

I _____ (Name), having received the information I _____ (Name), have explained the above illustration and the terms and conditions of this product to the Policyholder.

Policyholder's Signature : _____

Place :
Date :

Marketing official's Signature :
Company Seal :
Place :
Date :
ICICI Prudential Life Insurance Company Limited.
1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400025
www.iciciprulife.com



Aquib Sabirahmed Kotwal
PASEOS DEL SOL ARTURO CHAVEZ,
1690 3 ARBOLEDAS ZAPOPAN,

..
JALISCO 45070,
MEXICO,
..00000

MOBILE NUMBER: 00523315177110
Email ID: AQIB.KOTWAL@AMDOCS.COM

Dear Sir/Madam,

This is your life insurance policy. It is a legal document. Please read it carefully. We have highlighted some important points regarding your policy that you should keep in mind.

1. YOUR POLICY DETAILS

Name of your plan : ICICI Pru iProtect Smart
Policy Number : 90862088
Your Mobile Number : 00523315177110
Email Id : aqib.kotwal@amdocs.com
Person insured in this policy : Aquib Sabirahmed Kotwal
Sum Assured(Insurance Cover Amount) : ₹ 33,90,000
Accidental Death Benefit: ₹ 1,00,000
(Accidental Death Cover)
Accelerated Critical Illness: ₹ 25,00,000
Benefit (Critical Illness Cover)
Accelerated Critical Illness Benefit Term in years: 30
Premium Instalment* : ₹ 57,501
Payment Frequency : Every year
Next Premium Due Date : February 16, 2022
You need to pay premiums for : 10 years
Policy Term : 49 years
Policy end date : February 16, 2070

In case of any discrepancies in the above details please inform us immediately. *Tax and cess(if any) will have to be paid in addition to premium amount as per prevailing tax laws.

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 : Icici Bank Ltd Rlg.. ..
Address : ICICI Bank Limited, ICICI Bank Tower Regional Office, Plot No 12,Gachibowli, Hyderabad-500032

Code/License No. : 00151827
Contact No. : 1860 120 7777

2. YOUR FREE LOOK PERIOD

You have a period of 15/30 days* to review your policy from the date you receive it. In this period you can return the policy to us for cancellation. We will refund the premium paid after deduction of Stamp duty, proportionate risk premium and expenses for medical tests if any.

*30 days free look period is applicable only for policies sourced through distance marketing. For complete definition of Distance Marketing, please refer to Part B of the policy document.

3. MAKING A CLAIM

The claimant can speak to us on 1860-266-7766 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.care@icicibank.com

Customer Service Helpline
1860 266 7766

Features of ICICI Pru iProtect Smart

ICICI Pru iProtect Smart is a plan which is designed to provide a life insurance cover and cover against Terminal Illness, Critical Illness and Accidental Death. This plan also provides a premium waiver in case of Permanent Disability due to an accident.

This document has been designed to help you understand your policy better by explaining some of its features.



What are the benefits of this policy?

The following benefits are available in this policy:

1

Life Insurance Benefit:

In case of death or detection of Terminal illness during the policy term of 49 years, i.e. till Feb 2070, we will pay ₹50,00,000/- which is the life insurance cover chosen by you. Your insurance amount will be paid as a lump sum as that is the payout option chosen by you.



Accelerated Critical Illness Benefit:

On diagnosis of any of the Critical illnesses covered under this plan, during the critical illness cover term, till Feb 2051 a critical illness benefit amount of ₹25,00,000/- will be paid to you as a lump sum.

On payment of this benefit your life insurance cover and premium will reduce. In case this benefit is being availed for Angioplasty a maximum of ₹5,00,000/- will be paid. (Applicable only if your Critical illness cover is above ₹5 lakhs).



Accidental Death Benefit:

An additional Accidental Death Benefit of ₹1,00,000/- will also be paid as a lump sum, if the death occurs due to an accident during the accidental death benefit term till Feb 2065.



Permanent Disability Benefit:

If Permanent Disability occurs due to an accident, the future premiums of the policy will be waived off and the life cover and other benefits of the policy will continue till the end of the policy term.



To initiate the process of receiving the benefit amount, you or your nominee can visit www.iciciprulife.com/insurance-claim.html



Benefit Illustration for iProtect Smart

Name/Buyer	: Mr. AQUIB SABIRAHMED KOTWAL	Application Number	: OS16038227
Date Of Birth(Age)	: 01-Sep-1984 (36 Years)	Gender	: Male
Smoker/Non-Smoker	: Non-Smoker		
		Product Features	
Name of the Product(Unique Identification No.)	: ICICI Pru iProtect Smart(105N151V06)	Tag Line:	: Non-Linked Non-Par Life Individual pure risk premium product
Sum Assured on Death/Terminal Illness	: Rs. 5,00,000	Policy Term	: 49 years
Premium Payment Option	: Limited Pay 10 Years	Premium Frequency	: Yearly
Premium Payment Term	: 10 years	Benefit Option	: All in One
Payout option	: Lump-Sum	Accidental Death(AD) Benefit Period	: 44 years
Accidental Death(AD) Benefit	: Rs. 100,000	Critical Illness(CI) Benefit	: Rs. 2,500,000
Payout Term	: -	Accelerated Critical Illness (ACI) Benefit period	: 30 years
Sales Channel	: ICICI Bank	Waiver of Premium on Permanent Disability(PD) due to accident	: All future premiums payable in the policy

Benefit	Death/Terminal Illness and Waiver of Premium on PD	Accidental Death Benefit	Critical Illness Benefit	Total
Tax Benefit	80C	80C	80D	
Instalment Premium	Rs. 33041	Rs. 148	Rs. 24336	Rs. 57525
Applicable Taxes	Rs. 5948	Rs. 27	Rs. 4380	Rs. 10355
Total Premium	Rs. 38989	Rs. 175	Rs. 28716	Rs. 67880
Total installment premium payable			Rs. 67880	
Total Annual Premium	Rs. 33041	Rs. 148	Rs. 24336	Rs. 57525
Surrender: No surrenders are allowed in case of Regular Pay and Limited Pay. In case of One Pay, Surrender Value will be calculated as : Surrender Value = Surrender Value Factor X Single Premium				

Disclaimers

- For Smoker profiles, the premium calculated above is inclusive of an additional premium applicable for smokers.
- The premium calculated above is based on the data provided by you.
- The above information must be read in conjunction with the sales brochure and policy document.
- The above illustration is applicable to a standard life from medical, life style and occupation point of view.
- ICICI Pru iProtect Smart is only the name of the policy and does not in any way indicate the quality of the policy, its future prospects or returns.
- In the event of Critical Illness(CI), the Death Benefit is accelerated to the extent of Critical Illness(CI) Benefit paid. Please refer to the policy terms & conditions for complete details.
- Surrenders are not allowed in case of Regular Pay and Limited Pay policies
- The Policyholder shall be required to pay Applicable Taxes or any other taxes as per prevailing tax laws. Tax laws are subject to amendments from time to time.
- Tax benefits would be available as per the prevailing Income Tax laws.

Type1

What is the premium amount that I need to pay and for how many years?

2

You have to pay a premium of ₹ 57,525/- every month/ 6 months/year for 10 years. Additional tax and cess (if any) will have to be paid in addition to the premium amount as per prevailing tax laws.



3

What happens if I pay premiums for lesser number of years or I decide to close my policy prematurely?

If you stop paying premiums or voluntarily decide to close your policy, your policy benefits will stop.



Terminology

- **Terminal illness:** This is a medical condition in which the person is not likely to live for more than 6 months. This condition has to be certified by two doctors. For more details refer Part C Section 1.1 of your Policy Document.
- **Accelerated Critical illness:** A list of 34 illnesses are covered under the Critical Illness benefit. For more details refer Part C Section 1.4 of your Policy Document.
- **Accidental Death Benefit:** An accident must be caused by violent, external and visible means. For more details on what is covered under this benefit, kindly refer Part C Section 1.3 of your Policy document.
- **Permanent Disability:** This is a condition in which the policy holder is not able to permanently perform certain daily activities. For complete details refer Part C Section 1.2 of your Policy document.

"The values appearing in this feature document are based on the information provided and the type of cover sought by you in the duly filed proposal form. It is pertinent to note that any change affected by you in the details provided in the proposal form may lead to a change in the benefits or premium payable under this policy." COMP/DOC/Jul/2020/107/3944

Policy Schedule of ICICI Pru iProtect Smart UIN 105N151V06

Non-Linked Non-Par Life Individual pure risk premium product

This Policy is the evidence of a contract between ICICI Prudential Life Insurance Company Limited(Us/We/Company) and the Policyholder(You) referred below.

We have issued this Policy on the basis of the details provided by You in the Proposal Form submitted along with the required declarations, personal statement, applicable medical reports, the first premium deposit and any other information and documentation which constitute evidence of the insurability of the Life Assured for the issuance of the Policy.

We agree to provide the benefits set out in this Policy subject to its terms and conditions.

