

Kotak Premier Income Plan
Participating Anticipated Endowment Plan
PART A

Date: **30/08/2021**

Franklin T.
No 15 Iyppasi Street
Chelliamman Nagar Nerkundram
Chennai
Tamil Nadu
Koyambedu S O
Pin - **600107** India

Tel. No.:

Mob. No.: **08838481096**

Policy No.: **74804133**

Email: **franklinthankappan@hotmail.com**



BD CHAS OT 74804133

Dear **Franklin T.**

We welcome you to Kotak Life Insurance family.

We view insurance as being much more than a cover; it is about savings and protection; about being carefree, about living life to the fullest. It is indeed heartening to know that you share our sentiments.

Please be rest assured, the faith and confidence that you have placed in us would certainly be a rewarding and wholesome experience.

Your Policy details:

Name of Plan	Policy No	Client Id
Kotak Premier Income Plan (UIN-107N099V02)	74804133	69663479
KLI Servicing Branch Address:	Chennai ""1st floor, Lakshmi Ram, Permabur Main Road, Perambur, Chennai,600011 600011	
Agent Details:		
Name of the Agent:	Rathnavathy . DIRECT AGENT	
Agent Code:	69908645	
Agent Tel No:	7418961231	
Address of the Agent:	NO 223 SRI NARAYANA APARTMENTS NO 223 SRI NARAYANA APARTMENT S Koddambakkam Tamil Nadu 600024	
Email ID of the Agent:	sunkararaju@yahoo.com	

Your enclosed Policy document is an important legal document and should be kept in a safe

place. This Policy is subject to tax laws prevailing in India. You are kindly advised to consult your Tax Advisor for the tax benefits available under this Policy.

Free Look Period:

In case you are not agreeable to any of the provisions stated in the Policy, then you have the option of returning the Policy to us stating the reasons thereof within 15 days (30 days for Distance Marketing*) from the date of the receipt of the Policy. The cancellation request should be submitted to your nearest Kotak Life Insurance Branch or sent directly to our Head Office. On receipt of your letter along with the original Policy document we shall arrange to refund the Premium paid by you after deducting the proportionate risk Premium for the period of cover, expenses of medical examination and stamp duty. If the Policy has been opted through Insurance Repository (IR), the consideration of the free look period of 15 / 30 days (as per the applicable channel as mentioned above) shall be from the date of email sent by the IR. A Policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Policy.

*Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail and interactive television (DTH) and (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts.

Contact us :

If you notice any discrepancy with respect to your name, personal details or other information relating to the Policy please return the Policy documents to the Company immediately along with a letter stating the discrepancies. In case of claim or any service requests, please contact your Life Advisor or the nearest Kotak Life Insurance Branch. You may also write to us at clientservicedesk@kotak.com or call our Customer Service Officers at 1800 209 8800. Please quote your Policy number and client id number in all your correspondence with us.

We hope this Policy meets your expectations and this is the beginning of a long relationship with you. It will be our pleasure to serve you, protect you and be with you; assuring you of our best services at all times.

Best wishes,



Authorised Signatory

Kotak Mahindra Life Insurance Company Ltd

CIN: U66030MH2000PLC128503, Regd. Office: 2nd Floor, Plot #C-12, G- Block, BKC, Bandra (E), Mumbai- 400051, Website: <http://insurance.kotak.com>, Email: clientservicedesk@kotak.com, Toll Free No.: 18002098800.

First Premium Certificate

Kotak Mahindra Life Insurance Company Ltd

Chennai 325 "" 1st floor, Lakshmi Ram, Permabur Main Road, Perambur, Chennai, 600011 600011

Branch	GSTIN	State Code	TIN No.
Chennai	33AAACO3983B1ZR	TN	33

Serial Number: **7480413330082021**Date: **30/08/2021**Name & Address of the Policyholder: **Franklin T.****No 15 Iyppasi Street Chelliamman Nagar Nerkundram Chennai Tamil Nadu Koyambedu
S O Pin- 600107 India**State Code: **TN**

GSTIN:

TIN No.:

Place of Supply (to be filled only In
case of Inter State services): **NA**Place of Supply-State: **NA**Proposal No: **74804133**Policy No: **74804133**Basic Product: **Kotak Premier Income Plan
(UIN-107N099V02)**Next Premium Due: **30/08/2022**Date of Commencement of Policy: **30/08/2021**Payment Mode: **Annual**Installment Premium [excluding Goods and Services Tax and Cess]: **Rs. 33,493.00**Premium Payment Term: **12 years**Total Installment Premium: **Rs. 35,001.00**Policy Term: **23 years**

Description of Goods/Services	HSN/SAC Code	Total	Discount	Taxable Value	CGST		SGST		IGST		Cess	
					Rate	Amt	Rate	Amt	Rate	Amt	Rate	Amt
Kotak Premier Income Plan(UIN-107N099V02)	997132	33,493	0	8,373.25	9	754	9	754	0	0	0	0
Total		33,493		8,373.25		754		754		0		0

Total Invoice Value (In figure): **35,001.00**Total Invoice Value (in words): **Thirty Five Thousand One Only**Amount of tax subject to reverse charge: **NIL****Tax benefits on the Premium(s) paid and the benefits received are subject to fulfillment of conditions as specified under the prevailing tax laws and are subject to modifications made there to from time to time.**

*Goods and Services Tax and Cess is levied at the applicable tax rates in accordance with the prevailing Tax Laws, from time to time.



Authorized Signatory

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I. AGREEMENT & SCHEDULE:

Kotak Mahindra Life Insurance Company Limited, is registered with the Insurance Regulatory & Development Authority of India (hereinafter referred to as "**IRDAI**") under the Insurance Act, 1938 (4 of 1938) (hereinafter referred to as the "**Act**") as a life Insurer having Registration No. 107, and accordingly is engaged in the business of life insurance, which includes its assigns and successors (hereinafter called "**the Company**" or "**Insurer**"). The Company has received a Proposal and Declaration together with first Premium/Single Premium, as the case may be, for insurance from the Policyholder named in the Schedule hereto, and it has been agreed to by the Policyholder that the proposal, declaration and statements contained and referred to therein are declared to be the basis of this contract of insurance for the benefits and on the terms stated in the Schedule.

The Company agrees that, subject to realization of the first Premium/Single Premium as the case may be, received and due receipt of the subsequent Premiums, if any, as set out in the Schedule, and subject to the terms and conditions set forth in this Policy Contract, it will pay the benefits as mentioned in the Schedule, to the Policyholder/Nominee/Legal Heir/Assignee as mentioned in the Schedule, on proof to the complete satisfaction of the Company

- of the benefits having become payable as set out in the said Schedule,
- of the title of the said person(s) claiming payment,
- of the correctness of the Age of the Policyholder/Life Insured stated in the proposal form and the proof of Age submitted to the Company,
- of the correctness of all the statements stated in the proposal form and during the telephonic interview of the Policyholder/Life Insured and any documents submitted to the Company, viz., health, family medical history, occupation, income, personal medical history, existing insurance details etc.

It is hereby declared that this Policy Contract of insurance shall be subject to the conditions and privileges as hereinafter stated and that the following Schedule and every endorsement incorporated in this Policy by the Company shall be deemed to be part of the Policy.

In this Policy, unless the context specifies otherwise, references to the Recitals, Clauses, Schedules and Annexures, if any, shall be deemed to be a reference to the Recitals, Clauses, Schedules and Annexures of this Policy.

Words and expressions used in this Policy but not defined herein shall, unless the context specifies otherwise, have the same meaning as defined in the Insurance Act, 1938 and/or any Rules/Regulations made thereunder.

This Policy is subject to the Tax Laws* and other legislations prevailing in India. In the event of any amendments, or change (prospective and retrospective) to any of the provisions of the said Tax Laws and/or legislations and /or in the event any interpretation adopted by the Company is held contrary to the position adopted by the government authorities, impacting cash flows, charges, revenue and remuneration accruing from this contract, the Company reserves the right to revise the Premium(s), charges or the benefit(s) under this Policy and/or modify the terms and conditions entailed in this contract.

Any change, modification, or reversal of the Premium, charges or the benefit by the Company shall not be disputed or contested by the Policyholders. References to any enactment are to be construed as referring to any amendment, re-enactment (whether before or after the date of signing of the Policy) or enactment that has replaced the first mentioned enactment (with or without amendment) and to any regulation or order made under it.

Tax Deducted at Source

This Policy is subject to Tax deducted at source at the applicable rates, in accordance with the prevailing Tax Laws.

Exemptions/ Concessions

Where the Company is entitled to an exemption or concession concerning any Tax to be levied in India in respect of the Policy, the Policyholder shall use reasonable endeavors to enable the Company to claim such concession or exemption.

Collection of Taxes

The Policyholder/ customer/ Claimant shall be liable for any tax amount which is payable under the applicable Tax Laws to any competent governmental authority in India on the premium, charges or any benefits/ claims payable to such Policyholder/ customer/ Claimant by the Company.

In the event that any term, condition or provision of this Policy is held to be in violation of any applicable Law, Statute or Regulation or if for any reason a court of competent jurisdiction finds any provision of the Policy or portion thereof, to be unenforceable, that provision shall be enforced to the maximum extent permissible so as to give effect to the intent of the Policy, and the remainder of this Policy shall continue in full force and effect. The Policyholder/Legal Heir/Nominee shall be liable for any amount which is payable under the applicable Tax Laws to any competent governmental authority in India on the Premium amount or any benefit payable to such Policyholder /Legal Heir/Nominee by the Company.

Any dispute under this Policy shall be subject to the laws prevailing in India.

*"Tax Laws" means all laws, regulations, legislations including any amendments made in relation to taxes, levies, imposts, cesses, duties and other forms of taxation, including (but without limitation) Goods and Services Tax and any other taxes and cess which are applicable or may be applicable on any future date, corresponding to the Premium(s), charges or benefits under this Policy and includes any interest, surcharge, penalty or fine in connection therewith which may be payable.

The stamp duty of Rs. 54/- (Rupees Fifty Four Only) is affixed to this instrument out of the consolidated stamp duty deposited with the additional controller of stamps, Mumbai, vide Letter of Authority no. CSD/75/2021/2182 Dated 01-07-2021.



Proper Officer
(Signature)

II SCHEDULE

a) Policy Details

Policy No.:	74804133
Plan Name:	Kotak Premier Income Plan
Unique Identification Number (UIN):	107N099V02
Plan Description:	Non-linked Participating Anticipated Endowment Plan
Participating:	Yes
Name of the Policyholder in full:	Franklin T.
Date of Birth of the Policyholder:	07/03/1981
Gender of the Policyholder:	Male
Policyholder's Age at Commencement:	40 years
Whether Age of the Policyholder at Commencement Admitted:	Yes
Client ID of Policyholder:	69663479
Name of the Life Insured in full:	Franklin T.
Address of the Life Insured:	No 15 Iyppasi Street Chelliamman Nagar Nerkundram Chennai Tamil Nadu Koyambedu S O 600107
Date of Birth of the Life Insured:	07/03/1981
Gender of the Life Insured:	Male
Life Insured's Age at Commencement:	40 years
Whether the Life Insured's Age at Commencement Admitted:	Yes
Client ID of Life Insured:	69663479
Date of Commencement of Policy:	30/08/2021
Date of Commencement of Risk:	30/08/2021
Sum Assured:	Rs. 266,366.00
Guaranteed Income:	Rs. 37847.09
Frequency of Guaranteed Income Payout:	Annual
Date of Maturity:	30/08/2044
Policy Term:	23 years

Amount of Installment Premium: (Incl. of applicable taxes and cess as mentioned in the First Premium Certificate)	Rs. 35,001.00
Premium Payment Term:	12 years
Premium Payment Mode:	Annual
Due Date for payment of Premium:	30/08/2022
Date of Last Installment Premium:	30/08/2032

b) Rider Details:

Please note if any riders are attached they will form part of the Policy Document by way of an endorsement or annexure.

c) Nominee Details:

Name of the Nominee(s)	Age of Nominee	Name of the Appointee where Nominee is minor	Entitlement (%)	Relationship with the Life Insured
Radhika ..	36	NA	100.00	Spouse

Please Note: To enjoy the full benefits under this Policy, please ensure that all Premiums are paid up to date.

