



Apne liye. Apno ke liye.

PART A

WELCOME LETTER

EB491842021IN



WARANGAL/1ZYG918158- SP



To,
Mr. Srikanth Kotakonda
FLAT 202, SRINIVASAN APPARTMENT, TNGOS
COLONY
PHASE 2, 100 FEETS ROAD, HANAMKONDA
WARANGAL
WARANGAL
TELANGANA-506003, India
Contact Details : 9422209288, 9421954044

Speed Post
BNPL Code-TN/SP/BNPL/54/CO/18
BPC, Anna Road, Chennai-02

Date : 22 Dec, 2023

Customer No	: 693993610
Policy No	: 1Z692028402
Product Name	: SBI Life - Smart Swadhan Plus
UIN	: 111N104V03

Dear Mr. Srikanth Kotakonda,

We welcome you to the SBI Life family and thank you for your trust in our products.

Joining SBI Life family will give you access to the best customer service and a wide range of products which cater to most of your life insurance needs.

Free Look Option

You can review the terms and conditions of the policy, within 15 days for policies other than electronic policies and policies sourced through any channel other than Distance Marketing and within 30 days for electronic policies and policies sourced through Distance Marketing Channel, from the date of the receipt of the policy document and if you disagree with any of those terms and conditions; you have the option to return the policy stating the reasons for your objection.

Your request for cancellation of the policy under the free look option must reach our SBI Life Office within a period of 15 days or 30 days, as the case may be, as mentioned above. Premiums paid by you will be refunded after deducting stamp duty and cost of medical expenses incurred, if any, and applicable tax and/or any other statutory levies/duty/surcharges. The proportionate risk premium along with the applicable tax and/or any other statutory levies/duty/surcharges for the period of cover will also be deducted.

The Free look period applicable under this policy is 30 days. Your request for cancellation of this policy under the free look option must reach your nearest SBI Life Office within a period of 30 days .

Please note that you have opted for a LIMITED premium payment insurance Policy. Your premium due dates are: 22/12 of every year during Premium Payment Term

- For any information/clarification, please contact : Your local SBI Life service branch:
WARANGAL, SBI LIFE INSURANCE CO LTD 2ND FLOOR, JAKOTIA COMPLEX, 11-25-31/C/15 TO 18, POCHAMMA MAIDAN, WARANGAL, WARANGAL TELANGANA India 506002, +91-8702440633
- Your Sourcing Bank/Branch is ANDHRA PRADESH GRAMEENA VIKAS BANK RAMNAGAR and Facilitator is Anvesh Tanniru (IA/CIF Code 990656982) , Phone +91-9440501651
- In case you have any complaint/grievance you may contact the following official for resolution:
REGIONAL DIRECTOR, SBI LIFE INSURANCE CO. LTD., SBI LIFE INSURANCE CO LTD 4TH FLOOR D. NO.6-3-1090/B/4 THE GRAND RAJ BHAVAN ROAD SOMAJIGUDA HYDERABAD TELANGANA India 500082
- We enclose the following as a part of the Policy booklet:
 - Policy Document.
 - First Premium Receipt.
 - Copy of proposal form signed by you.
 - Copy of KYC and other documents as follows:

Particulars	Documents Received
Age Proof	Aadhar card with complete DOB
Identity Proof	AADHAAR Card No.
Address Proof	AADHAAR Card No.
Consent & Revised Benefit Illustration	No
Medical Reports	Yes

- In case of any clarification / discrepancy, call us toll free on our customer service helpline **18002679090** or email us at info@sbilife.co.in, also you may visit us at www.sbilife.co.in.
- Register on our **Customer Self Service portal**, SBI Life Smart Care, <https://smartcare.sbilife.co.in> to avail various online services available.
- All your servicing requests should be submitted to your local SBI Life service branch as mentioned above or your nearest SBI Life branch.
- Please note that the digitally signed copy of your policy document is available on our website www.sbilife.co.in. This can be viewed in a secure manner through one time password. Please visit our website for details.

Please check all details. Please make sure that the policy document is kept safely.

We always look forward to be your preferred Life Insurance Company for all your Life Insurance needs.

