

Benefit Illustration



Proposal No. :

Name of the Prospect/Policyholder :	RANJITA DAS
Age (in years) :	46
Name of the Life Assured :	RANJITA DAS
Age (in years) :	46
Policy Term (in years) :	15
Premium Payment Term (in years) :	12
Amount of Instalment Premium (including First Year Applicable Taxes in Rupees) :	14,113

Name of the Product:	Edelweiss Tokio Life- POS Saral Nivesh
Tag Line:	Individual, Non-Linked, Non-Par, Savings, Life Insurance Product
Unique Identification No.:	147N038V03
GST Rate (first year) :	4.50%
GST Rate (second year onwards) :	2.25%

Additional Information	
Gender of the Prospect/Policyholder :	Female
Gender of the Life Assured :	Female
Mode of Payment of Premium :	Annual
Category :	Others
Distribution Channel :	POSP

Some benefits are guaranteed and some benefits are variable with returns based on the future performance of the Company. 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. 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 actual future investment performance.

This Benefit Illustration is intended to show year-wise premiums payable and benefits under the policy.

Policy details			
Policy Option	NA	Sum Assured on Maturity Rs.	2,30,000
		Sum Assured on Death (at inception of the policy) Rs.	2,30,000

(Amounts in Rupees)

Premium Summary			
	Base Plan	Riders	Total Instalment Premium
Instalment Premium without GST	13,506	-	13,506
Instalment Premium with First Year GST	14,113	-	14,113
Instalment Premium with GST 2nd Year Onwards	13,810	-	13,810

(Amount in Rupees)

Policy Year	Single/Annualized Premium#	Guaranteed					Non Guaranteed
		Survival Benefits/Loyalty Additions	Other Benefits if any	Maturity Benefit	Death Benefit	Min Guaranteed Surrender Value	Special Surrender Value@
1	13,506	-	-	-	2,30,000	-	-
2	13,506	-	-	-	2,30,000	8,103	13,800
3	13,506	-	-	-	2,30,000	16,207	22,425
4	13,506	-	-	-	2,30,000	27,011	31,433
5	13,506	-	-	-	2,30,000	36,465	43,125
6	13,506	-	-	-	2,30,000	47,000	55,200
7	13,506	-	-	-	2,30,000	58,615	69,767
8	13,506	-	-	-	2,30,000	71,310	85,867
9	13,506	-	-	-	2,30,000	85,086	1,03,500
10	13,506	-	-	-	2,30,000	99,942	1,22,667
11	13,506	-	-	-	2,30,000	1,15,878	1,45,475
12	13,506	-	-	-	2,30,000	1,32,896	1,70,200
13	-	-	-	-	2,30,000	1,39,378	1,84,000
14	-	-	-	-	2,30,000	1,45,861	1,97,800
15	-	-	-	2,30,000	2,30,000	1,45,861	2,13,900

Notes: Annualized Premium excludes underwriting extra premium, frequency loadings on premiums, the premium paid towards the riders, if any and Goods & Service Tax.

I, _____ (name), have explained the premiums, and benefits under the product fully to the prospect / policyholder.

Place:

Date:

Signature of Agent/ Intermediary/ Official

I, RANJITA DAS , having received the information with respect to the above, have understood the above statement before entering into the contract.

Date:

Signature of Prospect / Policyholder

Terms & Conditions

- 1) In case of death (other than accident) during the 90 day waiting period, we will refund 100% of the premiums paid till the date of death (excluding GST).
- 2) This document is for illustration purposes only. This illustration is based on the terms and conditions of the life insurance policy as on date of the illustration. The above information must be read in conjunction with the sales literature & policy document.
- 3) #The Premiums are to be paid in the beginning of the chosen mode of payment. For e.g. in case of Annual mode of payment, premiums are payable at the beginning of the respective policy year and in case of Monthly mode of payment, premiums are payable at the beginning of the respective policy month.
The amount shown in this column is the sum of all the premiums payable in the respective policy year, excluding underwriting extra premium, frequency loadings on premiums, the premiums paid towards the riders, if any and Goods & Service Tax.
- 4) Edelweiss Tokio Life Insurance - POS Saral Nivesh is only the name of the policy and does not in any way indicate the quality of the policy, its future prospects or returns.
- 5) Applicable Taxes will be levied on the premium as per the prevailing Tax Laws and the same shall be borne by the policyholder.
- 6) Surrender value shall be higher of Guaranteed Surrender Value and Special Surrender Value and is payable at the end of the policy year.
- 7) @ Special Surrender Values shown above are not guaranteed. Before making a request for Surrender, you may approach the company to know about the Special Surrender Value in respect of your Policy at that point in time.

