/or cess, if any)} \times GSV \text{ factors are given in Annexure 1. b) Surrender value of accrued Guaranteed Additions}$ (i) The surrender value of accrued Guaranteed Additions will be calculated as follows: $(\text{accrued Guaranteed Additions}) \times (\text{Guaranteed Surrender Value factor for Gas})$ (ii) The Guaranteed Surrender Value factor for Gas is given in Annexure 2. **(c) Special Surrender Value** Special Surrender Value (SSV) will be calculated as follows: $SSV = (\text{Paid-up GMB} + \text{Accrued GAs}) \times \text{Non-Guaranteed Surrender Value factor}$ (i) Paid-up GMB for premium paying or fully paid policies that surrender will be calculated as defined above. (ii) Non Guaranteed Surrender Value factors are given in Annexure 3. (iii) Non-Guaranteed Surrender value factors are not guaranteed and may be changed from time to time and the factors may be revised subject to the prior approval of the Regulator.

3. Loans

(i) Loans would be available under this policy only if the policy has acquired a surrender value. (ii) You can avail loan up to 80% of the surrender value. (iii) Loans may be granted on proof of title to the Policy. The rate of interest payable on such loan shall be as prescribed by the company at the time of taking the loan. (iv) The policy shall be assigned absolutely to and be held by us as security for repayment of the loan and interest thereon. (v) We shall be entitled to call for repayment of the loan with all due interest by giving three months' notice, if the amount outstanding is greater than the surrender value and if the policy is in paid-up state. (vi) In the event of failure to repay by the required date, the policy will be foreclosed, the policy will terminate, and all rights, benefits and interests under the policy will stand extinguished

4. Revival

A policy, which has lapsed for non-payment of premium or discontinued payment of premium may be revived subject to the following conditions: (i) The application for revival is made within 2 years from the date of the first unpaid premium and before the Maturity/ Termination date of policy. Revival will be based on the prevailing Board approved underwriting policy. (ii) You furnish, at your own expense, satisfactory evidence of health of the Life Assured as required by Us. (iii) The arrears of premiums together with interest, at such rate as we may charge for late payment of premiums, are paid. The current applicable revival interest rate is 14.5% p.a. this is subject to change from time to time. (iv) The revival of the policy may be on terms different from those applicable to the policy before it lapsed/ premiums were discontinued; for example, extra mortality premiums or charges may be applicable. We reserve the right to refuse to re-instate the policy, if permitted by the Board approved underwriting policy. In that case, only the premiums paid towards the re-instatement of the policy shall be refunded without any interest. (v) The revival will take effect only on its being specifically communicated by Us to You. (vi) Any change in revival conditions will be subject to prior approval from the Regulator and will be disclosed to policyholders.

5. To whom claims are payable

We will pay the maturity claim to the Policyholder. In the event of death of the Life Assured during the policy term we will pay the death claim to the Claimant who is the Policyholder, if he is different from the Life Assured, or the Nominee(s) if there is a valid Nomination or the Assignee(s) if there is a valid Assignment or the legal heir(s). We will pay the appropriate benefits under the policy provided we are

satisfied that: **a)** Benefits have become payable on the happening of an event as per the policy terms and conditions, **b)** Title of the claimant **c)** Correctness of the information given by You in the proposal form

6. Riders Riders may be offered but only subject to prior approval of the Regulator.

PART F

General Conditions

- Age** We have calculated the Premiums under the Policy on the basis of the Age of the Life Assured as declared by You in the Proposal Form. You are required to submit the Age proof of the Life Assured and have the Age admitted, in case if the Age was not admitted at the time of proposal. If the Age admitted (the "Correct Age") during the Policy term is found to be different from the Age declared in the Proposal Form, We will take one of the following actions: **a)** If the Correct Age of the Life Assured makes him ineligible for this product, We will offer a suitable plan as per Our underwriting norms. If You do not wish to opt for the alternative plan or if it is not possible for Us to grant any other plan, We will cancel the Policy from inception and refund the Premiums paid (without interest) under the Policy. The Policy will terminate on the said payment. **b)** If the Correct Age of the Life Assured makes him eligible for this Policy, the revised Premium will be payable as per the Correct Age from the next Policy anniversary. Difference of premium from inception will be collected with interest if age declared is higher and excess premium collected will be refunded without interest if age is found to be lower. The provisions of Section 45 of the Insurance Act, 1938 shall be applicable.
- Nomination** **a)** You can nominate a person only when the Policy has been taken on Your life. **b)** You may nominate a person who will receive the claim under the Policy on the death of the Life Assured. **c)** If a Nominee is less than 18 years, You may appoint any person (as an Appointee) who will receive the claim during the minority of the Nominee. **d)** You may change the nomination any time under the Policy before the Date of Maturity/termination by giving Us written notice of such change. **e)** We do not express any opinion on the validity or legality of the nomination. **f)** Nomination in the Policy will be governed by Section 39 of the Insurance Act, 1938.
- Assignment** **a)** Only You can make the first assignment. **b)** We will record the assignment and the assignee details by making an endorsement on the Policy document or by a separate instrument. **c)** You may assign the Policy by giving Us written notice of the assignment. **d)** The assignment form must be signed by the assignor and must be attested by at least one witness. **e)** We will not consider any assignment which is not recorded in Our books. **f)** An absolute assignment automatically cancels all nominations except where the assignment is made in Our favour. **g)** Assignment is not allowed if the Policy has been effected under Section 6 of the Married Women's Property Act, 1874. **h)** We do not express any opinion on the validity or legality of assignment. **i)** Assignment in the Policy will be governed by Section 38 of the Insurance Act, 1938.
- Incontestability** Section 45 of the Insurance Act, 1938 states that: "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 You and that the You knew at the time of making it that the statement was false or that it suppressed facts which 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."
- Non-Disclosure & Fraud** We have issued this Policy after relying upon the information given by You in the Proposal Form and in any other document(s) submitted in support of the Proposal Form. We trust that all document(s) submitted by You in support of Your Proposal Form are genuine and bona fide. We will cancel this Policy in case of fraud or misrepresentation, by paying the Surrender Value, if any, subject to Section 45 of the Insurance Act, 1938. The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the laws of India.
- Communication address** Our communication address is: Address : **Customer Service Desk**, ICICI Prudential Life Insurance Company Limited, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097. Facsimile: 022-42058222 E-mail : lifeline@iciciprulife.com We expect You to immediately inform Us about any change in Your address or contact details.
- Electronic transactions** All transactions carried out by You through Internet, electronic, call centres, tele-service operations, computer, automated machines network or through other means of communication will be valid and legally binding on Us as well as You. This will be subject to the relevant guidelines and terms and conditions as may be made applicable by Us.
- Jurisdiction** The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the laws of India. Indian courts shall have exclusive jurisdiction over any and all differences or disputes arising in relation to this Policy.
- Legislative changes** All benefits payable under the Policy are subject to the tax laws and other financial enactments as they exist from time to time. The Policy terms and conditions may be altered based on any future legislative or regulatory changes.
- Payment of claim** Before payment of any claim to the Claimant under the policy, we will require the following documents: • Claimant's Statement • Original policy document • Death Certificate of the Life Assured issued by the local municipal authority and medical authority • Copy of First Investigation Report (FIR), post mortem, panchnama, final police investigation report etc. in case of death due to accident • Copy of all medical tests/ records, admission records, discharge summary, prescriptions etc where death is not due to accident • Any other documents or information as may be required by the Company for processing of