PART B

DEFINITIONS

i. Act:

Means Insurance Act, 1938, as amended from time-to-time.

ii. Age:

Means the age of the Life Insured on the last birthday (as per the English calendar)

iii. Annualised Premium:

Means the premium amount payable in a year chosen by the policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.

iv. Assignee:

Means the person to whom the Policy is assigned and the notice of which is endorsed on the Policy by the Insurer.

v. Bonus:

a. Simple Reversionary Bonus:

At the end of each financial year during the Policy Term, the Company may declare a percentage of the Sum Assured as a Simple Reversionary Bonus. The declared bonus will vest only on the Policy anniversary.

The Simple Reversionary Bonuses are not guaranteed. The Simple Reversionary Bonus shall accrue from the end of 1st Policy Year provided all due premiums have been paid in full.

Simple Reversionary Bonus will not accrue after the Policy becomes Reduced Paid-up.

b. Interim Bonus:

In the event of a claim, part-way through a financial year or before declaration of the Simple Reversionary Bonus for the Financial Year in which such a claim is intimated, an interim bonus (if applicable) may be payable at such rate as may be decided by the Company. This interim bonus will be expressed as % of Sum Assured.

Interim bonus rate may be declared at the end of each Financial Year and shall be applicable for the policies exiting between two policy anniversaries due to death or surrender. The Interim bonus will be proportionately calculated for the period starting from previous policy anniversary till the date of exit.

#Policy Year means the period from the last Policy anniversary date (or the Date of Commencement of Policy for the first year) up to the next Policy anniversary date.

c. Terminal Bonus:

The Company may decide to pay Terminal Bonus on Maturity at the end of the Policy Term and shall be a percentage of the Sum Assured. It may also be payable for in force policies where the death of the Life Insured occurs after the expiry of PPT or 10 years, whichever is earlier. Also, Terminal Bonus, if any, may be payable on policies which have been made Reduced-Paid-Up or Surrendered.

vi. Claimant:

Means, the Policyholder; or the Life Insured; or the Assignee; or the Nominee; or the legal heir of the Policyholder or the Nominee, as the case may be.

vii. Date of Commencement of Policy:

The date mentioned in the Schedule as Date of Commencement of Policy.

viii. Date of Commencement of Risk:

The date mentioned in Schedule as Date of Commencement of Risk.

ix. Grace Period:

Means the time granted by the Company i.e. 30 days from the due date for the payment of Premium for yearly, half-yearly and quarterly mode and 15 days for monthly mode, without levy of any interest or penalty during which time the Policy is considered to be in-force with the risk cover without any interruption as per the terms of the Policy.

x. Lapse:

Means cessation of the benefits under the Policy upon non-payment of the due Premiums within the Grace Period, as per the terms and conditions of the Policy.

xi. Minimum Age & Maximum Age:

Minimum Age of the Life Insured at entry: 3 years.

Maximum Age of the Life Insured at entry shall be based on the Premium Payment Term as follows:

Premium Term	Maximum Entry Age
8 years	50 years
10 years	55 years
12 years	55 years

Minimum Age at Maturity: 18 years.

Maximum Age at Maturity: 78 years.

xii. Policy:

Means the contract of insurance entered into between the Policyholder and the Company as evidenced by Policy Document.

xiii. Policy Document:

Means the present contract of insurance which has been issued on the basis of the proposal, other representations and documents submitted by the Policyholder and/or the Life Insured(s).

xiv. Premium:

Means the Single Premium (for Single Premium payment option, if available under the plan) or the total initial Premium and subsequent Premium due (in case of other than Single Premium payment option) payable under the Policy. The Premium shall be subject to taxes as may be applicable from time to time.

xv. Premium Payment Term (PPT):

This is the period during which the Policyholder shall pay the Premium to get the full benefits as mentioned in the Schedule of the Policy. If the Premium Payment Term is less than the Policy Term, it shall mean Limited Premium Payment Policy.

xvi. Revival:

Means reinstatement of the lapsed or Reduced Paid-Up benefits of the Policy in accordance with the provisions of the Policy Document. Revival may be of the following two types and the same may be made before the date of maturity of the Policy but, within the timelines indicated below:

- a. 'Minor Revival': means revival made within six months from the due date of the first unpaid Premium causing the Policy to Lapse; and
- b. 'Major Revival': means revival made after six months but within five years from the due date of the first unpaid Premium causing the Policy to Lapse.

xvii. Sum Assured:

Means the amount mentioned in Schedule as Sum Assured which is calculated basis Premium, Age, gender, PPT and Policy Term. This Sum Assured is not payable on Maturity and is used for calculation of death benefit and bonuses under this Policy.

xviii. Sum Assured on death:

If all the due premiums have been paid, the Sum Assured on death during the Policy Term will be as follows:

Highest of:

- a. 11 times of Annualised Premium (including extra premium, if any); or
- b. Sum Assured; or
- c. 105% of all Premiums (including extra premium, if any) paid till the date of death (excluding Goods and Services tax and cess, as applicable and rider premium, if any).

xix. Surrender:

Means the termination of the Policy by the Policyholder before the Date of Maturity, in accordance with the provisions of the Policy Document.

xx. Term of the Policy:

Means the period mentioned in the Schedule, it is the period during which the Life Insured is covered, subject to terms and conditions of the Policy Document.

PART C

1. BENEFITS PAYABLE

The following benefits are payable, provided all the due Premium(s) have been paid up to date:

i. Death Benefit:

- a. **Upon death of the Life Insured during the Policy Term the following benefit shall be payable:**
 - Sum Assured on Death (defined above in PART B) PLUS
 - Accrued Simple Reversionary Bonus (if any) PLUS
 - Interim Bonus (if any) PLUS
 - Terminal Bonus (if any) PLUS
 - Present Value of remaining Guaranteed Monthly Income pertaining to the policy year of death, if any
- b. Any Guaranteed Income already paid will not be deducted from the Death Benefit.
- c. If the death occurs during Grace Period, the due unpaid premium (if any) till the date of death will be deducted from the aforesaid Death Benefit. For policies, where the Premium payment mode is not annual, the balance of the Premium for that Policy Year will also be deducted from the Death Benefit.
- d. For Death Benefit payable under Lapse and Reduced Paid-up mode kindly refer to the respective Sections.
- e. Once the Death Benefit under the Policy is paid, the Policy stands terminated.
- f. In case of death of minor Life Insured the benefits under the Policy shall be payable to the Policyholder.

ii. Guaranteed Income

Guaranteed Income can be taken either on Annual or Monthly frequency. The frequency for income payout needs to be selected at inception of the policy.

Post completion of Premium Payment Term, Guaranteed Income shall be payable for the remaining Policy Term or until date of death whichever is earlier and shall be payable at the beginning of each Policy Year.

a. Guaranteed Annual Income

Payout period for each of the Premium Payment Term option is as follows:

For PPT of 8 years	Payout will start from the beginning of 9th Policy Year and will end at the beginning of 15th Policy Year
For PPT of 10 years	Payout will start from the beginning of 11th Policy Year and will end at the beginning of 19th Policy Year
For PPT of	Payout will start from the beginning of 13th Policy

12 years	Year and will end at the beginning of 23rd Policy Year
----------	--

The Guaranteed Annual Income rates will vary by PPT and will be as % of Annualised Premium:

For 8 Pay	103% of Annualised Premium
For 10 Pay	108% of Annualised Premium
For 12 Pay	113% of Annualised Premium

b. Guaranteed Monthly Income :

Guaranteed Monthly Income will be paid out at the beginning of each Policy month after the end of Premium payment Term till the beginning of last Policy month or date of death whichever is earlier.

Payout period for each of the Premium Payment Term option is as follows:

For 8 Pay	Payout will start from the beginning of 97th Month (i.e.9th policy year) till beginning of 180th policy month
For 10 Pay	Payout will start from the beginning of 121th Month (11th policy year) till beginning of 228 th policy month
For 12 Pay	Payout will start from the beginning of 145th policy month till beginning of 276 th policy month

The Guaranteed Monthly Income rates will vary by PPT and will be as % of Annualised Premium:

PPT	Percentage of Annualised Premium
8 years	8.78% of Annualised Premium
10 years	9.20% of Annualised Premium
12 years	9.63% of Annualised Premium

Frequency of Guaranteed Income can be changed 3 months prior to the start of the payout period. Once the Guaranteed Income has started, the payment frequency cannot be changed.

If death occurs during the payout period:

In case of the policyholder has chosen the Guaranteed Monthly Income, the income benefit is paid at the beginning of each month. In case of death, the present value of

remaining income benefit pertaining to that policy year will be paid to the nominee/ beneficiary.

The benefit payable will be calculated as

PV Factor X Guaranteed Monthly Income

Where the PV Factor is defined below.

No. of installments due to be received during policy year of death	PV factor Applicable
11	10.7358
10	9.7795
9	8.8194
8	7.8553
7	6.8873
6	5.9154
5	4.9395
4	3.9596
3	2.9757
2	1.9878
1	0.9959

If the policyholder has chosen Guaranteed Annual Income, the above benefit is not applicable as the income benefit is paid at the beginning of policy year.

If the Life Insured is minor, the Policyholder shall ensure that the Survival Benefits received while the Life Insured is still a minor, is used for the benefit of the minor life.

In case of death of the Policyholder during the payout period, if the Life Insured is still minor, the benefits of the Policy shall be payable to legal guardian of the minor Life Insured.

iii. Maturity Benefit:

The benefit payable on maturity, i.e. at the end of the Policy Term will be as follows:

- Accrued Simple Reversionary Bonus (if any) Plus
- Terminal Bonus (if any).

