

PART A: Covering Letter with Policy Schedule

01-01-2018

Mr ASHOK KUMAR PATRA
PLOT NO-737
JHARPADA
INFRONT OF THE JAIL ROAD
Bhubaneswar 751006
(M) 9642639400

Policy Number : 03689453

Your Exide Life Smart Term Plan - Step Up with Policy No. 03689453

Dear Mr PATRA,

We thank you for choosing Exide Life Insurance as your preferred life insurance solution provider. We welcome you onboard to growing happy family of over 15 lac Exide Life Insurance customers.

We are pleased to enclose your Policy Bond, which carries the following details of your recently purchased Exide Life Insurance Policy:

- | | | |
|----------------------|---|------------------------------------------------------------------|
| ✓ Policy Schedule | : | Summary of key features of your Exide Life Insurance Policy |
| ✓ Premium Receipt | : | Acknowledgement of the first premium paid by you |
| ✓ Terms & Conditions | : | Detailed terms of your policy contract with Exide Life Insurance |
| ✓ Service Options | : | Wide range of policy servicing options that you can benefit from |

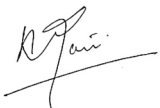
We request you to carefully go through the information given in the Policy Bond. You are also advised to keep the Policy Bond with utmost safety because this document will be required at the time of availing Policy Benefits.

We wish to inform you that, in case you are not satisfied with any of the terms and conditions of this insurance policy, Exide Life Insurance gives you an option to cancel this policy within 15 days (30 days if the policy is sourced through Distance Marketing[#]) from the date of receipt of this policy. You would need to write to us stating your reason for cancellation and return the original Policy Bond to any of our Exide Life Insurance Branches. We will refund the Premium amount paid by you towards this policy, after deducting a proportionate risk premium for the period of insurance cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges. All Benefits and rights under this Policy shall immediately stand terminated on the cancellation of the Policy. [#]Distance Marketing includes solicitation through all modes other than in person.

For any assistance, please feel free to contact our customer service team at care@exidelife.in or call our toll free number 1800 419 8228.

Thank you for giving us the opportunity to help you prepare for a long and happy life.

Yours sincerely,



Kshitij Jain
Managing Director & CEO
Exide Life Insurance Company Limited



Your Financial Advisor Contact Details

Advisor Name: Exide Life Insurance Company Limited

Advisor Code: 60000001

Mobile/ Landline Number: (B) 18004198228

A.1. Free Look Provisions

The Policyholder shall have a period of 15 days (30 days if the Policy is sourced through Distance Marketing#) from the date of receipt of the Policy document to review the terms and conditions of this Policy and if the Policyholder disagrees with any of the terms and conditions, he/she has the option to return the Policy stating the reasons for the cancellation upon which the Company shall return the Premium paid subject to deduction of a proportionate risk Premium for the period of insurance cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges. All Benefits and rights under this Policy shall immediately stand terminated at the cancellation of the Policy.

#Distance Marketing includes solicitation through all modes other than in person.

A.2. Policy Preamble

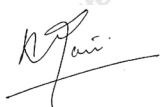
Exide Life Smart Term Plan is the name of the life insurance product of the Company. It is a non-participating and non-linked life insurance Plan. A non-participating Plan does not entitle the Policyholder to any share in the surplus (profits) of the Company. The Terms and Conditions and the Policy Schedule are issued based on the proposal form submitted by the Life Assured / Policyholder.

A.3. Policy Schedule

Name of the Product			Exide Life Smart Term Plan
UIN of the Product			114N083V01
Policy Number			03689453
Date of the Proposal			13-12-2017
Policy Commencement Date			31-12-2017
Risk Commencement Date			31-12-2017
Plan Option			Exide Life Smart Term Plan - Step Up
Basic Sum Assured			₹10,000,000.00
Extra Protection (applicable for Comprehensive variant only)			₹0.00
Sum Assured on Death			₹10,000,000.00
Sum Assured on Maturity			Refer Section C.2 in T&C
Rider(s)	Description	Sum Assured (₹)	Cessation Date
UIN of the Rider			
Base Premium Amount			₹26,033.00
Extra Protection Premium Amount (applicable for Comprehensive variant only)			₹0.00
Rider(s) Premium Amount			₹0.00
Frequency of Payment			Annual
Due Date of Payment			31st of December
Premium Payment Term			30 Years
Policy Term			30 Years
Date of Last Installment Premium			31-12-2046
Name and Address of the Policyholder			ASHOK KUMAR PATRA PLOT NO-737 JHARPADA INFRONT OF THE JAIL ROAD Bhubaneswar 751006
Date of Birth of the Policyholder			21-06-1991
Name of the Life Assured			ASHOK KUMAR PATRA
Age of Life Assured At Entry			26
Date of Birth			21-06-1991
Whether Age admitted?			Yes
Name of Nominee and relationship to Life Assured			SWARNALATA PATRA (Mother)
Name of Appointee, If Nominee is Minor			
Policy Maturity Date			31-12-2047
Special Conditions			

Consolidated Revenue Stamp Duty Paid to the GOVERNMENT for this contract is ₹2,000.00

The Modal Premium shown in the Policy Schedule above is exclusive of Goods & Services Tax (GST). GST at the applicable rates will be charged on Premiums paid.



Kshitij Jain
Managing Director & CEO
Exide Life Insurance Company Limited

Your First Premium Receipt

Mr ASHOK KUMAR PATRA
PLOT NO-737
JHARPADA
INFRONT OF THE JAIL ROAD
Bhubaneswar 751006

Date
01-01-2018
Receipt Number
03689453

We acknowledge receipt of ₹27,205.00 as deposit towards Premium for your Exide Life Smart Term Plan - Step Up, policy number 03689453 as per the following details:

Date of Policy Commencement	31st December 2017
Billing frequency	Annual
Base Sum Assured	₹10,000,000.00
Extra Protection Sum Assured	₹0.00
Rider Sum Assured	₹0.00
Base Premium	₹26,033.00
Extra Protection Premium	₹0.00
Rider Premium	₹0.00
Total Premium	₹26,033.00
Total GST	₹1,171.49
Total Premium Installment	₹27,204.49
Total Premium adjusted	₹27,204.49

Please note that your next regular premium is due on 31st December 2018

The balance amount in deposit will be adjusted towards your future premium ₹0.51

Goods & Services Tax (GST) Details

Total value of services ₹	26033.00
Total taxable value of Services ₹	6508.25
CGST @ 9.00% ₹	585.74
SGST @ 9.00% ₹	585.75
Total GST ₹	1171.49
GSTIN of Servicing Branch:	21AAACI7940L1ZK
Service Branch Address:	4th Floor Vinayak Complex, 96 Janpath, Unit 3 Kharvel Nagar, Bhubaneswar, Bhubaneswar
Service Accounting Code:	00997132
State, Customer State Code:	ODISHA, 21

Consolidated Revenue Stamp Duty paid to the Government.

Reverse Charge mechanism of GST is not applicable on this transaction.

"The Indian Stamp Act, 1899, as amended by The Finance Act, 2004 (Act 23 of 2004), prescribes the stamp-duty on the document acknowledging the receipt of any money or other property, the amount or value of which exceeds ₹5000/- (Rupees Five Thousand) as Rupee ONE". "The Stamp Act 1977 of the State of Jammu & Kashmir, as amended from time to time, currently prescribes the Stamp duty on the document acknowledging receipt of any moneys, the amount or value of which exceeds ₹100/- (Hundred Rupees) as Rupees Two."

Income Tax Benefits:

Any Premium paid by the policy holder on a life insurance policy with Exide Life Insurance company Limited, would be eligible for certain applicable tax benefits under section 80C, 80CCC and 80D of the Income Tax Act, 1961 as per the prevailing Income Tax Laws. Please consult your tax advisor for more information on these Tax Benefits.

*Goods & Services Tax (GST) or any other form of taxes or charges will be additionally charged as per prevailing laws and regulations wherever applicable. For Unit Linked Policies applicable taxes will be deducted through cancellation of units as per prevailing laws and regulations. Premium paid in advance would be held in deposit without interest, the premium will be adjusted to the policy on the due date. As per Government of India directive, if you are holding single or multiple policies where your aggregate premium payment for the financial year is ₹50,000 or above, please submit PAN card or form 60 / form 61 as applicable. Please ignore if you have already submitted the documents.

Payouts/ Benefits:

If the payouts under a life insurance policy are not exempted under Section 10(10D) of the Act and the total payouts across all such policies to a customer in a financial year (i.e. April to March) amounts to ₹1 lakh or more, then the payouts would be subject to tax deduction at source (TDS) @ 2% (w.e.f 1st June 2016 @ 1%). In the absence of submission of valid PAN the TDS would be deducted @ 20% on such payouts. The commencement of risk under this policy will start from the date of issuance of this policy or the date of encashment of first premium deposit whichever is later. In the event of dishonor of the payment, the policy of Insurance issued as well as this receipt shall be treated as null and void from inception and the Company shall not be liable to pay any amounts under this policy.

For more information on the applicability of section 10(10D) and 194-DA of the Income Tax Act, 1961 please visit <http://incometaxindia.gov.in/Pages/acts/income-tax-act.aspx> or consult your tax advisor on the same.

PART B : Important Terms and Definitions

DEFINITIONS

In this Policy, unless the context requires otherwise, the following words and expressions shall have the meaning ascribed to them respectively herein below:

Age shall be Age of Life Assured at Policy Commencement Date as at last birthday i.e. the Age in completed years and is recorded in the Policy Schedule based on the details provided by the Policyholder.