Name of the Life Assured: Aquib Sabirahmed Kotwal

Address:	PASEOS DEL SOL ARTURO CHAVEZ, 1690 3 ARBOLEADAS ZAPOPAN, .., JALISCO 45070, MEXICO, ..-000000	Category: Medical
Date of Birth :	September 01, 1984	Age(in years) : 36

Age Admitted : YES

Name of the Policyholder : Aquib Sabirahmed Kotwal

Policy Number : 90862088	Benefit Option : All in One								
Policy Issue Date : February 16, 2021	Date of Maturity : February 16, 2070								
Policy Acceptance Date : February 16, 2021	Policy Term in years : 49								
Premium Payment Term in years : 10	Periodicity of payment of premium(premium frequency): Yearly								
Premium payment option : Limited Pay	Accelerated Critical Illness Benefit Term in years : 30								
Total instalment premium(Rs.) : 57,501	Accelerated Critical Illness Benefit(Rs.) : 25,00,000								
Sum Assured(Rs.) : 33,90,000	Policy sourced by Distance Mode : N								
Accidental Death Benefit(Rs.) : 1,00,000									
Death Benefit Payout Option : Lump Sum	Due date of last premium payable : February 16, 2030								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Option</th> <th>Sum Assured payable</th> </tr> <tr> <td>Lump sum(Rs.)</td> <td>33,90,000</td> </tr> <tr> <td>Income(Rs.)</td> <td></td> </tr> <tr> <td>Increasing Income(Rs.)</td> <td></td> </tr> </table>	Option	Sum Assured payable	Lump sum(Rs.)	33,90,000	Income(Rs.)		Increasing Income(Rs.)		
Option	Sum Assured payable								
Lump sum(Rs.)	33,90,000								
Income(Rs.)									
Increasing Income(Rs.)									
Appointee(Name)* : NA	Nominee(Name) : Ms.Ayesha Aquib Kotwal								
Nominees's Relationship with the Life Assured : Wife	Nominee Age(in years) : 27								

*Applicable only if Nominee is less than 18 Years old

Please note :

- Applicable taxes 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.
- Please immediately inform us about any change in address or contact details.

Signed for and on behalf of the ICICI Prudential Life Insurance Company Limited, at Head Office, Mumbai on February 16, 2021 (the issuance date).

Digitally signed by ASHISH RAVINDRA RAO
Date: 2021.02.17 21:40:40 IST
Reason: Digitally Signed
Location: Mumbai

Authorised Signatory
(Stamp Duty of Rs.683/- (SIX HUNDRED EIGHTY THREE RUPEES) paid by CSD/204/2020/3152 dated 30th Dec 2020.)

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

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

I hereby consent to receiving information from Central KYC registry through SMS or email on the above registered number or email address.

This is electronically generated proposal/application form, doesnot require signature.

Date : Feb 3, 2021

Place : MAHARASHTRA

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 anytime 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 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 anytime 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."

Product Name : ICICI PRULIFE IPROTECT SMART

Premium Payment Term(in Yrs) : 10

Sum Assured/Modal Income (in INR) : 50,00,000

Income Percentage : 0

Mode : YEARLY

Benefit Option : All in One

Policy Term (in yrs) : 49

Guaranteed Maturity Benefit/Guaranteed Surrender Benefit/Sum Assured on Maturity (in INR)
: N.A.

Lumpsum Percentage : 0

Modal Premium (in INR) : 33,041

Death Benefit Option : Lump-Sum

Rider Name : CIBF

Rider Product Name : ICICI PRULIFE IPROTECT SMART

Rider Term(in Yrs) : 30

Rider Premium Payment Term(in Yrs) : 10

Rider Sum Assured(in INR) : 25,00,000

Rider Modal Premium(in INR) : 24,336

Rider Name : ADBU

Rider Product Name : ICICI PRULIFE IPROTECT SMART

Rider Term(in Yrs) : 44

Rider Premium Payment Term(in Yrs) : 10

Rider Sum Assured(in INR) : 1,00,000

Rider Modal Premium(in INR) : 148

Particulars of the first premium deposit

Mode Of Deposit : CHEQUE

Amount : 67,880

Bank : ICICI BANK LTD.

MICR Code : 400229000

Cheque/DD No : 000000

Cheque/DD/DA Date : Feb 03,2021

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. Incase 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 test/examination. 4. Please note that a copy of PAN card of Form60/61 as applicable shall be required for premium payment in cash of Rs. 50,000/- or more. You are requested to pay cash only at the authorized collection point 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.

Payout Mode

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.

Account Type : SAVING

Bank Name : ICICI BANK

Branch : ICICI BANK

Account Number : 058101502916

MICR Code : 400229000

IFSC Code : NA

Do you wish to set the preference month for renewal premium as November: NA

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 or 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.

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 send all service related communications to the contact details registered with the Company. 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 associates/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.



PREMIUM RECEIPT

Name of Policy Holder : Aquib Sabirahmed Kotwal

Policy Name : ICICI Pru iProtect Smart

Policy Number	Receipt Number	Date of Receipt
90862088	L2245318	February 03, 2021

Premium Details (₹)

Premium Installment(A)	57,501
Goods and Services tax / Cess(B)	10,350
Premium Amount received(A+B)	67,851

Payment Details

Frequency of Payment	Yearly
Cheque / Transaction No	12994054
Cheque / Transaction Date	NA
Bank Name	NA

Balance Premium (₹)

Balance in deposit	-29
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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 February 16,2021 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 of premium. 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 the 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.
- Applicable taxes would be charged extra, as applicable.

Other details :

UIN - Unique Identification Number specified for ICICI Pru iProtect Smart is 105N151V06

Policy Document - Terms and Conditions of your policy

ICICI Pru iProtect Smart

(This is a Non-Linked Non-Par Life Individual pure risk premium product)

PART-B

Definitions

1. Age means age at last birthday. **2. Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means. **3. Accelerated Critical Illness Benefit (ACI Benefit)** means the benefit, which is payable upon the Life Assured being diagnosed on first occurrence of any of the covered 34 Critical Illnesses. **4. Annualized Premium** means the premium amount payable in a year chosen by the policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any. **5. Appointee** means the person appointed by You to receive the benefits payable under the Policy till Your Nominee is a minor. **6. Death Benefit** means the benefit, which is payable on death or diagnosis of Terminal Illness as specified in the Policy Document. **7. Death Benefit Payout Option** is the manner in which the Nominee receives the Death Benefit payable under the Policy. **8. Claimant** means the person entitled to receive the Policy benefits and includes You, the nominee, the assignee, the legal heir, the legal representative(s) or the holder(s) of succession certificate as the case may be. **9. Date of commencement of risk** is later of Policy Issue Date or Policy Acceptance Date **10. Date of Maturity** means the date specified in the Policy Schedule on which the term of the Policy ends. **11. Distance Marketing** means 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, internet and interactive television (DTH) (iv) physical mode which includes direct postal mail and newspaper and magazine inserts and (v) solicitation through any means of communication other than in person. **12. Hospital** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under: i) has qualified nursing staff under its employment round the clock; ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places; iii) has qualified medical practitioner(s) in charge round the clock; iv) has a fully equipped operation theatre of its own where surgical procedures are carried out; v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel; **13. Insured event** is the event on the happening of which, benefits under Your policy become payable. **14. Life Assured** means the person named in the Policy Schedule on whose life the Policy has been issued. **15. Limited Pay** means premiums need to be paid regularly for a limited portion of the Policy Term. Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence. The Medical Practitioner should neither be the insured person(s) himself nor related to the insured person(s) by blood or marriage. **16. Nominee** means the person named in the Policy Schedule who has been nominated by You to receive benefits in respect of this Policy. **17. Policy** means the contract of Insurance entered into between You and Us as evidenced by the "Policy document". **18. Policy Acceptance Date** means the date as specified in the Policy Schedule, from which the policy was effected. **19. Policy document** means this document, the Proposal Form, the Policy Schedule and any additional information/document(s) provided to Us in respect of the Proposal Form, and any endorsement issued by Us. **20. Policy Issue Date** means the date as specified in the Policy Schedule. **21. Policyholder or the Proposer or You or Your** means the owner of the Policy at any point of time. **22. Policy Term** means the period between the Policy Acceptance Date and the Date of Maturity specified in the Policy Schedule. **23. Policy Schedule** means the policy schedule and any endorsements attached to and forming part of this Policy. **24. Premium** means the instalment premium in case of Regular Pay and Limited Pay or single premium in case of Single Pay specified in the Policy Schedule which is payable/has been received under the Policy. **25. Pre-existing Disease** means any condition, ailment, injury or disease: i. that is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the Company or its revival or ii. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its revival. **26. Premium Payment Term** means the period specified in the Policy Schedule during which Premium is payable. **27. Proposal Form** means a form to be completed by You for availing an insurance policy, and to furnish all Material information required by Us to assess risk and to decline or to undertake the risk, and in the event of acceptance of risk, to determine the rates, advantages, terms and conditions of a cover to be granted. Explanation: "Material" shall mean and include all important, essential and relevant information that enables Us to take an informed decision while underwriting the risk. **28. Regulator** means the authority that has regulatory jurisdiction and powers over Us. Currently the Regulator is the Insurance Regulatory and Development Authority of India (IRDAI). **29. Regular Pay** means premiums need to be paid regularly throughout the Policy Term. **30. Revival of the Policy** means restoration of Policy benefits. **31. Revival period** means the period of five consecutive years from the due date of the first unpaid premium and before the termination date of the Policy, during which period You are entitled to revive the policy. **32. Sum Assured** means the amount specified in the Policy Schedule. **33. Surrender** means complete withdrawal/termination of the Policy by You. **34. Total Premiums Paid** means the total of all premiums received, excluding any extra premium, any rider premium and taxes. **35. Unexpired risk premium value** means an amount, if any, that becomes payable in case of surrender or discontinuance of premium in single/ limited pay policies in accordance with the terms and conditions of the Policy. **36. You or Your** means the

Policyholder of the Policy at any point of time. **37. We or Us or Our or Company** means ICICI Prudential Life Insurance Company Limited.