The Maturity Benefit under the Policy is not guaranteed as it comprises of the Bonuses only. Once the Maturity Benefit under the Policy is paid, the Policy stands terminated.

iv. Rider Benefits:

The Policyholder may opt for the following Riders, subject to the terms and conditions applicable to the riders:

- Kotak Accidental Death Benefit Rider (UIN – 107B001V03)
- Kotak Permanent Disability Benefit Rider (UIN – 107B002V03)
- Kotak Accidental Disability Guardian Benefit Rider [ADGB] (UIN – 107B011V02)
- Kotak Life Guardian Benefit Rider [LGB] (UIN – 107B012V02)
- Kotak Term Benefit Rider (UIN – 107B003V03)

Rider Conditions:

- a. Rider Cover only applies during the rider benefit term. Riders will cease at the end of Grace Period depending on the features of the Riders attached.
- b. The payment of rider premiums would be made in addition to the premium payable under base policy.
- c. Sum Assured under each rider \leq Sum Assured under base plan
- d. Sum of premiums for all riders chosen/premium for each (incase chosen individually) by policyholder \leq 30% of Basic premium

- e. Mode of Rider Premium should be same as base plan
- f. Modal Factors apply for Rider Premiums
- g. Minimum rider term is 5 years.
- h. Rider can be opted either at inception or at any policy anniversary and can also be detached during policy term.
- i. Rider attachment shall be allowed anytime during the policy term subject to availability of the rider with the Insurer. Such rider shall be effective only from next policy anniversary.
- j. Rider detachment shall be allowed anytime during the policy term but will be effective only from next Rider premium due date (Logical anniversary).
- k. The following will be applicable for all riders except LGB & ADGB Rider:
 - i. Rider benefit term should be less than or equal to the outstanding policy term of the base plan. The maximum Rider benefit term allowed will be the outstanding Policy Term selected under the base plan subject to the maximum maturity age under the Rider
 - ii. Rider premium payment term should be less than or equal to the outstanding PPT of the base plan
 - iii. Premium Payment options under Rider will have to be same as that of the base plan. For this plan only Limited premium payment option is applicable
- l. For LGB & ADGB Riders, Rider benefit term will be outstanding PPT of base plan subject to minimum of 5 years. It will also be subject to not breaching the maturity age of the base plan.
- m. For LGB and ADGB riders, policies will not be eligible for these riders where the Age of Policyholder and PPT of base plan, together exceeds, the maximum maturity age allowed under these riders.
- n. Rider cannot be revived independently and can only be revived along with the revival of the base Policy.
- o. For more details, please refer to respective Rider terms and conditions

2. PREMIUMS PAYABLE :

- l. The annual Premiums are payable in advance on the anniversary of the date of commencement of the Policy. However, with the consent of the Company, the Premium(s) can also be paid in Half-yearly/ Quarterly/Monthly installments.

Grace Period, as applicable is available for payment of Premiums due.

Premiums may be revised by the Company to give effect to any changes in the prevailing tax laws or other legislation.

As a gesture of goodwill, the Company may by way of written intimation remind the Policyholder of the Premiums due and payable under this Policy. However, whether or not such intimation is received by the Policyholder, it shall be the sole responsibility of the Policyholder, at all times, to discharge the Premium obligations as mentioned in the Policy.

Likewise it shall not be obligatory on the Company to issue any communication to a Policyholder conveying that his/her Premium paying instrument (including those for any

other payments under the Policy) has bounced and/or any standing instructions by the Policyholder to a bank has not been honoured, thereby resulting in non-payment/non-receipt of the Premium(s)/payments under the Policy. As mentioned above it shall be the sole responsibility of the Policyholder, to ensure that the Premiums as mentioned herein (including for any other payments under the Policy) are duly and properly discharged.

Any excess money upto Rs. 100/-, paid by the Policyholder over and above the Premium amount shall be adjusted against future Premium payable under the Policy or shall be refunded along with the benefits payable under the Policy.

II. Mode of Premium payment: Annual

Due date(s) of Future Premium Payments: **30/08/2022** and **Annual** thereafter.

Benefits	Installment Premium (Rs.)	Extra Premium (Rs.)	Date of Risk Commencement	Date of Last Premium Due
Basic Benefit	33,493.00	NA	30/08/2021	30/08/2032

Total **Annual** Premium for Basic Benefit is: **Rs. 33,493.00**

Goods and Services Tax, Cess, and any other tax, as applicable at prevailing applicable rate will be collected together with the Premium(s).

Modal Factors depending on the mode of premium are stated below:

Frequency	Modal Factor
Annual	100% of tabulated Yearly Premium
Half-Yearly	51% of Yearly Premium
Quarterly	26% of Yearly Premium
Monthly	8.8% of Yearly Premium

Special Conditions, if any:

Signed for and on behalf of Kotak Mahindra Life Insurance Company Ltd at Mumbai on
2021-08-30


Authorised Signatory

PART D

1. LAPSE:

- i. If Premiums for the first two Policy years are not paid in full within the Grace Period, the Policy shall lapse.
- ii. If the Policy lapses, all the benefits under the Policy also lapse.
- iii. A lapsed Policy will cease to participate in the profits under the Policy until the Policy is revived.
- iv. The lapsed Policy can be revived in the manner as mentioned in the Revival clause below.

2. Revival

- i. The Policyholder can revive the Lapsed / Reduced Paid-Up Policy (with or without Riders) by making an application within a period of five years from the due date of the first unpaid Premium and before the date of maturity of the Policy, whichever is earlier.

The Policy may be revived on the following terms:

Sr. No.	Type of Revival	Requirements for Revival	Amount Payable for Revival
1.	within six months from the due date of the first unpaid Premium ("Minor Revival");	without evidence of good health;	on payment of a) Outstanding Premiums and; b) Interest rate at such rates as may be prescribed by the Company from time to time on Premiums in arrears (currently 9% per annum of outstanding premiums).
2.	after six months but within five years from the due date of the first unpaid Premium and before the date of maturity of the Policy ("Major Revival");	on production of evidence of good health and good habits by the Policyholder/Life Insured /attending physician of the Life Insured, as the case may be to the satisfaction of the Company and also the evidence of there being no adverse change in the personal or family history or occupation of the Life	on payment of a) Premiums in arrears, and; b) interest rate (currently 9% per annum of outstanding premiums) at such rates as may be prescribed by the Company from time to time on Premiums in arrears. Extra Premiums may be required based on the Board Approved Underwriting Policy (BAUP).

		Insured; In such cases, extra Premiums and any other documents may be required based on the Board Approved Underwriting Policy (BAUP).	
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- ii. The Company may, at its absolute discretion, accept or decline the request for revival (made by the Policyholder in writing) of a lapsed/Reduced Paid-Up Policy, or accept the request for revival on such terms and conditions as it deems fit. The revival of the Policy will be effective after the Company's approval is communicated in writing to the Policyholder. Revival will be based on Board Approved Underwriting Policy (BAUP).
- iii. In the event, the Lapsed Policy is not revived within five years of due date of the first unpaid Premium and before the date of maturity of the Policy, the Policy shall stand terminated and the benefits payable under the Policy shall cease.
- iv. If policy is converted to Reduced Paid-Up state (Please refer Clause on Reduced Paid-Up) and is not revived as aforesaid, it will continue in that mode until maturity, death or surrender, whichever is earlier.
- v. Policy will not be eligible for declared reversionary bonuses during the lapse/Reduced Paid-up period. However, all benefits under the Policy including the Bonus, as applicable, will be reinstated on the revival of the Policy.

3. **Surrender**

Surrender Value is acquired after payment of 2 consecutive full years' Premiums

- i. On Surrender, the benefits payable shall be higher of Guaranteed Surrender Value or Special Surrender Value.
- ii. Guaranteed Surrender Value (GSV)

The Guaranteed Surrender Value (GSV) is a percentage of total *Premiums paid as on the date of first unpaid Premium LESS Guaranteed Income already paid out, if any, PLUS value of subsisting Bonuses, if any.

* means total of all premiums, excluding any extra premium if any, rider premium if any and taxes. The value of the Subsisting Bonuses is calculated as:
 [Accrued Simple Reversionary Bonuses (if any) + Interim Bonuses (if any)] X
 Guaranteed Surrender Value Factors applicable for bonus.

GSV Factors as percentage of total Premiums paid* is given in the table below:

Guaranteed Surrender Value factors (As a % of Total Premiums paid)			
Year	PPT-8	PPT-10	PPT-12
1	0.00%	0.00%	0.00%
2	30.00%	30.00%	30.00%
3	35.00%	35.00%	35.00%
4	50.00%	50.00%	50.00%
5	50.00%	50.00%	50.00%
6	52.00%	54.00%	52.00%
7	54.00%	57.00%	57.00%
8	57.00%	59.00%	60.00%
9	66.00%	59.00%	63.00%
10	70.00%	62.00%	66.00%
11	72.00%	64.00%	67.00%
12	73.00%	70.00%	77.00%
13	74.00%	80.00%	80.00%
14	90.00%	80.00%	82.00%
15	90.00%	81.00%	84.00%
16		82.00%	87.00%
17		85.00%	88.00%
18		90.00%	89.00%
19		93.00%	90.00%
20			91.00%
21			92.00%
22			93.00%
23			99.00%

GSV as a percentage of bonus is as per the table below:

GSV Factor as % of Bonus			
Year	PPT-8	PPT-10	PPT-12
1	0.00%	0.00%	0.00%
2	28.00%	19.00%	13.00%
3	31.00%	21.00%	15.00%
4	34.00%	23.00%	16.00%
5	37.00%	25.00%	17.00%
6	41.00%	28.00%	19.00%
7	45.00%	31.00%	21.00%
8	50.00%	34.00%	23.00%
9	55.00%	37.00%	25.00%
10	61.00%	41.00%	28.00%
11	67.00%	45.00%	31.00%
12	74.00%	50.00%	34.00%
13	82.00%	55.00%	37.00%
14	90.00%	61.00%	41.00%
15	100.00%	67.00%	45.00%
16		74.00%	50.00%
17		82.00%	55.00%

18		90.00%	61.00%
19		100.00%	67.00%
20			74.00%
21			82.00%
22			90.00%
23			100.00%

- iii. On Surrender, the Company may consider paying a Special Surrender Value once Policy acquires Guaranteed Surrender Value. Such Special Surrender Value will be solely determined by the Company at its discretion, and the same will be quoted in writing by the Company, on receipt of a written request from the Policyholder. In such a case, the benefit payable in case of surrender will be higher of, Guaranteed Surrender Value or Special Surrender Value.
- iv. Once the surrender value is paid, all the benefits will cease and the Policy shall be terminated.

3. Reduced Paid-Up

- i. After the Policy acquires Surrender Value, if the subsequent Premiums are not paid within the Grace Period, the Policy, will be converted into a Reduced Paid-Up policy by default. Riders (if any) will get converted to Reduced Paid-Up, if applicable subject to terms and conditions of respective Riders.
- ii. Upon being made Reduced Paid-up:
 - a. The Policy will not be eligible for any future Simple Reversionary Bonuses.
 - b. Rider benefit will be available as per Reduced Paid-Up Rider Sum Assured, if applicable subject to the terms and conditions of the Rider document.
 - c. $\text{Reduced Paid-Up Sum Assured on death} = \text{Sum Assured on death as on the date of Policy being made reduced paid-up} \times \left[\frac{\text{Total Premiums paid}}{\text{Total premiums payable over the Policy Term}} \right]$
- iii. If a Reduced Paid-Up policy is surrendered, the surrender value (if any) for the Base Policy will be based on surrender value formula mentioned above. For surrender value of rider (if any), please refer 'Annexure' for respective rider benefit.
- iv. A Reduced Paid-Up Policy may be revived within 5 years of the date of becoming Reduced Paid-Up (subject to the provisions of the clause on Revival).
- v. If the Reduced Paid-Up Policy is not revived within the Revival period, the Policy shall continue till the end of the Policy Term in the Reduced Paid-Up state.
- vi. **Payout on Death:**

On death of the Life Insured after Policy being Reduced Paid-Up, the benefit payable will be the Reduced Paid-up Sum Assured on death plus Accrued Simple Reversionary Bonuses (if any) plus Terminal Bonus (if any) plus Present Value of remaining Reduced Guaranteed Monthly Income pertaining to the policy year of death, if any.

vii. Payout of Guaranteed Income:

It will get reduced in the following proportion and paid during the scheduled period:

Reduced Guaranteed Income = [(No. of premiums paid / No. of premiums payable) X Guaranteed Income at inception]

viii. Payout on Maturity:

At the end of the Policy Term, accrued Simple Reversionary Bonus till the date of first unpaid Premium and Terminal Bonus, if any will be paid out.