Annualized Premium is defined as the premium payable in a year by policyholder excluding underwriting extra premiums and loadings for modal premiums, if any.

Basic Sum Assured means an absolute amount chosen by the Policyholder at the Date of Inception of Policy and as specified in the Policy Schedule.

Benefits means the Death Benefit, Maturity Benefit, Surrender Benefit, or any other Benefit as applicable under the terms of this Policy.

Classic: Protection with return of premium is one of the Plan Option available to the Policyholder under the Exide Life Smart Term Plan. In this variant the Sum Assured on Maturity is as per Section C.2 of this document.

Comprehensive: Enhanced protection with return of premium is one of the Plan Option available to the policyholder under the Exide Life Smart Term Plan. Under this variant along with the benefits as under Classic, the policyholder can increase the death benefit through Extra Protection. The premium payable towards Extra Protection will not be refunded on maturity. In this variant the Sum Assured on Maturity is as per Section C.2 of this document.

Eligible Person means the Policyholder, including assignees under Section 38 of the Insurance Act, 1938, as amended from time to time, or nominees under Section 39 of the Insurance Act, 1938, as amended from time to time, or proving executors of administration or other legal representatives, as per the applicable Regulations.

Extra Protection is the additional sum assured chosen by the Policyholder at the Date of Inception of Policy under Comprehensive variant of the product. Additional sum assured chosen as Extra Protection shall remain unchanged throughout the Policy Term.

Lapse means a non-active life insurance contract on account of nonpayment of premium within the grace period.

Life Assured means the person named as mentioned in the Policy Schedule, and on whose life the Policy has been taken in terms hereof.

Plan Option refers to the three variants available under this Plan namely Classic: Protection with return of premium, Step-up: Protection with higher return of premium and Comprehensive: Enhanced protection with return of premium. Option to choose the variant is available to the Policyholder only at the inception of Policy and switching between the variants is not allowed throughout the Policy Term.

Policy means the contract of insurance entered into between the Policyholder and the insurer as evidenced by the policy document.

Policy Document means and includes the necessary document, the Annexure, the signed Proposal Form, the Policy Schedule and any attached endorsements or supplements together with all addendums.

Policyholder shall mean the owner of this Policy and is referred to as the proposer in the proposal form and is named as such in the Policy Schedule.

Policy Commencement Date / Date of Inception of the Policy is the Date, Month and Year the Policy comes into effect and is as specified in the Policy Schedule.

Policy Maturity Date means the date of completion of the Policy Term as specified in the Policy Schedule.

Policy Schedule means the Schedule issued by the Company that sets out the details of this Policy and is attached to and forming part of this Policy.

Policy Term means the tenure of this Policy as specified in the Policy Schedule.

Policy Year means a period of twelve (12) consecutive months starting from the Policy Commencement Date and ending on the day immediately preceding the following policy anniversary date and each subsequent period of twelve (12) consecutive months thereafter.

Premium means the contractual amount payable by the Policyholder in a Policy Year on the due date as set out in the Policy Schedule to secure the Benefits under this Policy. Applicable GST and other levies if any are payable in addition.

Premium Payment Term (PPT) means the period in years during the Policy Term in which Premiums are payable by the Policyholder under the Policy, as specified in the Policy Schedule.

Regulations mean the laws and Regulations in effect as amended from time to time and applicable to this Policy, including without limitation the Regulations and directions issued by the Insurance Regulatory and Development Authority of India (IRDAI) from time to time. The applicable Regulation shall form a part and parcel of the terms and conditions, and the terms and conditions shall be read along with the Regulation.

Revival/Reinstatement means restoration of the Policy, which was discontinued due to non-payment of the Premium, by the Company with all the benefits mentioned in the terms and conditions, with or without Rider benefits, if any upon receipt of all the Premiums due and other charge/late fee if any, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the Life Assured/Policyholder on the basis of the information, documents and reports furnished by the Policyholder, in accordance with the board approved underwriting guidelines.

Rider means the Rider(s), if any, which provides additional cover which can be opted by the Life Assured/Policyholder and issued by the Company, attached to and forming part of this Policy.

Rider Benefits means the amount of Benefit payable on a specified event offered under the Rider and is allowed as add-on Benefit to main Benefit and is mentioned in the Rider Policy.

Rider Endorsement Letter means the letter issued by the Company on a Policy anniversary date to which the Rider Policy is attached to and forms a part of the Policy.

Risk Commencement Date means the date from which risk is assumed by the Company and as specified in the Policy Schedule.

Step-up: Protection with higher return of premium is one of the Plan Option available to the policyholder under the Exide Life Smart Term Plan. In this variant the Sum Assured on Maturity is as per Section C.2 of this document.

Sum Assured on Death means an absolute amount of benefit which is guaranteed to become payable on the event of death of the Life Assured in accordance with the terms and conditions of the Policy and is specified as such in the Policy Schedule or such amount as may be endorsed on the Policy.

Sum Assured on Maturity is the amount as specified in the Policy Schedule and payable on maturity of the policy subject to the Life Assured surviving the Policy Term and the policy being in force.

Surrender means complete withdrawal/termination of the entire Policy by the Policyholder in accordance with the terms of the Surrender.

"We", "Us", "Our" and "Company" refers to Exide Life Insurance Company Limited.

"You", "Your", "He" and "She" refers to the Policyholder.

PART C: PRODUCT CORE BENEFITS

BENEFITS PAYABLE UNDER THIS POLICY

C.1. Death Benefit: Subject to terms and conditions of this Policy and the Policy remaining in full force and effect, in the event of unfortunate demise of the Life Assured after Risk Commencement Date but before Policy Maturity Date, the company shall pay Sum Assured on Death as on date of death, to the Eligible Person after deducting the Premiums, if any due for the Policy Year of demise/death.

C.1.1. Sum Assured on Death is calculated as higher of, multiple of Annualized premium or minimum guaranteed Sum Assured on Maturity or absolute amount assured to be paid on death or 105% of total premiums paid towards base policy. The multiple of Annualized Premium is as per tables below:

Age	Multiple of Annualized Premium	
	5 Pay and Regular Premium	Single Premium
18-44	10	1.25
45 and above	7	1.1

C.1.1.1. Absolute amount assured to be paid on death under each variant is as below:

Classic and Step-up variants: Absolute amount assured to be paid on death is equal to Basic Sum Assured

Comprehensive variant: Absolute amount assured to be paid on death is equal to Basic Sum Assured plus sum assured towards Extra Protection

C.2. Maturity Benefit: Subject to terms and conditions of the Policy and the policy remaining in full force and effect, if the Life Assured survives the policy term the Company shall pay the Sum Assured on Maturity to the Policyholder after deducting the outstanding dues and Policy debt if any during the Policy term as mentioned below.

C.2.1. Classic: Protection with return of premium: The Sum Assured on Maturity is 100% of the total premiums paid excluding the underwriting extra premiums, if any.

C.2.2. Step-up: Protection with higher return of premium: In this variant the Sum Assured on Maturity is fixed proportion of the total premiums paid excluding the underwriting extra premiums if any. This proportion starts at 110% and increases as the Policy Term. The proportions at various Policy Terms are as tabulated below:

Policy Term	10 to 14 years	15 to 19 years	20 to 24 years	25 to 29 years	30 years
% of total premiums paid excluding the underwriting extra premiums, if any	110%	120%	130%	140%	150%

C.2.3. Comprehensive: Enhanced protection with return of premium: The Sum Assured on Maturity is 100% of the total premiums paid excluding Extra Protection premiums and underwriting extra premiums, if any.

C.3. Payment of Premiums: This Policy is issued subject to the Policyholder making prompt and regular payment of Premium for the Premium Payment Term as mentioned in the Policy Schedule and it shall be the responsibility of the Policyholder to ensure prompt and regular payment of the Premium.

C.4. Payment of Benefits

C.4.1. Payment of all the Benefits as shown in the Policy Schedule shall be subject to receipt of proof by the Company to its satisfaction;

C.4.1.1. of the Benefits having become payable as set out in this Policy; and

C.4.1.2. of the title of the person or persons claiming the Benefits; and

C.4.1.3. of the correctness of the Age of the Life Assured as stated in the Proposal, if not previously admitted.

C.5. Mode of payment of Benefits

C.5.1. All Benefits and other sums under this Policy shall be payable in the manner and currency allowed/permitted under the Regulations and shall be payable by account payee cheque or other permissible modes.

C.5.2. The Company shall pay the applicable Benefits and other sums payable under this Policy. Any discharge given by the Eligible Person, or by any person authorized by the Eligible Person in writing in respect of the Benefits or the sums payable under this Policy shall constitute a valid discharge to the Company in respect of such

payment. The Company's liability under the Policy shall be discharged by such payment and the Company shall not be required to see the utilization of the monies so paid.

C.5.3. Apart from the Benefits mentioned hereinabove in Part C the Company shall not be liable to pay any other benefits to the Eligible Person.

C.6. Grace Period: A Grace Period of thirty (30) days for annual and half-yearly modes and fifteen (15) days for monthly mode from the Premium payment due date will be allowed for payments of each Premium. During the Grace Period, the Policy shall continue to be in force for availing the Death Benefit. Any unpaid Premium is deductible from the Benefits that may arise during the Grace Period. If the Premiums due are not paid within the Grace Period, the Policy will be eligible for Non-Forfeiture options explained in clause D.3.