< Signed_EBI_BR >

ICICI PRUDENTIAL LIFE INSURANCE		Application No. PA 51317374
ACKNOWLEDGEMENT SLIP		
Received from	_____	
the proposal for Life Insurance along with ₹ _____	by way of cash/ cheque/ DD No./ credit card/ VISA banking	
drawn on _____	at the _____ Branch of ICICI Prudential Life Insurance Company.	
Date of cheque/ deposit	_____	
Instrument No.	_____	
Drawn on/ Issuing Bank	_____	
Plan name	_____	
Date received	_____	
Signature and Rubber stamp of Branch official		

the claim depending on the cause of the death Claim payments are made only in Indian currency in accordance with the prevailing Exchange control regulations and other relevant laws and regulations in India. In case the Claimant is unable to provide any or all of the above documents, in exceptional circumstances such as a natural calamity, the Company may at its own discretion conduct an investigation and may subsequently settle the claim.

PART G

Grievance Redressal Mechanism & List of Ombudsman I. Customer service: For any clarification or assistance You may contact Our advisor or call Our customer service representative (between 10.00 AM to 7.00 PM, Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy folder or on **Our website:** www.iciciprulife.com. Alternatively You may communicate with Us at the customer service desk whose details are mentioned in the Welcome Letter. For updated contact details, We request You to regularly check Our website. **i. Grievance Redressal Officer:** If You do not receive any resolution from Us or if You are not satisfied with Our resolution, You may get in touch with Our designated grievance redressal officer (GRO) at gro@iciciprulife.com or 1860 266 7766. **Address:** ICICI Prudential Life Insurance Company Limited, Ground Floor & Upper Basement, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai-400097. For more details please refer to the "Grievance Redressal" section on www.iciciprulife.com. **ii. Senior Grievance Redressal Officer:** If You do not receive any resolution or if You are not satisfied with the resolution provided by the GRO, You may get in touch with to Our senior grievance redressal officer (SGRO) at smgro@iciciprulife.com or 1860 266 7766. **Address:** ICICI Prudential Life Insurance Company Limited, ICICI Pru Life Towers, 1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025. For more details please refer to the "Grievance Redressal" section on www.iciciprulife.com. **iii. Grievance Redressal Committee:** If You do not receive any resolution or if You are not satisfied with the resolution provided by the SGRO, You may escalate the matter to Our internal grievance redressal committee at the address mentioned below: ICICI Prudential Life Insurance Co. Ltd. Ground Floor & Upper Basement, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400097 Maharashtra. If you are not satisfied with the 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: IRDAI Grievance Call Centre (IGCC) TOLL FREE NO :155255 **Email ID:** complaints@irdai.gov.in You can also register your complaint online at <http://www.igms.irdai.gov.in/> **Address for communication for complaints by paper:** Consumer Affairs Department Insurance Regulatory and Development Authority of India Survey No. 115/1, Financial District, Nanakramguda, Hyderabad Telangana, 500032 **Ph. No:** 040 20204000.

II Insurance Ombudsman: The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. As per Insurance Ombudsman Rules, 2017, the Ombudsman shall receive and consider complaints or disputes relating to: **a.** delay in settlement of claims, any partial or total repudiation of claims; **b.** disputes over premium paid or payable in terms of insurance policy; **c.** misrepresentation of policy terms and conditions at any time in the policy document or policy contract; **d.** legal construction of insurance policies in so far as the dispute relates to claim; **e.** policy servicing related grievances against insurers and their agents and intermediaries; **f.** issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer; **g.** non-issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance; **h.** any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (e).

Manner in which complaint to be made (1) Any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located. **(2)** The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. **(3)** No complaint to the Insurance Ombudsman shall lie unless- **(a)** the complainant makes a written representation to the insurer named in the complaint and- **i.** either the insurer had rejected the complaint; or **ii.** the complainant had not received any reply within a period of one month after the insurer received his representation; or **iii.** the complainant is not satisfied with the reply given to him by the insurer; **(b)** The complaint is made within one year- **(i)** after the order of the insurer rejecting the representation is received; or **(ii)** after receipt of decision of the insurer which is not to the satisfaction of the complainant; **(iii)** after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant. **(4)** The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules. **(5)** No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator. We have given below the details of the existing offices of the Insurance Ombudsman. We request You to regularly check our website at www.iciciprulife.com or the website of the IRDAI at www.irdai.gov.in for updated contact details.

1. **AHMEDABAD:** Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad -380 001. Tel.: - 079 - 25501201/02/05/06. Email: bimalokpal.ahmedabad@ecoi.co.in **Jurisdiction:** Gujarat , Dadra & Nagar

Haveli, Daman and Diu.