4. Loans:

Loans shall not be available under the Policy.

5. Vesting on Attaining Majority:

Where the policy has been issued on the life of a minor, the Policy shall automatically vest on him/her with effect from the date of completion of 18 years of age and the Life Insured would be the holder of the policy from such date, subject to assignment, if any and the Company shall thereafter enter into all correspondence directly with him/her.

6. Free Look Provision:

The policyholder is offered 15 days free look period for a policy sold through all channels (except for Distance Marketing* Channel which will have 30 Days) from the date of receipt of the policy wherein the Policyholder may choose to return the Policy within 15 days / 30 days of receipt if s/he is not agreeable with any of the terms and conditions of the plan, stating the reasons for the same. Should she/he choose to return the policy, she/he shall be entitled to a refund of the premium paid after adjustment for the expenses of medical examination, stamp duty and proportionate risk premium for the period of cover. If the Policy has been opted through Insurance Repository (IR), the consideration of the free look period of 15 / 30 days (as per the applicable channel as mentioned above) shall be from the date of email sent by the IR.. A policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new policy.

*Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail, and interactive television (DTH); and (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts.

PART E
NOT APPLICABLE

PART F

1. Suicide Exclusion:

- i. In the event of the Life Insured committing suicide within one year from the date of Commencement of Risk, no death benefit under the Policy shall be payable. However, in such cases 80% of the total Premiums paid (including extra premium paid, if any) till the date of death shall be payable to the Claimant.
- ii. In case of Minor Revival done after one year from date of Commencement of Risk, Suicide Exclusion shall not be applicable and the Death Benefit under the Policy shall be payable.
- iii. In case of suicide within 1 year of the date of Major Revival, done after one year from the date of Commencement of Risk, the benefit payable shall be higher of 80% of total Premiums Paid (including extra premium paid, if any) till the date of death or Surrender Value (if any) at the date of death provided the Policy is in force. In such cases, no death benefit under the Policy shall be payable.

2. Misstatement of Age:

The Sum Assured has been calculated on the basis of the Age of the Life Insured as declared in the proposal form. If at a future date, the Age is found to be different from what was declared, without prejudice to the Company's other rights and remedies, the Policy shall be subject to re-underwriting.

3. Fraud and Misstatement:

The provisions of Section 45 of the Insurance Act, 1938 as amended from time to time will be applicable in this contract. [A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in annexure – 3 for reference]

4. Forfeiture of Policy:

The Policy will be forfeited if

- any Premium is not duly paid and the policy has not acquired any surrender value; or
- the lapsed policy has not been revived as provided in this document, or
- any condition herein contained or endorsed hereon is contravened

5. Nomination and Assignment:

- i. Nomination is allowed as per Section 39 of the Act as amended from time to time. [A Leaflet containing the simplified version of the provisions of Section 39 is enclosed in annexure – 1 for reference].
- ii. Assignment is allowed as per Section 38 of the Act as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed in annexure – 2 for reference].

- iii. In case of Lapse of the Policy, fresh nomination and assignment will not be allowed.
- iv. The provisions of nomination shall not apply to any policy of life insurance to which Section 6 of the Married Women's Property (MWP) Act, 1874, applies or has at any time applied. Assignment will not be permitted when the Policy is issued under the MWP Act.

6. Issuance of Duplicate Policy Document:

The Policyholder may request for issuance of duplicate Policy Document by making a request to the Company in writing or in the prescribed form as the case may be. Issuance of duplicate Policy Document shall be made subject to the following conditions:

- i. The Policyholder pays the applicable fee of Rs. 250/-, which may be changed in future subject to approval of IRDAI.
- ii. The Policyholder submits an affidavit cum indemnity in the format prescribed by the Company.
- iii. Free Look clause shall not be applicable with respect to such duplicate Policy Document.

7. Claims:

In the unfortunate event of death of the Life Insured, the benefit will be paid to the Policyholder/Nominee/Legal Heir/ Assignee or to such other person(s) as directed by a Court of competent jurisdiction in India.

All claims payable will be subject to production of proof of the claim event and such other requirements as stipulated by the Company and the legal title of the Claimant, satisfactory to the Company.

The Company reserves its rights to condone the delay on merit for delayed claims, where the delay is genuine and proved to be for reasons beyond the control of the Life Insured/ Claimant.

The Primary documents normally required for processing a claim are:

- Intimation of the claim event (duly supported by evidence of claim event), in writing and in the Company's format and signed by the Beneficiary / Nominee/ Assignee/ legal heirs as the case may be giving complete details as required in the Claim Intimation Form.
- Cause of claim event with supporting documents.
- Proof of claim event with supporting documents (e.g. original death certificate in the case of a death claim/hospital reports in the case of a critical illness claim etc.)
- A report from the last attending physician or surgeon or hospital with details of periods of illness plus copies of any special reports, available. Also, all the hospitalisation papers with case history and treatment sheets, i.e., extract of admission papers [which gives admission details of the patient along with history], complete treatment given to the patient during the hospitalisation period till the claim event, should be submitted.
- If the claim event occurs due to any accident or unnatural causes, then certified copies of the First Information Report [FIR], the post mortem or the autopsy report and the coroner's statement plus any newspaper cuttings shall have to be submitted. Complete Police Report and post Mortem Report in relation to the accident of the Life Insured.
- Where death occurs due to any car or motor accident where the Life Insured was the driver, a certified copy of the insured's driving license to be submitted.

- Details of any illness / accident / injury that the Life Insured / Proposer might have suffered in the past 2 / 3 years along with complete reports / records.
- Original Policy Document.
- Proof of age of the Life Insured / Policyholder, if this has not been previously admitted by the Company (e.g. birth certificate, school leaving certificate etc.).
- Recent photograph of the Claimant, as mentioned above.
- Current residential proof and identity proof of Claimant, as mentioned above.
- Original cancelled cheque showing name of Bank, location of Bank Branch, Name of Account Holder and Account No. In absence of the same the client can even submit Photocopy of Bank Pass Book/Bank Statement of Claimant bearing the afore-referred details duly attested by the concerned bank.

The Company reserves the right to call for any additional information and documents required to satisfy itself as to the validity of a claim. The Company may settle a claim by conducting its own investigation or enquiry to the satisfaction of the Company that the required documents are not available and the claimant approaching the Company is the genuine Claimant.

The amount due under this Policy is payable at the office of the Company situated at Mumbai, but the Company may fix an alternative place of payment for the claim at any time before or after the Policy has become a claim.

8. Policy Alteration:

- Sum Assured, Premium, Policy term and Premium Payment Term related alterations are not allowed under the Policy.
- Minor alterations shall be allowed as per prevailing policy servicing manual of the Company.
- Alteration charges will be as per prevailing policy servicing manual of the Company.
- Change in Guaranteed Income Frequency is allowed 3 months prior to start of payout period.

9. Notice:

Any notice, information or instruction to the Company must be in writing and delivered to the address intimated by the Company to the Policyholder which is currently:

Customer Care,

Kotak Mahindra Life Insurance Company Ltd,
Kotak Towers, 7th Floor, Zone IV,
Building No. 21, Infinity Park, Off Western Express Highway,
Goregaon Mulund Link Road, Malad (East), Mumbai 400097
Toll Free: 1800 209 8800
e-mail: clientservicedesk@kotak.com

The Company may change the address stated above and intimate the Policyholder of such change by suitable means.

The Policyholder is also advised to promptly notify the Company of any change in his/her address and/or that of his/her Nominee to ensure timely and effective communication of policy related information to the Policyholder.

Any notice, information or instruction from the Company to the Policyholder shall be mailed to the address specified in the proposal form or to the changed address as intimated to the Company in writing.

10. Electronic Transactions:

All remote transactions effected through the internet, world wide web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by the Insurer or on behalf of the Insurer, for and in respect of this Policy, shall be legally binding on either party and shall be considered as valid transactions as per extant laws applicable and which are done in adherence to and in compliance with the terms and conditions of such facilities, as may be prescribed by the Insurer from time to time.

11. Force Majeure:

If our performance or any of our obligations are in any way prevented or hindered as a consequence of any act of God or State, strike, lock out, legislation or restriction by any government or any other authority or any other circumstances beyond our anticipation or control, the performance of this Policy shall be wholly or partially suspended during the continuance of such force majeure.

12. Governing Laws:

i. Anti Money Laundering Provisions:

The Prevention of Money Laundering Act, 2002, also applies to insurance transactions. As such the Insurer shall enforce the said legislation to the extent it may be applicable to this Policy.

ii. Miscellaneous:

This Policy is subject to the Insurance Act, 1938, the Insurance Regulatory and Development Authority Act, 1999, and such amendments, modifications as may be made thereto from time to time and such other relevant regulations as may be introduced thereunder from time to time by that Authority.

iii. Cancellation of Policy:

Where the Policyholder is an agent/relative (spouse, parent or child) of agent of the Company, the Premium amount refunded to such Policyholder shall be net of the commission payable/paid to the agent.

iv. Entire Agreement:

This Policy Document along with the documents and agreements referred to herein, supersedes all prior discussions and agreements (whether oral or written, including all correspondence) with respect to the subject matter of this Policy, and this Policy Document (together with any written and mutually agreed amendments or modifications thereof) contain the sole and entire agreement between the Company and the Policyholder with respect to the subject matter hereof.

v. Jurisdiction:

Without prejudice to the generality of the aforesaid provisions, this Policy shall be governed by the laws of India.

PART G

Grievance Redressal System

1. In case you have any query or complaint/grievance, you may approach our office at the following address:

Customer Care,

Kotak Mahindra Life Insurance Company Ltd,
Kotak Towers, 7th Floor, Zone IV,
Building No. 21, Infinity Park, Off Western Express Highway,
Goregaon Mulund Link Road, Malad East, Mumbai 400097
Toll Free: 1800 209 8800

Email ID: clientservicedesk@kotak.com

2. In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official for resolution:

The Grievance Redressal Officer,
Kotak Mahindra Life Insurance Company Ltd,
Kotak Towers, 7th Floor, Zone IV,
Building No. 21, Infinity Park, Off Western Express Highway,
Goregaon-Mulund Link Road, Malad East, Mumbai 400097
Contact No: 1800 209 8800
Email ID: kli.grievance@kotak.com

3. If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255 or 1800 4254 732

Email ID: complaints@irda.gov.in

You can also register your complaint online at <http://www.igms.irda.gov.in/>

Address for communication for complaints:

Consumer Affairs Department
Insurance Regulatory and Development Authority of India
Sy.No.115/1, Financial District, Nanakramguda,
Gachibowli, Hyderabad-500032

4. In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman at the address given below if your grievance pertains to:
 - (a) delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999;
 - (b) any partial or total repudiation of claims by the Insurer;

- (c) disputes over premium paid or payable in terms of insurance policy;
- (d) misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
- (e) legal construction of insurance policies in so far as the dispute relates to claim;
- (f) policy servicing related grievances against Insurer and their agents and intermediaries;
- (g) issuance of life insurance policy, including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
- (h) non-issuance of insurance policy after receipt of premium in life insurance including health insurance; and
- (i) any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f).