PART-C

1. Benefits available under the policy:

1.1 Death Benefit We shall pay the Death Benefit as per the Death Benefit Payout Option stated on Your Policy Schedule upon diagnosis of Terminal Illness or death of the Life Assured whichever is earlier provided the Policy is in force as on the date of diagnosis of Terminal Illness or the date of death of the Life Assured. A Life Assured shall be regarded as "Terminally Ill" only if that Life Assured is diagnosed as suffering from a condition which, in the opinion of two independent Medical Practitioners, specializing in treatment of such illness, is highly likely to lead to death within 6 months. The terminal illness must be diagnosed and confirmed by Medical Practitioners registered with Indian Medical Association and approved by Us. We reserve the right for independent assessment of the Terminal Illness. Death Benefit would be as per the below table:

Premium Payment Option	Death Benefit
Regular Pay and Limited Pay	Higher of 7 times the annualized premium or 105% of the total premiums received up to the date of death or the sum assured as stated on your policy schedule to be paid on death.

a. The Death Benefit will reduce by the extent of the ACI Benefit claim paid if the Death Benefit is higher than the ACI Benefit. ACI Benefit is as explained in section 1.4 below. b. The Policy shall terminate upon payment of the Death Benefit. c. The Death Benefit amount may be taxable as per the prevailing tax laws.

1.2 Waiver of Premium on Permanent Disability due to accident a. Upon the diagnosis of Permanent Disability (as defined below) of the Life Insured which arises due to an Accident, We shall waive all future premiums payable for all benefits under the Policy during the remaining Premium Payment Term of the Policy provided the Policy is in force as on the date of diagnosis of Permanent Disability of the Life Assured. b. The Policy will continue for the Death Benefit, Accidental Death Benefit and the Accelerated critical illness benefit. For the purpose of this benefit, "Permanent Disability" means the inability of the Life Assured to perform at least 3 of the following 6 activities of daily work: • Mobility: The ability to walk a distance of 200 meters on flat ground. • Bending: The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again. • Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed. • Lifting: The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table. • Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard. • Blindness: The permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart. c. Provided that the disability should have lasted for at least 180 days without interruption from the date of disability and must be deemed permanent by a Company empanelled Medical Practitioner. In the event of death of the insured within the above period, the policy shall terminate on payment of applicable benefits and all rights, benefits and interests under the policy shall stand extinguished. d. In case of incidences covered under accidental Permanent Disability as well as Critical Illness, benefits shall be paid out under both the options.

1.3 Accidental Death Benefit a. In the event of the Life Assured's death due to an Accident, where both Accident and death occur during the Accidental Death Benefit Term, the Accidental Death Benefit as mentioned on the Policy Schedule will be payable by Us forthwith as a lump sum subject to the terms and conditions below. This is an additional benefit and will be paid in addition to the Death Benefit. b. The Accident shall result in bodily injury or injuries to the Life Assured independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the Accident, directly and independently of any other means cause the death of the Life Assured before the expiry of the Accidental Death Benefit cover. In the event of the death of the Life Assured after 180 days of the occurrence of the Accident, the Company shall not be liable to pay the Accidental Death Benefit. c. The Policy must be in full force at the time of Accident. d. The Company shall not be liable to pay this benefit in case the death of the Life Assured occurs after the Accidental Death Benefit term. e. Upon payment of the Accidental Death Benefit, the Policy will terminate and all rights, benefits and interests under the Policy will stand extinguished. f. In case no AD Benefit is triggered within the AD Benefit term, then AD Benefit will terminate and premiums corresponding to it will not be payable. However You would be required to pay premiums for all other Benefits to keep the policy in force.

1.4 Accelerated Critical Illness (CI) Benefit a. We shall pay the ACI Benefit upon the Life Assured being diagnosed on first occurrence of any of the covered 34 Critical Illnesses defined below within ACI Benefit term, provided the Policy is in force as on the date of diagnosis of Critical Illness of the Life Assured. b. Once ACI Benefit is triggered, • If ACI Benefit is less than the Death Benefit the policy will continue with a reduced Death Benefit by the extent of ACI Benefit paid. Premium payment on account of ACI Benefit will cease after payout of ACI Benefit. The future premiums for Death Benefit will reduce proportionately. • If ACI Benefit is equal to the Death Benefit the policy will terminate. • The benefit is payable irrespective of the actual expenses incurred by the policyholder. c. In case of Angioplasty: ACI Benefit payable is subject to a maximum of Rs. 5,00,000. On payment of Angioplasty, • The policy will continue for other covered Cls with ACI Benefit reduced by Angioplasty payout and future premiums for ACI benefit reduced proportionately and • The Policy will continue with Death Benefit reduced by Angioplasty payout, and future premiums for Death Benefit will reduce proportionately. d. In case of incidences

NRE/NRO Account Number : **058101502916**

Previous Policy Details

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?

: No

Company Name	Policy Number / Application Number	Base Sum Assured (in Rs)	Proposal Date	Policy decision

If The Life To Be Assured Is A Student/Housewife, Please Provide Insurance Details Of Parents/Husband/Siblings : . **NO**

Nominee Details

Full Name : **AYESHA AQUIB KOTWAL**

Gender : **FEMALE**

Date Of Birth : **May 25,1993**

Relationship with Life Assured/Proposer : **WIFE**

Proposer / Life Assured KYC Details

IT Proof : **PANCARD - AVVPK2105Q**

Source Of Funds : **SALARY**

Address Proof : **BANKERS CONFIRMATION (WITH PAN)-EKYC**

ID Proof : **BANKERS CONFIRMATION (WITH PAN)-EKYC**

ID Number : **058101502916**

Objective Of Taking This Policy : **PROTECTION**

Age Proof : **PASSPORT**

Would You Like To Share Your Portfolio/Fund Details With Your Advisor/Agent : **YES**

Health Details of Life Assured

Suppressing facts or giving wrong information will adversely impact payment of your claim.

Height : **5 feet 8 inches**

Weight : **78(Kgs)**

Do You Consume Or Have Ever Consumed Tobacco? : **NO**

Do You Consume Or Have Ever Consumed Alcohol? : **NO**

Do You Consume Or Have Ever Consumed Narcotics? : **NO**

Is your occupation associated with any specific hazard or do you take part in activities or have hobbies that could be dangerous in any way ? (eg - occupation - Chemical factory, mines, explosives, radiation, corrosive chemicals j - aviation other than as a fare paying passenger, diving, mountaineering, any form of racing, etc) : **NO**

Are you employed in the armed, para military or police forces ?(if yes, please provide Rank, Department/Division, Date of last medical & category after medical exam)? : **NO**

Family details of the life assured(include parents/sibling) Are any of your family members suffering from /have suffered from/have died of heart disease,Diabetes Mellitus, cancer or any other hereditary/familial disorder, before 55 years of age.if yes please provide details below? : **NO**

Have you lost weight of 10 kgs or more in the last six months? : **NO**

Do you have any congenital defect/abnormality/physical deformity/handicap? : **NO**

Have you undergone or been advised to undergo any tests/investigations or any surgery or hospitalized for observation or treatment in the past? : **NO**

Did you have any ailment/injury/accident requiring treatment/medication for more than a week or have you availed leave for more than 5 days on medical grounds in the last two years? : **NO**

O

Hypertension/High BP/high cholesterol : **NO**

Chest Pain/Heart Attack/any other heart disease or problem : **NO**

Undergone angioplasty,bypass surgery,heart surgery : **NO**

Diabetes/High Blood Sugar/Sugar in Urine : **NO**

Asthma,Tuberculosis or any other respiratory disorder : **NO**

Nervous disorders/stroke/paralysis/epilepsy : **NO**

Any GastroIntestinal disorders like Pancreatitis,Colitis etc. : **NO**

Liver disorders/Jaundice/Hepatitis B or C : **NO**

Genitourinary disorders related to kidney,prostate,urinary system : **NO**

Cancer, Tumor, Growth or Cyst of any Kind : **NO**

HIV infection AIDS or positive test for HIV : **NO**

Any blood disorders like Anaemia, Thalassemia etc : **NO**

Psychiatric or mental disorders : **NO**

Any other disorder not mentioned above : **NO**

Product Details

Application Number : OS16038227



Sales details

LOB/Agent Code : **00151827**

Channel Code : **CA**

Bank : **IBNK**

Source : **OPBG**

CAFOS Code : **7452293**

Opp ID : **999999**

Agent/AFSM Name : .. **ICICI BANK LTD RLG..**

AFSM Code : **01412748**

Branch : **B401**

LIM/CSR Code : **7452293**

SP/POS Code : **7452293**

IN UNIT-LINKED INSURANCE POLICIES(ULIPs), THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICY HOLDER.

IMPORTANT GUIDELINES:

1) Insurance is contract of utmost good faith between the Insurer and the Insured. The Proposer and the Life to be Assured are required to disclose all facts in response to the question in this application form. 2) Any cancellation/alteration is to be signed by the Proposer/Life to be Assured as applicable. 3) For adding nominee(s) or assignee to the policy please refer to the servicing forms available on the website.
I/We understand the importance of disclosing all material information and confirm that I/we shall share details which are true and correct, failing which the company reserves the right to cancel the policy and/or repudiate any claims under the policy and initiate appropriate action.