PART D : Policy Servicing Related Aspects

D.1. Free Look Provisions: The Policyholder shall have a period of 15 days (30 days if the Policy is sourced through Distance Marketing #) from the date of receipt of the Policy Document to review the terms and conditions of this Policy and if the Policyholder disagrees with any of the terms and conditions, he/she has the option to return the Policy stating the reasons for the cancellation upon which the Company shall return the Premium paid subject to deduction of a proportionate risk Premium for the period of insurance cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges. All Benefits and rights under this Policy shall immediately stand terminated at the cancellation of the Policy.

Distance Marketing includes solicitation through all modes other than in person.

D.2. Revival/Reinstatement of the Policy:

D.2.1. Subject to the approval of the Company and the prevailing board approved underwriting policy, this Policy, if lapsed, may be revived/reinstated for full benefits before the Policy Maturity Date but within two years from the due date for payment of the first unpaid Premium provided that.

D.2.1.1. This Policy has not been surrendered for cash.

D.2.1.2. No claim has arisen under this Policy.

D.2.1.3. Where required by the Company, a written application for Revival/Reinstatement is received from the Policyholder by the Company, together with evidence of insurability and health of the Life Assured, to the satisfaction of the Company; and

D.2.1.4. All amounts necessary to revive/reinstate this Policy including all arrears Premiums with interest/Revival/Reinstatement charge as levied by the Company from time to time.

D.2.2. Notwithstanding anything to the contrary contained elsewhere in this Policy, the Company reserves the right to revive/reinstate the lapsed Policy either on its original terms and conditions or on such other or modified terms and conditions as the Company may specify or to reject the Revival/Reinstatement. If needed the Company may refer it to its medical examiner in deciding on Revival/Reinstatement of lapsed Policy. Subject to the provisions of Clauses D.2.1 above, the Revival/Reinstatement shall come into effect on the date when the Company specifically communicates it in writing to the Policyholder.

D.2.3. Since the Company shall be relying on the statements made by the Policyholder/Life Assured to the Company and to its medical examiner in deciding on Revival/Reinstatement of a lapsed Policy, if any incorrect or untrue statement has been made or any material fact has been suppressed, the Company shall be entitled to cancel the Revival/Reinstatement of this Policy or repudiate the claim, if any, arising after such Revival/Reinstatement and the Policyholder shall not be entitled to receive any amounts paid under this Policy including the amounts paid towards such Revival/Reinstatement, subject to Section 45 of the Insurance Act, 1938, as amended from time to time.

D.3. Non-Forfeiture options upon Non-Payment of Premiums:

If one full years' Premium has not been paid, the Policy will lapse until the Policy is revived/reinstated for full Benefits within two years from the first unpaid Premium due date. No Benefits will be paid to the Policyholder or the Eligible Person if the Policy is in Lapse stage except as specified below.

If at least three full years' (2 full years for 5 Pay) Premium has been paid, and if any subsequent Premium which are due has not been paid, the Policyholder will be eligible for reduced paid-up value as explained in Section D.3.1. and Surrender Value as explained in Section D.3.2.

D.3.1. Reduced Paid-up Value: If all Premiums have been paid for at least 3 full years' (2 full years' for 5 Pay) and no further Premiums are paid and the policy is not surrendered, then the policy will be eligible for a non-forfeiture benefit, which shall be Reduced Paid-up Value described as per the table below:

Events	Variant	How and When benefits are payable	Size of such benefits/policy monies
Reduced Paid-up Death Benefit	Classic		(Number of premiums paid) / (Total Number of premiums payable) X Sum Assured on Death
	Step-up	Lump Sum and is payable immediately on death during the policy term	(Number of premiums paid) / (Total Number of premiums payable) X Sum Assured on Death
	Compre-hensive		(Number of premiums paid) / (Total Number of premiums payable) X (Sum Assured on Death excluding sum assured towards 'Extra Protection' as chosen by the policyholder)
Reduced Paid-up Maturity Benefit	Classic		Total premiums paid excluding the underwriting extra premiums, if any
	Step-up	Lump Sum and is payable on survival of the policyholder to the date of maturity	(Proportions based on the policy term, as given in Section C.2.2. of the Policy Document) X (Number of premiums paid) / (Total Number of premiums payable) X Total premiums payable excluding the underwriting extra premiums, if any
	Compre-hensive		Total premiums paid excluding Extra Protection premiums and underwriting extra premiums, if any

D.3.2. Surrender the Policy: If at least three full years' Premiums are paid in Regular Premium (two full years' Premiums in 5 Pay) the Policy can be surrendered. In case of Single Pay the policy acquires surrender value from the first policy year itself. The Policy cannot be surrendered after the death of the Life Assured. Upon payment of the surrender value, the Policy shall stand terminated with no further Benefits payable under the Policy and the Company shall be relieved and discharged from all obligations under this Policy thereafter.

The Surrender Value is payable immediately on Surrender and the Policy shall be terminated upon payment of Surrender Value.

D.3.2.1. Surrender Value: The Policy acquires a Surrender Value which is higher of Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV).

D.3.2.2. Guaranteed Surrender Value:

D.3.2.2.1. For Classic and Step-up:

Single Premium: The policy can be surrendered anytime during the policy term. The Guaranteed Surrender Value (GSV) is expressed as a percentage of total premiums paid excluding the underwriting extra premiums, if any, as per the table below:

Policy Year	GSV factor
1 to 3	70%
4 onwards	90%

SSV is same as GSV in case of Single Premium.

Regular Premium and 5 Pay: The policy will acquire a guaranteed surrender value (GSV) if all due premiums for at least for 2 full years for 5 pay and 3 full policy years for Regular premium have been paid. The Guaranteed Surrender Value is expressed as a percentage of total premiums paid excluding the underwriting extra premiums, if any, as provided in Section D.3.2.2.3.

D.3.2.2.2. For Comprehensive:

Single Premium: The policy can be surrendered anytime during the policy term. The Guaranteed Surrender Value (GSV) is sum of following:

- GSV factor as per below table multiplied by the total premiums paid excluding Extra Protection premiums and underwriting extra premiums, if any

Policy Year	GSV factor
1 to 3	70%
4 onwards	90%

- (60% of Extra Protection Premiums paid X (Total Complete years remaining for maturity/Policy Term in years)

SSV is same as GSV in case of Single Premium.

Regular Premium: The policy will acquire a guaranteed surrender value (GSV) if all due premiums for at least 3 full policy years have been paid. The Guaranteed Surrender Value is expressed as a percentage of total premiums paid excluding Extra Protection Premium and underwriting extra premiums, if any, as provided in Section D.3.2.2.3.

D.3.2.2.3. GSV Factors: The Guaranteed Surrender Value is expressed as a percentage of premiums paid (excluding any extra/rider premiums and taxes) as provided in the table below:

Policy Year / Policy Term	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
2*	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8	61%	58%	57%	55%	55%	54%	53%	53%	53%	52%	52%	52%	52%	52%	52%	51%	51%	51%	51%	51%	51%
9	73%	67%	64%	61%	60%	58%	57%	57%	56%	55%	55%	55%	54%	54%	54%	53%	53%	53%	53%	53%	53%
10	85%	76%	71%	67%	65%	63%	61%	60%	59%	58%	58%	57%	57%	56%	56%	55%	55%	55%	55%	54%	54%
11	-	85%	78%	73%	70%	67%	65%	64%	62%	61%	60%	60%	59%	58%	58%	57%	57%	57%	56%	56%	56%
12	-	-	85%	79%	75%	71%	69%	67%	65%	64%	63%	62%	61%	60%	60%	59%	59%	58%	58%	57%	57%
13	-	-	-	85%	80%	76%	73%	71%	69%	68%	67%	66%	65%	64%	63%	62%	61%	60%	60%	59%	59%
14	-	-	-	-	85%	80%	77%	74%	72%	70%	68%	67%	66%	65%	64%	63%	62%	62%	61%	61%	60%
15	-	-	-	-	-	85%	81%	78%	75%	73%	71%	70%	68%	67%	66%	65%	64%	64%	63%	62%	62%
16	-	-	-	-	-	-	85%	81%	78%	76%	74%	72%	71%	69%	68%	67%	66%	65%	65%	64%	63%
17	-	-	-	-	-	-	-	85%	81%	79%	76%	75%	73%	71%	70%	69%	68%	67%	66%	65%	65%
18	-	-	-	-	-	-	-	-	85%	82%	79%	77%	75%	74%	72%	71%	70%	69%	68%	67%	66%
19	-	-	-	-	-	-	-	-	-	85%	82%	80%	78%	76%	74%	73%	72%	71%	70%	69%	68%
20	-	-	-	-	-	-	-	-	-	-	85%	82%	80%	78%	76%	75%	73%	72%	71%	70%	69%
21	-	-	-	-	-	-	-	-	-	-	-	85%	82%	80%	78%	77%	75%	74%	73%	72%	71%
22	-	-	-	-	-	-	-	-	-	-	-	-	85%	82%	80%	79%	77%	76%	75%	73%	72%
23	-	-	-	-	-	-	-	-	-	-	-	-	-	85%	82%	81%	79%	78%	76%	75%	74%
24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85%	83%	81%	79%	78%	77%	75%
25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85%	83%	81%	80%	78%	77%
26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85%	83%	81%	80%	78%
27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85%	83%	81%	80%
28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85%	83%	81%
29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85%	83%
30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85%

D.3.2.3. Special Surrender Value:

For Policies that have paid at least two full years' Premium in case of 5 Pay and for Policies that have paid at least three full years' Premium in case of Regular Premium and if the conditions as per section D.3.2 have been fulfilled, the Policy may acquire a Special Surrender Value. The Special Surrender Value will be quoted only on receipt of a surrender request which shall be determined by the Company from time to time and is not guaranteed.