IRDAI Regn. No.: 147 | CIN: U66010MH2009PLC197336

Corporate Office: 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

Toll Free: 1800 2121212 | Fax No.: +91 22 6117 7833 | Email: care@edelweisstokio.in | Visit us at www.edelweisstokio.in

For official use only	<input type="checkbox"/> Agency	<input type="checkbox"/> Corporate Agency	<input type="checkbox"/> Broker	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> POSP	Proposal No.	4	2	0	1	0	5	6	4	6	E		
	Whether sourced through distance marketing?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Worksite	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
	PFA/SP/RM/ Broker/POSP Code		A		0	T	3	3	2	DM/CA Code		A		7	4	0	7	4
	Branch Code		C		U	0	1	A	Branch Name		CUTTACK_LINK ROAD							
	Sub Code									Corporate/Broker Branch Code								
	If case to be considered as "STAFF", mention Employee Code																	
	Type of Business		<input checked="" type="checkbox"/> URBAN		<input type="checkbox"/> RURAL													

Please affix the photograph of Proposer

Life to be Insured																																																	
Title	<input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Master																																																
1.Name (The Policy Bond will show the name in this manner)	<table border="1"> <tr><td>R</td><td>A</td><td>N</td><td>J</td><td>I</td><td>T</td><td>A</td><td>A</td><td>M</td><td>E</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>M</td><td>I</td><td>D</td><td>D</td><td>L</td><td>E</td><td></td><td>N</td><td>A</td><td>M</td><td>E</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td>A</td><td>S</td><td>N</td><td>A</td><td>M</td><td>E</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	R	A	N	J	I	T	A	A	M	E							M	I	D	D	L	E		N	A	M	E						D	A	S	N	A	M	E									
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2. Name of the Father/ Spouse	<table border="1"> <tr><td>A</td><td>L</td><td>E</td><td>K</td><td>H</td><td></td><td></td><td>D</td><td>A</td><td>S</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	A	L	E	K	H			D	A	S																																						
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3. Date of Birth	<table border="1"> <tr><td>2</td><td>0</td><td>1</td><td>0</td><td>1</td><td>9</td><td>7</td><td>4</td></tr> </table>	2	0	1	0	1	9	7	4																																								
2	0	1	0	1	9	7	4																																										
4. Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female																																																
5. Marital Status	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorcee																																																
6. Nationality	<input checked="" type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> FNIO / PIO / OCI <input type="checkbox"/> Foreign National																																																
7. PAN Card No.	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																
8. Age Proof Submitted	<input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> School/College leaving certificate <input type="checkbox"/> PAN Card <input type="checkbox"/> Others (Specify) <input type="text"/>																																																
9. Education /Professional qualification	<input type="checkbox"/> Student <input type="checkbox"/> Below 10th <input type="checkbox"/> 10th passed <input checked="" type="checkbox"/> 12th passed <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others (Specify) <input type="text"/>																																																
10. If Student, mention	1. Class in which studying <input type="text"/>																																																

Proposer (to be filled if different from Life to be Insured)																			
<input type="checkbox"/> Mr.					<input type="checkbox"/> Ms.					<input type="checkbox"/> M/s.									
F	I	R	S	T		N	A	M	E										
M	I	D	D	L	E		N	A	M	E									
S	U	R	N	A	M	E													
D	D	M	M	Y	Y	Y	Y												
<input type="checkbox"/> Male					<input type="checkbox"/> Female														
<input type="checkbox"/> Single					<input type="checkbox"/> Married					<input type="checkbox"/> Widow(er)					<input type="checkbox"/> Divorcee				
<input type="checkbox"/> Indian					<input type="checkbox"/> NRI					<input type="checkbox"/> FNIO / PIO / OCI					<input type="checkbox"/> Foreign National				
<input type="checkbox"/> Passport					<input type="checkbox"/> Driving License					<input type="checkbox"/> School/College leaving certificate									
<input type="checkbox"/> PAN Card					<input type="checkbox"/> Others (Specify)														
<input type="checkbox"/> Below 10th					<input type="checkbox"/> 10th passed					<input type="checkbox"/> 12th passed									
<input type="checkbox"/> Graduate					<input type="checkbox"/> Post Graduate					<input type="checkbox"/> Others (Specify)									
11. Relationship with the Life to be Insured																			
<input type="checkbox"/> Father					<input type="checkbox"/> Mother					<input type="checkbox"/> Grandfather					<input type="checkbox"/> Grandmother				
<input type="checkbox"/> HUF					<input checked="" type="checkbox"/> Others														