The list of Insurance Ombudsman, their contact details and areas of jurisdiction are annexed given below:

5. The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.
6. As per provisions of Insurance Ombudsman Rules, 2017, notification no. GSR 413(E) [F.NO.14019/22/2010-INS.II], dated 25-4-2017, the complaint to the Ombudsman can be made:
 - o Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
 - o Within a period of one year from the date of rejection by the Insurer
 - o If it is not simultaneously under any litigation.

List of Insurance Ombudsman:

AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in

<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>
<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p>	<p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in</p>
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>
<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II,</p>	<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W),</p>

<p>Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p>
<p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>	<p>GOVERNING BODY OF INSURANCE COUNCIL, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106889 / 671 / 980 Fax: 022 - 26106949 Email: inscoun@ecoi.co.in</p>

Annexure 1

A. Section 38 - Assignment and Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by as amended by the Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard 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 of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to official Gazette Notification for complete and accurate details.]

Annexure 2

B. Section 39 - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard 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 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 bonafide 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 of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to official Gazette Notification for complete and accurate details.]

Annexure 3

C. 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 by Insurance Laws (Amendment) Act, 2015 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 of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to official Gazette Notification for complete and accurate details.]

Annexure 4 - List of Valid Age Proof

List of valid age proofs:

- Aadhar Card
- Birth Certificate/
- School / College Leaving Certificate, provided – it specifies Date of Birth, States that Date of Birth is extracted from School / College Records, Stamped and signed by College / School
- Passport
- Driving license
- PAN Card
- Ration Card, which specifies the Date of Issue of the Ration Card and the Date of Birth or Age of the Life to be Insured
- Election ID card (also called voters ID) issued by the Election Commission of India can be accepted as valid age proof provided it was issued at least 2 years before the date of the insurance proposal.
- Extract from service register in case of:
 - Government and semi-government employees
- In case of defense/central government/ state government personnel, identity card issued respectively by the defense department /central government/ state government to their personnel showing, inter alias, the date of birth or age
- Marriage certificate in the case of Roman Catholics issued by Roman Catholic Church
- Domicile certificate in which the date of birth stated was proved on the strength of the school certificate or birth certificates

NOTE: Any of the abovementioned Age Proof document submitted should have been issued at least 1 year prior to the date of the cover. In other words, if any age proof document which has been issued by the respective issuing authority within a span of 1 year before the risk commencement date, then the same shall not be acceptable.



Hum hain... hamesha

KOTAK PROPOSAL FORM (KPF)

APPLICATION NO.: **KP**

APPLICATION ID: GN03414918

FORM ID NO: 30101091

☒ NON UNIT LINKED

☐ UNIT LINKED: "IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER."

FOR OFFICE USE ONLY

Proposal Number 74804133 / BB280821150000132

Proposal Receipt Date 28-08-2021

Name of the Product Kotak Premier Income Plan

Cross Reference No.

Product Code K91

Branch Code

Opportunity ID

Client ID (for new customers)

CATEGORY : A. ☐ Rural ☒ Urban **B.** ☐ Unorganized Sector ☐ Economically Vulnerable / Backward Class ☐ Other Categories ☐ New Customer ☐ Existing Customer

OBJECTIVE OF INSURANCE : ☐ Keyman ☐ HUF ☐ MWPA ☐ Employer Employee ☐ Partnership ☐ QROPs (applicable for Pension Plans only)

INSTRUCTIONS FOR FILLING UP THE FORM

1. Please answer all questions 2. Please tick a box thus ☒ where appropriate. 3. Please strike out parts which are not applicable and write 'N.A.'. 4. Strokes of the pen, dots and dashes will not be accepted as replies. 5. This form is to be filled by the proposer himself/herself in **BLOCK LETTERS** in black or blue ink. In case he/she is unable to do so, he/she may dictate the answers to the questions in the proposal form to a scribe, other than the Company's Life Advisor / Corporate Agent / Broker / Relationship Officer. 6. The proposer must sign any cancellation or alteration. 7. Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in his proposal constitute warranties, complete and accurate information must be given. 8. Please use additional sheet where space is not sufficient

1. PARTICULARS OF THE LIFE TO BE INSURED AND PROPOSER (to be filled in BLOCK LETTERS)

PARTICULARS	LIFE TO BE INSURED	PROPOSER (to be filled only if different from the life to be insured)
1.1 CLIENT ID (As policyholder or as Nominee/Appointee/Trustee etc.)		
1.2 TITLE	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master
1.3 FULL NAME	Surname T. First Name FRANKLIN Middle Name	
1.4 MAIDEN NAME (in case of married female)	Surname First Name Middle Name	
1.5 FATHER's / HUSBAND's NAME	Surname ... First Name THANKAPPAN Middle Name	
1.6 NATIONALITY	<input checked="" type="checkbox"/> Indian <input type="checkbox"/> NRI/ PIO <input type="checkbox"/> OTHERS	<input type="checkbox"/> Indian <input type="checkbox"/> NRI/ PIO <input type="checkbox"/> OTHER
1.7 GENDER	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
1.8 DATE OF BIRTH	07-03-1981	
1.9 GROSS ANNUAL INCOME	500000	
1.10 PROOF OF AGE	<input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Cert. <input type="checkbox"/> Driving Licence <input checked="" type="checkbox"/> Others Aadhar Card	<input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Cert. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others
1.11 MARITAL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)
1.12 EDUCATIONAL QUALIFICATION (Tick Highest)	<input type="checkbox"/> Professional <input checked="" type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> 12th pass <input type="checkbox"/> 10th pass <input type="checkbox"/> Below 10th <input type="checkbox"/> Others	<input type="checkbox"/> Professional <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> 12th pass <input type="checkbox"/> 10th pass <input type="checkbox"/> Below 10th <input type="checkbox"/> Others
1.13 OCCUPATION CATEGORY	<input type="checkbox"/> Salaried <input checked="" type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others
1.14 a) IF SALARIED (please tell us the type of organization)	<input type="checkbox"/> Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt. <input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others	<input type="checkbox"/> Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt. <input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others
1.14 b) IF SELF-EMPLOYED (please tell us the type of organization)	<input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Others	<input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Others

* Please fill in the NRI / PIO Questionnaire.

APPLICATION NO.: **KP**

PARTICULARS		LIFE TO BE INSURED		PROPOSER	
1.15 PERMANENT RESIDENTIAL ADDRESS	C/o or S/o or W/o				
	House/Flat No./Society				
	Street/Lane/Mohalla	NO 15 IYPPASI STREET			
	Landmark	KOYAMBEDU S O			
	Area/Location	CHELLIAMMAN NAGAR NERKUNDRAM			
	Village/Taluka/Tehsil				
	City/District	CHENNAI	Pin	600107	
State	Tamil Nadu (India)				
1.16 CURRENT RESIDENTIAL ADDRESS (If different from Permanent Residential Address)	C/o or S/o or W/o				
	House/Flat No./Society				
	Street/Lane/Mohalla	NO 15 IYPPASI STREET			
	Landmark	KOYAMBEDU S O			
	Area/Location	CHELLIAMMAN NAGAR NERKUNDRAM			
	Village/Taluka/Tehsil				
	City/District	CHENNAI	Pin	600107	
State	Tamil Nadu (India)				
1.17 OFFICE ADDRESS (Company name and full address of present employer/ last employer for retired individuals)	Name	BUSINESS			
	Street/Lane	NO 130			
	Landmark				
	Area/Location	PH ROAD			
	City/District	CHENNAI	Pin	600010	
State	Tamil Nadu (India)				
1.18 PREFERRED MAILING ADDRESS		<input checked="" type="checkbox"/> Permanent Residential <input type="checkbox"/> Current Residential <input type="checkbox"/> Office		<input type="checkbox"/> Permanent Residential <input type="checkbox"/> Current Residential <input type="checkbox"/> Office	
1.19 WORK DETAILS(present employment)		a) No. of Years in Service 7	b) Designation PROPRIETOR	c) Nature of Work PROPRIETOR	a) No. of Years in Service b) Designation c) Nature of Work
		d) Nature of Business of the Organization		d) Nature of Business of the Organization	
1.20 TELEPHONE NUMBER (with STD Codes)		Residence Office Mobile	8838481096	Residence Office Mobile	
1.21 E-mail ID		franklinthankappan@hotmail.com			
I hereby give my consent to receive all <input checked="" type="checkbox"/> communications including <input checked="" type="checkbox"/> policy document at the registered email id provided by me in this proposal form.					
1.22 IT ASSESSEE		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.23 PERMANENT A/C NO. (PAN)		AKQPT5657C		Enclosed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1.24 IF PAN NOT AVAILABLE		<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applied for		<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applied for	
1.25 RELATIONSHIP TO LIFE TO BE INSURED		NOT APPLICABLE		Self	
1.26 TOTAL EXISTING LIFE COVER (excluding this proposal) (in `)		PLEASE REFER TO QUESTION NO. 9			
1.27 Additional Details - Indicator for Residence / Tax status		a) Place of Birth MARTHANDAM b) Country of Birth India c) Are you a citizen of any other country also <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d) Are you a resident (for tax purposes) of any other country other than India <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No e) Do you hold a green card of US or any similar card for any other country <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If answer to any / all of the above is yes, please do fill all the details		a) Place of Birth b) Country of Birth c) Are you a citizen of any other country also <input type="checkbox"/> Yes <input type="checkbox"/> No d) Are you a resident (for tax purposes) of any other country other than India <input type="checkbox"/> Yes <input type="checkbox"/> No e) Do you hold a green card of US or any similar card for any other country <input type="checkbox"/> Yes <input type="checkbox"/> No If answer to any / all of the above is yes, please do fill all the details	
1.28 Would you like to opt for Electronic Policy Insurance through an e-insurance Account (eIA) of an Insurance Repository <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
1.29 If you have an eIA, provide details:					
a) Name of Insurance Repository					
b) eIA No.		c) Name as appearing in eIA			

☐ Yes ☒ No

☐ NSDL Data Management Limited

☐ Central Insurance repository Limited

² Maximum 6 month old

GOODS AND SERVICES TAX AND CESS ON MODAL PREMIUM

TOTAL PREMIUM (ROUNDED OFF TO THE NEAREST RUPEE)

3.2 Frequency of Premium Payment ☐ Single ☒ Yearly ☐ Half - Yearly ☐ Quarterly ☐ Monthly

3.3 Premium Payment Term (Years) ☐ Full Policy Term ☒ Others 12

3.4 Plan option* ☐ Life ☐ Life Plus ☐ Life Secure

3.5 Payout option* ☐ Immediate Payout ☐ Level Recurring Payout ☐ Increasing Recurring Payout

3.6 Step Up Option* ☐ Yes ☐ No

3.7 For Kotak Premier Life Plan and Kotak Smart Life Plan, please tick either of the bonus option ☐ Cash Payout ☐ Paid-Up Additions

*Applicable for Kotak e-Term Plan, Step Up Option is only available under regular premium payment option. *For Kotak e-Term, for existing customers, the 1st year premium above is with a discount of 5% and the same shall not be available from 2nd year onwards. And for Kotak Saral Jeevan Bima : for existing customers, the 1st year premium above is with a discount of 5% on Regular Pay and 2% discount on Single Pay.

a. If Age Based Strategy is opted, please select your Risk Appetite (Any one): ☐ Aggressive ☐ Moderate ☐ Conservative

b. If any other Strategy has been chosen, please provide the fund details in the following table.

c. Please indicate your fund allocation below(Total must be equal to 100 %)