2. **BENGALURU:** Office of Insurance Ombudsman, JeevanSoudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560078. Tel No: 080 - 26652048 / 26652049. Email: bimalokpal.bengaluru@ecoi.co.in **Jurisdiction:** Karnataka.
3. **BHOPAL:** Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor 6, Malviya Nagar, Opp Airtel Office, Near New Market, Bhopal - 462 003. Tel.: - 0755-2769201, 2769202. Fax : 0755-2769203. Email: bimalokpal.bhopal@ecoi.co.in **Jurisdiction:** Madhya Pradesh & Chhattisgarh.
4. **BHUBANESHWAR:** Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar -751 009. Tel.: - 0674-2596455/2596461. Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in **Jurisdiction:** Orissa.
5. **CHANDIGARH:** Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh - 160 017. Tel.: - 0172-2706468/2706196. Fax : 0172-2708274. Email: bimalokpal.chandigarh@ecoi.co.in **Jurisdiction:** Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh.
6. **CHENNAI:** Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai -600 018. Tel.: - 044-24333668/24335284. Fax : 044-24333664. Email: bimalokpal.chennai@ecoi.co.in **Jurisdiction:** Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
7. **DELHI:** Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi -110 002. Tel.: - 011-23237532/23239633 Fax : 011-23230858. Email: bimalokpal.delhi@ecoi.co.in **Jurisdiction:** Delhi.
8. **ERNAKULAM:** Office of the Insurance Ombudsman, 2nd Floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulam-682 015. Tel : 0484-2358759/2359338. Fax : 0484-2359336. Email: bimalokpal.ernakulam@ecoi.co.in **Jurisdiction:** Kerala, Lakshadweep, Mahe—a part of Pondicherry.
9. **GUWAHATI:** Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor Near PanbazarOverbridge, S.S. Road, Guwahati -781 001. Tel.: - 0361- 2132204/2132205. Fax : 0361-2732937. Email: bimalokpal.guwahati@ecoi.co.in **Jurisdiction:** Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
10. **HYDERABAD:** Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane opp Salem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad -500 004. Tel : 040-65504123/23312122. Fax: 040-23376599. Email: bimalokpal.hyderabad@ecoi.co.in **Jurisdiction:** Andhra Pradesh, Telangana, UT of Yanam& part of the UT of Pondicherry.
11. **JAIPUR:** Office of Insurance Ombudsman, Jeevan Nidhi - II, Ground floor, Bhawani Singh Road, Ambedkar circle, Jaipur- 302005. Tel : 0141 -2740363. Email: bimalokpal.jaipur@ecoi.co.in **Jurisdiction:** Rajasthan.
12. **KOLKATA:** Office of the Insurance Ombudsman, 4th Floor, Hindusthan Building Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel : 033- 22124339/22124340. Fax : 033-22124341. Email: bimalokpal.kolkata@ecoi.co.in **Jurisdiction:** West Bengal, Sikkim and Andeman & Nicobar Islands.
13. **LUCKNOW:** Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase II, Nawal Kishore Road, Hazaratganj, Lucknow - 226 001. Tel: 0522 -2231331/2231330. Fax : 0522-2231310. Email: bimalokpal.lucknow@ecoi.co.in **Jurisdiction:** 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.
14. **MUMBAI:** Office of the Insurance Ombudsman, 3rd Floor, JeevanSevaAnnexe, S.V. Road, Santacruz(W), Mumbai - 400 054. Tel : 022 -26106960/26106552. Fax : 022-26106052. Email: bimalokpal.mumbai@ecoi.co.in **Jurisdiction:** Goa and Mumbai Metropolitan region (excluding Navi Mumbai & Thane)
15. **NOIDA:** Office of Insurance Ombudsman, BhagwanSahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Noida Distt - Gautam Buddh Nagar, U.P - 201 301. Tel: 0120-2514250 / 2514251 / 2514253. Email: bimalokpal.noida@ecoi.co.in **Jurisdiction:** State of Uttaranchal and the following 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.
16. **PATNA:** Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel : 0612-2680952. Email: bimalokpal.patna@ecoi.co.in **Jurisdiction:** Bihar, Jharkhand.
17. **PUNE:** Office of Insurance Ombudsman, II Floor, JeevanDarshan, N C Kelkar Road, C.T.S No 195 to 198, Narayanpeth, Pune-411030. Tel: 020-41312555. Email: bimalokpal.pune@ecoi.co.in **Jurisdiction:** State of Maharashtra, Area of Navi Mumbai & Thane(excluding Mumbai Metropolitan region).

Policy Schedule, terms and conditions of the policy and all the endorsements by the Company, if any, will form an integral part of this contract and will be binding on the parties (E18: Ver1)

Annexure 1: Guaranteed Surrender Value Factors

Policy Year	Premium Payment Term		
	5	7	10
1	0%	0%	0%
2	30%	30%	0%
3	30%	30%	30%
4	50%	50%	50%
5	50%	50%	50%
6	50%	50%	50%
7	50%	50%	50%
8	60%	60%	60%
9	60%	60%	60%
10	60%	60%	60%
11	60%	60%	60%
12	60%	60%	60%
13	60%	60%	-
14	60%	60%	-
15	60%	60%	-

Vidya sinha (Name), having received the information from Ramkumarsinh (Name), have explained the with respect to the above, have understood the above illustration before entering into the contract. above illustration and the terms and conditions of this product to the Policyholder.

Policyholder's Signature : Vidya Marketing official's Signature : Ramkumarsinh
Place : Varadwale Company Seal :
Date : 05/10/19 Place : Varadwale
Date : 05/10/19

ICICI Prudential Life Insurance Company Limited.
1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400025
www.iciciprulife.com

< Signed_EBI_BR >

XV. Advisor's Confidential Report (Mandatory for Advisor/AFSM to fill):

I hereby declare that the customer has understood the nature of questions in the proposal form and the importance of disclosing all the material information. I declare the facts disclosed in the proposal form are true and correct to the best of my knowledge and belief. I confirm having verified the identity of the Proposer and Life Assured, source of fund and address of the customer and the proofs submitted along with this form with the original documents.

1. Nature of Work: **INDOOR ROUTE DOOR** 2. How do you know the Proposer/ Life to be Assured? **SALES LEAD**

3. How long have you known the Proposer/ Life to be Assured? (yrs) **1 MONTH** 4. Is the Proposer/Life to be Assured related to you? ☒ Yes ☐ No **SALES LEAD**

5. Income details of Proposer/ Life to be Assured (Per annum) **5,00,000** **OWN BUSINESS INCOME**

6. Personal Asset details: (A) House ☒ Owned ☐ Rented ☐ Co. Provided (B) Vehicle ☐ 4 Wheeler ☒ 2 Wheeler ☐ NA

7. General Health details of Life to be Assured as observed/ informed to you:
Physical Handicap/ Deformity ☐ Yes* Mental Retardation ☐ Yes* History of any Illness/ Surgery ☐ Yes* Medical Investigations done ☐ Yes*
If answer to any of the above questions is yes, please provide details

8. Any other risk associated with Occupation, Sports Pursuit or Personal Habits of Life to be Assured/ Annuitant that could affect the risk in the insurance proposal, please provide details

9. Any other material information or facts as regards to the social/ financial status and the source of funds of the proposer which might have any adverse impact on acceptance of the proposal, please provide details

10. Is the Proposer a: ☐ Judge ☒ Member of Parliament ☐ Member of state legislature ☐ National / State level office bearer of political party
(*Tick if applicable, default value No)