The Surrender Values and Non-forfeiture provisions apply only to the Base Policy mentioned in the Schedule and not to any Riders.

D.4. Policy Loan: There is no loan available under this Policy.

PART E: All the applicable Charges, Fund Name, Fund Options etc. (Applicable especially for ULIP Policies)

E.1. Not Applicable as this is a non-linked individual product.

PART F: General Terms and Conditions

F.1. Fraud, Misrepresentation and forfeiture

In issuing this Policy, the Company has relied on, and may rely on, accuracy and completeness of the information provided by the Proposer/Life Assured and any other declarations or statements made or as may be made hereafter, by the Policyholder/Life Assured.

Fraud, Misrepresentation and forfeiture would be dealt in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed as Annexure I for reference]

F.2. Admission of Age

The Age of the Life Assured has been admitted on the basis of the declaration made by the Policyholder/Life Assured in the Proposal Form and/or in any document/statement based on which this Policy has been issued. If the Age of the Life Assured is found to be different from that declared, the Company may, adjust the Premiums and/or the Benefits under this Policy and/or recover the applicable balance amounts, if any, as it deems fit. This policy shall however become void from commencement, if the Age of the Life Assured at the Policy Commencement Date is found to be higher than the maximum or lower than the minimum entry Age that was permissible under the Policy at the time of issue and the total premiums paid shall be refunded without interest after deducting all applicable charges like medical, Stamp duty, Risk etc.

F.3. Assignment:

Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed as Annexure II for reference].

F.4. Nomination:

Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure III for reference]

F.5. Review, revision:

The Company reserves the right to review, revise, delete and/ or alter any of the terms and conditions of this

Policy, including without limitation the Benefits, the Premiums with the prior approval of IRDAI.

F.6. Release and discharge:

The Policy will terminate automatically on payment of the Surrender Value, Death Benefit on Lapse of the Policy or on the happening of the events that the Policy reads specifically that the Policy shall terminate, as the case may be, and the Company will be relieved and discharged from all obligations under this Policy thereafter.

F.7. Taxes, duties and levies and disclosure of information:

This Policy, and the Benefits and the Surrender Value payable under this Policy shall be subject to the Regulations, including taxation laws in effect from time to time. All Taxes, duties or levies including without limitation or other taxes (collectively "Taxes") as may be imposed now or in future by any authority on the Premiums, charges and Benefits shall be borne and paid by the Policyholder or the Eligible Person, as the case may be or deducted by the Company from the Premium received or Benefits payable. The Premium and other sums payable under or in relation to the Policy do not include the Taxes. The persons receiving the Benefits shall be solely liable for complying with all the applicable provisions of the Regulations, including taxation laws, and payment of all applicable Taxes. In any case where the Company is obliged to account to the revenue authorities for any Taxes applicable to this Policy or the Benefits payable under this Policy, the Company shall be entitled to deduct such Taxes from any sum payable under this Policy, and deposit the amount so deducted with the appropriate governmental or regulatory authorities. In any case where the Company is obliged to disclose to the revenue or other regulatory authorities any information concerning the Policy, including information concerning the Premium and the Benefits under this Policy, the Company shall be entitled to disclose the required information to the appropriate governmental or regulatory authorities.

F.8. Notice by the Company under the Policy:

Any of the notices required to be issued in terms of this Policy may be issued, either by issuing individual notices to the Policyholder, including by electronic mail and/or facsimile, or by issuing a general notice, including by publishing such notices in newspapers and/or on the Company's website.

F.9. Entire Contract:

This Policy comprises the terms and conditions set forth in this Policy Document, the Policy Schedule, and the endorsements, if any, made on or applicable to this Policy, which shall form an integral part and the entire contract evidenced by this Policy. The liability of the Company is at all times subject to the terms and conditions of this Policy and the endorsements made from time to time.

F.10. Risk Factors:

This is a Non-Linked, Non-Participating Life Insurance Product. Exide Life Insurance Company Limited is only the name of the Insurance Company and the name of the product does not in any way indicate the quality of the product, its future prospects or returns.

F.11. Governing Law and Jurisdiction:

This Policy shall be governed by and interpreted in accordance with the laws of India. All actions, suits and proceedings under this Policy shall be subject to the exclusive jurisdiction of the courts in India. No action in

law or equity shall be brought against the Company to enforce any claim under this Policy, unless the Policyholder has filed with the Company a claim together with all the required documents, in accordance with the requirements of this Policy and complied with the requirements of the Company.

F.12. Suicide:

If the Life Assured commits suicide for any reason, while sane or insane, within one year from the Date of Inception of the Policy or within one year from the date of Revival/Reinstatement of the lapsed Policy, as the case may be, the Policy shall terminate with immediate effect and the Company will not be liable to pay the Benefits under the Policy other than what is specified below:

- If death occurs within one year from the Date of Inception of the Policy: 80% of Premium paid, excluding GST provided the Policy is in force shall be paid to the Eligible Person.
- If death occurs within one year from date of Revival/Reinstatement, Higher of 80% of Premiums paid excluding GST or Surrender value as available on the date of death and the Policy terminates.

F.13. Grace Period:

A Grace Period of thirty (30) days for annual and half-yearly modes and fifteen (15) days for monthly mode from the Premium payment due date will be allowed for payments of each Premium. During the Grace Period, the Policy shall continue to be in force for availing the Death Benefit. Any unpaid Premium is deductible from the Benefits that may arise during the Grace Period. If the Premiums due are not paid within the Grace Period, the Policy will be eligible for Non-Forfeiture options explained in clause D.3.

F.14. Requirements for death claims

In the event of a claim for Death Benefit arising under this Policy, the Eligible Person shall intimate to the Company in writing of the claim and provide the following documents to the Company within 60 days of the claim arising, to enable the Company to process the claim:

F.14.1. In case of death claims, except death claims arising out of accidents or unnatural deaths

- (i) Death Certificate, in original, issued by the competent authority.
- (ii) Policy document, in original.
- (iii) Identification proof (bearing photo) of person receiving the Benefit and the Life Assured.
- (iv) Medical treatment records (discharge summary / death summary, investigation reports, etc) if Life Assured has taken treatment for illness leading to his/her death.
- (v) Bank account details of the claimant along with IFSC code (payment would be made vide NEFT only).

F.14.2. In case of death claims arising out of accidents or unnatural deaths

- (i) Death Certificate, in original, issued by the competent authority.
- (ii) Policy document, in original.
- (iii) Identification proof (bearing photo) of person receiving the Benefit and the Life Assured.
- (iv) First Information Report, Inquest and the Final Investigation Report thereof, duly attested by concerned jurisdictional Police Official.
- (v) Post Mortem Report duly attested by the concerned officials.

- (vi) Bank account details of the claimant along with IFSC code (payment would be made vide NEFT only).

Notwithstanding anything contained in Clause F.14.1 and F.14.2 above, depending upon the cause or nature of the claim, the Company reserves the right to call for any other and/or additional documents or information, including documents/information concerning the title of the person claiming the Death Benefit under this Policy, to the satisfaction of the Company, for processing of the claim.





Delay in intimation of claim or submission of documents for the reasons beyond the control of the insured/claimant may be condoned by the Company.

F.15. Issuance of Duplicate Policy

In the event if the Policyholder loses/misplaces /destroys the original policy bond, the Policyholder shall immediately inform the Company, the Company after obtaining satisfactory evidence shall issue duplicate policy by collecting necessary Charges not exceeding ₹250 and on such conditions as decided by the Company and after completing procedural compliances.

PART G: Grievance Redressal Mechanism, List of Ombudsman and Other Annexures

G.1. Contact Information for Policy Servicing, Feedback, Complaints & Grievance Redressal: In case the Eligible Person has any query or complaint/grievance, please feel free to approach Our office through any of the following channels

	Call Us	Contact Us
Level 1 For Policy Servicing and Complaints	 <p>1800 419 8228 (Toll Free) +91 80 4134 5444</p>	 <ul style="list-style-type: none"> At Your nearest branch office Call the toll free number to ascertain the address of the nearest branch office Write to care@exidelife.in
Level 2	<p>In case the Eligible Person is not satisfied with the decision of the above office, or has not received any response within 10 days, the Eligible Person may contact the following official for resolution:</p> <div>  <p> The Complaints Officer Exide Life Insurance Company Limited 3rd Floor, JP Techno Park, No. 3/1, Millers Road, Bengaluru 560 001, India Email: complaints@exidelife.in Toll Free Number: 1800 419 8228 Tel. No. : 080 4134 5134 </p> </div> <p>Please quote the reference number provided in earlier interaction along with Policy/Contract number to help Us understand and address the concern</p>	
Level 3	<div>  <p>Chief Grievance Redressal Officer</p> </div> <p>In case the Eligible Person is not satisfied with the decision of the above, the Eligible Person can write to Chief Grievance Redressal Officer at gro@exidelife.in</p> <p>If the Eligible Person is not satisfied with the response or do not receive a response from us within 14 days, Eligible Person may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:</p> <p>IRDAI Grievance Call Center (IGCC) TOLL FREE NO: 155255 Email ID: complaints@irda.gov.in</p> <p>Eligible Person can also register complaint online at http://www.igms.irda.gov.in/</p> <p>Address for communication for complaints by fax/paper:</p> <p> Consumer Affairs Department Insurance Regulatory and Development Authority of India 9th floor, United India Towers, Basheerbagh, Hyderabad - 500 029, Telangana Fax No: 91-40-6678 9768 </p>	
Level 4	<p>In case the Eligible Person is not satisfied with the decision/resolution of the Company, the Eligible Person may approach the nearest Insurance Ombudsman as per the address mentioned in List of Insurance Ombudsman Centers, if grievance pertains to:</p> <ul style="list-style-type: none"> Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy Delay in settlement of claim Dispute with regard to premium Non-receipt of insurance document <p>The complaint should be made in writing duly signed by the complainant or by his legal representative with full details of the complaint and the contact information of complainant.</p> <p>As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made</p> <ul style="list-style-type: none"> Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer Within a period of one year from the date of rejection by the insurer If it is not simultaneously under any litigation 	