Note : For the Segregated Fund Identification Number (SFIN), please refer to product brochure / leaflet / Benefit Illustration / visit Kotak Life Insurance website for the same.

d. If SSS has been chosen, specify the Fund Option (Any one) :

e. If SSS is selected, do you wish to choose Systematic Exit Strategy (SES): ☐ Yes ☐ No

4B.1 Do you want the policy to be backdated? ☐ Yes ☒ No

4B.2 If "Yes", specify backdating date

(Should not precede 1st April
of current Financial Year)

and fill in corresponding age on Last Birthday (at that date)

APPLICATION NO.: **KP****5. DETAILS OF PROPOSAL DEPOSIT PAID**

5.1 MODE OF PAYMENT	<input type="checkbox"/> Cheque/DD <input type="checkbox"/> Cash (Should you choose to pay premiums by cash, you are advised to do so at the nearest Kotak Life Insurance branch only)		
5.2 CHEQUE / DD NO.	5.3 DATED	5.4 AMOUNT (in `)	5.5 DRAWN ON (Name of Bank and Branch)
		35000	OnlinePayment
5.6 IFSC CODE			

6. BANK DETAILS FOR DIRECT CREDIT OF BENEFITS/REFUNDS

6.1 BANK NAME	HDFC BANK	6.2 BANK BRANCH	EGMORE BRANCH	6.3 BANK CODE	1284
6.4 ACCOUNT NUMBER	50100264369643	6.5 NEFT/RTGS/IFSC CODE	HDFC0001284	6.6 MICR NO	600240042
6.7 ACCOUNT TYPE	Savings	6.8 CHEQUE COPY ENCLOSED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Note: The client undertakes the responsibility to intimate KLI regarding change in bank details. The claims arising under this policy will be settled through the above-mentioned Bank Account only.

7. PARTICULARS OF NOMINEE⁵

PARTICULARS		NOMINEE	ADDITIONAL NOMINEE
7.1 CLIENT ID (As policyholder or Nominee/Appointee/Trustee etc.)			
7.2 Percentage of Share		100 %	
7.3 TITLE		<input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master
7.4 FULL NAME	Surname	..	
	First Name	RADHIKA	
	Middle Name		
7.5 NATIONALITY		<input checked="" type="checkbox"/> Indian <input type="checkbox"/> NRI/ PIO <input type="checkbox"/> OTHERS	<input type="checkbox"/> Indian <input type="checkbox"/> NRI/ PIO <input type="checkbox"/> OTHERS
7.6 GENDER		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
7.7 DATE OF BIRTH		11-12-1984	
7.8 CURRENT RESIDENTIAL ADDRESS	C/o or S/o or W/o		
	House/Flat No./Society		
	Street/Lane/Mohalla	NO 15 IYPPASI STREET	
	Landmark	KOYAMBEDU S O	
	Area/Location	CHELLIAMMAN NAGAR NERKUNDRAM	
	Village/Taluka/Tehsil		
	City/District	CHENNAI Pin 600107	
State		Tamil Nadu (India)	
7.9 RELATIONSHIP TO LIFE TO BE INSURED		Spouse	

⁵ Applicable only if Proposer and Life to be Insured are the same. In case of more than 2 nominees, please fill in the Additional Nominee Form.⁶ Please fill in the NRI / PIO Questionnaire.**8. PARTICULARS OF APPOINTEE⁷ / LEGAL GUARDIAN**

8.1 TITLE	SURNAME	FIRST NAME	MIDDLE NAME
8.2 CLIENT ID (As policyholder or as Nominee/Appointee/Trustee etc.)		8.3 DATE OF BIRTH	8.4 RELATIONSHIP TO NOMINEE
8.5 CURRENT RESIDENTIAL ADDRESS			
Village/ District			
City	Pin	Land Mark	State
8.7 GENDER		8.6 Signature/Thumb Impression of the Appointee	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender			

⁷ Where the Nominee(s) is/are a minor.**9. DETAILS OF LIFE INSURANCE POLICIES HELD / PROPOSALS APPLIED FOR BY THE LIFE TO BE INSURED**

9.1 Do you have any existing insurance policy (ies) or have you applied for any insurance policy (ies) at any time?					<input type="checkbox"/> Yes (If yes, please give details below) <input checked="" type="checkbox"/> No
9.2 Has any of your policy/ proposal (including riders) ever been rated-up/ postponed/ declined on application or revival?					<input type="checkbox"/> Yes (If yes, please give details below) <input checked="" type="checkbox"/> No
Policy/ Proposal No.	Company Name (including Kotak Life Insurance)	Sum Assured On Death	Acceptance Terms (Std./With Extra /Postponed / Declined /Not Completed)	Whether In Force/Lapsed(Mention year of Lapse/ Revival applied for)	

10. PERSONAL HEALTH DETAILS OF THE LIFE TO BE INSURED AND PROPOSER (Details for Proposer to be filled when there is Sum at Risk on Proposer's life)

PARTICULARS	LIFE TO BE INSURED	PROPOSER
10.1 HEIGHT	<input type="text"/> Cms OR <input type="text"/> feet <input type="text"/> inches	<input type="text"/> Cms OR <input type="text"/> feet <input type="text"/> inches
WEIGHT	<input type="text"/> Kgs	<input type="text"/> Kgs

APPLICATION NO.: **KP**

10.2A Have you Gained or Lost Weight (more than 10 kgs) in the last 1 year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please specify Gain <input type="text"/> Kgs OR Loss <input type="text"/> Kgs	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify Gain <input type="text"/> Kgs OR Loss <input type="text"/> Kgs
10.2B If Yes, please specify reason for Gain/Loss				
10.3 LIFESTYLE DETAILS OF THE LIFE TO BE INSURED				
	CURRENT USAGE		PAST USAGE	
	Current Usage	If YES, form of consumption	Since When	average usage per day
Tobacco	No			
Alcohol ⁸	No			
Any Narcotics (For medical/ recreational purposes)	No		0	

⁸ 1 Unit = half pint beer / 1 glass of wine / 1 measure of spirits.**11. MEDICAL HISTORY OF THE LIFE TO BE INSURED AND PROPOSER (Details for Proposer to be filled when there is Sum at Risk on Proposer's life)**

	LIFE TO BE INSURED		PROPOSER	
11.1 Have you ever suffered from, received/receiving treatment or advice for any of the following conditions, diseases or impairments?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a) Any cancer, tumour, cyst or unusual growth? -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) High blood pressure (hypertension), low blood pressure (hypotension), diabetes, raised cholesterol, stroke, chest pain? -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Any cardiovascular diseases/ disorders, coronary artery disease or any form of heart ailment or rheumatic heart disease etc.? -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Any respiratory diseases/ disorders like asthma, bronchitis, pulmonary TB, lung ailment, etc? -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Any genitourinary diseases / disorders like calculus of kidney/ ureter, acute chronic kidney diseases etc? -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Any digestive system disease/ disorders like ulcers, haemorrhoids, diseases of gall bladder or intestine etc? -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Epilepsy, mental or nervous disorder including depression? -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) HIV infection, AIDS related or any other sexually transmitted disease? -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i) Any other disorder/ disease not mentioned above? -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.2 In last 3 years :	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a) Have you remained absent from work for at least 10 consecutive days or admitted in hospital for at least 5 consecutive days for any illness, injury or disorder? (Please ignore normal pregnancy) -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Have you been treated or are currently undergoing or have been advised treatment from a doctor or specialist or undergone any cardiological, radiological or pathological tests (excluding routine health check-ups not being follow ups)? -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.3 Do you have any physical deformity or mental ailment, blindness, deafness, mutism etc? -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.4 Have you ever had persistent fever, unexplained infection or swollen glands in the last one year? -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.5 Have you ever been diagnosed with any form of congenital anomalies? -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.6 Are you currently receiving or considering receiving medical attention or taking any prescribed drugs? -----	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.7 For Females Lives Only				
i) Are you currently pregnant? (If yes, please mention the month of pregnancy) ----- Months -----	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii) Have you ever suffered from or are currently suffering from any complication of pregnancy? -----	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii) Have you ever suffered from or suffering or are currently suffering any diseases of breast / uterus / cervix? -----	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.8 If your answer is "Yes" to any of the above questions kindly give details				

12. FAMILY HISTORY OF THE LIFE TO BE INSURED

	LIVING		DECEASED			LIVING		DECEASED	
	AGE	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH		AGE	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH
Father			62	Normal	Children	10	Normal		
Mother			74	Normal	Sister/ Brother(s)				
Spouse	36	Normal							
Children	7	Normal							

12.2A Have your parents / brothers / sisters / spouse / children ever suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, any form of eye disease, cancer, kidney disease or paralysis, or any hereditary / familial disorders, tuberculosis, or any contagious diseases such as hepatitis, AIDS / HIV etc.? ☐ Yes ☒ No

12.2B If your answer is 'Yes' to the above question, kindly give details:

13. DECLARATION BY THE LIFE TO BE INSURED, PROPOSER AND IN CASE OF MINOR BY HIS/HER LEGAL GUARDIAN

I/We declare that I/we have answered the questions in the Proposal Form after having fully understood the nature of the questions and the importance of disclosing all information while answering such questions. I/We also hereby declare that the answers given by me/us to all the questions in the proposal form are true and complete in every respect and that I/We have not withheld any material information or suppressed any fact. I/We undertake to notify Kotak Mahindra Life Insurance Company Ltd. ("the Company") of any change in the state of health of the life to be insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of this proposal form and before the acceptance of the risk by the Company. I/We hereby consent to the Company seeking information and any reports from any doctor(s) including hospital - who at any time may have attended to me/us concerning anything, which affects my/our physical or mental health. I also hereby authorize any organisation, institution or individual that has any records or knowledge of my health or medical history, employment, business, income or other details as maybe required or considered relevant to divulge to the Company and the Company to divulge the same to any organisation, institution or individual in connection with this proposal form or the resultant policy. I agree to undergo all medical tests including blood tests involving HIV antibodies as required by the Company's Underwriting policy for obtaining the policy.

Please paste latest self-signed photograph of the Proposer

KP

Signature / Stamp: *(Handwritten signature of the Purchaser)*
(if referenced from the Bill to be Enrolled)

Signature not Required if Representative (Apparatus 1) signed

Place

Date

Signature / Stamp: *(Handwritten signature of the Bill to be Enrolled)*
(if referenced from the Bill to be Enrolled)

Signature not Required if Representative (Apparatus 1) signed

Place

Date

Signature of Witness	Signature of Required Declaration (Appendix 1) signed
----------------------	---

Signature	Signature not Required if Declaration (Appendix 1) signed
-----------	---

Signature / Right Thumb Impression of the Proposer

Date: 28-08-2021

Address			
	Village/ District	Land Mark	
City	State	Pin	
Place	Telephone No.	Date	28-08-2021

Signature of the Sender	Signature of Flight Training Organization in the Procedure	Signature of the On-the-Job Administrator/qualified person of Company Agent /Authorized Employee of Order Relationship Office
-------------------------	--	---

Note: Proposer is advised to read and understand the product features, benefits & risk factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochure(s) available on the Company's website www.insurance.kotak.com

1. Name of the Life to be Insured / Proposer: Mr FRANKLIN T.

LIFE TO BE INSURED		PROPOSER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPLICATION NO.: **KP**

E. Are you related to the Life to be Insured and Proposer? (If Yes, pls. mention the relationship & provide an MHR from Sales Manager)

☐ Yes ☐ No ☐ Yes ☐ No

F. What is the purpose of taking insurance?

G. Are you satisfied with the Financial condition and income earning capacity of the Life to be insured / Proposer

☐ Yes ☐ No ☐ Yes ☐ No

H. Does the Life to be insured/ proposer have the capacity to pay premium for the entire Premium paying term

☐ Yes ☐ No ☐ Yes ☐ No

I. Are you aware of any illness, impairment, adversity or physical or mental abnormality which the Life to be insured is suffering from?