Proposer / Life Assured Basic Details

Full Name : **MR. AQUIB SABIRAHMED KOTWAL**

Gender : **MALE**

Date Of Birth : **Sep 01,1984**

Marital status : **MARRIED**

Proposer/Policy Owner Electronic Insurance Account(eiA)

Do you have an Electronic Insurance Account? : **NO**

Insurance Repository : **NO PREFERENCE**

Do you wish to convert your ICICI Prudential policies into electronic policies : **YES**

Proposer / Life Assured Personal Details

Relationship With The Life Assured : **SELF**

Education : **POST GRADUATE**

Occupation : **SALARIED**

Organization Type: **PVT LTD**

Name Of Organization : **OTHERS - OTHER**

Annual Income : **INR 48,00,000**

Politically Exposed : **NO**

(Politically Exposed Persons (PEPs) are individuals who have been entrusted with Prominent public functions in a foreign country, Example, Heads of the State or Governments, Senior Politicians, Senior Government/Judicial/Military officials, Senior Executives of State Owned Corporations, important political party officials, etc - including the family Members and close relatives).

Contact Details

Mailing Address : **PASEOS DEL SOL ARTURO CHAVEZ, 1690 3 ARBOLEDAS ZAPOPAN, JALISCO 45070, MEXICO- 00000, MEXICO**

Email ID : **AQIB.KOTWAL@AMDOCS.COM**

Mobile Number : **00523315177110**

Permanent Address : **C-25 NCL COLONY, PASHAN ROAD, PUNE- 411008, MAHARASHTRA, INDIA**

Alternate Email ID : **AQIB.KOTWAL@AMDOCS.COM**

Alternate Mobile Number : **00523315177110**

Nationality : **INDIAN**

Resident Status : **NRI (RESIDING COUNTRY : MEXICO)**

Proposer/Life Assured NRI Details

I/we are a tax resident of ONLY India: **NO**

Country Of Nationality : **INDIA**

Country Of Residence : **MEXICO**

TIN Issuing Country : **INDIA**

Taxpayers Identification Number(TIN) : **AVVPK2105Q**

TIN Issuing Country 2 : **MEXICO**

Taxpayers Identification Number2(TIN2) : **AVVPK2105Q**

Country Of Birth : **INDIA**

Passport Number : **M4231567**

Date Of Arriving In India : **Dec 21, 2020**

Date Of Leaving India After Current Visit : **Feb 25, 2021**

Duration Of Your Stay Abroad : **5 Year 0 Month**

Purpose Of Your Stay Abroad : **INCOME**

Employer/University Details : **OTHER**

Travel Details : **NO**

Type Of Bank Account Held : **Non-Resident External (NRE)**

covered under accidental Permanent Disability as well as Critical Illness, benefits shall be paid out under both the options. **a.** In case no ACI Benefit is triggered within the ACI Benefit term, then ACI Benefit will terminate and premiums corresponding to it will not be payable. However You would be required to pay premiums for all other Benefits to keep the policy in force.

Waiting Period for Accelerated Critical Illness Benefit **a.** The ACI benefit shall not apply or be payable in respect of any Critical Illness for which care, treatment or advice was recommended by or received from a Physician, or which first manifested itself or was contracted during the first six months from the date of commencement of risk or three months from the policy revival date where the policy has lapsed for more than three months. **b.** In the event of occurrence of any of the scenarios mentioned in 'a' above, or in case of a death claim, where it is established that the Life Assured was diagnosed to have any one of the covered critical illness during the waiting period for which a critical illness claim could have been made, the Company will refund the premiums corresponding to the ACI Benefit from date of commencement of risk of the policy or from the date of revival as applicable and the ACI Benefit will terminate with immediate effect. **c.** No waiting period applies where the Critical Illness arises due to an Accident. For the purpose of the CI Benefit, "Critical Illness" means any of the following listed illnesses or procedures: **1. Cancer of Specified Severity:** A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded - **1.** All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3. **2.** Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; **3.** Malignant melanoma that has not caused invasion beyond the epidermis; **4.** All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0. **5.** All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; **6.** Chronic lymphocytic leukaemia less than RAI stage 37. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, **8.** All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; **2. Open Chest CABG:** The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist. Excluded are: Angioplasty and/or any other intra-arterial procedures

3. Myocardial Infarction (First Heart Attack of Specified Severity): The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria: **1.** A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain) **2.** New characteristic electrocardiogram changes **3.** Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. The following are excluded: **1.** Other acute Coronary Syndromes **2.** Any type of angina pectoris **3.** A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure. **4. Heart Valve Surgery (Open Heart Replacement or Repair of Heart Valves):** The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded. **5. Surgery to aorta** The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. **6. Cardiomyopathy** An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, based on the following classification criteria: Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure. Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

7. Primary (idiopathic) Pulmonary hypertension An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment. The NYHA Classification of Cardiac Impairment are as follows: **a.** Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. **b.** Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

8. Angioplasty Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG). Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded. **9. Blindness** Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by: **a.** corrected visual acuity being 3/60 or less in both eyes or ; **b.** the field of vision being less than 10 degrees in both eyes. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure. **10. End stage Lung Failure (Chronic Lung Disease):** End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following: **1.** FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and **2.** Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and **3.** Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and **4.** Dyspnea at rest. **11. End stage liver failure (Chronic lung disease):** Permanent and irreversible failure of liver function that has resulted in all three of the following: **1.** Permanent jaundice; and **2.** Ascites; and **3.** Hepatic encephalopathy. Liver failure secondary to drug or alcohol abuse is excluded. **12. Kidney Failure Requiring Regular Dialysis:** End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner. **13. Major Organ / Bone Marrow Transplant** The actual undergoing of a transplant of: **i.** One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or **ii.** Human bone marrow using hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. **iii.** The following are excluded: **a.** Other stem-cell transplants b. Where only islets of langerhans are transplanted. **14. Apallic Syndrome:** Universal necrosis of the brain cortex, with the brain stem intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month. **15. Benign Brain Tumour:** Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist. **1.** Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or **2.** Undergone surgical resection or radiation therapy to treat the brain tumor. The following conditions are excluded: Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord. **16. Brain Surgery** The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

17. Coma of Specified Severity: A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following: • no response to external stimuli continuously for at least 96 hours; • life support measures are necessary to sustain life; and • permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded. **18. Major Head Trauma** Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology. The Activities of Daily Living are:

1. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; **2.** Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; **3.** Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; **4.** Mobility: the ability to move indoors from room to room on level surfaces; **5.** Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; **6.** Feeding: the ability to feed oneself once food has been prepared and made available. The following are excluded: **1.** Spinal cord injury; **19. Permanent Paralysis of Limbs** Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months. **20. Stroke resulting in permanent symptoms** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be

confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. The following are excluded: • Transient ischemic attacks (TIA) • Traumatic injury of the brain • Vascular disease affecting only the eye or optic nerve or vestibular functions. **21. Alzheimer's Disease** Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a neurologist and supported by the Company's appointed doctor. The following are excluded: (i) Non-organic disease such as neurosis and psychiatric illnesses; and (ii) Alcohol-related brain damage (iii) Any other type of irreversible organic disorder/dementia.

22. Motor Neurone Disease with permanent symptoms Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months. **23. Multiple Sclerosis with persisting symptoms** The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following: 1. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and 2. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months. Other causes of neurological damage such as SLE are excluded. **24. Muscular Dystrophy** Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions: (a) Family history of other affected individuals; (b) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction; (c) Characteristic electromyogram; or (d) Clinical suspicion confirmed by muscle biopsy. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) 'Activities of Daily Living' as defined, for a continuous period of at least six (6) months. **25. Parkinson's Disease** Unequivocal Diagnosis of Parkinson's Disease by a Registered Medical Practitioner who is a neurologist where the condition: (a) cannot be controlled with medication; (b) shows signs of progressive impairment; and (c) Activities of Daily Living assessment confirms the inability of the Insured to perform at least three (3) of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons. Drug-induced or toxic causes of Parkinson's disease are excluded. **26. Poliomyelitis** The occurrence of Poliomyelitis where the following conditions are met: 1. Poliovirus is identified as the cause and is proved by Stool Analysis, 2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months. **27. Loss of Independent Existence** Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the following Activities of Daily Living Activities of Daily Living: 1. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; 2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Mobility: the ability to move indoors from room to room on level surfaces; 5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 6. Feeding: the ability to feed oneself once food has been prepared and made available. **28. Loss of Limbs** The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded. **29. Deafness** Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears. **30. Loss of Speech** Total and irrecoverable loss of the ability to speak as a result of injury or disease to the Vocal Cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, and Throat (ENT) specialist. All psychiatric related causes are excluded. **31. Medullary Cystic Disease** Medullary Cystic Disease where the following criteria are met: a) the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; b) clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and c) the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit. **32. Systematic lupus Eryth with Renal Involvement** Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded. Abbreviated

ISN/RPS classification of lupus nephritis (2003): Class I - Minimal mesangial lupus nephritis Class II - Mesangial proliferative lupus nephritis Class III - Focal lupus nephritis Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis Class V - Membranous lupus nephritis Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology. **33. Major Burns** There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area. **34. Aplastic Anaemia** Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: (a) Blood product transfusion; (b) Marrow stimulating agents; (c) Immunosuppressive agents; or (d) Bone marrow transplantation. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: - Absolute Neutrophil count of 500 per cubic millimetre or less; - Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and - Platelet count of 20,000 per cubic millimetre or less.

1.5 Life Stage Protection You can choose to increase the Death Benefit at the key milestones of marriage and child birth/ adoption of child, provided no claim has been admitted for any benefits under the policy and the policy is in force. The Death Benefit can be increased without any medicals on any one or all of the below events during the term of the Policy. This feature is available to a Life Assured underwritten as a standard life at the time of inception of the Policy per the Board Approved Underwriting Policy.