Yours truly,

**Authorised Signatory
New Business Processing**

Note: The translated version of this letter in the regional language is printed overleaf for your convenience. However, should there be any ambiguity or conflict between these two versions, the English version shall prevail.



To,
Mr. Srikanth Kotakonda
FLAT 202,SRINIVASAN APPARTMENT,TNGOS COLONY
PHASE 2,100 FEETS ROAD,HANAMKONDA
WARANGAL
WARANGAL
TELANGANA-506003,India
Contact Details : 9422209288,9421954044

Customer No : 693993610
Policy No : 1Z692028402
Product Name : SBI Life - Smart Swadhan Plus
UIN : 111N104V03

Dear Mr. Srikanth Kotakonda,

ఎస్బిలైఫ్ లైఫ్ కుటుంబంలోకి మేము మిమ్మల్ని స్వాగతం పలుకుతున్నాము మరియు మా ప్రాడక్ట్లపై మీరు చూపిస్తున్న విశ్వాసానికి ధన్యవాదాలు తెలుపుతున్నాము.
ఎస్బిలైఫ్ లైఫ్ కుటుంబంలోకి చేరడంతో మీకు అత్యుత్తమ సర్వీసు మరియు విస్తృత శ్రేణి ప్రాడక్ట్లకు ప్రవేశసౌలభ్యం దొరుకుతుంది, ఏదేమైనా మీరు కావలసిన జీవిత బీమా అవసరాలు తీరుతాయి.

ప్రీ లుక్ ఆన్

డిస్టెన్స్ మార్కెటింగ్ ఛానెల్ కాకుండా ఎలక్ట్రానిక్ పాలీసీలు కాకుండా ఇతర వి ఇతర ఏదైనా ఛానెల్ పాలీసీల ఆధారితమైన పాలీసీల విషయంలో పాలీసీ డాక్యుమెంటు పొందిన తేదీ నుంచి 15 రోజుల లోపున మరియు ఎలక్ట్రానిక్ పాలీసీలు మరియు డిస్టెన్స్ మార్కెటింగ్ ఛానెల్ ఆధారితమైన పాలీసీలకు 30 రోజులలోపు పాలీసీ నియమాలు మరియు నిబంధనలను పరిశీలించుకోవచ్చు మరియు ఒకవేళ ఏదైనా ఆ నియమాలు మరియు నిబంధనలను మీరు అంగీకరించకపోతే; మీ అభ్యంతరానికి కారణం తెలియజేస్తూ మీరు పాలీసీని తిరిగి ఇచ్చేందుకు ఎంచుకోవచ్చు.
పైన పేర్కొన్న విధంగా, ఉచిత పరిశీలన ఎంపిక కింద మీ పాలీసీ రద్దు అభ్యర్థన మీ సమీప ఎస్బిలైఫ్ లైఫ్ ఆఫీసుకు తప్పకుండా 15 రోజులు లేదా 30 రోజుల వ్యవధిలోపున చేరాలి. స్టాంప్ డ్యూటీ మరియు చెల్లించిన ప్రెమియం ఖర్చులు, ఏదైనా ఉంటే, మరియు వర్తింపే పన్నులు మరియు/లేదా ఏదైనా ఇతర చట్టబద్ధమైన సుంకాలు/డ్యూటీ/సర్ఛారీలు కోసుకున్న తర్వాత మీరు చెల్లించిన ప్రీమియం తిరిగి చెల్లించడం జరుగుతుంది. సంబంధిత వ్యవధికి భద్రత కలిగించిన నివృత్తి ప్రకారం కూడా రిస్క్ ప్రీమియంతో పాటు వర్తింపే పన్నులు మరియు/లేదా ఏదైనా ఇతర చట్టబద్ధమైన సుంకాలు/డ్యూటీ/సర్ఛారీలు కోసుకోవడం జరుగుతుంది.
ఈ పాలీసీ కింద వర్తింపే ఉచిత పరిశీలన వ్యవధి 30 రోజులు. ఉచిత పరిశీలన ఎంపిక కింద మీ పాలీసీ రద్దు అభ్యర్థన మీ సమీప ఎస్బిలైఫ్ లైఫ్ ఆఫీసుకు తప్పకుండా 30 రోజుల వ్యవధిలోపున చేరాలి.