MOST IMPORTANT INFORMATION FOR FUTURE COMMUNICATION	
12. Current Address	C / O - A L E K H A D A S A T - M A J H I S A H I , J O B R A P O - C O L L E G E S Q U A R City CUTTACK Pin code 7 5 3 0 0 3 State O r i s s a
	C / O - A L E K H A D A S A T - M A J H I S A H I , J O B R A P O - C O L L E G E S Q U A R E City CUTTACK Pincode 7 5 3 0 0 3 State O r i s s a
	Mobile + Country code 9 8 6 1 1 4 2 9 7 9
	Landline + (STD/ISD)
	Email ID DASDHANA.69@GMAIL.COM

[illegible]

15. Which of the above address is your correspondence address?

☐ Current Address

☒ Permanent Address

Proposal No. 420105646E

2. EMPLOYMENT DETAILS

Life to be Insured

1. Type of Employment
☐ Salaried ☒ Self employed (Business) ☐ Self employed (Professional) ☐ Retired
☐ Housewife ☐ Labourer/worker ☐ Others (Specify)
For housewife, mention the insurance details of husband Sum Assured Rs.
2. Nature of Duty /Business SUPERVISOR/MANAGER
3. Address of Employer/ Business SECRETARY, RADHARANI SHG GROUP, CU
4. Annual Income Rs. 250000
5. Tax Residence Declaration ☒ I am a tax resident of India and not of any other country "OR"
☐ I am tax resident of country/ies other than India mentioned separately in FATCA / CRS Annexure*

Proposer (to be filled if different from Life to be Insured)
☐ Salaried ☐ Self employed (Business) ☐ Self employed (Professional)
☐ Retired ☐ Labourer/worker ☐ Others (Specify)

Rs.
☐ I am a tax resident of India and not of any other country "OR"
☐ I am tax resident of country/ies other than India mentioned separately in FATCA / CRS Annexure*

* If you are tax resident of another country then please fill in the FATCA/CRS form annexed

3. OTHER DETAILS (IN CASE THE LIFE TO BE INSURED AND PROPOSER ARE DIFFERENT, THEN TO BE FILLED BY PROPOSER)

1. Are you Politically Exposed Person (PEP)? ☐ Yes ☒ No If Yes, please specify
*PEPs are individuals who are or have been entrusted with prominent public functions, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials and also immediate family members of the aforesaid persons which would include spouse, children, parents, siblings, spouse's parents or siblings and close associates
2. Photo Identity Submitted ☐ Passport ☐ Driving License ☐ PAN Card ☐ Voter's ID ☐ Others (Specify)
3. Address Proof Submitted ☐ Bank Statement ☐ Ration Card ☐ Passport ☐ Electricity Bill ☐ Telephone Bill ☐ Others(Specify)
4. Policy Categorisation ☒ Individual ☐ HUF ☐ MWP Act ☐ Others (Specify)

4. PRODUCT DETAILS

Product Name: POS - SARAL NIVESH Sum Assured on Maturity Rs. 230000
Policy Term 15 years Premium Paying Term (in years) ☐ 5 ☐ 7 ☐ 10 ☒ 12 Premium Paying Frequency ☒ Annual ☐ Monthly

5. PREMIUM DETAILS

Base Plan Premium Rs. 14113 Total Premium incl. applicable taxes Rs. 14113.00
Cheque Rs.
Cheque details (Cheque should be made payable to "Edelweiss Tokio Life Insurance Company Limited")

Cheque no.	Dated	Bank Name	Payable at Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BANK ACCOUNT DETAILS : (For credit of future payout if any)