Other Remarks: **1. Life cover of Rs. 2,00,00,000/-**
2. Life cover of Rs. 2,00,00,000/-
3. Life cover of Rs. 2,00,00,000/-
4. Life cover of Rs. 2,00,00,000/-
5. Life cover of Rs. 2,00,00,000/-
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70. Life cover of Rs. 2,00,00,000/-
71. Life cover of Rs. 2,00,00,000/-
72. Life cover of Rs. 2,00,00,000/-

Signature of the Proposer/ Life Assured
Signature of the Advisor/ AFSM
Date: 01/01/2017
Place: VADODARA

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Signature of the Advisor/ AFSM
Date: 01/01/2017
Place: VADODARA

Benefit Illustration for Assured Savings Insurance Plan

Name/ Buyer: **Ms. VIDYA SINHA**
Date Of Birth(Age): **31-Mar-1977 (42 Years)** Gender: **Female**

Product Features
Name of the Product (Unique Identification No.): **(ICICI Pru Assured Savings Insurance Plan(105N144V03))**

Premium Payment Term: **7 years** Sum Assured: **Rs 2,00,00,000**
Policy Term: **15 years** Modal Premium: **Rs. 200,000**
Annual Premium: **Rs. 200,000** Sales Channel: **CA, Brokers & Others**
Applicable Taxes (Year 1): **9.00%/-** Applicable Taxes (Year 2 onwards): **4.50%/-**
Mode of Premium Payment: **Yearly** Modal Premium (including tax-Year 1): **Rs. 209,001/-**
Modal Premium (including tax-Year 2 Onwards): **Rs. 204,501/-**

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

Benefit Summary at Maturity if all Premiums Paid	
Accrued Guaranteed Additions (A)	1,680,000
Guaranteed Maturity Benefit (B)	1,659,658
Total maturity amount (A+B)	2,739,658

Policy Year	Annualized premium	Guaranteed Addition (GA)		Guaranteed Surrender Value (GSV)	Surrender Value	Estimated loan available	Guaranteed Death benefit
		For the year	Cumulative				
1	200,000	20,000	20,000	0	0	0	2,00,00,000
2	200,000	40,000	60,000	121,800	121,800	97,440	2,06,00,000
3	200,000	60,000	120,000	186,600	186,600	149,280	2,12,00,000
4	200,000	80,000	200,000	251,400	251,400	201,120	2,18,00,000
5	200,000	100,000	300,000	316,200	316,200	252,960	2,24,00,000
6	200,000	120,000	420,000	381,000	381,000	304,800	2,30,00,000
7	200,000	140,000	560,000	445,800	445,800	356,640	2,36,00,000
8	0	140,000	700,000	510,600	510,600	408,480	2,42,00,000
9	0	140,000	840,000	575,400	575,400	460,320	2,48,00,000
10	0	140,000	980,000	640,200	640,200	512,160	2,54,00,000
11	0	140,000	1,120,000	705,000	705,000	564,000	2,60,00,000
12	0	140,000	1,260,000	769,800	769,800	615,840	2,66,00,000
13	0	140,000	1,400,000	834,600	834,600	667,680	2,72,00,000
14	0	140,000	1,540,000	899,400	899,400	719,520	2,78,00,000
15	0	140,000	1,680,000	964,200	964,200	771,360	2,84,00,000

Disclaimers

1. ICICI Pru Assured Savings Insurance Plan - is only the name of the policy and does not in any way indicate the quality of the policy, its future prospects or returns. However, in the above illustration, total maturity amount and death benefit are guaranteed.
2. The above illustration is applicable to a standard life (from medical, life style and occupation point of view).
3. ICICI Pru Assured Savings Insurance Plan is a savings and protection oriented plan.
4. The main objective of the illustration is that the client is able to understand the features of the product and the nature of benefits under different circumstances with some level of quantification.

Annexure 2: Guaranteed Surrender Value Factors for GAs

	Outstanding Term (Policy Term - Number of Complete Policy Years - 1)														
Age at Surrender	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
3															7%
4														8%	7%
5													10%	8%	7%
6												12%	10%	8%	7%
7											14%	12%	10%	8%	7%
8										17%	14%	12%	10%	8%	7%
9									21%	17%	14%	12%	10%	8%	7%
10								25%	21%	17%	14%	12%	10%	8%	7%
11							30%	25%	21%	17%	14%	12%	10%	8%	7%
12						36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
13					44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
14				52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
15			63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
16		76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
17	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
18	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
19	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
20	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
21	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
22	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
23	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
24	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
25	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
26	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
27	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
28	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
29	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
30	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	14%	12%	10%	8%	7%
31	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	15%	12%	10%	8%	7%
32	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	15%	12%	10%	8%	7%
33	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	15%	12%	10%	8%	7%
34	91%	76%	63%	52%	44%	36%	30%	25%	21%	17%	15%	12%	10%	8%	7%
35	91%	76%	63%	52%	44%	36%	30%	25%	21%	18%	15%	12%	10%	9%	7%
36	91%	76%	63%	52%	44%	36%	30%	25%	21%	18%	15%	12%	10%	9%	7%
37	91%	76%	63%	52%	44%	36%	30%	25%	21%	18%	15%	12%	10%	9%	7%
38	91%	76%	63%	52%	44%	36%	30%	25%	21%	18%	15%	12%	10%	9%	7%
39	91%	76%	63%	52%	44%	36%	30%	25%	21%	18%	15%	12%	10%	9%	7%
40	91%	76%	63%	52%	44%	36%	30%	25%	21%	18%	15%	12%	10%	9%	7%
41	91%	76%	63%	52%	44%	36%	30%	25%	21%	18%	15%	12%	11%	9%	8%
42	91%	76%	63%	52%	44%	36%	30%	25%	21%	18%	15%	13%	11%	9%	8%
43	91%	76%	63%	52%	44%	36%	30%	25%	21%	18%	15%	13%	11%	9%	8%
44	91%	76%	63%	52%	44%	37%	31%	26%	21%	18%	15%	13%	11%	9%	8%
45	91%	76%	63%	53%	44%	37%	31%	26%	21%	18%	15%	13%	11%	9%	8%
46	91%	76%	63%	53%	44%	37%	31%	26%	22%	18%	15%	13%	11%	9%	8%
47	91%	76%	63%	53%	44%	37%	31%	26%	22%	18%	15%	13%	11%	10%	8%
48	91%	76%	63%	53%	44%	37%	31%	26%	22%	18%	16%	13%	11%	10%	8%
49	91%	76%	63%	53%	44%	37%	31%	26%	22%	18%	16%	13%	11%	10%	9%
50	91%	76%	63%	53%	44%	37%	31%	26%	22%	19%	16%	13%	12%	10%	9%
51	91%	76%	63%	53%	44%	37%	31%	26%	22%	19%	16%	14%	12%	10%	9%
52	91%	76%	63%	53%	44%	37%	31%	26%	22%	19%	16%	14%	12%	10%	9%
53	91%	76%	63%	53%	44%	37%	31%	26%	22%	19%	16%	14%	12%	10%	9%
54	91%	76%	63%	53%	44%	37%	31%	26%	22%	19%	16%	14%	12%	11%	9%
55	91%	76%	63%	53%	44%	37%	31%	26%	22%	19%	16%	14%	12%	11%	10%
56	91%	76%	63%	53%	44%	37%	31%	27%	23%	19%	17%	14%	13%	11%	10%
57	91%	76%	63%	53%	44%	37%	31%	27%	23%	19%	17%	15%	13%	11%	10%
58	91%	76%	63%	53%	44%	37%	32%	27%	23%	20%	17%	15%	13%	12%	
59	91%	76%	63%	53%	44%	37%	32%	27%	23%	20%	17%	15%	13%		
60	91%	76%	63%	53%	45%	38%	32%	27%	23%	20%	17%	15%			
61	91%	76%	63%	53%	45%	38%	32%	27%	23%	20%	18%				
62	91%	76%	63%	53%	45%	38%	32%	27%	24%	21%					
63	91%	76%	63%	53%	45%	38%	32%	28%	24%						
64	91%	76%	63%	53%	45%	38%	32%	28%							
65	91%	76%	63%	53%	45%	38%	33%								
66	91%	76%	63%	53%	45%	38%									
67	91%	76%	64%	53%	45%										
68	91%	76%	64%	54%											
69	91%	76%	64%												
70	91%	76%													
71	91%														
72															