Annexure A: Insurance Ombudsman Centers

Contact Details	Jurisdiction
AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, Ashram Road, Ahmedabad – 380 014 Tel. : 079-27546150/139 Fax : 079-27546142, Email: bimalokpal.ahmedabad@gbic.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg. JP Nagar, 1st Phase, Bengaluru – 560025. Tel No: 080-22222049/22222048, Email: bimalokpal.bengaluru@gbic.co.in	State of Karnataka
BHOPAL Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal (M.P.) - 462 003. Tel. : 0755-2769201/9202 Fax : 0755-2769203, Email: bimalokpal.bhopal@gbic.co.in	States of Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751009. Tel. : 0674-2596455/2596003, Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	State of Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel. : 0172-2706468/2705861 Fax : 0172-2708274, Email: bimalokpal.chandigarh@gbic.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai-600 018. Tel. : 044-24333668 /24335284, Fax : 044-24333664, Email: bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
NEW DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi-110 002. Tel.:011-23237539/23232481 Fax : 011-23230858, Email: bimalokpal.delhi@gbic.co.in	States of Delhi.
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358759/2359338, Fax:- 0484-2359336, Email:- bimalokpal.ernakulam@gbic.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
GUWAHATI Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, Guwahati-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937, Email: bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-K-Pool, Hyderabad-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599, Email: bimalokpal.hyderabad@gbic.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam and a part of the Union Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, Jaipur – 302005 Tel : 0141-2740363, Email: bimalokpal.jaipur@gbic.co.in	State of Rajasthan
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, Kolkata - 700 072. Tel : 033-22124339/ 22124340 Fax : 033-22124341, Email:- bimalokpal.kolkata@gbic.co.in	States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, Lucknow-226 001. Tel : 0522 -2231331/2231330, Fax : 0522-2231310, Email: bimalokpal.lucknow@gbic.co.in	States of Uttar Pradesh and Uttaranchal.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai-400 054. Tel : 022-26106928/26106552, Fax : 022-26106052, Email: bimalokpal.mumbai@gbic.co.in	States of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai & Thane

NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida Email: bimalokpal.noida@gbic.co.in	States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Email: bimalokpal.patna@gbic.co.in	States of Bihar and Jharkhand.
PUNE Office of the Insurance Ombudsman, 2nd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet, Pune – 411030. Tel: 020-32341320, Email: bimalokpal.pune@gbic.co.in	State of Maharashtra, Area of Navi Mumbai & Thane but excluding Mumbai Metropolitan Region

Note: For the current ombudsman list please visit <http://www.irda.gov.in>

Annexure - I

Section 45 – Policy shall not be called in question on the ground of misstatement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows.

01. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 years from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.
02. 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 policywhichever 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.
03. 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.
04. 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.
05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / claimant 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 misstatement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or claimant.
06. 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.
07. In case repudiation is on ground of misstatement 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.
08. 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.
09. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].

Annexure - II

Section 38 - Assignment and Transfer of Insurance Policies

Provisions regarding assignment or transfer of a policy in terms of Section 38 of the Insurance Act, 1938, as amended from time to time are as follows:

01. This policy may be transferred/assigned, wholly or in part, with or without consideration.
02. 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.
03. 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.
04. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
05. 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.
06. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
07. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
08. 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.
09. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - a. not bonafide or
 - b. not in the interest of the Policyholder or
 - c. not in public interest or
 - d. is for the purpose of trading of the insurance policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the policy shall become payable to Policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - ii. the insured surviving the term of the policy

Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the policy
 - c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act 2015 shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 38 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].

Annexure - III

Section 39 - Nomination by Policyholder

Provisions regarding nomination of a policy in terms of Section 39 of the Insurance Act, 1938, as amended from time to time are as follows:

01. 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.
02. 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 is to be laid down by the insurer.
03. Nomination can be made at any time before the maturity of the policy.
04. 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.
05. 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.
06. 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 bona fide payment is made to the person named in the text of the policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.
09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by Policyholder whose life is insured, if the nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his
 - a. Parents or
 - b. Spouse or
 - c. Children or
 - d. Spouse and children
 - e. or any of them

the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

14. If nominee(s) die after the Policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act 2015.
16. If Policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 39 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].

In Case of unit linked plan, Investment risk in Investment Portfolio is borne by the policyholder.

Life

PROPOSAL FORM

Proposal Form Number: **MB832720**



PF101901

This Box is For Office Use Only

Advisor Code	60403831	Branch Code	D93
PDA Number	34649671	Branch Inward Date	15/12/2017
Client Number			
IBR Code	SC	PEC	TMC
			60403831
CIF No.	ANB0511664765		

IMPORTANT INSTRUCTIONS WITH REGARD TO DISCLOSURE OF INFORMATION: Insurance is a contract of UTMOST GOOD FAITH and it is required to disclose all material and relevant facts completely. DO NOT suppress any facts in response to the questions in the proposal form. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION OR MISREPRESENTATION OF THE FACTS COULD DECLARE THIS POLICY CONTRACT NULL AND VOID AFTER PAYMENT OF SURRENDER VALUE, IF ANY, SUBJECT TO SECTION 45 OF INSURANCE ACT, 1938 AS AMENDED FROM TIME TO TIME.

Section I- Details of the Life to be Assured

1. Title	<input checked="" type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	<input type="checkbox"/> Others (Specify)
2. First Name	ASHOK KUMAR				
3. Surname	PATRA				
4. Father's Name	KAILASH CHANDRA PATRA				
5. Date of Birth	21	06	1991	6. Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
7. Age Proof Submitted	<input type="checkbox"/> School Certificate <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> PAN Card <input type="checkbox"/> Others (Specify)				
8. Marital Status	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorcee				
9. Spouse Name					
10. Maiden Name (For married women)					
11. Nationality	<input checked="" type="checkbox"/> Resident Indian National <input type="checkbox"/> Non Resident Indian (NRI) <input type="checkbox"/> Others (Specify)				
12. Education	<input type="checkbox"/> Postgraduate / Doctorate <input checked="" type="checkbox"/> Graduate <input type="checkbox"/> 12th std. Pass <input type="checkbox"/> 10th std. Pass <input type="checkbox"/> Below 10th std. <input type="checkbox"/> Illiterate / Uneducated <input type="checkbox"/> Others (Specify)				
13. Address for communication	PLOT NO - 737				
Landmark	JHARPADA				
City	INFRONT OF JAIL ROAD				
Pin Code	BHUBANESWAR				
Address Proof	751006 State ODISHA				
14. Permanent Address	<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter ID <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill <input checked="" type="checkbox"/> Others <u>AADHAAR</u>				
Landmark	SAME AS ABOVE				
City					
Pin code	State				
Address Proof	<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter ID <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill <input checked="" type="checkbox"/> Others <u>AADHAAR</u>				
15. Contact Details	Mobile: 9642639400 Phone (Home): 7993566002 Office / Business: LYNASHO@GMAIL.COM E-mail: LYNASHO@GMAIL.COM Preferred mode: <input checked="" type="checkbox"/> Letter <input checked="" type="checkbox"/> E-mail Preferred Language for Letter (other than English): <input type="checkbox"/> Hindi <input type="checkbox"/> Kannada <input type="checkbox"/> Tamil <input type="checkbox"/> Telugu <input type="checkbox"/> Malayalam <input type="checkbox"/> Gujarati <input type="checkbox"/> Bengali <input checked="" type="checkbox"/> Oriya <input type="checkbox"/> Marathi				
16. Occupation	<input type="checkbox"/> Salaried-Govt / PSU <input checked="" type="checkbox"/> Salaried-other <input type="checkbox"/> Self Employed Professional <input type="checkbox"/> Agriculturist / Farmer <input type="checkbox"/> Part Time Business <input type="checkbox"/> Retired <input type="checkbox"/> Landlord <input type="checkbox"/> Student (Current Std.) <input type="checkbox"/> Others (Specify)				
17. Full Name of the Employer/ Business/ School/ College	REPUTATION COM INDIA PVT. LTD.				
18. Designation & Exact nature of Work / Business	SOFTWARE ENGINEER				
19. Annual Income in Figures (₹)	1300000				
20. Annual Income of Husband / Father (for female and minor lives)					
21. Exact nature of work / business of Husband / Father for female and minor lives					
22. Permanent Account Number (PAN)	BXJPP2363L				
Unique Identification Number (Aadhaar):	844325949371				

Your E-Insurance Account Details : Service Provider :

Account Number:

☐ I DO NOT HAVE E-Insurance Account.