Bank Account number	IFSC Code	Bank Name	Branch Location
511010110004596	BKID0005110	BANK OF INDIA	MAHANADI VIHAR

6. NOMINEE DETAILS

1. Name of the Nominee GIRISH CHANDRA DAS
2. Date of Birth 22031973 3. Gender ☒ Male ☐ Female
4. Relationship with Life to be Insured ☒ Spouse ☐ Father ☐ Mother ☐ Others (Specify)
5. Name of Appointee (to be filled if nominee is a minor) 6. Date of Birth
7. Relationship with Nominee ☐ Father ☐ Mother ☐ Others (specify)

Note - In case of multiple Nominees, please provide above details including proportionate share (in %)

7. LIFESTYLE | FAMILY | MEDICAL and HEALTH DETAILS

1. a) Height 155 Cms or 5 Ft. 1 Inches 1. b) Weight 56 Kgs
2. Are you currently taking any medication or medical treatment OR in the past 5 years, have you been advised to undergo any surgery, medical investigation or medical treatment for any medical condition (other than common cold, flu, etc.)? ☒
3. Have you ever been diagnosed or / received treatment for any heart, kidney, liver disease including Hepatitis B, cerebrovascular disease including stroke, paralysis, lung disease, cancer, tumor or physical deformity? ☒
4. Have you or your spouse or your parents ever suffered from or received treatment or advice for HIV infection/AIDS related or any other sexually transmitted disease? ☒

8. INSURANCE HISTORY

1. Has any application or proposal for life, health, accident or critical illness including renewal and reinstatement ever been declined, deferred, withdrawn or accepted at special rates or terms by Edelweiss Tokio Life Insurance Co. or any other insurance company in India / Overseas. ☒

9. DETAILS FOR INSURANCE REPOSITORY (EIA - E-INSURANCE ACCOUNT)

- Do you have an EIA account number? ☐ Yes ☒ No If yes, please provide

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 (Mandatory if Answer is "Yes")
- If no, would you like to apply? ☐ Yes ☒ No (Mandatory if Answer to Q1 is "No", if yes to Qs 2, please submit eIA request form)
- Would you like to have an e policy? ☐ Yes ☒ No (Mandatory if answer to either of the Q1 or Q2 is "Yes")
- Specify the Insurance Repository Name for eIA creation. List of Insurance Repository:
☐ NSDL Data Management Limited ☐ CDSL Insurance Repository Limited ☐ Karvy Insurance repository Limited ☐ CAMS Repository Services Limited