Annexure 3: Non Guaranteed Surrender Value Factors

For the following Premium Payment Term - Policy Terms - 1. 5-10, 2. 7-10, 3. 7-12, 4. 10-12

	Outstanding Term (Policy Term - Number of Complete Policy Years - 1)										
Age at Surrender	0	1	2	3	4	5	6	7	8	9	10
6											33%
7										37%	33%
8									40%	37%	33%
9								44%	40%	37%	33%
10							49%	44%	40%	37%	33%
11						54%	49%	44%	40%	37%	33%
12					59%	54%	49%	44%	40%	37%	33%
13				65%	59%	54%	49%	44%	40%	37%	34%
14			71%	65%	59%	54%	49%	44%	40%	37%	34%
15		78%	71%	65%	59%	54%	49%	44%	40%	37%	34%
16	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	34%
17	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	34%
18	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	34%
19	95%	86%	78%	71%	65%	59%	54%	49%	44%	41%	34%
20	95%	86%	78%	71%	65%	59%	54%	49%	44%	41%	34%
21	95%	86%	78%	71%	65%	59%	54%	49%	44%	41%	34%
22	95%	86%	78%	71%	65%	59%	54%	49%	44%	41%	34%
23	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	34%
24	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	34%
25	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	34%
26	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	34%
27	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	34%
28	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	34%
29	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	34%
30	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	34%
31	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	34%
32	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	34%
33	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	34%
34	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	34%
35	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	35%
36	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	35%
37	95%	86%	79%	71%	65%	59%	54%	49%	45%	41%	35%
38	95%	86%	79%	71%	65%	59%	54%	49%	45%	41%	35%
39	95%	86%	79%	72%	65%	59%	54%	50%	45%	42%	35%
40	95%	86%	79%	72%	65%	60%	54%	50%	46%	42%	36%
41	95%	86%	79%	72%	65%	60%	54%	50%	46%	42%	36%
42	95%	86%	79%	72%	65%	60%	55%	50%	46%	42%	36%
43	95%	86%	79%	72%	65%	60%	55%	50%	46%	43%	37%
44	95%	86%	79%	72%	66%	60%	55%	50%	46%	43%	37%
45	95%	86%	79%	72%	66%	60%	55%	51%	47%	43%	38%
46	95%	86%	79%	72%	66%	60%	55%	51%	47%	44%	38%
47	95%	86%	79%	72%	66%	60%	56%	51%	47%	44%	39%
48	95%	87%	79%	72%	66%	61%	56%	51%	48%	44%	40%
49	95%	87%	79%	72%	66%	61%	56%	52%	48%	45%	40%
50	95%	87%	79%	72%	66%	61%	56%	52%	49%	46%	41%
51	95%	87%	79%	72%	67%	61%	57%	53%	49%	46%	42%
52	95%	87%	79%	73%	67%	62%	57%	53%	50%	47%	43%
53	95%	87%	79%	73%	67%	62%	57%	54%	50%	48%	44%
54	95%	87%	79%	73%	67%	62%	58%	54%	51%	48%	45%
55	95%	87%	80%	73%	68%	63%	58%	55%	52%	49%	47%
56	95%	87%	80%	73%	68%	63%	59%	55%	52%	50%	48%
57	95%	87%	80%	74%	68%	63%	59%	56%	53%	51%	50%
58	95%	87%	80%	74%	68%	64%	60%	57%	54%	53%	52%
59	95%	87%	80%	74%	69%	64%	61%	58%	55%	54%	54%
60	95%	87%	80%	74%	69%	65%	61%	59%	57%	55%	56%
61	95%	87%	81%	75%	70%	66%	62%	60%	58%	57%	57%
62	95%	87%	81%	75%	70%	66%	63%	61%	60%	59%	
63	95%	88%	81%	75%	71%	67%	64%	62%	61%		
64	95%	88%	81%	76%	72%	68%	65%	64%			
65	95%	88%	82%	76%	72%	69%	67%				
66	95%	88%	82%	77%	73%	70%					
67	95%	88%	82%	78%	74%						
68	96%	89%	83%	78%							
69	96%	89%	83%								
70	96%	89%									
71	96%										
72											

VI. Previous Policy Details

1. Details of Life Insurance/Medical/Health/Personal Accident policies of the Life to be Assured held/applied with ICICI Prudential/other companies. (Have any such proposals on your life / application for reinstatement ever been accepted with extra premium, postponement, decline, withdrawal, non completion, been offered on modified terms. If yes, please provide details.)

Policy / Proposal No.	Company Name	Year of Issue / Application	Basic Sum Assured (in ₹)	Annual Premium (in ₹)	Base Plan / Rider Decision	Medical Policy	In Force / Lapsed
						YN	
						YN	

2. If Life to be Assured is a student/housewife, please provide insurance details regarding parents/husband/siblings. (Please attach a separate sheet for multiple policies if required.)