మీరు **LIMITED** ప్రీమియం చెల్లింపు బీమా పాలీసీని ఎంచుకున్నారని దయచేసి గమనించండి. ప్రీమియం చెల్లింపు వ్యవధిలో మీ ప్రీమియం గడువు ముగింపు తేదీలు: **22/12 of every year**

- ఏదైనా సమాచారం/సవరణ కోసం దయచేసి మీ స్థానిక ఎస్బిలైఫ్ లైఫ్ సర్వీస్ బ్రాంచిలో సంప్రదించండి:
WARANGAL, SBI LIFE INSURANCE CO LTD 2ND FLOOR, JAKOTIA COMPLEX, 11-25-31/C/15 TO 18, POCHAMMA MAIDAN, WARANGAL, WARANGAL TELANGANA India 506002, +91-8702440633
- Your Sourcing Bank/Branch is ANDHRA PRADESH GRAMEENA VIKAS BANK RAMNAGAR and Facilitator is Anvesh Tanniru (IA/CIF Code 990656982) , Phone +91-9440501651
- మీకు ఏదైనా ఫిర్యాదులు/ఇబ్బందులు ఉంటే పరిష్కారం కోసం దిగువ పేర్కొన్న అధికారిని సంప్రదించవచ్చు:
REGIONAL DIRECTOR, SBI LIFE INSURANCE CO. LTD., SBI LIFE INSURANCE CO LTD 4TH FLOOR D. NO.6-3-1090/B/4 THE GRAND RAJ BHAVAN ROAD SOMAJIGUDA HYDERABAD TELANGANA India 500082
- పాలీసీ కరవత్తంలో భాగంగా మేము దిగువ పేర్కొన్నవి జతచేస్తున్నాము:
 - పాలీసీ దస్తావేజు
 - మొదటి ప్రీమియం రసీదు
 - మీరు సంతకం చేసిన ప్రతిపాదన ఫారం
 - దిగువ పేర్కొన్న కేసైని మరియు ఇతర దస్తావేజులు:

వివరాలు	స్వీకరించిన దస్తావేజులు
వయస్సు ఋజువు	Aadhar card with complete DOB
గుర్తింపు ఋజువు	AADHAAR Card No.
చిరునామా ఋజువు	AADHAAR Card No.
సమ్మతి మరియు సవరణ లాభాల ఉదాహరణ	No
వైద్యకీయ రిపోర్ట్	Yes

- ఏదైనా సవరణలు/అవకతవకలు సంభవిస్తే, మా టోల్ ఫ్రీ కస్టమర్ సర్వీస్ హెల్ప్ లైన్ **1800 267 9090** మీద ఫోన్ చెయ్యండి లేదా మాకు info@sbilife.co.in పైన ఈమేల్ చెయ్యండి, ఇంకా www.sbilife.co.in పైన కూడా మీరు మమ్మల్ని సంప్రదించవచ్చు.
- ఆన్ లైన్ సర్వీసులను పొందేందుకు మా **Customer Self Service portal, SBI Life Smart Care, <https://smartcare.sbilife.co.in>** నందు రిజిస్టర్ చేసుకోండి.
- మీ సర్వీసింగ్ అభ్యర్థనలన్నింటినీ పైన పేర్కొన్న విధంగా మీ స్థానిక ఎస్బిలైఫ్ లైఫ్ సర్వీస్ బ్రాంచిలో లేదా దగ్గరలోని ఎస్బిలైఫ్ లైఫ్ బ్రాంచిలో మాత్రమే అందజేయాలి.
- డిజిటల్ గా సంతకం చేసిన మీ పాలీసీ బాండ్ మా వెబ్ సైట్ www.sbilife.co.in పైన దొరుకుతుందని దయచేసి గమనించండి. దీని ఒక్కసారి పాస్ వర్డ్ గా భద్రంగా చూడవలసి ఉంటుంది. వివరాల కోసం దయచేసి మా వెబ్ సైట్ ను సందర్శించండి.
దయచేసి వివరాలు చూడండి. పాలీసీ దస్తావేజు భద్రంగా ఉంచుకోవాలి జాగ్రత్తవహించండి.