10. DECLARATIONS

- I/We declare and warrant on my behalf and on behalf of the person whose life is to be insured that I/We have read/been interpreted this proposal form and that the same has been explained to me/us and I/We have fully understood it's content. I/We declare that the answers given in response to the questions above and the statements made by me/us in this proposal form or otherwise in support of this proposal are true, correct and complete in all respects, and there is no other information, material to this proposal, that has been withheld by me/us.
 - I/We declare that the premium amounts paid along with this proposal and payable in future under the policy, have not been generated from the proceeds of any criminal activities/offences and have been and shall be paid out of my/our legally assessed sources of income. I/We declare that I/we shall abide by and conform to the Prevention of the Money Laundering Act, 2002 as amended from time to time or under any other applicable law/regulations.
 - I/We shall immediately inform the Company in case I/We acquire the status of Politically Exposed Person ("PEP") at any time after submitting the proposal form and during the continuance of the policy.
 - That in order to enable the Company to assess the risk under this proposal and any time thereafter, I/we hereby authorise my/our past and present employers, business associates, banks, accountants, medical practitioners, hospitals, medical source, any other life and non-life insurance company/(ies) and any other person/entity to release/discard to the Company, the records of my/our employment, business, financial position, health and medical records and other details pertaining to me/us or the Life to be Insured, as may be considered relevant for acceptance or otherwise, of this proposal. I/We agree that the insurance protection shall only be provided effective from the date of acceptance of risk by the Company.
 - I/We agree that after the date of submission of this proposal form but before the issue of policy, (i) if there is any change in my/our occupation, or (ii) if there are any adverse circumstances connected with my/our financial position or the general health of the Life to be Insured/Proposer (wherever applicable); or (iii) if any proposal for insurance or an application for revival of a policy on the Life to be Insured made to any insurer is accepted at standard rate, withdrawn, deferred, declined, or is accepted at an increased premium, or is subject to a lien or on terms other than as proposed, I/We shall forthwith intimate the same to the Company in writing.
 - I/We understand that the statements and declarations made under this proposal for insurance will be the basis of the contract of insurance between me/us and the Company, and that the Company believing the same to be true will rely and act on them. In the case of any non-disclosure/misrepresentation of material facts by me/us, I/we understand that action shall be initiated by the Company immediately in accordance with the provisions of Section 45 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time, and in the case of fraud by me/us, I/We understand that the Company shall take action against the fraud immediately, in accordance with the provisions of Section 45 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time.
 - I/We understand that the policy shall be issued on the basis of this proposal subject to fulfillment of the underwriting norms and realisation of premium by the Company and the communication of the commencement of the policy to me/us.
 - I/We hereby authorise the Company to use my/our sensitive personal data or information and to disclose the same to any third party as the Company may deem fit, in connection with the life insurance business, and/or to comply with the applicable laws, rules and regulations, including anti-terrorism, anti-money laundering and tax reporting rules and regulations.
 - I/We hereby accord my/our consent and authorise the Company, to access and obtain my personal identity data and other information maintained by any authority/government authority/other person for KYC/e-KYC and other verification purpose.
 - I/We hereby authorise the Company to send me intimations/servicing communications related to this proposal or the resulting policy at my address and contact details (email, telephone, mobile numbers) mentioned in this proposal form.
 - The permissions, consents, authorisations given by me/us to the Company shall, without restriction, remain in force in perpetuity and shall be valid for any instance requiring such permissions, consents or authorisations for this proposal and resulting policy.
 - In case of an insurance plan taken through direct online mode, I/We undertake to provide the scanned copy of my/our signature for the contract as and when called for by the Company.
 - I/We understand that the Company shall make payments to me/us in respect of the proposed insurance policy to the bank account, details of which have been provided by me/us to the Company, unless the bank account particulars are modified by my/our written communication to the Company.
- I hereby give consent to all the Declarations mentioned above ☒ ☐

PLEASE DO NOT SIGN ON BLANK PROPOSAL FORM

Signature*/ Thumb impression	Life to be Insured	Proposer	Witness by PFA / SP / RM /Broker

D	D	M	M	Y	Y	Y	Y
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Place **CUTTACK**

* The Proposer / Life Insured can upload a scanned copy of their signature in the above box.

Proposal No. 420105646E

DECLARATION IN VERNACULAR OR FOR UNEDUCATED PERSON

Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form) :
“I hereby declare that I have fully explained the above questions to the Proposer and I have truthfully recorded the answers given by the Proposer.”

OR
In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer and this declaration should be made by him.
“I hereby declare that I have fully explained the above questions and contents of the proposal form to the Proposer in _____ language, and that the Proposer has affixed the thumb impression above after fully understanding the contents thereof.”

Name of the Declarant : ☐ Mr ☐ Miss ☐ Mrs _____

Date: Place:

Declarant's Signature in English

Declarant Address : _____

Name of the Witness : ☐ Mr ☐ Miss ☐ Mrs _____

Date: Place:

Witness Signature in English

Witness Address : _____

I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs. _____ and I have understood the significance of the proposed contract.

Life to be assured's Signature or Thumb Impression

Proposer's Signature or Thumb Impression

FREE LOOK PERIOD

The Policyholder is provided with a period of 15 days (30 day for policies sourced through distance marketing) from the receipt of the policy document to review the terms and conditions. On disagreement of any of the terms and condition, the policyholder has the option to return the policy, stating the reasons for the objection. The Policyholder shall be entitled to the refund of amount as per the provisions of the policy.

APPLICABLE PROVISIONS OF THE INSURANCE ACT, 1938 AS AMENDED FROM TIME TO TIME

SECTION 41 : 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 or the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

SECTION 45 OF THE INSURANCE ACT, 1938 STATES: No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. For further details, please refer to the Insurance Act, as amended from time to time.