Total Sum Assured of all policies: Policy term: Policy holder:

VII. Particulars Of Product Applied For

1. Objective of taking this policy ☒ Saving ☐ Protection ☐ Both ☐ Others

2. Mode (for regular/limited premium payment plan) ☒ Yearly ☐ Half-Yearly ☐ Monthly

2a. Mode (for renewal premium) ☐ Credit Card ☐ Direct Debit ☒ ECS ☐ Cheque/DD ☐ Cash ☐ Others

3. Product Details

Product Name	Policy Term (in yrs)	Premium Payment Term (in yrs)	GMB/GSB* (in ₹)	Sum Assured (in ₹)	Modal Premium (in ₹)
ASLP	15	07		20,00,000	2709.00

*Guaranteed Maturity Benefit

3a. Benefit Payout Option: ☒ Lump sum ☐ Income ☐ Increasing income 3b. Accidental Death Benefit:

3c. Accelerated Critical Illness Benefit: 3d. Accelerated Critical Illness Coverage period:

4. Rider (Optional with Additional Premium)

Rider No.	Rider Name	Rider Term (in yrs)	Rider Premium Payment Term (in yrs)	Sum Assured (in ₹)	Modal Premium (in ₹)

Total Annual Premium (in ₹) If you require Backload, please mention date

(As mentioned on Electronic Benefit Illustration (EBI), inclusive of taxes) (Available with select plans only. Policy can be backloaded only within the same financial year)

5. Annuity Plan Details* (Applicable only for Pension plans)

5a. Single Premium (Purchase Price): (in ₹) 5b. Annuity Amount to be paid (in ₹)

5c. Annuity Options (Please tick one option only in the appropriate box)

☐ Life annuity ☐ Life Annuity with Return of Purchase Price ☐ Life Annuity with 50% Return of Purchase Price

☐ Life Annuity with Return of Balance Purchase Price ☐ Life Annuity with 75% Return of Purchase Price

☐ Life Annuity with Return of Purchase Price on Critical Illness (CI) or Permanent Disability due to accident (PD) or Death

☐ Life Annuity with annual increase of 5% ☐ Joint Life, Last Survivor without Return of Purchase Price

☐ Joint Life, Last Survivor with Return of Purchase Price ☐ Joint Life, Last Survivor with Return of Purchase Price in parts

☐ Family Income Option (NPS subscribers only) ☐ Life Annuity guaranteed for chosen term and life thereafter: ☐ 5 Years ☐ 10 Years ☐ 15 Years

For PCS, the only available Annuity option is "Life Annuity with Return of Purchase Price"

5d. Frequency of Annuity payments: ☐ Yearly ☐ Half-Yearly ☐ Quarterly ☐ Monthly

Spouse Name (Leave a blank space between First and Last Name) Mr. Ms. Dr. Spouse DOB

*The Policyholder will have to select the proportion of annuity to be received as a lump sum and the balance in the form of an annuity as described above. In case you fail to select the annuity proportion at time of vesting, 100% of vesting amount will be annuitized.

6. Strategy & Fund Allocation (for ULIPs) Please select the proportion in which you wish to invest your premiums (%) as per the options available with the product chosen.

6a. Please Select Portfolio Strategy ☐ Life Cycle based Portfolio Strategy ☐ Life Cycle based Portfolio Strategy 2 ☐ Fixed Portfolio Strategy ☐ Target Asset Allocation Strategy ☐ Trigger Portfolio Strategy 2

Fixed Portfolio Strategy												
Active Asset Allocation Balanced	Multi Cap Growth	Opportunities Bluechip	Maximiser V	Maximiser India Fund	Multi Cap Balanced	Income	Money Market	Secure Opportunities Fund	Value Enhancer Fund	Easy Retirement Balanced	Easy Retirement Secure	Total
												100%

*Please check the Fund and Portfolio Strategy applicability for the applied product.

Note: For the Segregated Fund Identification Number (SFIN) please refer the product brochure/leaflet or the Electronic Benefit Illustration. You may also login to our website iciciprudential.com for the same. If the Above mentioned proportions are not clear, values from Signed Electronic Benefit Illustrations will be considered.

6b. I would like to opt for Automatic Transfer Strategy ☐ Yes ☐ No

From	To (any one)	Amount ₹ (per month)	Transfer Date
			<input type="checkbox"/> 1 st of the Month <input type="checkbox"/> 15 th of the Month

VIII. Nominee Details (To be filled only if Proposer & Life to be Assured are same. Enter child details if applied for SmartKid plans)

Full Name (Leave a blank space between First and Last Name)

DOB Gender ☒ Male ☐ Female Relationship with Life Assured

IX. Appointee Details (If Nominee is less than 18 years, Appointee is mandatory. Appointee MUST be above 18 years of age)

Full Name (Leave a blank space between First and Last Name)

DOB Relationship with Nominee Gender ☐ Male ☐ Female

X. Particulars Of First Premium Deposit

1. Mode of deposit ☐ Cash ☒ Cheque/DD ☐ Credit Card ☐ Others

2. Amount (in ₹) 3. Bank 4. Cheque/DD No.

5. Is the premium paid by a person other than Proposer (If yes, please submit third party declaration) ☐ Yes (Text if applicable, default value No)

6. Source of Funds ☐ Salary ☒ Business Income ☐ Sale of Assets ☐ Inheritance ☐ Others

Note: 1. Cheque/DD should be drawn in favour of "ICICI Prudential Life Insurance Co. Ltd." only. Please mention application no. and name of the proposer behind the cheque/DD. 2. In the event of non-verification of first premium deposit, the policy, if issued, shall be treated as cancelled/void from inception. 3. In case of non-acceptance/ withdrawal of this application for insurance, the company shall return the first premium deposit without any interest and after deducting the expenses incurred on the medical tests/ examination. 4. Please note that a copy of PAN card or Form 60/61 as applicable shall be required for premium payments in cash of Rs. 50,000 or more. You are requested to pay cash only at the authorized collection points and not to advisor or employee. The company will not be responsible for any loss in this regard. 5. Please submit a cash authority letter along with the cash if you are depositing the cash through a third party. 6. Payments made through credit cards can be accepted only if the card is issued in the name of the relevant proposer/policy holder.

XI. Payout Mode (Choose any one mode only)

Mode selected would be used by the company to make payment(s) to the Proposer. Payout would be in accordance and subject to the terms and conditions of the policy.

1. Mode of deposit ☐ ECS ☐ Direct Credit (Select Banks only) ☒ NEFT 2. Account Type ☐ Current ☒ Savings

3. Bank Name 4. Bank Branch

5. Account Number 6. MICR Code

7. IFSC Code

Note: 1. Please provide a cancelled copy of your cheque if any of the above payout option is selected. 2. In case of non-credit to my bank account without assigning any reason there of or if the transaction is delayed or not effected at all for reasons of incomplete/ incorrect information, I would not hold ICICI Prudential Life Insurance Co. Ltd. responsible. 3. Further, the Company reserves the right to use any alternative payout option in spite of opting for Direct Credit option.