☐ Yes ☐ No ☐ Yes ☐ No

J. Have you explained the Product features, benefits & the premium paying term for the plan applied by the client?

☐ Yes ☐ No ☐ Yes ☐ No

K. Is there any other additional information you would like to provide?

☐ Yes ☐ No ☐ Yes ☐ No

L. Do you recommend the proposal for insurance?

☐ Yes ☐ No ☐ Yes ☐ No

Name of the Advisor

Dated

28-08-2021

Place:

16. DECLARATION BY THE LIFE ADVISOR / CORPORATE AGENT / BROKER / RELATIONSHIP OFFICER (please cancel what is not applicable and fill all details)

I, (Full Name) in my capacity as the Life Advisor / Specified Person of the Corporate Agent/Authorised Employee of the Broker/ Relationship Officer, do declare that I have explained all the contents of this proposal form, including the nature of the questions contained in this proposal form to the proposer. I have also explained that the statement(s), information and response(s) submitted by him/her in this proposal form to questions contained herein or any details sought herein will form the basis of the contract of insurance between the Company and the proposer, if this proposal is accepted by the Company for issuance of a policy. Based on my interaction with the proposer and/or the documents and records that I have been supplied with, I have no information, which suggests that any of the statement(s), information and response(s) supplied by the proposer or the life to be insured is/are incomplete or untrue.

Licence No. (Life Advisor/Corporate Agent/Broker/Relationship Officer)

For POS Agent

☐

Licence No.

or

PAN

PAN No.

Agent ID

(Life Advisor/Corporate Agent/Broker/Relationship Officer)

69908645

Place

Date

28-08-2021

Telephone No

(Signature of the Life Advisor/Specified Person of Corporate Agent
Authorised Employee of Broker/Relationship Officer)



Hum hain... hamesha

APPLICATION NO.:

KP**ACKNOWLEDGEMENT FOR FRESH PROPOSAL***

(Any cash payment should only be made at the cash counter of nearest Kotak Life Insurance branch.)

Agent ID (Life Advisor/Corporate

Date:

28-08-2021

Agent/

Broker/Relationship Officer)

Received from Mr./Ms.

the proposal for Life Insurance with Kotak Mahindra Life Insurance

Company Limited along with

by way of Cheque No**/DD**/Others No.

Dated

Drawn On

Bank,

Branch OR

by way of Cash Deposit Dated

with Kotak Life Insurance

Branch.

Date:

28-08-2021

Place:

NAME

SIGNATURE

(Name and Signature of the Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer)

* Please note that, this acknowledgement does not in any way constitute acceptance or commencement of risk.

** All cheques/demand draft should be crossed and drawn in favour of "KOTAK LIFE INSURANCE" OR "Kotak Mahindra Life Insurance Company Ltd.".

FOR OFFICE USE ONLY**CHECKED BY**

NAME OF SALES MANAGER	NAME OF SALES ASSOCIATE	PROMOTION CODE	NAME OF BOI
SALES MANAGER ID	SALES ASSOCIATE ID	null	BRANCH NAME
28-08-2021	28-08-2021	28-08-2021	28-08-2021
SIGNATURE OF SALES MANAGER	SIGNATURE OF SALES MANAGER	SIGNATURE OF SALES ASSOCIATE	SIGNATURE OF BOI

Kotak Mahindra Life Insurance Company Ltd.

(Formerly known as Kotak Mahindra Old Mutual Life Insurance Ltd.)

IRDAI Regn. No. 107, CIN : U66030MH2000PLC128503,

Regd. Office: 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051.

<http://insurance.kotak.com/>

PF01-0802-ENG-PRN/80K/JUL/14

FOR YOUR REFERENCE

1. This is an acknowledgement by the Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer of having received the Proposal Form. This is not a receipt issued by Kotak Mahindra Life Insurance Company Limited.
2. Kotak Mahindra Life Insurance Company Limited shall issue a proposal deposit receipt (PDR) on receiving the completed proposal form with the cash / cheque / demand draft at its branch office.
3. In case of non-receipt of your PDR or for any clarification, kindly contact nearest Branch of Kotak Life Insurance.
4. For further assistance, do write to us at clientservicedesk@kotak.com.



clientservicedesk@kotak.com
<http://Insurance.kotak.com>

Kotak Mahindra Life Insurance Company Ltd.
(Formerly known as Kotak Mahindra Old Mutual Life Insurance Ltd.)
IRDAI Regn. No. 107, CIN : U66030MH2000PLC128503,
Regd. Office: 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051.
<http://insurance.kotak.com/>



For Office Use Only (w.e.f. Nov 19 / Ver 1.3)

Illustration No: KPIP-4023M-9008-Y33
Quotation Number:BB280821150000132

Proposal No:

Policy No.:

Name of the Prospect/Policyholder	Mr FRANKLIN T.
DOB of Prospect/Policyholder	07 March 1981
Age of Prospect/Policyholder (in yrs)	40
Name of Life Assured	Mr FRANKLIN T.
DOB of Life Assured	07 March 1981
Age of Life Assured (in yrs)	40
Gender of Life Assured	Male
Policy Term (in yrs)	23
Premium Payment Term (in yrs)	12
Amount of Installment Premium (in Rs.)	33,493
Mode of Payment of Premium	Yearly

Name of the Product	Kotak Premier Income Plan
Tag Line	Participating Anticipated Endowment Plan
Unique Identification No	UIN: 107N099V02
Base Goods and Services Tax and Cess Rate (GST) (1st Year)	4.50%
Base Goods and Services Tax and Cess Rate (GST) (2nd Year)	2.25%
Rider Goods and Services Tax and Cess Rate (GST)	18.00%
Back-dation Option Chosen(Yes/No)	No
If Yes, Back-dation Date	Not Applicable
Agent's Branch Location	Tamil Nadu
Prospect/Policyholder Current Location	Tamil Nadu
Sales Channel	Individual Agents

How to read and understand this Benefit Illustration?

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

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

POLICY DETAILS

Policy Option	:	Base
Guaranteed income payment Option	:	Yearly
Guaranteed Annual Income % (as % of Annualised Premium)	:	113.00%
Guaranteed Annual Income (in Rs.)	:	37,847

Base Sum Assured (Rs.)	:	2,66,366
Base Sum Assured on Death (at inception of the policy) Rs.	:	3,68,423
High Premium Benefit & Gender Benefit, if any (% increase in Sum Assured)	:	0%

Rider Details				
Rider Name	Rider Sum Assured (in Rs.)	Rider Policy Term	Rider Premium Paying Term	Rider Premium
Kotak Accidental Death Benefit Rider (UIN: 107B001V03)	Not Selected			
Kotak Permanent Disability Benefit Rider (UIN: 107B002V03)	Not Selected			
Kotak Term Benefit Rider (UIN: 107B003V03)	Not Selected			
Kotak Life Guardian Rider (UIN: 107B012V02)	Not Selected			
Kotak Accidental Disability Guardian Rider (UIN: 107B011V02)	Not Selected			

PREMIUM SUMMARY			
	Base Plan Premium [Rs.]	Total Rider Premium (Please refer Rider Details table)[Rs.]	Total Instalment Premium [Rs.]
Installment Premium (without GST)	33,493	0	33,493
Installment Premium (with First Year GST)	35,000	0	35,000
Installment Premium(with GST,Second Year onwards)	34,247	0	34,247

BENEFIT ILLUSTRATION TABLE															
End of Policy Year	Age of Life Assured	Annualized Premium for Basic Plan Including Extra Premium (excluding GST & Cess)	Guaranteed Benefits			Non - Guaranteed Benefits @4%p.a.			Non - Guaranteed Benefits @8%p.a.			Total Benefits including Guaranteed and Non-Guaranteed Benefits			
			Guaranteed Annual Income (beginning of Policy year) ⁵	Sum Assured on Death	#Guaranteed Surrender Value ⁷	Accrued Simple Reversionary Bonus	Terminal Bonus on Maturity	Surrender Benefit	Accrued Simple Reversionary Bonus	Terminal Bonus on Maturity	Surrender Benefit	Maturity Benefits ⁴		Death Benefits ³	
												Total Maturity Benefit, incl. Terminal Bonus, if any @4% (7+9)	Total Maturity Benefit, incl. Terminal Bonus, if any @8% (10+11)	Total Death Benefit, incl. Terminal Bonus, if any @4% (5+7+8) [#]	Total Death Benefit, incl. Terminal Bonus, if any @8% (5+10+11) [#]
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	41	33,493	0	3,68,423	0	1,413	0	0	9,159	0	0	0	0	3,69,836	3,77,582
2	42	33,493	0	3,68,423	20,096	2,827	0	184	18,319	0	1,191	0	0	3,71,250	3,86,742
3	43	33,493	0	3,68,423	35,168	4,240	0	424	27,478	0	2,748	0	0	3,72,663	3,95,901
4	44	33,493	0	3,68,423	66,986	5,653	0	678	36,637	0	4,396	0	0	3,74,076	4,05,060
5	45	33,493	0	3,68,423	83,733	7,067	0	961	45,796	0	6,228	0	0	3,75,490	4,14,219
6	46	33,493	0	3,68,423	1,04,498	8,657	0	1,343	56,100	0	8,701	0	0	3,77,080	4,24,523
7	47	33,493	0	3,68,423	1,33,637	10,247	0	1,818	66,405	0	11,781	0	0	3,78,670	4,34,828
8	48	33,493	0	3,68,423	1,60,766	11,837	0	2,357	76,709	0	15,273	0	0	3,80,260	4,45,132
9	49	33,493	0	3,68,423	1,89,905	13,427	0	2,959	87,013	0	19,177	0	0	3,81,850	4,55,436
10	50	33,493	0	3,68,423	2,21,054	15,017	0	3,759	97,317	0	24,364	0	0	3,83,440	4,65,740
11	51	33,493	0	3,86,844	2,46,843	16,783	0	4,655	1,08,766	0	30,168	0	0	4,24,937	5,62,202
12	52	33,493	0	4,22,012	3,09,475	18,550	0	5,706	1,20,215	0	36,981	0	0	4,64,002	6,15,478
13	53	0	37,847	4,22,012	2,83,686	20,317	0	6,864	1,31,664	0	44,480	0	0	4,67,900	6,33,586
14	54	0	37,847	4,22,012	2,53,877	22,083	0	8,330	1,43,113	0	53,982	0	0	4,71,797	6,51,694
15	55	0	37,847	4,22,012	2,24,068	23,850	0	9,938	1,54,563	0	64,401	0	0	4,75,695	6,69,802
16	56	0	37,847	4,22,012	1,98,279	25,970	0	11,925	1,68,301	0	77,281	0	0	4,79,946	6,90,200
17	57	0	37,847	4,22,012	1,64,451	28,090	0	14,284	1,82,040	0	92,566	0	0	4,84,197	7,10,599
18	58	0	37,847	4,22,012	1,30,623	30,210	0	17,135	1,95,779	0	1,11,045	0	0	4,88,448	7,30,997
19	59	0	37,847	4,22,012	96,795	32,330	0	20,241	2,09,518	0	1,31,172	0	0	4,92,699	7,51,395
20	60	0	37,847	4,22,012	62,967	34,450	0	23,924	2,23,257	0	1,55,043	0	0	4,96,950	7,71,793

21	61	0	37,847	4,22,012	29,139	36,747	0	28,249	2,38,141	0	1,83,071	0	0	5,01,377	7,93,336
22	62	0	37,847	4,22,012	0	39,043	0	33,072	2,53,025	0	2,14,327	0	0	5,05,805	8,14,679
23	63	0	37,847	4,22,012		41,340	49,011		2,67,908	1,53,160		90,351	4,21,068	5,12,363	8,43,081

The above Illustrated Guaranteed Surrender value does not include subsisting value of bonuses.