IRDAI Regn. No.: 147 | CIN: U66010MH2009PLC197336
 Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070
 Corporate Office: 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070
 Toll Free: 1800 2121212 | Fax No.: +91 22 6117 7833 | Email: care@edelweisstokio.in | Visit us at www.edelweisstokio.in

KEY FEATURES DOCUMENT

Dear Mr / Mrs / Ms. **RANJITA DAS**Proposal No. **4 2 0 1 0 5 6 4 6 E**

Thank You for your interest in Edelweiss Tokio Life – POS Saral Nivesh. As a part of the application process, we have designed this Key Feature Document which will be handed to you as a reference document. It includes the features, benefits and other important information of the plan and will work as a reference till the time you receive your policy contract.

PRODUCT NAME	Edelweiss Tokio Life – POS Saral Nivesh (UIN - 147N038V03)
PLAN DESCRIPTION	Edelweiss Tokio Life – POS Saral Nivesh is an Individual, Non-Linked, Non-Par, Savings, Life Insurance Product which is specially designed to offer you dual benefits of Protection and Savings and aims at providing you with a secured future through Guaranteed Benefits.
KEY FEATURES	<ul style="list-style-type: none"> • Simple and Easy to understand – all your benefits are guaranteed and known upfront • Simple and Easy to buy - Simplified Application Form • Offers an option to choose when you want to receive your Maturity Benefit - Policy Term (10 - 20 years) • Offers an option to choose how long you want to pay your premium - Premium Paying Term (5 7 10 12 years) • Liquidity in case of emergencies – option to avail policy loans • Offers tax benefits as per Income Tax Act, 1961
KEY BENEFITS	<p>All the benefits under this plan are Guaranteed so you know exactly what you will get.</p> <ul style="list-style-type: none"> • Guaranteed Maturity Benefit: At the end of your policy term, you will receive the Guaranteed Maturity Benefit provided all due premiums have been paid in full and the policy is in-force. Your Guaranteed Maturity Benefit is equal to the Sum Assured on Maturity. • Guaranteed Death Benefit: In case of unfortunate demise of Life Insured while the policy is in-force, the Nominee will receive the Guaranteed Death Benefit. The Guaranteed Death Benefit is equal to the Sum Assured on Death which is higher of: <ul style="list-style-type: none"> - 10 x Annualised Premium⁽¹⁾; or - Sum Assured on Maturity; or - 105% of 'Total Premiums Paid'⁽²⁾ till date of death. - Any absolute amount assured to be paid on death which is higher of Sum Assured on Maturity or 10 x Annual Premium⁽³⁾ <p>⁽¹⁾ Annualised Premium is the premium amount payable in a year chosen by You, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.</p> <p>⁽²⁾ 'Total Premiums Paid' means total of all the premiums received, excluding any extra premium, any rider premium and taxes.</p> <p>⁽³⁾ Annual Premium is the premium payable in a year including any loadings for modal premiums but excluding underwriting extra premiums and applicable taxes, if any</p> <ul style="list-style-type: none"> • Exclusions Waiting Period - The policy has a 90 day waiting period from the Date of Inception of the Policy within which, if death occurs (other than due to accident), the nominee will receive 100% of the premiums paid till the date of death excluding applicable taxes. During this period the Guaranteed Death Benefit will not be payable. • Suicide - In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the Total Premiums Paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force. • Surrender Benefit: In case of financial emergencies, you may surrender this policy. Your policy will acquire surrender benefit based on the premium paying term you choose and the number of premiums you have paid. Your Policy acquires surrender value if all the premiums have been paid in full for at least first two policy years. In case of Surrender, you will receive the higher of Guaranteed Surrender Value and Special Surrender Value.