Event	Additional Death Benefit (percentage of original Sum Assured)	Subject to maximum additional Death Benefit
Marriage	50%	₹ 50,00,000
Birth / Legal adoption of 1st child	25%	₹ 25,00,000
Birth / Legal adoption of 2nd child	25%	₹ 25,00,000

On exercising the option, You will have to pay an additional premium for the additional Sum Assured for the outstanding term of the policy based on your then age. Hence the future premium payable by You on exercising this option will be the sum of original premium and additional premium. No fee is chargeable for this option. This feature is available only with Regular premium payment option. Such increase in sum assured is only applicable to base death benefit. The ACI Benefit and ADBenefit will remain unchanged. Premium will be recalculated based on the increased Death Sum Assured and outstanding policy term. This is subject to: 1. Minimum policy term (which is 5 years) available at the time of the exercising this feature. 2. The Life Assured being less than 50 years of age at the time of the event. Such increase needs to be exercised within 6 months of the event and will be effective from the next policy anniversary. The additional premium will also be payable from next policy anniversary.

1.6 Death Benefit Payout Options The Death Benefit will be payable as per one of the below options chosen by You at the inception of Your policy and mentioned in Your Policy Schedule. 1. Lump Sum Option- Entire death benefit amount is payable as lump sum. 2. Income Option- 10% of the death benefit amount is payable every year for 10 years. This will be payable in equal monthly instalments in advance at the rate of 0.83333% of death benefit amount. The beneficiary can also advance the first year's income as a lump sum. The monthly income will then continue from the subsequent month for next 9 years advance at the rate of 0.80% of Death Benefit amount. 3. Lump sum and Income - The part of the Death Benefit amount to be paid out as lump sum is chosen at inception. The balance Death Benefit amount will be paid out in equal monthly instalments in advance at the rate of 0.83333% per month over 10 years. 4. Increasing Income Option- Benefit amount is payable in monthly instalments for 10 years starting with 10% of the benefit amount per annum in the first year. The income amount will increase at 10% p.a. simple interest every year thereafter. For options 2, 3 and 4 You or the nominee as the case may be, will have an option to take the discounted value of the future payouts anytime during the payout term by informing Us of this decision in writing. The present value will be derived using discount rate of 4% p.a. **2. Premium payment:** i. You are required to pay Premiums on the due dates and for the amount mentioned in the Policy Schedule. ii. The grace period for payment of premium is 15 days for monthly frequency of premium payment and 30 days for other frequencies of premium payment. In case of occurrence of the covered events during the grace period, We will pay the benefits as per the terms and conditions of the Policy. iii. If any premium instalment is not paid within the grace period then the Policy shall lapse and all cover under the Policy will cease. iv. You are required to pay Premiums for the entire Premium Payment Term. v. We are not under any obligation to remind You about the premium due date, except as required by applicable regulations. vi. The loading based on premium paying modes are mentioned below:

Premium frequency	Loading as a % of Premium
Yearly	NA
Half-yearly	1.25%
Monthly	2.50%

vii. You may pay Premium through any of the following modes: a) Cash b) Cheque c) Demand Draft d) Pay Order e) Banker's cheque f) Internet facility as approved by the Company from time to time g) Electronic Clearing System / Direct Debit h) Credit or Debit cards held in your name viii. Amount and modalities will be subject to our rules and relevant legislation or regulation ix. Any payment made towards first or renewal premium is deemed to be received by Us only when it is received at any of Our branch offices or authorized collection points and after an official printed receipt is issued by Us. x. No person or individual or entity is authorized to collect

CUSTOMER DECLARATION AND DIRECT DEBIT FORM

Applicable for applicants signing in English.
Applicants affixing thumb impression or signing in vernacular language, please ensure relevant confirmation from the witness (attach 'vernacular declaration').
In such cases it would be presumed that the witness would have explained contents of the form and this declaration to the applicant before submission.

CDF Ver 5.0.4

ICICI PRUDENTIAL
LIFE INSURANCE

Application Number 1

OS1603R927

Application Number 2

Proposer's Name: AQUIB SABIRAHMED KOTWAL Life Assured:

Details of Insurance Plan:

1) Policy Name: I PROTECT SMART

Sum Assured: SOL

Type of Plan: Term Endowment ULIP Pension

Premium: 67880

Frequency: Yearly Policy term: _____ Premium Payment Term: _____

1) Policy Name: _____

Sum Assured: _____

Type of Plan: Term Endowment ULIP Pension

Premium: _____

Frequency: _____ Policy term: _____ Premium Payment Term: _____

PLEASE DO NOT FILL THIS DECLARATION IF THE ABOVE FIELD IS BLANK/EDITED

To,

ICICI Prudential Life Insurance Company Ltd.

Subject: Submission of Online Application

I/We request you to process the above mention Application Number submitted online by me/us on ICICI Prudential's website www.iciciprulife.com. I/We confirm that I/We have read relevant documentation/ information and have understood the product features and benefits. I/We agree that post my/our meeting with the authorized personnel I/We has/have submitted the application to buy this product of my/our own accord. I/We hereby confirm that Mr./Ms. KUBEENA KOTWAL has/had filled the details in the application form in my/our presence and in accordance with the information provided by me/us. I/We acknowledge that the information stated in the above application form is true and correct and I/We have duly checked and verified the same. Further, I/We am/are submitting the requisite documents (Age/Address/Identity/Income Proof and photograph) as applicable for further processing of this application.

I/We understand and agree that by submitting this application through the Company's website, I/We will be bound by such statements / disclosure of material facts in the same manner and to the same extent, as if I/We have signed and submitted a written proposal for insurance to the Company. I/We fully understand the nature of the questions including health related questions and the importance of disclosing all material information to the Company while answering such questions in this application. I/We declare that answers given by me/us to all the questions in the above online application including the information given to ICICI Prudential Life Insurance Co. Ltd. as to the state of health & habits of the life/lives to be assured are true and complete in every respect. I/We undertake to notify ICICI Prudential Life Insurance Company Limited ("the Company") of any change in the information with respect to the life to be assured subsequent to the submitting of this application and before the acceptance of the risk by the Company. I/We understand that any mis-statement or suppression or non-disclosure of material information submitted or where the Company is not notified of any change as mentioned above, the Company reserves the right to repudiate the claim or declare the policy void in accordance with Section 45 of the Insurance Act. The Company reserves the right to accept, decline or offer alternate terms on this application for life insurance. I hereby declare and confirm that I am making the premium payment towards this application through my own bank account/credit card and I agree to submit a third party declaration in case the premium payment is not made from my own account.

IN CASE OF COMBINATION SALES:

I have opted for the Combination Solution comprising products like _____ as it would assist me in planning my finances. The authorized person has explained the product features and options to me. I also understand that these are different products and can also be availed separately. Having chosen to avail these products, I have made the payment of ₹ _____ towards the first premium deposit for the above products. Further, I understand and agree that in case application(s) for any of the products is/are rejected, all the applications within this combination would be rejected. Any sum towards premium shall be refunded with deductions of appropriate charges.

APPLICANT'S ACKNOWLEDGEMENT

I/We am/are aware and agree that the Company has/may have tie-ups with various financial institutions, credit rating agencies and other such entities to enable sharing/collecting/validating my/our KYC related documents/information, as available with the said institutions/agencies/entities. I/We also understand and confirm that my/our contact details or other information, may be shared on confidential basis, within the ICICI group and/or with any service provider/third party agency with whom the Company has tie-ups/arrangements, for processing of this proposal or servicing of the resulting policy and may also be shared if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if required for the purpose of preventing fraud. Further, I/We am/are an existing customer(s) of ICICI Bank Limited and I/We give my/our consent to ICICI Bank to share my/our details for the purpose of my/our application/renewal for insurance policy.

In case of ULIPs, I/We understand that premium will be locked in for first five years of the policy period and that I shall not be able to withdraw the money during that period.

I/We have understood the features of the product and believe it would be suitable for me/our insurance objective. I/We concur that I/We have availed the product after understanding the suitability of the product(s) as per my/our needs. I/We understand that the product(s) and fund(s) recommended to me are based on the information provided by me/us and which is considered suitable in the view and understanding of ICICI Bank. I/We declare that the information provided by me for my risk profiling and recommendation is correct and I/We will not hold ICICI Bank or ICICI Prudential responsible for my acceptance of product(s) and fund(s) recommended.

Or

I/We have gone through the list of product(s) and fund(s) recommended to me based on the risk profiling conducted by ICICI Bank. I/We wish to supersede the recommendations of ICICI Bank and have opted for the Prudential responsible for my acceptance of such product(s) and fund(s) as per my/our understanding.

I/We confirm that I/We have received and understood the Electronic Benefit Illustration / Key feature document.

Date: 5/02/2021

Place: PUNE

Proposer's Signature:

Life Assured's Signature
(If different from Proposer)

DIRECT DEBIT APPLICATION FORM

To The Branch Manager, UI Code: 4000220

Bank: ICICI BANK Bank Name: ICICI BANK

Application No. OS1603R927

Amount (₹)* 87880

From 05022022

To Until Cancelled

I hereby instruct the bank to debit my account and pay to ICICI Prudential Life Insurance Co. Ltd. as per the demand sent by ICICI Prudential Life Insurance Co. Ltd" As and when Presented.