Proposal Form Number: MB832720


PF 101902

Section II A - Details of the Proposer (Please fill only if the Proposer and Life to be assured are different)

23. Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Dr. ☐ Others (Specify) _____

24. First Name _____

25. Surname _____

26. Father's Name _____

27. Date of Birth _____

28. Gender ☐ Male ☐ Female

29. Marital Status ☐ Single ☐ Married ☐ Widow(er) ☐ Divorcee

30. Nationality ☐ Resident Indian National ☐ Non Resident Indian (NRI) ☐ Others (Specify) _____

31. Address for communication ☐ Same as mentioned in section I ☐ As mentioned below

City _____

State _____

32. Mobile _____

33. E-mail _____

34. Relationship with the life to be assured _____

35. Occupation _____

36A. Permanent Account Number (PAN) _____ ☐ I DO NOT HAVE Permanent Account Number.

36B. Unique Identification Number (Aadhaar) _____ ☐ I DO NOT HAVE Aadhaar.

37. In case of life to be assured is minor, as a Proposer do you agree that the policy shall automatically vest in the life to be assured on his or her becoming a Major. ☐ Yes ☐ No

Section II B - Details of the Nominee/s* (*Nomination details are required as per Section 39 of Insurance Act-1938 as amended from time to time)
(Please fill only if the Proposer and Life to be assured are same)

Sl. No.	Nominee's Full Name	Date of Birth	Relationship with Life to be assured	Nomination Share (in %)	Mobile/Phone (Home) Number	E-mail
	SWARNALATA PATRA	01/01/1971	MOTHER	100	799356600	

Address of the Nominee/s* (In case address of the Nominee/s is different from that of Life to be assured)

Sl. No.	Nominee's Full Name	Gender	Address for communication (Pin code is mandatory)

If Nominee is Minor, then please complete the Appointee details who should be a Major as on date of this application and should be different from the life to be assured.

38. Full Name of the Appointee _____

39. Appointee's Relationship with the nominee _____

40. Appointee DOB _____

41. Signature of Proposer *Amore Bha*

Section III-Plan Details (In case of Unit Linked Insurance Plans, the investment risk in the investment portfolio is borne by the policy holder. Field marked with * is mandatory)

42. Product name EXIDE LIFE SMART TERM 43. Sum Assured / GMB* (in INR) 10000000

If Exide Life My Money Back Plan, choose the survival benefit option

Option A: Uniform Money Back

Option B: Increasing Money Back

If Exide Life Mera Aashirvad Choose Maturity Benefit

Option A
(Guaranteed Staggered Payouts + Lump sum Payout)

Option B
(Lump sum Payout)

If Exide Life Secured Income Insurance Plans / Exide Life New Creating Life Insurance Plans Choose

Option A:
Lump Sum

Option B:
Lump Sum + Family Income Benefit


Proposal Form Number: MB 832720


If Exide Life Guaranteed Income Insurance Plan, choose how you want to receive following benefits:

- ☒ Guaranteed Income Payout : Monthly Annual ☒ Guaranteed Death Benefit ☐ Option A: Lump Sum ☐ Option B: Family Income Benefit

If Exide Life Income Advantage Plan, choose the survival benefit option

- ☐ Option A: Pure Income Benefit ☐ Option B: Income with Maturity Benefit

If Exide Life Smart Term Plan, choose the variant

- ☐ Classic ☒ Step-up ☐ Comprehensive ☐ Classic ☐ Extra Protection

If Comprehensive variant chosen, provide the sum assured for:

- If Exide Life Sanjeevani Choose ☐ Option A: Cardiovascular Conditions ☐ Option B: Cardiovascular and Cancer Conditions

For Exide Life Assured Gain Plus: If Entry Age is 45 years and above, choose life cover multiple*: 7 times the Annual Premium 10 times the Annual Premium

*Not applicable for Single Premium Option

44. For Exide Life Wealth Maxima, please select the product variant ☐ Maxima Invest ☐ Maxima Family ☐ Maxima Child

For Exide Life Wealth Maxima and Exide Life Wealth Elite

If Entry Age is 45 years and above, choose Basic Sum Assured multiple*: 7 times the Annualized Premium 10 times the Annualized Premium

Please select the investment strategy (please tick any one)

For Exide Life Wealth Elite

- ☐ Self-Managed Option ☐ Automatic asset re-balancing strategy (from Exide Life Prime Equity Fund)
☐ Systematic Transfer Plan (to Exide Life Prime Equity Fund with Annual Mode only)
☐ Automatic asset re-balancing strategy (from Exide Life Midcap Fund) ☐ Systematic Transfer Plan (to Exide Life Midcap Fund with Annual Mode only)

For Exide Life Wealth Maxima

- ☐ Self-Managed Option ☐ Automatic asset re-balancing strategy ☐ Systematic Transfer Plan (with Annual Mode only)

For Exide Life Prospering Life Plus/Exide Life Prospering Life Plus SP,

- ☐ Self-Managed Option ☐ Automatic asset re-balancing strategy

45. For Self Managed Strategy in Exide Life Wealth Maxima and Exide Life Prospering Life Plus / SP and Exide Life Wealth Elite please select from following Fund Options (Allocation % should total to 100%)

Exide Life Preserver Fund	Exide Life Secure Fund	Exide Life Balanced Fund	Exide Life Active Asset Allocation Fund	Exide Life Growth Fund	Exide Life Prime Equity Fund	Exide Life Midcap Fund	Total
							100%

Mandate for Credit of Policy Payouts in Bank Account

Please find below my bank account details and I authorize the company to credit into it the policy payouts as per terms and conditions of the product chosen.

 Account Holder Name** ASHOK KUMAR PATRA

 Bank Name HDFC BANK

 Bank Branch KAVURI HILLS

 Account Number 50100177301653

 IFSC Code HDFC0002083

 MICR Code 500240051

 Account Type ☒ Savings

☐ Current

☐ Cash Credit

☐ NRO

 Note: Please provide a cancelled personalized cheque of the above mentioned account or recent bank statement (within last 3 months). 27205/-

 Signature of Proposer Ashok Patra

46. Installment Premium in INR (Including Rider Premium) 28338

47. Premium Payment Term (Years) 30

48. Policy Term (Years) 30

 Particulars of First Premium Deposit: Mode of Deposit ☒ Cash ☐ Cheque / DD

 Amount(in INR) 28338 27205/- Cheque / DD No.

Bank

 Is the premium paid by a person other than Proposer (If yes, please submit third party declaration): ☐ Yes ☒ No

 Source of Funds: ☒ Salary ☐ Business Income ☐ Sale of Assets ☐ Inheritances ☐ Others (Specify)

49. Name of the Rider

Rider Sum Assured

Rider Term

50. Frequency of payment ☐ Monthly* ☐ Quarterly ☐ Half-Yearly ☒ Yearly ☐ Single

51. Do you wish to pay renewal premium through ECS / SI mode ☒ Yes ☐ No (if you have chosen payment option as Credit Card / ECS / SI, then please complete appropriate mandate)

*For Exide Life Wealth Elite / Exide Life My Money Back Plan, Automated Premium Payment method is only available for Monthly mode.

Section IV - Details of Existing / Simultaneously Applied Insurance Cover on the Life to be Assured

52. Are you an existing customer of Exide Life Insurance Company Limited? ☐ Yes ☒ No

53. Have you concurrently / simultaneously applied for any life, health insurance cover with us or any other life, health insurance company which is still under consideration? ☐ Yes ☒ No



54. Have you concurrently / simultaneously applied for revival of your lapsed policies with us or any other life, health insurance company which is still under consideration? ☐ Yes ☒ No
55. Please provide details of existing insurance cover on your life in the below table. If you do not have any existing insurance on your life, please mention 'NIL' in Sum Assured column below. Please include any Keyman Insurance, Partnership Insurance & Employer Employee Insurance cover as well. If answer to question 51 to 54 is YES, then please provide the complete details in the below mentioned table.

Policy / Proposal / Application No.	Year of Issue/ Submission	Company Name	Sum Assured	Decision (Standard. Other than Standard terms)	Status (In - Force, Lapsed, Surrendered, Paid up, Applied for)	Type of Policy (Life, Health, Accident)

56. Has any insurance (life, health) cover on your life ever been declined, postponed or accepted with modified terms? (If Yes, please provide the necessary details in the below mentioned table) ☐ Yes ☒ No

Company Name	Year of application	Decision (decline, postpone, modified terms)	Actual reason for such a decision

Section V - Insurance details of family members

57. Details of Existing / Simultaneously Applied Insurance Cover on Family Members.

Relationship	Policy / Proposal / Application No.	Year of Issue / Submission	Name of the Company (ies)	Sum Assured

Section VI - Details of family history, habits, build, occupation, hobbies and travel of the Life to be Assured

58. Has any of your parents, brothers, sisters suffered / suffering from, or died to any of the following conditions: Heart diseases, diabetes, stroke, high blood pressure, cancer, kidney disease or any other hereditary disorders? If yes, please give full details below. ☐ Yes ☒ No

Family member	Exact cause of death or Details of illness suffered / suffering	If alive-current Age	If deceased- Age at death

59. Number of children 010. Please specify age of each child 00

60. What is your exact height (cms) 173 61. What is your exact weight(kgs) 70

62. Do you consume or have you ever consumed any form of tobacco, gutkha, paan masala? ☐ Yes ☒ No

63. Please state your smoking habits: (number of cigarettes / bidies per day)
☒ Non Smoker ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-40 ☐ more than 40

64. Please state your alcohol drinking habits (past / present): (Quantity per week)
☒ Does not drink ☐ Beer (Number of Bottles) _____ ☐ Wine (Number of Bottles) _____ ☐ Hard liquor/any other form of alcohol (ml) _____