XII. DECLARATION & AUTHORIZATION

I/We declare that I/we have answered the questions in the proposal form and have duly signed it after understanding its contents. I/We have fully understood the nature of the questions including health related questions and the importance of disclosing all material information while answering such questions. I/We declare that the answers given by me/us to all the questions in the proposal form and the information given to ICICI Prudential Life Insurance Co. Ltd. as to the state of health and habits of the life/lives to be assured are true and complete in every respect and that I/we have not withheld any material information or suppressed any material fact. I/We have made no statement to the Insurance Advisor, Medical Examiner or any other person associated with the Company which in any way modifies the answer given by me/us in this application form. I/We undertake to notify the Company of any change in the information given by me/us in the proposal form with respect to the Life/Lives to be Assured subsequent to the signing of this proposal form and before the receipt of the policy document. I/We also understand that the terms and conditions including the premium and the benefits payable under the Policy are subject to variation/ taxes/ duties/ charges in accordance to applicable laws. I/We confirm that all premiums will be paid from bonafide sources.

I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to assess the health status and conduct screening/confirmation/telephonic verification/reconfirmation of the life/lives to be assured including the health status through medical examinations which may include Laboratory tests, Cardiology, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections if required by the Company. I/We hereby give my/our consent to undergo HIV 1/2 test. I/We are aware that this test is only for screening purpose and not confirmatory for HIV/AIDS. I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to mail all service related communications to the email id as mentioned in the application form (applicable only if email id provided). The Company reserves the right to accept, decline or offer alternate terms on my/our proposal for Life/Health Insurance. In order to enable the Company to assess the risk under this proposal and any time thereafter, I/we hereby, authorize the past and present employer(s)/business associate(s)/medical practitioner(s)/hospital and medical source/any life and non-life insurance Company to provide the records of employment/business or other details as may be considered relevant. I/we agree and authorize the Company, for the purpose of processing of this Proposal or servicing of the resulting policy, to verify/share my our/documents/other information provided herein on confidential basis within ICICI group and/or third party agencies. This application form shall be a part of the Life insurance policy contract, in case of its acceptance by the Company. I hereby consent to receiving information from Central KYC Registry through sms/email on the above registered number/email address.

I understand that in case of fraud or misrepresentation by me/us, the policy shall be treated by the Company in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

I confirm that all the information provided by me including AADHAAR details to ICICI Prudential Life Insurance Company Ltd. is true, correct and accurate. I do hereby authorize/allow ICICI Prudential Life Insurance Company Ltd. to access/fetch the data from UIDAI for the purpose of verification. I further confirm that ICICI Prudential Life Insurance Company Ltd. is authorized to update my AADHAAR number in all my insurance policies, and may obtain the same from its agents/intermediaries.

Date Place

Signature / Thumb impression of Life to be Assured (TO BE SIGNED ONLY IF DIFFERENT FROM PROPOSER)

XIII. DECLARATION

(If signed in Vernacular language/ If you have affixed a Thumb impression above/ proposal form is filled by person other than Life to be Assured or Proposer)

Applicable where the Proposer is illiterate or is suffering from disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the advisor/employee of the Company)

I, (full name of the declare) 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 questions explained by me to the Life Assured/ Proposer and that the Life to be Assured/ Proposer has/ have put his/ her thumb impression after fully understanding the contents thereof.

Date Place

Signature of Declarant

I/We certify that the product applied for by me/us and the contents of the proposal form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the proposal form have been recorded as per the information provided by me/us.

Date Place

Signature/ thumb impression of Life to be Assured/ Proposer signing in vernacular language

Outstanding Term (Policy Term - Number of Complete Policy Years - 1)
For the following Premium Payment Term - Policy Terms - 1, 7-15

	Outstanding Term (Policy Term - Number of Complete Policy Years - 1)														
Age at Surrender	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
3															25%
4														27%	25%
5													30%	27%	25%
6												33%	30%	27%	25%
7											36%	33%	30%	27%	25%
8										40%	36%	33%	30%	27%	25%
9									44%	40%	36%	33%	30%	27%	25%
10								49%	44%	40%	37%	33%	30%	27%	25%
11							53%	49%	44%	40%	37%	33%	30%	28%	25%
12						59%	53%	49%	44%	40%	37%	33%	30%	28%	25%
13					65%	59%	53%	49%	44%	40%	37%	33%	30%	28%	25%
14				71%	65%	59%	53%	49%	44%	40%	37%	33%	30%	28%	25%
15			78%	71%	65%	59%	54%	49%	44%	40%	37%	33%	30%	28%	25%
16		86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	33%	30%	28%	25%
17	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	33%	30%	28%	25%
18	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	33%	30%	28%	25%
19	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	33%	30%	28%	25%
20	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	33%	30%	28%	25%
21	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	33%	30%	28%	25%
22	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	33%	30%	28%	25%
23	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	33%	30%	28%	25%
24	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	33%	30%	28%	25%
25	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	33%	30%	28%	25%
26	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	33%	30%	28%	25%
27	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	33%	31%	28%	25%
28	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	34%	31%	28%	25%
29	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	34%	31%	28%	26%
30	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	34%	31%	28%	26%
31	95%	86%	78%	71%	65%	59%	54%	49%	44%	40%	37%	34%	31%	28%	26%
32	95%	86%	78%	71%	65%	59%	54%	49%	44%	41%	37%	34%	31%	28%	26%
33	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	37%	34%	31%	28%	26%
34	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	37%	34%	31%	28%	26%
35	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	37%	34%	31%	28%	26%
36	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	37%	34%	31%	29%	26%
37	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	37%	34%	31%	29%	26%
38	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	37%	34%	31%	29%	27%
39	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	38%	34%	32%	29%	27%
40	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	38%	35%	32%	29%	27%
41	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	38%	35%	32%	30%	27%
42	95%	86%	78%	71%	65%	59%	54%	49%	45%	41%	38%	35%	32%	30%	28%
43	95%	86%	79%	71%	65%	59%	54%	50%	45%	42%	38%	35%	32%	30%	28%
44	95%	86%	79%	72%	65%	59%	54%	50%	46%	42%	38%	35%	33%	30%	28%
45	95%	86%	79%	72%	65%	60%	54%	50%	46%	42%	39%	36%	33%	31%	29%
46	95%	86%	79%	72%	65%	60%	55%	50%	46%	42%	39%	36%	34%	32%	30%
47	95%	86%	79%	72%	65%	60%	55%	50%	46%	42%	39%	36%	34%	32%	30%
48	95%	86%	79%	72%	65%	60%	55%	50%	46%	43%	40%	37%	34%	32%	31%
49	95%	86%	79%	72%	66%	60%	55%	51%	47%	43%	40%	37%	35%	33%	32%
50	95%	86%	79%	72%	66%	60%	55%	51%	47%	43%	40%	38%	36%	34%	33%
51	95%	86%	79%	72%	66%	60%	55%	51%	47%	44%	41%	38%	36%	35%	34%
52	95%	86%	79%	72%	66%	60%	56%	51%	48%	44%	41%	39%	37%	36%	35%
53	95%	86%	79%	72%	66%	61%	56%	52%	48%	45%	42%	40%	38%	37%	36%
54	95%	87%	79%	72%	66%	61%	56%	52%	48%	45%	43%	41%	39%	38%	37%
55	95%	87%	79%	72%	66%	61%	56%	52%	49%	46%	43%	41%	40%	39%	39%
56	95%	87%	79%	72%	66%	61%	57%	53%	49%	47%	44%	42%	41%	41%	41%
57	95%	87%	79%	73%	67%	62%	57%	53%	50%	47%	45%	44%	43%	42%	43%
58	95%	87%	79%	73%	67%	62%	58%	54%	51%	48%	46%	45%	44%	44%	
59	95%	87%	79%	73%	67%	62%	58%	55%	52%	49%	47%	46%	46%		
60	95%	87%	80%	73%	68%	63%	59%	55%	52%	50%	49%	48%			
61	95%	87%	80%	73%	68%	63%	59%	56%	53%	52%	50%				
62	95%	87%	80%	74%	68%	64%	60%	57%	55%	53%					
63	95%	87%	80%	74%	69%	64%	61%	58%	56%						
64	95%	87%	80%	74%	69%	65%	62%	59%							
65	95%	87%	80%	75%	70%	66%	63%								
66	95%	87%	81%	75%	70%	66%									
67	95%	88%	81%	75%	71%										
68	95%	88%	81%	76%											
69	95%	88%	82%												
70	95%	88%													
71	95%														
72															