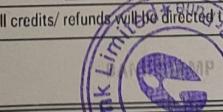
Name of Account Holder (as mentioned in Bank Account)

CBS Account No. 058101502916

Account Type:

Current Account Saving Account Cash Credit Account In case of Current A/c please affix Proprietary Firm / Company stamp on the mandate

Certified that the particulars furnished above are correct and as per our records. All credits/ refunds will be directed to the above mentioned bank account

 Signature of Authorised Bank Official

Date: 5/02/2022

The Direct Debit request will get rejected if: 1. The above account details do not tally with your bank records 2. A cancelled/photocopied cheque is not attached

DECLARATION:

- I wish to avail of the Direct Debit facility and hereby express my unconditional consent to debit premium of my policy referred to above through participation in Direct Debit. I understand and agree that premium amount to be debited from my account may vary due to taxes and other statutory levies as may be applicable from time to time.
- As a customer of ICICI Bank, I hereby consent for "debit my bank account on call" facility for renewing this ICICI Prudential Life Insurance policy when I am contacted by ICICI Bank Phone Banking.
- I hereby declare that the particulars given are true, correct and complete. I understand and accept that the transaction will be effected on the policy on the due date or preferred date as opted on the Direct Debit form (provided the day is working day). I agree to discharge the responsibility expected of me as a participant under the scheme.
- I authorize the above mentioned bank to debit my bank account if my mandate is active and until I give a written request for cancellation of Direct Debit.
- I hereby authorize ICICI Prudential Life Insurance Company Ltd., to enable the Direct Debit facility for my premium payments and in the instance of Direct Debit dishonor, to re-debit my account with the mentioned bank to recover the premium payable.
- I hereby authorize ICICI Prudential Life Insurance Co. Ltd. and their authorized Service Providers to debit my Bank Account directly for collection of Premium Payments.
- In the future, if I opt out of Direct Debit mode I understand that

Annexure II – Section 39 – Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time. The extant provisions in this regard are as follows: **1.** The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death. **2.** Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer. **3.** Nomination can be made at any time before the maturity of the policy. **4.** Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy. **5.** Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be. **6.** A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer. **7.** Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations. **8.** On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered nomination or cancellation or change there of. **9.** A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan. **10.** The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination. **11.** In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate. **12.** In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s). **13.** Where the policyholder whose life is insured nominates his a. parents or b. spouse or c. children or d. spouse and children e. or any of them the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title. **14.** If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s). **15.** If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy. **16.** The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply. Disclaimer: This is a simplified version of Section 39 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time. The policyholders are advised to refer to The Insurance Laws (Amendment) Act, 2015 as amended from time to time for complete and accurate details.

Annexure III – Section 38 – Assignment and Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time. The extant provisions in this regard are as follows. **1.** This policy may be transferred/assigned, wholly or in part, with or without consideration. **2.** An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer. **3.** The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made. **4.** The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness. **5.** The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer. **6.** Fee to be paid for assignment or transfer can be specified by the Authority through Regulations. **7.** On receipt of notice with fee, the insurer should Grant a written acknowledgment of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice. **8.** If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced. **9.** The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is a. not bonafide or b. not in the interest of the policyholder or c. not in public interest or d. is for the purpose of trading of the insurance policy. **10.** Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment. **11.** In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer. **12.** The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority. **13.** Every assignment or transfer shall be deemed to be

absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR b. where the transfer or assignment is made upon condition that i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR ii. the insured surviving the term of the policy Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position. **14.** In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and b. may institute any proceedings in relation to the policy c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings. Disclaimer: This is a simplified version of Section 38 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time. The policyholders are advised to refer to The Insurance Laws (Amendment) Act, 2015 as amended from time to time for complete and accurate details.

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

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Laws (Amendment) Act, 2015, as amended from time to time Act, 2015 are as follows: **1.** No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from a) the date of issuance of policy or b) the date of commencement of risk or c) the date of revival of policy or d) the date of rider to the policy whichever is later. **2.** On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from a) the date of issuance of policy or b) the date of commencement of risk or c) the date of revival of policy or d) the date of rider to the policy whichever is later. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based. **3.** Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true; b) The active concealment of a fact by the insured having knowledge or belief of the fact; c) Any other act fitted to deceive; and d) Any such act or omission as the law specifically declares to be fraudulent. **4.** Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak. **5.** No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured /beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries. **6.** Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based. **7.** In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation. **8.** Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured. **9.** The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

cash or self-cheque or bearer cheque on Our behalf. **xi.** Cheque or demand drafts must be drawn only in favour of ICICI Prudential Life Insurance Company Limited. **xii.** 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. **xiii.** 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. **xiv.** 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. **xv.** Premiums need to be paid only for the chosen premium payment term. Once premiums have been paid for the premium payment term, the policy benefits will continue for the term of the policy. **3.** **Maturity/Survival Benefit:** No benefit will be payable upon the maturity of the Policy. At the end of the Policy Term, the Policy will automatically terminate and all rights, benefits and interests under the Policy will stand extinguished.

PART - D

- 1. Free look Period (15 / 30 days refund policy):** 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 for cancellation with reasons within i. 15 days from the date you received it, if your Policy is not purchased through Distance Marketing. ii. 30 days from the date you received it, if your Policy is an electronic policy or is purchased through Distance Marketing. On cancellation of the Policy during the freeloop period, We will return the premium paid subject to the following deductions: i. Proportionate risk premium for the period of cover ii. Stamp duty under the Policy iii. Expenses borne by the Company 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. Paid-up Value** There is no paid-up value under this Policy.
- 3. Unexpired risk premium value** For Limited Pay policies: i. Unexpired risk premium value, if any, will be payable if the policy holder voluntarily terminates the policy during the policy term Or for lapsed policies on earlier of: • Death of the Life Assured within the revival period, or • At the end of the revival period. Unexpired risk premium value = $(\text{Unexpired risk premium value factor}/100) \times \text{Annual Premium}$ Unexpired risk premium value factors are given in Annexure I. ii. The Policy will terminate on payment of this amount and all the rights / title and interest under the Policy shall stand extinguished. iii. Unexpired risk premium value may be taxable as per the prevailing tax laws. For Regular Pay policies: No unexpired risk premium value is payable for Regular Pay policies.
- 4. Exclusions**

4.1 For Waiver of Premium on Permanent Disability due to accident following exclusions shall apply: i. We will not be liable to provide the Waiver of Premium on Permanent Disability benefit if the Permanent Disability is directly or indirectly due to or caused, occasioned, accelerated or aggravated by, any one of the following: • Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of a medical practitioner; or • Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or • The Life Assured with criminal intent committing any breach of law; or • Due to war, whether declared or not or civil commotion; or • Engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport. • PD due to accident must be caused by violent, external and visible means. ii. The accident shall result in bodily injury or injuries to the Life Assured independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the PD of the Life Assured. In the event of PD of the Life Assured after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit. iii. The Company shall not be liable to pay this benefit in case PD of the Life Assured occurs after the date of termination of the policy.

4.2 For Accidental Death Benefit the following exclusions apply: We will not be liable to pay the Accidental Death Benefit if the Accident is directly or indirectly due to or caused, occasioned, accelerated or aggravated by, any one of the following: a) Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of a medical practitioner; or b) Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or c) The Life Assured with criminal intent, committing any breach of law; or d) Due to war, whether declared or not or civil commotion; or e) Engaging in hazardous sports or pastimes, e.g. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

4.3 For CI Benefit the following exclusions apply: We will not be liable to pay any CI Benefit in respect of any listed condition arising directly or indirectly from, though, in consequence of or aggravated by any of the following: a) Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded. Pre-existing Disease means any condition, ailment, injury or disease: i. that is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the Company or its revival or ii. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its revival. b) Existence of any Sexually Transmitted Disease (STD) and its related complications c) Self-inflicted injury, suicide, insanity

and deliberate participation of the life insured in an illegal or criminal act with criminal intent. d) Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner. e) War – whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence. f) Aviation other than as a fare paying passenger or crew in a commercial licensed aircraft. g) Taking part in any act of a criminal nature with criminal intent. h) Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger. i) Radioactive contamination due to nuclear accident. j) Failure to seek or follow medical advice, the Life assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy. k) Any treatment of a donor for the replacement of an organ. i. Any illness due to a congenital defect or disease which has manifested or was diagnosed before the Insured attains aged 17.

5. Loan We will not provide loans under this Policy.

6. Riders No riders are available under this Policy.

7. Revival A Policy which has lapsed for non-payment of premium within the grace period may be revived subject to underwriting and the following conditions: a) The application for revival is made within 5 years from the due date of the first unpaid premium and before the termination date of the Policy. Revival will be based on the prevailing Board approved underwriting policy. b) You furnish, at your own expense, satisfactory evidence of health as required by Us. c) The arrears of Premiums together with interest at such rate as We may charge for late payment of premiums are paid. The interest rate applicable in April 2020 is 7.8% p.a. compounded half yearly. d) The revival of the Policy may be on terms different from those applicable to the Policy before it lapsed for example, extra mortality premiums or charges may be applicable subject to our Board approved underwriting policy. e) We reserve the right to not revive the Policy. In that case, only the premiums paid towards the revival of the Policy shall be refunded without any interest. f) For CI Benefit, a waiting period of 3 months will be applicable for any revivals after 3 months from the due date of the first unpaid premium. No waiting period will be applicable for any revival within 3 months of the due date of the first unpaid premium. g) The revival will take effect only if it is specifically communicated by Us to You.