- 65 A. Are you involved or do you intend to involve in any hazardous occupation or pursuits? e.g. working at heights, underground or offshore, using explosives, flying other than as a fare-paying passenger, diving, mountaineering or any other dangerous activity. ☐ Yes ☒ No

- 65 B. Is your occupation associated with exposure to chemicals (e.g. benzene, nickel compounds, vinyl chloride, etc.), ionizing radiations, mining, dusts (e.g. leather or wood dusts, silica, asbestos, etc.), industrial process (aluminium production, iron and steel founding, etc.) ☐ Yes ☒ No

66. Do you consume or have ever consumed any form of narcotic substance? ☐ Yes ☒ No

67. Are you suffering from any alcohol related disease or advised to reduce consumption by any medical practitioner? ☐ Yes ☒ No



68. Are you employed in the armed, para military, police forces or any other similar establishment? ☐ Yes ☒ No
69. Apart from normal family holiday do you intend to stay away from your country of citizenship / residence in the next one year? ☐ Yes ☒ No

Section VII - Health Details of the Life to be Assured

70. Within the last twelve months has there been any unusual weight gain or loss of more than 7 kgs? ☐ Yes ☒ No
71. Are you currently taking any medication or drugs, either prescribed or not prescribed by a doctor? ☐ Yes ☒ No
72. Have you been absent from work for more than 10 days in the last two years due to health reasons? ☐ Yes ☒ No
73. Have you suffered from any illness, disorders, disability, or injury during the past 5 years which has required any form of medical or specialized examination (including chest X-rays, ECG, Stress Test, Angiography, MRI / CT Scan or blood tests), consultation, hospitalization or surgery? ☐ Yes ☒ No
74. Do you have any form of congenital / acquired impairment, disease, disability or deformity? ☐ Yes ☒ No
75. Is any surgery planned or are you currently aware that you may need to seek medical advice within the next 6 months? ☐ Yes ☒ No
76. Have you ever been diagnosed or have suffered from any of the following:
- a) Hypertension, High Blood Pressure, Diabetes, Elevated Blood Sugar, Elevated cholesterol / Lipids ☐ Yes ☒ No
 - b) Heart Attack, chest pain, palpitations, irregular heart beats, heart valve disease, heart murmur, rheumatic heart disease, shortness of breath or any other cardiovascular disease or disorders. ☐ Yes ☒ No
 - c) Stroke, Transient Ischemic Attack (TIA), hemorrhage, dizziness, fainting, giddiness, blackouts, loss of consciousness, double vision or any other cerebrovascular disease or disorders. ☐ Yes ☒ No
 - d) Anaemia, Thalassemia, Leukemia or any other blood disorder including blood cancer. ☐ Yes ☒ No
 - e) Asthma, bronchitis, tuberculosis, persistent / recurrent cough, hoarseness of voice or difficulty in swallowing, pneumonia or any other respiratory disease or disorders ☐ Yes ☒ No
 - f) Cyst, growth, pre-cancerous conditions, non-healing ulcer, cancer or tumour of any kind (throat, lung, colon, breast cancer, cancer of reproductive organs etc.) ☐ Yes ☒ No
 - g) Gall bladder disorder, gastritis, gastric ulcer, bleeding from intestine, hernia, piles, fistula, jaundice, hepatitis, fatty liver or any other disease or disorder of digestive system. ☐ Yes ☒ No
 - h) Defective vision, blurred vision, hearing defect, defective speech, stammering or any other disease or disorders of Eye, Ear, Nose and Throat. ☐ Yes ☒ No
 - i) Depression, Anxiety, Multiple Sclerosis, Parkinsonism, Fits, Epilepsy, recurrent headache, Paralysis, numbness or any other disease or disorder of the brain, spinal cord or nervous system ☐ Yes ☒ No
 - j) Thyroid or any other hormonal disorder, Kidney disorders, Bladder disorder, urine abnormality or genital organ disorder. ☐ Yes ☒ No
 - k) Arthritis, prolapsed disc, recurrent back or neck pain, slipped disc or any other disease or disorder of spine, muscles, bones or joints. ☐ Yes ☒ No
 - l) Were you investigated for any persistent loss of blood or unusual discharge or pus from any body opening like nose, mouth, gums, rectum, breast, vagina, anus, etc. or blood in stools, urine, sputum? ☐ Yes ☒ No
77. Have you or your spouse ever tested positive for HIV / AIDS, hepatitis B or C, or any other sexually transmitted disease? ☐ Yes ☒ No
78. Have you been suffered or are you currently suffering from any illness, impairment, or disability not yet mentioned above? ☐ Yes ☒ No

Section VIII - Additional Questions to be answered if the Life to be assured is Female

79. Have you ever suffered or are you suffering from any gynecological problems like Endometriosis, fibroids, any spotting or unusual/painful vaginal bleeding or discharge or any disease of the breath ☐ Yes ☐ No
80. Have you ever undergone or advised to undergo a mammogram / Pap smear test? ☐ Yes ☐ No
81. Have you ever had a miscarriage / medical termination or Pregnancy / Caesarean Section? ☐ Yes ☐ No
82. Are you pregnant at present? If yes, Please indicate duration in weeks _____ ☐ Yes ☐ No
83. Have you ever been diagnosed with pregnancy related increase in blood pressure, preeclampsia, elevated blood sugar levels, and any other complications or pregnancy in this or past pregnancy. ☐ Yes ☐ No

Section IX - Additional Questions to be answered if the Life to be assured is Minor

84. Except for the normal care at birth, has the child, in the past, required any specialists consultation, special medical investigation, and hospitalization for any illness? ☐ Yes ☐ No
85. Have all the minimum necessary vaccines (Oral Polio Vaccine, BCG, MMR, DPT, Chickenpox Vaccine, Hepatitis B) been administered as per the age of the child? ☐ Yes ☐ No

If answer to Question 62 to 85 is yes, please provide the complete details below


Section X - Declaration by the Parent (Proposer) for minor

I hereby declare that the proposed insured _____ is in sound health, and does not have any birth defects, congenital anomalies, physical defect, deformity or disability. The proposed insured has never suffered from, nor currently suffering from any medical conditions such as heart disorder; rheumatic fever; cancer or tumor; kidney disease; diabetes; musculo-skeletal disorder; blood disorder; liver disease; lung disease; digestive system disease or disorder; any mental or nervous system disease; HIV/AIDS or AIDS related complex. NO previous or concurrent application on the minor's life for life, accident, medical or health related insurance has been refused, withdrawn, declined, postponed or offered with restricted benefits or with an increased premium or any claim has been made under any such policy of insurance with Exide Life Insurance or any other insurer in India or abroad.

If the answer to any of the question from 64 to 83 is Yes, please provide details of the disease / disorder / illness / disability / deformity suffered, investigations / operation underwent, result of the investigations, treatment advised and taken, whether cured or still suffering and date of investigation / disease suffered etc. Please mention complete detail about the hazardous occupation, pursuits in a separate sheet and attach with this proposal form.

Section XI - General Declaration

86. Are you a Politically Exposed Person*? ☐ Yes - ☒ No
*Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.
87. Whether the premium payable is from legally ascertainable sources? ☒ Yes ☐ No
(Income which can be substantiated through valid documentary evidence)

Section XII - Declaration

- 1) I/We declare that the answers and statements made by me/us in this Proposal Form have been made after fully understanding the nature of questions and the importance of disclosing all material information.
- 2) I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- 3) I/We understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the Insurer and that the policy will come into force only after full payment of the premium chargeable.
- 4) I/we fully understand the benefits and risks associated with the Policy/Rider (if Rider is opted for). I/we have made no statement/s to the Company, its advisor or to any person associated with the Company, which in any way modifies/contradicts the answers/statements in this Proposal form.
- 5) I/We also understand that the terms and conditions including the premium and the benefits under the Policy/Rider are subject to taxes/duties/charges in accordance with applicable laws. I confirm that all the premiums will be paid from bonafide sources.
- 6) I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- 7) The Company reserves the right to request additional health information or any other information on the basis of the responses given to questions in this Proposal Form. The medical report and its interpretations if any done by the medical examiner are not binding on the Company and the decision of the Company regarding issuance of the Policy/Rider will be final. I/We also declare and consent to the Company taking independent decision regarding the insurability of the life to be assured/proposer.
- 8) I/We declare that I/We consent to the company seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any Insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- 9) I/We authorize the company to share information pertaining to my proposal for the servicing of the resulting policy only including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- 10) I understand that in case of fraud or misrepresentation the policy shall be treated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.
- 11) I/We agree that the risk under the Policy/Rider shall not commence till the Company accepts this proposal.

Signature/ Thumb Impression of the Proposer

Date: 13 12 2017

Place: BHUBANESWAR

Signature/Thumb impression of Life to be assured (if major)

Date: 13 12 2017

Place: BHUBANESWAR

Signature of Advisor

Date: 13 12 2017

Place: BHUBANESWAR



If the Life to be Assured / Proposer is an illiterate or suffering from disability due to which writing is restricted or where the Life to be Assured / Proposer signs the form in vernacular language, then the following declaration is necessary from the person who has assisted the Life to be Assured/Proposer in filling up the form.

I, _____, hereby declare that I have truthfully recorded the replies given by the Life to be Assured and / or Proposer after fully explaining the contents of this form to the Life to be Assured and / or Proposer and he/she/they have fully understood the contents thereof.

Name of the Declarant _____

Address of the Declarant _____

Signature of the Declarant

Date: _____ Place: _____

I, _____, Life to be Assured / Proposer confirm that the contents of this proposal form have been fully explained to me and that I have fully understood the significance of the proposed contract.