Terms & Conditions:

1. This is a participating anticipated endowment plan. The illustration stated is for a healthy individual and under the assumption that this is the only policy the client has with Kotak Life Insurance and would be subject to underwriting.
2. Annualised Premium refers to the premium payable in a policy year, excluding the underwriting extra premiums and loadings for modal premium. This premium will also be excluding Rider Premiums, if any and Goods and Services Tax & Cess, as applicable.
3. Death Benefit will be : Sum Assured on Death
 PLUS Accrued Reversionary Bonus, if any
 PLUS Terminal Bonus, if any
 Plus Interim Bonus, if any
 Where Sum Assured on Death is : Highest of [11 times of Annualised Premium (including extra premium, if any) OR 105% of all premiums paid (including extra premium, if any) till the date of death]
4. Maturity benefit will be Accrued Reversionary Bonus and Terminal bonus (if any) and will be payable at the end of the last policy year.
5. Guaranteed Annual Income (as % of the Annualised Premium) will be payable at the beginning of the policy year after completion of the Premium Payment Term (PPT) till the last policy year. Such Guaranteed Annual Income payments are made until the date of death or end of Policy Term whichever is earlier. In case monthly mode is chosen the Guaranteed income shall be payable at the start of every month after completion of PPT.
6. The non-guaranteed assumed investment return rates of 4% p.a. and 8% p.a. are not guaranteed and they are not the upper or lower limits of what you might get back as the value of your policy is dependent on a number of factors including future investment performance. The actual experience may be different from the illustrated. The guaranteed and non-guaranteed benefits are applicable only if all due premiums are paid. Please note that Bonuses are NOT guaranteed and may be as declared by the Company from time to time.
7. The policy acquires a Guaranteed Surrender Value (GSV) after payment of full premiums for two consecutive years . The GSV is a percentage of total premiums paid (excluding Goods and Services Tax & Cess and Rider premium, if any) LESS Guaranteed Annual Income paid, if any PLUS GSV of Subsisting Bonuses. The Company may consider paying a Special Surrender Value after policy acquires GSV. In any case, higher of the Guaranteed Surrender Value or Special Surrender Value will be payable. For more details on the GSV factors applicable on specific policy years , please refer the sales brochure.
8. After the policy acquires GSV, if the subsequent premiums are not paid within the grace period the policy will be converted into a Reduced Paid-Up policy by default. Once it has been converted into a Reduced Paid-Up policy, all rider benefits may or may not cease depending upon rider features. For further details, please refer the sales brochure.
9. Once the policy gets converted to Reduced paid-up policy -
 The Sum Assured on death mentioned above is reduced to Reduced Paid-Up Sum Assured on death as follows:

$$\text{Reduced Paid-Up Sum Assured on death} = \text{Sum Assured on death as at the date of reduced paid-up} \times \left[\frac{\text{Total Premiums paid}}{\text{Total Premiums payable over the term}} \right]$$
 The Guaranteed Annual/Monthly Income payable post premium payment term will be reduced to Reduced Guaranteed Annual/Monthly Income as follows:

$$\text{Reduced Guaranteed Annual/Monthly Income} = (\text{No. of premiums paid} / \text{No. of premiums payable}) \times \text{Guaranteed Annual/Monthly Income}$$
10. A lapsed or a Reduced Paid-Up policy can be reinstated for full benefits on revival within five years of the first unpaid premium. The revival can be done without evidence of good health on payment of the outstanding premiums with late payment charges, if the payment is made within six months from the date of first unpaid premium. Thereafter to revive the policy, evidence of good health would be required along with payment of the outstanding premiums with late payment charges.
11. The above illustrated benefits are derived on the basis of details of life insured provided at the time of filling the proposal form. If the details are found inaccurate or there are any changes before or at the time of the policy issuance for eg: change in age, the illustrated benefits will be subject to revision.
12. Goods and Services Tax & Cess, as applicable shall be levied at the applicable Tax rates in accordance with the prevailing Tax Laws. Prevailing tax laws are applicable on this policy which may vary from time to time
13. The values shown herein are for illustrative purposes only. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.
14. TDS at prevailing rate will be deducted from any amount paid under a life insurance policy subject to the provisions of prevailing tax laws. In case of non-availability of valid PAN, TDS will be deducted at higher rate. Tax laws are subject to changes from time to time. Kindly consult your tax advisor for tax implication of your policy.

Section 41 of the Insurance Act, 1938 states

- (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 liable for a penalty which may extend to ten lakh rupees.

<p>I, _____ (Name), have explained the premiums and benefits under the product fully to the prospect /policyholder.</p> <p>Place : _____</p> <p>Date : 28-Aug-2021 Signature of Agent /Intermediary/Official</p>	<p>I, <u>Mr FRANKLIN T.</u> (Name), having received the information with respect to the above, have understood the above statement before entering into the contract.</p> <p style="text-align: right;">(Accepted vide a declaration (Customer Declaration Form) signed by him/her)</p> <p>Place : _____</p> <p>Date : 28-Aug-2021 Signature of Prospect/Policyholder</p>
---	--

<p>Kotak Mahindra Life Insurance Company Limited.</p> <p>CIN: U66030MH2000PLC128503</p> <p>Regd. Office: 2nd Floor, Plot# C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051</p> <p>Regn. No: 107. Toll Free No.: 1800 209 8800. Website: http://insurance.kotak.com</p>

APPENDIX-1

DECLARATION BY THE LIFE TO BE INSURED, PROPOSER AND IN CASE OF MINOR, BY HIS/HER LEGAL GUARDIAN

I/ We **FRANKLIN T.** request you to accept Proposal Reference Number **74804133** for **Kotak Premier Income Plan** submitted by me/ us on Digital Application of Kotak Mahindra Life Insurance Company Ltd. during my meeting with your relationship manager **Rathnavathy . DIRECT AGENT** bearing License No. **69908645**. I/We declare that I/we have read and understood the product features, benefits, risk factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochure(s). I/we also acknowledge having read Benefit Illustration No. **BB280821150000132** confirming my/our understanding of the plan for which this Application is being submitted. I/We hereby confirm that Mr./Mrs. **Rathnavathy . DIRECT AGENT** has duly filled the details in the Proposal on the Digital Application in my/our presence and on my/our instructions.

I/We _____ (name of LI – in case different from Proposer) declare that I/we have answered the questions in the Proposal truthfully after having fully understood the importance thereof. I/ We acknowledge that the information stated in the Application with regard to Life to be Insured's health history/habits/or any treatment taken in the past/hospitalization for more than 5 days due to any disease/illness and the same is true and correct and I/We have duly checked and verified the same and that I/We have not withheld any material information or suppressed any fact.

I/we understand and agree that by submitting the Application and addendums, if any, I/we will be bound by such statements/ disclosures of material facts in the same manner and to the same extent as if I/we have signed and submitted a written proposal for Life insurance to KLI.

I/We also undertake to notify KLI of any change in the state of health of the life to be insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of the Application and before the acceptance of the risk by KLI.

I/We hereby grant consent to KLI for seeking information and any reports from any doctor(s) including hospital who at any time may have attended to the life to be insured concerning anything, which affects the life to be insured's physical or mental health. I also irrevocably authorize KLI to approach me by making telephone calls or through other means in connection with this policy or otherwise. I further authorize KLI to share the details my Policy with Govt. authorities, other Insurance Companies, Credit Information companies or other entities.

I/we further authorize KLI to obtain my/our demographic details from Unique Identification Authority of India (UIDAI) on the basis of Aadhar No. provided by me/us in the above mentioned Proposal submitted by me/ us on Digital Application of KLI and use the same for all purposes in connection with the said Proposal or the Policy issued pursuant thereto.

I/We agree to abide by the provisions of S. 41 of Insurance Act, 1938. I/We also agree that in case of mis-statement of fact/ fraud/ misrepresentation/ suppression or non-disclosure of material fact by me/us, KLI reserves its right to cancel the Policy or declare the Policy as null and void in accordance with Section 45 of the Insurance Act, 1938.

For existing customers of Kotak Mahindra Bank (KMBL): In case of a mismatch between my/our details pre-filled from my Kotak Bank CRN and those available in Kotak Life, I/we give consent to Kotak Life to use the data pre-filled from Kotak Bank CRN for the purpose of this policy as well as all existing Kotak Life Policies.

DECLARATION FOR PRODUCT SUITABILITY

I hereby confirm that I have gone through product suitability questionnaire. I also confirm that product selected by me for insurance is with complete understanding of all its features, benefits, premium, and risks associated with it.

DECLARATION FOR ONLINE TRANSACTION RIGHTS:

I have read the terms and conditions of registration on Kotak Life Insurance website - <http://insurance.kotak.com> and accept them. I understand that I will have to register on <http://insurance.kotak.com> to receive my username and password. I agree that all transactions executed over the website <http://insurance.kotak.com> under my username and password will be binding on me. I understand that I get transaction rights for proposal number mentioned above provided my application is accepted by Kotak Life Insurance. I hereby authorize Kotak Life Insurance to make call or send SMS to me in relation to any transactions or servicing pertaining to my proposal / policy, despite a contrary preference indicated by me under TRAI Regulations.

Declaration for MWP:

I (proposer) shall have the right to appoint new trustee(s) by revoking the appointment of the existing Trustee(s). Further, I agree that no loan can be granted against security of this Policy. However, the Trustee(s), with the consent of the Beneficiaries/guardian, can make a request for loan for the use/benefits of Beneficiaries.

ORIGINAL SEEN AND VERIFIED:

Photograph of my/our below mentioned original documents have been taken and uploaded on the Digital Application in my presence by the agent above named:

1. Proof of Identity -
2. Proof of permanent residence -
3. Proof of current residence -
4. Proof of Income -
5. Source of earning-

Is FATCA/CRS applicable to you?

☒ No, it is not applicable. I am a resident Indian.

☐ Yes, it is applicable. I confirm that I have provided all relevant details, and read and understood all terms and conditions in the KLI Genie digital sales application and I agree to it.

This is digitally authenticated by the person/life advisor through portal
physical signature of is not required.

Signature of specified person & Seal of corporate agent / Signature of Life
Advisor

Digitally Verified. No signature required

Date: 28-08-2021 22:13:51
Place: 49.207.134.26

Signature of Proposer

Date: _____
Place: _____

Signature of Life to be Insured

Date: _____
Place: _____

Appointee Signature (if Nominee is Minor)

Date: _____
Place: _____

Signature of Trustee

69908645

Date: _____
Place: _____

Life Advisor ID

Date: _____
Place: _____

Seen & verified the original AML & KYC documents
(To be signed by authorized KLI employee)

KLI SM Life Asia Code

Version 11.2

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