	Guaranteed Surrender Value factors (in percentage of premiums paid)											
	Policy Year of Surrender	Policy Term										
		10	11	12	13	14	15	16	17	18	19	20
	2	30	30	30	30	30	30	30	30	30	30	30
	3	40	40	40	40	40	40	40	40	40	40	40
	4	50	50	50	50	50	50	50	50	50	50	50
	5	58	56	55	55	54	54	53	53	53	52	52
	6	66	63	61	60	58	58	57	56	56	55	55
	7	74	70	67	65	63	62	60	60	59	58	58
	8	82	76	72	70	67	66	64	63	62	61	60
	9	90	83	78	75	72	70	68	66	65	64	63
	10	90	90	84	80	76	74	71	70	68	67	66
	11		90	90	85	81	78	75	73	71	70	68
	12			90	90	85	82	79	76	74	72	71
	13				90	90	86	82	80	77	75	74
	14					90	90	86	83	80	78	76
	15						90	90	86	83	81	79
	16							90	90	86	84	82
	17								90	90	87	84
	18									90	90	87
	19										90	90
	20											90
Other Important Information	<p>• Non- Payment of Premiums:</p> <p>In order to continue securing your dreams, we would advise you to continue paying your premiums on a regular basis. This will help in keeping your benefits intact and at the same level so that you can meet your financial requirements as you have dreamt of. Due to any reason you are unable to pay your premium on your premium due date, you will have additional 15 days, where you pay the premium on a monthly basis, and 30 days in all other cases, as grace period to pay your premiums in full. During this period, the policy will remain in force and all your benefits will continue. If you do not pay your premiums by the end of the grace period, your policy benefits will be impacted in the following manner:</p> <ul style="list-style-type: none"> - If all Premiums for at least first two policy years have not been paid in full within the grace period, your policy will be lapsed and your policy will not be eligible for any benefits thereafter. - If you have paid all the premiums for at least first two policy years, and you are unable to pay your premiums for subsequent year, your policy will continue as a 'Reduced Paid-up' policy. <p>You will be given five years from the due date of first unpaid premium to revive your policy.</p> <p>Under 'Reduced Paid-up' all your benefits will be reduced. Your Guaranteed Death Benefit and Guaranteed Maturity Benefit will be multiplied by the Paid-up factor which is equal to the Premiums paid divided by the total Premiums Payable during the premium paying term.</p>											
Free Look Period	<p>You have a right to review the policy terms and conditions within 15 days (30 days if this Policy has been acquired through distance marketing) from the date of receipt of the original policy document. In case you are not satisfied with the policy, you may return this policy anytime during the freelook period, stating the reason. We will refund the premium paid after deducting the stamp duty charges and proportionate risk premium for the period of cover.</p>											

Life Insured Covid Questionnaire

Applicant's Name: RANJITA DAS

Proposal Number: 420105646E



1. Are you, or your family have you been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19)? If yes, please provide details.

Yes ☐ No ☒

2. Are you, or your family have you ever been serving a notice of quarantine in any form imposed by local health authorities or government or airport authority for possible exposure to novel coronavirus (SARS- CoV2/COVID-19)? If yes, please provide more details like location, dates, quarantine period.

Yes ☐ No ☒

3. Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (SARSCoV-2/COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus (SARS-CoV-2/COVID-19)?

Yes ☐ No ☒

4. Have you ever tested positive for the novel coronavirus (SARS-CoV-2/COVID-19)? If yes, provide the date of positive diagnosis. And also details of subsequent tests

Yes ☐ No ☒

5. Have you experienced any of the following symptoms within the last 14 days?

- Any fever
- Cough
- Shortness of breath
- Malaise (flu-like tiredness)

- Rhinorrhea (mucus discharge from the nose)
- Sore throat
- Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea

Yes ☐ No ☒

If yes, to any of these, please indicate which and provide full information.

6. Are you a Healthcare professionals (Include for instance General Practitioners, Doctors, Hospital Doctors, Surgeons, Therapists, Nurses, Pathologist, paramedics, Pharmacist, Ward helpers, Individuals working in Hospitals/ Clinics having novel coronavirus (SARS-CoV-2/COVID-19) Ward ? if yes , please provide details whether working in Hospital with Covid-19 ward or treating or in contact with Covid19 infected individuals.

Yes ☐ No ☒

7. If Q6 is Yes , please provide more details in terms of daily duties including details whether enrolled as Corona virus warrior or working in Hospital/ clinic with novel coronavirus (SARS-CoV-2/COVID-19) ward/unit or treating/ in contact with SARS-CoV-2/COVID-19 infected individuals.

8. Travel Declaration

- a. Are you currently residing outside of India?

Yes ☐ No ☒

If Yes, Please provide your details:

COUNTRY	CITY	DATE of TRAVEL	INTENDED DURATION

- b. Have you travelled abroad in the past 14 days?