Comm/ ASIP/ T&C/ 1.0

IX. Appointee Details (If Nominee is less than 18 years, Appointee is mandatory. Appointee MUST be above 18 years of age)

Full Name (Leave a blank space between First and Last Name)

MILUASIT SHIVASTIAN

DOB

25071975

Relationship with
Nominee

UNCLE

Gender

☒ Male

☐ Female

X. Particulars Of First Premium Deposit

1. Mode of deposit

☐ Cash

☒ Cheque/ DD

☐ Credit Card

☐ Others

2. Amount (in ₹)

2,09,001/-

3. Bank

CANARA BANK

4. Cheque/DD No.

592636

5. Is the premium paid by a person other than Proposer (If yes, please submit third party declaration)

☐ Yes (Tick if applicable, default value No)

6. Source of Funds

☐ Salary

☒ Business Income

☐ Sale of Assets

☐ Inheritance

☐ Others

Gift

Note: 1. Cheque/ DD should be drawn in favour of "ICICI Prudential Life Insurance Co. Ltd." only. Please mention application no. and name of the proposer behind the cheque/ DD. 2. In the event of non-realization of first premium deposit, the policy, if issued, shall be treated as cancelled/void from inception. 3. In case of non-acceptance/ withdrawal of this application for insurance, the company shall return the first premium deposit without any interest and after deducting the expenses incurred on the medical tests/ examination. 4. Please note that a copy of PAN card or Form 60/61 as applicable shall be required for premium payments in cash of Rs.50, 000/- or more. You are requested to pay cash only at the authorized collection points and not to advisor or employee. The company will not be responsible for any loss in this regard. 5. Please submit a cash authority letter along with the cash if you are depositing the cash through a third party. 6. Payments made through credit cards can be accepted only if the card is issued in the name of the relevant proposer/ policy holder.

XI. Payout Mode (Choose any one mode only)

Mode selected would be used by the company to make payout(s) to the Proposer. Payout would be in accordance and subject to the terms and conditions of the policy.

1. Mode of deposit

☐ ECS

☐ Direct Credit (Select Banks only)

☒ NEFT

2. Account Type

☐ Current

☒ Savings

3. Bank Name

CANARA BANK

4. Bank Branch

VADOPARA

5. Account Number

112531103102411621

6. MICR Code

3191001151014

7. IFSC Code

CINR301010160

Note: 1. Please provide a cancelled copy of your cheque if any of the above payout option is selected. 2. In case of non credit to my bank account with/ without assigning any reasons there of or if the transaction is delayed or not effected at all for reasons of incomplete/ incorrect information, I would not hold ICICI Prudential Life Insurance Co. Ltd. responsible. 3. Further, the Company reserves the right to use any alternative payout option in spite of opting for Direct Credit option.

Vidya
Signature of Proposer

XII. DECLARATION & AUTHORIZATION

I/We declare that I/we have answered the questions in the proposal form and have duly signed it after understanding its contents. I/ We have fully understood the nature of the questions including health related questions and the importance of disclosing all material information while answering such questions. I/We declare that the answers given by me/us to all the questions in the proposal form and the information given to ICICI Prudential Life Insurance Co. Ltd. as to the state of health and habits of the life/lives to be assured are true and complete in every respect and that I/we have not withheld any material information or suppressed any material fact. I/ We have made no statement to the Insurance Advisor, Medical Examiner or any other person associated with the Company which in any way modifies the answer given by me/ us in this application form. I/We undertake to notify the Company of any change in the information given by me/ us in the proposal form with respect to the Life/ Lives to be Assured subsequent to the signing of this proposal form and before the receipt of the policy document. I/We also understand that the terms and conditions including the premium and the benefits payable under the Policy are subject to variation/ taxes/ duties/ charges in accordance to applicable laws. I/We confirm that all premiums will be paid from bonafide sources.

I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to assess the health status and conduct screening/confirmation/telephonic verification/reconfirmation of the life/lives to be assured including the health status through medical examinations which may include Laboratory tests, Cardiology, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections if required by the Company. I/We hereby give my/our consent to undergo HIV1/2 test. I/We am/are aware that this test is only for screening purpose and not confirmatory for HIV/AIDS. I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to mail all service related communications to the email id as mentioned in the application form (applicable only if email id provided). The Company reserves the right to accept, decline or offer alternate terms on my/our proposal for Life/Health Insurance. In order to enable the