8. To whom benefits are payable Benefits are payable to the Policyholder or to the assignee(s) where an endorsement has been recorded in accordance with Section 38 of the Insurance Laws (Amendment) Act, 2015 and as amended from time to time. In case of death of the Policyholder or assignee(s) as mentioned above, benefits are payable either to the Nominee(s) where a valid nomination has been registered by the Company (in accordance with section 39 of the Insurance Laws (Amendment) Act, 2015 and as amended from time to time), or to the executors, administrators or other legal representatives who obtain representation to the estate of the Policyholder or to such person or persons as directed by a court of competent jurisdiction in India, limited at all times to the monies payable under this Policy. We hereby agree to pay the appropriate benefits under the Policy subject to: a) Our satisfaction of the benefits having become payable on the happening of an event as per the Policy terms and conditions, b) The title of the said person or persons claiming payment.

PART-E: Not Applicable

PART-F

General Conditions

- 1. 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. In case if the age proof of the Life Assured was not submitted at the time of Proposal, You will be required to submit such an Age proof of the Life Assured acceptable to Us, and have the Age admitted. If the Age of the life assured has been missated, 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 and refund the premiums paid (without interest) under the Policy after adjustment against the paid benefits. The Policy will terminate on the said payment. b) If the Correct Age of the Life Assured makes him eligible for this Policy, revised Premium depending upon the Correct Age will be payable. 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 Laws (Amendment) Act, 2015 as amended from time to time shall be applicable.
- 2. Nomination:** Nomination under the Policy will be governed by Section 39 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time. Please refer to Annexure II for details on this section.
- 3. Assignment:** Assignment of the Policy will be governed by Section 38 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time. Please refer to Annexure III for details on this section.
- 4. Incontestability:** Incontestability will be as per Section 45 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time. Please refer to Annexure IV for details on this section.
- 5. Non-Disclosure & Fraud:** Non-disclosure and Fraud terms and conditions will be as per Section 45 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time. Please refer to Annexure IV for details on this section.
- 6. Communication address:** Our communication address is: Address : Customer Service Desk ICICI Prudential Life Insurance Company Limited, Ground Floor & Upper Basement, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400097 Maharashtra. Telephone/Facsimile: 022 67100803 / 805 E-

mail: lifeline@iciciprulife.com We expect You to immediately inform Us about any change in Your address or contact details.

- 7. 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 specified by Us

8. 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 all differences or disputes arising in relation to this Policy.

9. 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.

10. Payment of claim: For processing a claim under this Policy, We will require the following documents (as may be relevant): **a)** Claimant's Statement **b)** Original Policy Document **c)** Death Certificate of the Life Assured issued by the local municipal authority **d)** Copy of First Investigation Report (FIR), post mortem, panchnam, final police investigation report etc. in case of death due to accident **e)** All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries **f)** A precise diagnosis of the treatment for which a claim is made **g)** Cancelled Cheque for processing electronic payment. 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.

11. Suicide: If the Life Assured, whether sane or insane, commits suicide within 12 months from the date of commencement of risk of this Policy, We will refund higher of 80% of the total premiums paid including extra premiums, if any till the date of death or unexpired risk premium value as available on the date of death, provided the policy is in force. In the case of a revived Policy, if the Life Assured, whether sane or insane, commits suicide within 12 months of the date of revival of the Policy, higher of 80% of the total premiums paid including extra premiums, if any till date of death or unexpired risk premium value as available on date of death will be payable by Us. The Policy will terminate on making such a payment and all rights, benefits and interests under the Policy will stand extinguished.

- 12. Issue of duplicate policy:** We shall issue a duplicate of Policy document, on receipt of a written request for the same from You along with the necessary documents as may be required by Us and at such charges as may be applicable from time to time. The current charges for issuance of duplicate policy is Rs. 200. Freelook option is not available on issue of duplicate Policy document.

13. Amen

any terms of the Policy document shall be communicated to you in writing.

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 a.m. to 7.00 p.m, 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 above. Grievances/complaints can be lodged in any of the offices of ICICI Prudential Life Insurance Company Limited. 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 smgro@iciciprulife.com. You may also contact us at 1860 266 7766. Address: ICICI Prudential Life Insurance Company Limited, Ground Floor & Upper Basement, Unit No. 1A & 2A, Raheja Tippo 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 write to Our senior grievance redressal officer (SGRO) at smgro@iciciprulife.com or 1860 266 7766. Address: ICICI Prudential Life Insurance Co. Ltd 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, RahejaTippo 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 file a Grievance Call at the Grievance Cell of the Insurance

from us within 15 days, you may approach the Grievance Cell of the
Regulatory and Development Authority of India (IRDAI) on the following
details: IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255 (900-
732). Email ID: complaints@irda.gov.in You can also register your complaint
at <http://www.igms.irda.gov.in/>

Communication address to share complaints by post or courier:
Insurance Regulatory and Development Authority of India
Consumer Affairs Department – Grievance Redressal Cell.
Sy.No.115/1, Financial District, NanaKramguda,
Gachibowli, Hyderabad – 500 032.

2. 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, b. any partial or total repudiation of claims, c. disputes over premium paid or payable; d. misrepresentation of policy terms and conditions e. legal construction of insurance policies in so far as the dispute relates to claim; f. policy

servicing related grievances against insurers, their agents and intermediaries; g. issuance of policy not in conformity with proposal form submitted; h. non-issuance of insurance policy after premium receipt; and i. any other matter resulting from regulatory violation, related to issues mentioned at clauses a. to f.

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.

AHMEDABAD: Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: - 079 - 5501201/02/05/06. Email: bimalokpal.ahmedabad@ecoi.co.in **Jurisdiction:** Gujarat, Dadra & Nagar Haveli, Daman and Diu.

Sujaraj, Dadra & Nagar Haveli, Daman and Diu.
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-5600078. Tel No : 080 - 26652048 / 26652049. E mail : imalekmal@bengaluru.ecoi.net Jurisdiction: Karnataka

bimalokpal.bengaluru@ecoi.co.in **Jurisdiction:** Karnataka.
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.

JURISDICTION: Madiyai Padesu and Chittagong.
BHUBANESHWAR: Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneshwar - 751 009. Tel.: - 0674-2596455/2596461. Fax : 0674-2596429 Email: pimalokpal.bhubaneswar@eco.co.in**JURISDICTION:** Orissa.

CHANDIGARH: Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh - 160 017. Tel:- 0172-2706468/2706196. Fax : 0172-2708274. Email: bimalokpal.chandigarh@ecoi.co.in
Jurisdiction: Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh.

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

Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
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.

ERNAKULAM: Office of the Insurance Ombudsman, 2nd Floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulam-682 015. Tel : 0484-2385795/2359338. Fax : 0484-2359336. Email: bimalokpal.ernakulam@ecoi.co.in
Jurisdiction: Kerala, Lakshadweep, Mahe—a part of Pondicherry.

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.

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:

ojimalokpal.hyderabad@ecoi.co.in **Jurisdiction:** Andhra Pradesh, Telangana, UT of Yanam& part of the UT of Pondicherry.

JAIPUR: Office of Insurance Ombudsman, Jeevan Nidhi - II, Ground floor, Bhawani Singh Road, Ambedkar circle, Jaipur- 302005. Tel : 0141 -2740363. Email: **ojimalokpal.jaipur@ecoi.co.in**. **Jurisdiction:** Rajasthan.

KOLKATA: Office of the Insurance Ombudsman, 4th Floor, Hindusthan Building Annexe, 4, C.R.Avenue, Kolkata – 700 072. Tel : 033- 22124339/22124340. Fax : 033-22124341. Email: bimalokpal.kolkata@ecoi.co.in **Jurisdiction:** West Bengal,

Sikkim and Andaman & Nicobar Islands.
LUCKNOW: Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase II, Naval 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, Sidharthanagar.

Whole Life 10 pay option:

For unexpired risk premium value factors for Critical Illness Benefit, Accidental Death Benefit please refer to Annexure I, Table 5 corresponding to 10 pay option.

7. Whole Life (60 - Age at entry)

For unexpired risk premium value factors for Critical Illness Benefit, Accidental Death Benefit please refer to Annexure I, Table 6 corresponding to 60 - age at entry option.

4. 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@eoco.co.in **Jurisdiction:** Goa and Mumbai Metropolitan region (excluding Navi Mumbai & Thane)

5. NOIDA: Office of Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Noida Distt - Gautam Buddha Nagar, U.P - 201 301. Tel: 0120-2514250/2514251/2514253. Email: bimalkpal.noida@ecoi.co.in **Jurisdiction:** State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandsheher, 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.

6. 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.

7. PUNE: Office of Insurance Ombudsman, II Floor, JeevanDarshan, NC 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.