Yes ☐ No ☒

If Yes, Please provide your travel details over the past 14 days:

COUNTRY	CITY	DATE ARRIVED	DATE DEPARTED

c. Do you intend to travel abroad in next 3 months?

Yes ☐ No ☒

If Yes, please provide details of your intended future travel within next 3 months:

COUNTRY	CITY	DATE of TRAVEL	INTENDED DURATION

9. COVID19 Vaccination details

Have you been vaccinated for COVID19?

Yes ☐ No ☒

If Yes,

- Date of administration of the first dose
- Date of administration of the second dose
- Name of vaccine

Have you experienced any adverse reaction post vaccination?

Yes ☐ No ☒

If yes, please share details including treatment taken for the same .

Date of complete recovery -

Clients to share Copy of vaccination certificate (or copy of any official documentation confirming complete vaccination & issued by the relevant health authority)

Please note self-declarations are not acceptable.

Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Signed at CUTTACK on this day _____ of _____, _____

Applicant Signature

Customer Suitability Form



For office Use only

Channel	A_DUMMY	Proposal No	420105646E
PFA/SP/RM/Broker Code	A0T332	DM/CA Code	A74074
Branch Code		Branch Name	Cuttack_link Road
Sub Code	A	Corporate/Broker Branch Code	

Personal Details			
Name	RANJITA DAS	Date of Birth	20/10/1974
Insurance Objective / Family & Financial goals	<input checked="" type="checkbox"/> Grow Money <input type="checkbox"/> Child's Future <input type="checkbox"/> Retirement <input type="checkbox"/> Tax Savings <input type="checkbox"/> Guaranteed Returns	Family Status / Life stage	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married
Annual Income	250000	Risk Appetite	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Existing Insurance Cover			

Product Recommendation					
Recommendation 1		Recommendation 2 (Optional)		Recommendation 3 (Optional)	
Product Name	POS Saral Nivesh	Product Name		Product Name	
Nature of Product	<input type="checkbox"/> ULIP <input checked="" type="checkbox"/> Traditional savings <input type="checkbox"/> Protection <input type="checkbox"/> Annuity	Nature of Product	<input type="checkbox"/> ULIP <input type="checkbox"/> Traditional savings <input type="checkbox"/> Protection <input type="checkbox"/> Annuity	Nature of Product	<input type="checkbox"/> ULIP <input type="checkbox"/> Traditional savings <input type="checkbox"/> Protection <input type="checkbox"/> Annuity
Mode of Payment	Annual	Mode of Payment		Mode of Payment	
Policy Term (Years)	15	Policy Term (Years)		Policy Term (Years)	
Premium Paying Term (Years)	12	Premium Paying Term (Years)		Premium Paying Term (Years)	
Premium (Rs.)	14113.00	Premium (Rs.)		Premium (Rs.)	

I have undergone the suitability exercise along with Mr./Ms/ DHANANJAYA DAS from Edelweiss Tokio Life Insurance and basis that I have agreed to purchase POS Saral Nivesh.

Proposer's signature or thumb impression	PFA/SP/RM/Broker signature or thumb impression
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For online sale only: I consciously choose to bypass the suitability module even though the same is recommended	
Yes	No

DECLARATION IN VERNACULAR OR FOR UNEDUCATED PERSON					
Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form): "I hereby declare that I have fully explained the above questions to the Proposer and I have truthfully recorded the answers given by the Proposer".	OR	In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can be easily established, but unconnected with the insurer and this declaration should be made by him. "I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in _____ language, and that the Proposer has affixed the thumb impression above after fully understanding the contents thereof."			
Name of the Declarant		Mr.		Miss	Mrs
Place		Date		Declarants signatures in English	
Declarant Address					
Name of Witness		Mr.		Miss	Mrs
Place		Date		Declarants signatures in English	
Witness Address					
I certify that the contents of the form and documents have been fully explained to be by (Name, Designation, and occupation) Mr. / Mrs.: _____ and I have understood the significance of the proposed contract.					
Life to be assured's Signature or Thumb Impression				Proposer's Signature or Thumb Impression	

Edelweiss Tokio Life Insurance Company Limited Reg No 147, CIN: U66010MH2009PLC197336 Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070 Corporate Office: 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070 Toll Free: 1800 2121212 | Fax No.: +91 22 6117 7833 | www.edelweisstokio.in