Signature / Thumb Impression of the Proposer signing in vernacular language or illiterate or disabled.

Signature / Thumb impression of Life to be assured (if Major) signing in vernacular language or illiterate or disabled.

Witness Signature in English*

In case the Proposer/Life to be Assured is illiterate, his or her thumb impression should be attested by a person of standing whose identity can be established, but unconnected with the Exide Life Insurance Company Limited and this declaration should be made by him/her.

Date: _____ Date: _____ Date: _____

Place: _____ Place: _____ Place: _____

*Name and Address of Witness: _____

Section XIII - Section 41 & 45 of the Insurance Act 1938

Prohibition of Rebate in accordance with provisions of Section 41 of the Insurance Act 1938 as amended from time to time

- 1) No person shall allow or offer to allow, either directly or indirectly, as an 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.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

Fraud, Misrepresentation and forfeiture

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – (1) for reference]

**Annexure - (1)****Section 45 - Policy shall not be called in question on the ground of mis-statement after three years**

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time. The extant provisions in this regard are as follows:

01. 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.

02. 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.

03. 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.

04. 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.

05. 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.

06. 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.

07. 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.

08. 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.

09. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details.]


EXIDE Life
Insurance

PROPOSAL AMENDMENT FORM

Name of the Proposer: ASHOK KUMAR PATRA

Name of the Life to be Assured (if other than proposer) _____

I/We would like to make the following changes/corrections to my/our Proposal No. _____ dated 15.12.17 which submitted to Exide Life Insurance for availing a Life Insurance Policy.

Question number as per proposal form requiring Changes/ corrections	Details of Changes/corrections required	Any other additional details / particulars regarding same
46	27205 / -	

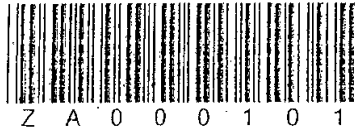
Declaration and Authorization

I/We declare that I/We understood the importance of disclosing all materials information while answering questions in the Proposal form. I/We further confirm that there is a requirement to make certain change/correction to the proposal form and therefore I/we submit this 'Proposal Amendment Form' stating the changes/corrections.

I/We declare that there has been no change in my and /or proposed insured's condition of health and that I/We have received no medical attention /consultation or examination, nor change to the occupation whatsoever since the date of submission of the Proposal form and I/we have not withheld or suppressed any material facts. I/we understand that my request for change/corrections shall be supported with additional documents including but not limited to KYC, AML and other evidencing documentary proofs acceptable for Exide Life Insurance. Further, I/We understand that Exide Life Insurance reserves the right to conduct additional underwriting and call for such other documents as required.

I agree that this Form will constitute part of my Proposal form for Life insurance with Exide Life Insurance Company Limited and in the event if there is any inconsistency between this Proposal Amendment Form and Original Proposal Form, this annexure shall prevail to the extent of the change/correction only and rest shall be as per the Original Proposal Form.

Further, any information in this Proposal Amendment Form if found to be untrue or incorrect the contract may be treated as null and void.



EXIDE Life
Insurance

Signature of Proposer

Signature of Life to be assured
(If other than proposer)

Date 15.12.17
(DD/MM/YYYY)

I hereby declare that the foregoing statements are true to the best of my knowledge and belief. I state that the proposal amendment form has been filled by the proposer/person authorized after fully understanding the nature of the questions in the proposal form and importance of disclosing all the material information that has been explained by me to the proposer. I have verified the copies of the documents submitted by the customer as original and confirm that they are the true copies of the same. The photograph submitted and pasted on the proposal form is a recent color photograph of the customer.

Signature of Advisor/SM/SO/TM Arindita Mitra

Advisor/SM/SO/TM Code 60403831

Advisor/SM/SO/TM Name ARINDITA MITRA

Certification where the Proposer/Life Assured has signed in Vernacular:

(The below must be witnessed by someone other than the advisor/employee of the company) The contents of this form and its particulars have been explained by me in vernacular to the Executant.

Ashok Patel
Signature of Proposer

Signature of Life to be assured
(If other than proposer)

Signature of the Witness.....

Name of the witness Mr. /Ms.....

Address.....

Contact details.....

Endorsement

This Endorsement is attached to & forms part of the Policy No. 03689453

Registering a Claim is Easy

A simple process to ensure your claims are settled with ease and minimal documentation

Step 1	Register your claims as soon as the loss has occurred
Step 2	Use the claim intimation form available at:
	<ul style="list-style-type: none"> Your nearest Exide Life Insurance Branch office exidelife.in Write to us at care@exidelife.in
Step 3	Fill the form completely and attach required documents
Step 4	You can submit the same at: <ul style="list-style-type: none"> Nearest Exide Life Branch office Mail to Exide Life Insurance Company Limited (Formerly ING Vysya Life Insurance Company Limited), 3rd Floor, JP Techno Park, No. 3/1, Millers Road, Bengaluru-560 001.
Step 5	On registration, you will be given an acknowledgment letter. Your policy number can be used for all queries till such time that the claim is settled

Standard Requirements for Submission of a Claim

Waiver of Premium Claim

- Hospitalisation documents (Discharge summary, all medical reports)
- Proof of Disability
- Physician's Statement
- Claim Form

Maturity Claims

- Original Policy Document
- Discharge form

Accident Disability & Dismemberment Claims

- Hospitalisation documents (Discharge summary, all medical reports)
- Physician's Statement
- Proof of Disability
- Claim Form

Death Claim

- Completely filled in Claim Intimation form
- Original Policy Document
- Original Death Certificate issued by Local Authority
- Age Proof & Identification document (with photo) of Life Assured
- Identification document (with photo) of Claimant
- Proof of Bank account of Claimant (Self Attested copy of Bank Passbook/Account Statement of Claimant)
- Proof of your Current Address
- Copy of Medical Cause of Death Certificate
- Medical Records (Discharge / Death summary, Test results, Admission notes, Outpatient consultation notes, etc.)
- In case of accident / unnatural death:
 - Jurisdictional Police Station Attested Copy of FIR
 - Jurisdictional Police Station Attested Copy of Panchnama / Inquest Report
 - Attested Copy of Post Mortem Report
- In case nominee dies before the Life Assured or during the claim process then,
 - Declaration of Legal Heir / Successor certification from competent court of law.

In case of unnatural deaths including accidents (in addition to above)

- First Information Report (FIR) attested by the police officials
- Final investigation Report attested by the police officials
- Post-Mortem Report (PMR) attested by the police officials
- Police Inquest Report and Panchnama report attested by the police officials
- Newspaper clippings of the incident (if any)

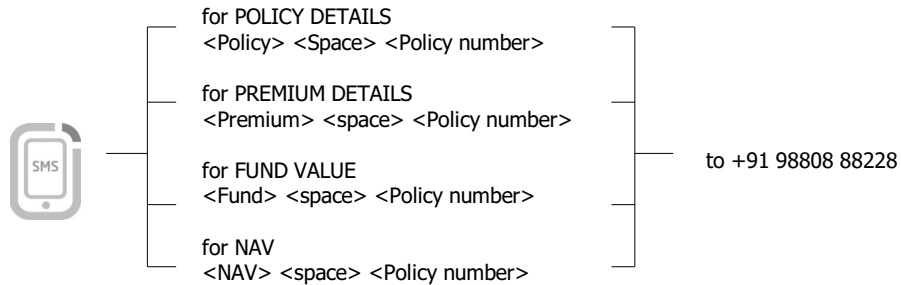
Note: Depending on the circumstances of a claim, additional relevant information may be required which would be case specific

Alerts and Reminder Services



SMS Alerts

This service provides you timely information on various transactions done on your insurance policy. You can get updates on the premium payment schedule, payment receipt confirmation, policy details and more.



Register for SMS Alerts: Send an SMS to +91 98808 88228 and start managing your policy at your convenience



Reminder Services

- Premium reminder notices is sent via post
- Payment reminder call
- Assistance on various premium payment methods at Exide Life Insurance
- SMS and an e-mail with the premium amount due and the due date for payment is sent

The above reminders are sent only to customers who have not opted for ECS / SI and are sent for regular premium payment policies. To avail Email / SMS services, please register your Email ID / mobile number with us.

Payment Options



Non-payment of policy premium

- In case of non-payment of your premium within the grace period, your policy will lapse
- On lapse of the policy you will lose some of the key benefits
- You may also be required to pay Late Payment Interest and / or submit additional documents to revive your policy to enjoy uninterrupted benefits of the policy and avoid any inconvenience, we urge you to pay the Net Premium Amount Payable at the earliest



Electronic Clearing Services (ECS) / Standing Instructions (SI)

Sign up today for direct debit of your premium from your bank account. Standing Instructions available with:

- | | | |
|-----------------------------------------------|------------------------|------------------------|
| • ING Vysya Bank
(Now Kotak Mahindra Bank) | • Karnataka Bank | • Allahabad Bank |
| • Citibank | • Union Bank of India | • Bank of India |
| • AXIS Bank | • Bank of Baroda | • Federal Bank |
| • ICICI Bank | • IDBI Bank | • Kotak Mahindra Bank |
| • Corporation Bank | • State Bank of India | • United Bank of India |
| | • Punjab National Bank | |



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Hubli DharwadOne Centres
AISECT at Limited cities
KarnatakaOne
AXIS Bank



Cash only Centres

South Indian Bank
Suvidha Centres
Sify
AISECT
One Stop Shop