Annexure I - Unexpired risk premium value factors

. For Single Pay:

Limited Pay Options:

**Limited Pay Options
Policy term - 5**

Policy Year \ Benefit Term	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12	15	15	10	10	5	5	-	-	-	-	-	-	-	-	-
13	30	25	25	20	15	15	10	5	-	-	-	-	-	-	-
14	40	35	35	30	25	25	20	15	10	5	5	-	-	-	-
15	45	45	40	40	35	35	30	25	20	15	15	10	5	5	-
16	55	50	50	50	45	40	35	35	30	25	20	20	15	10	-
17	60	60	55	55	50	50	45	40	35	35	30	25	25	20	15
18	65	65	60	60	55	55	50	45	45	40	35	35	30	25	25
19	70	70	65	65	60	60	55	50	50	45	40	40	35	30	-
20	75	70	70	70	65	65	60	55	50	50	45	45	40	35	-
21	75	75	70	70	65	65	60	60	55	55	50	45	45	40	-
22	65	75	75	70	70	70	65	60	60	55	55	50	45	45	-
23	50	65	75	70	70	70	65	65	60	60	55	55	50	45	-
24	35	50	60	70	70	70	65	65	60	60	55	55	50	50	-
25	20	35	50	60	65	70	65	65	60	60	60	55	55	50	-
26	-	20	35	50	55	65	65	65	60	60	60	55	55	50	-
27	-	-	15	35	45	55	65	60	60	60	60	55	55	55	-
28	-	-	-	15	30	45	55	60	60	60	55	55	55	55	-
29	-	-	-	-	15	30	40	50	55	55	55	55	55	55	-
30	-	-	-	-	-	15	30	40	50	55	55	55	55	55	-
31	-	-	-	-	-	-	15	30	40	45	50	50	50	50	-
32	-	-	-	-	-	-	-	15	25	35	45	50	50	50	-
33	-	-	-	-	-	-	-	-	15	25	35	40	50	50	-
34	-	-	-	-	-	-	-	-	10	25	35	40	45	45	-
35	-	-	-	-	-	-	-	-	-	10	25	30	40	45	-
36	-	-	-	-	-	-	-	-	-	-	10	20	30	35	-
37	-	-	-	-	-	-	-	-	-	-	-	10	20	30	-
38	-	-	-	-	-	-	-	-	-	-	-	-	10	20	-
39	-	-	-	-	-	-	-	-	-	-	-	-	-	10	-
40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

6.9 60 – Age at entry option: Age 54-55

Policy Year \ Benefit Term	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	
3	-	10	10	10	10	10	10	25	25	25	25	25	35	35	35	35	45	45	45	45	45	50
4	15	50	50	50	50	50	50	65	65	65	65	65	80	80	80	80	90	90	90	90	90	95
5	50	85	85	85	85	85	85	105	105	105	105	105	120	120	120	120	130	130	130	130	130	140
6	40	80	80	80	80	80	80	100	100	100	100	100	115	115	115	115	130	130	130	130	130	140
7	35	70	70	70	70	70	70	95	95	95	95	95	115	115	115	115	125	125	125	125	125	135
8	25	65	65	65	65	65	65	90	90	90	90	90	110	110	110	110	125	125	125	125	125	135
9	10	60	60	60	60	60	60	90	90	90	90	90	110	110	110	110	120	120	120	120	120	135
10	-	50	50	50	50	50	50	85	85	85	85	85	105	105	105	105	120	120	120	120	120	135
11	-	40	40	40	40	40	40	75	75	75	75	75	100	100	100	100	120	120	120	120	120	130
12	-	-	30	30	30	30	30	70	70	70	70	70	100	100	100	100	115	115	115	115	115	130
13	-	-	-	25	25	25	25	65	65	65	65	65	95	95	95	95	110	110	110	110	110	130
14	-	-	-	-	10	60	60	60	60	60	60	90	90	90	90	110	110	110	110	110	125	
15	-	-	-	-	-	50	50	50	50	50	50	85	85	85	85	105	105	105	105	105	125	
16	-	-	-	-	-	-	40	40	40	40	40	80	80	80	80	105	105	105	105	105	120	
17	-	-	-	-	-	-	-	35	35	35	35	35	75	75	75	75	100	100	100			

6.8 60 – Age at entry option: Age 51-53

6.7 60 – Age at entry option: Age 46-55

6.6 60 – Age at entry option: Age 41-45

Policy Year \ Benefit Term	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10	15	80	80	80	80	80	100	100	100	100	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110
11	30	95	95	95	95	95	120	120	120	120	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135
12	40	110	110	110	110	110	135	135	135	135	160	160	160	160	160	160	160	160	160	160	160	160	160	160	160
13	55	125	125	125	125	125	155	155	155	155	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180
14	65	140	140	140	140	140	175	175	175	175	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205
15	75	155	155	155	155	155	195	195	195	195	225	225	225	225	225	225	225	225	225	225	225	225	225	225	225
16	65	145	145	145	145	185	185	185	185	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220
17	50	130	130	130	130	180	180	180	180	215	215	215	215	215	215	215	215	215	215	215	215	215	215	215	215
18	35	120	120	120	120	170	170	170	170	210	210	210	210	210	210	210	210	210	210	210	210	210	210	210	210
19	20	105	105	105	105	160	160	160	160	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205
20	-	90	90	90	90	150	150	150	150	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195
21	-	-	75	75	75	140	140	140	140	190	190	190	190	190	190	190	190	190	190	190	190	190	190	190	190
22	-	-	-	-	-	60	60	130	130	185	185	185	185	185	185	185	185	185	185	185	185	185	185	185	185
23	-	-	-	-	-	40	40	115	115	115	115	175	175	175	175	175	175	175	175	175	175	175	175	175	175
24	-	-	-	-	-	20	105	105	105	105	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165
25	-	-	-	-	-	75	75	75	75	145	145	145	145	145	145	145	145	145	145	145	145	145	145	145	
26	-	-	-	-	-	60	60	60	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	
27	-	-	-	-	-	60	60	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	
28	-	-	-	-	-	40	40	125	125	125	125	190	190	190	190	190	190	190	190	190	190	190	190	190	190
29	-	-	-	-	-	20	110	110	110	110	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180
30	-	-	-	-	-	100	100	100	100	100	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170
31	-	-	-	-	-	85	85	85	85	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165
32	-	-	-	-	-	65	65	65	65	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
33	-	-	-	-	-	55	55	55	55	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
34	-	-	-	-	-	35	35	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80
35	-	-	-	-	-	25	25	75	75	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105	
36	-	-	-	-	-	15	65	65	65	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
37	-	-	-	-	-	15	65	65	65	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
38	-	-	-	-	-	35	35	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85
39	-	-	-	-	-	25	25	75	75	105	105	105	105	105	105	105	105	105	105	105	105	105	105	105	
40	-	-	-	-	-	15	65</td																		

6.5 60 – Age at entry option: Age 36-4

6.4 60 – Age at entry option: Age 31-35

6. 60 – Age at entry option, refer to table based on Life Assured age at entry

6.1 60 – Age at entry option: Age 18-20

6.2 60 – Age at entry option: Age 21-25

Policy Year \ Benefit Term	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
15	-	5	5	5	5	5	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
16	10	15	15	15	15	15	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
17	15	25	25	25	25	25	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	
18	25	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	
19	30	40	40	40	40	40	40	40	40	40	40	40	40	40	40	45	45	45	45	45	45	45	45	45	
20	35	45	45	45	45	45	50	50	50	50	50	50	50	50	55	55	55	55	55	55	55	55	55	55	
21	40	55	55	55	55	55	55	55	55	55	60	60	60	65	65	65	65	65	65	65	65	65	65	65	
22	45	60	60	60	60	65	65	65	65	65	65	65	70	70	70	70	70	70	70	70	70	70	70	70	
23	45	65	65	65	65	65	70	70	70	75	75	75	80	80	80	80	80	80	80	80	80	80	80	80	
24	50	70	70	70	70	75	75	75	85	85	85	85	90	90	90	90	90	90	90	90	90	90	90	90	
25	50	75	75	75	75	75	80	80	80	80	90	90	90	90	100	100	100	100	100	100	100	100	100	100	
26	50	75	75	75	75	85	85	85	95	95	95	95	105	105	105	105	105	105	105	105	105	105	105	105	
27	55	80	80	80	80	90	90	90	105	105	105	105	115	115	115	115	115	115	115	115	115	115	115	115	
28	55	80	80	80	80	95	95	95	110	110	110	110	125	125	125	125	125	125	125	125	125	125	125	125	
29	55	85	85	85	85	100	100	100	115	115	115	115	130	130	130	130	130	130	130	130	130	130	130	130	
30	55	85	85	85	85	105	105	105	105	120	120	120	120	120	140	140	140	140	140	140	140	140	140	140	
31	50	90	90	90	90	90	110	110	110	110	130	130	130	130	145	145	145	145	145	145	145	145	145	145	
32	50	90	90	90	90	90	115	115	115	115	135	135	135	135	155	155	155	155	155	155	155	155	155	155	
33	50	90	90	90	90	90	115	115	115	115	140	140	140	140	165	165	165	165	165	165	165	165	165	165	
34	45	90	90	90	90	90	120	120	120	120	145	145	145	145	170	170	170	170	170	170	170	170	170	170	
35	45	90	90	90	90	90	125	125	125	125	155	155	155	155	180	180	180	180	180	180	180	180	180	180	
36	35	85	85	85	85	85	120	120	120	120	150	150	150	150	180	180	180	180	180	180	180	180	180	180	
37	30	80	80	80	80	115	115	115	145	145	145	145	175	175	175	175	175	175	175	175	175	175	175	175	
38	20	70	70	70	70	110	110	110	140	140	140	140	175	175	175	175	175	175	175	175	175	175	175	175	
39	10	65	65	65	65	65	105	105	105	140	140	140	140	170	170	170	170	170	170	170	170	170	170	170	
40	-	55	55	55	55	95	95	95	135	135	135	135	170	170	170	170	170	170	170	170	170	170	170	170	
41	-	45	45	45	45	90	90	90	130	130	130	130	165	165	165	165	165	165	165	165	165	165	165	165	
42	-	35	35	35	85	85	85	125	125	125	125	160	160	160	160	160	160	160	160	160	160	160	160	160	
43	-	25	25	75</																					