మీ జీవిత బీమా అవసరాలన్నింటికీ మేము మీకు నచ్చిన జీవిత బీమా కంపెనీగా ఉండాలని ఎల్లప్పుడూ చూస్తుంటాము.

మీ భవదీయ,



అధీకృత సంతకదారు

న్యూ బిజినెస్ ప్రాసెసింగ్

Apne liye. Apno ke liye.



SBI Life Insurance Company Ltd CIN:L99999MH2000PLC129113
Central Processing Centre
7th Level (D Wing) & 8th Level,
Seawoods Grand Central Tower 2, Plot No R-1,
Sector-40, Seawoods, Nerul Node, Dist. Thane,
Navi Mumbai-400 706
Phone Number: 022 6645 6000

FIRST PREMIUM RECEIPT/ TAX INVOICE

Proposal No : 1ZYG918158

Policy No : 1Z692028402

Invoice No : TGI122300276064

Invoice date : December 22, 2023

Sequence No : 43672

Channel Code : 1859 5173

Channel Name : ANDHRA PRADESH GRAMEENA VIKAS
BANK RAMNAGAR

Policy Holder

Mr. Srikanth Kotakonda
FLAT 202,SRINIVASAN APPARTMENT,TNGOS COLONY
PHASE 2,100 FEETS ROAD,HANAMKONDA
WARANGAL
WARANGAL - 506003
TELANGANA , India

Place of Supply:TELANGANA/36

GSTIN:N.A.

Premium Payer Name : Mr. Srikanth Kotakonda

Premium Payer Relationship : Self

Servicing Branch Address:

SBI LIFE INSURANCE CO LTD 2ND FLOOR, JAKOTIA
COMPLEX, 11-25-31/C/15 TO 18, POCHAMMA MAIDAN,
WARANGAL, WARANGAL TELANGANA India 506002

GSTIN:36AAFCS2530P1Z2

Mode : **Annual**

Date Of Commencement Of Policy : **December 22, 2023**

HSN code : **997132**

HSN Description : **Life Insurance Services**

Product/Plan : **SBI Life - Smart Swadhan Plus**

Sum Assured : **Rs.34,00,000.00/-**

Due date of Premium Payment : **December 22, 2023**

Payment Method : **EFT - Debit by Voucher**

Installment Premium : **Rs.91,664.00/-**

Taxable Value : **Rs.91664.00**

Integrated GST 18% : **Rs.0.00/-**

State / UT GST 9% : **Rs.2,062.44 /-**

Central GST 9% : **Rs.2,062.44/-**

Total Premium Amount : **Rs.95,788.88/-**

No. of Premiums Paid : **01**

Total Amount Received : **Rs.95,789.00/-**

Excess : **Rs.0.00/-**

Whether the tax is payable under Reverse charge : No

Next premium due on Dec 22, 2024

Amount of initial/first premium paid : **Rs. 95,788.88/-**

Rupees Ninety Five Thousand Seven Hundred Eighty Eight And Eighty Eight Paise Only

Received the amount as above.

Date of Commencement of Risk : December 22, 2023

Note : In case of any discrepancies, you are kindly requested to advise us immediately. Call us toll free at our customer service helpline

1800 267 9090 info@sbilife.co.in / www.sbilife.co.in

No interest is payable on excess payments, if any, made by the policyholder. Any shortage/excess, will be adjusted against future premiums payable.

Premium paid under this policy is eligible for tax rebates under section 80C of the Income Tax Act, 1961, as applicable.

TDS shall be deducted from the benefit proceeds (i.e. maturity, surrender etc) , as applicable, which are considered as taxable under the Income Tax Laws.

Tax laws are subject to change from time to time. Please consult your tax advisor for further details.

Goods & Service Tax (GST)/ Cess and/or any other statutory levy/ duty/surcharge, at the rate notified by the Central Government/ State Government / Union Territories of India from time to time, shall be levied on premium /charges (as applicable) as per the provisions of the prevalent tax laws.

As per GOI notification, GST has been levied on your insurance policy @18% on premium or charges. (or as applicable) w.e.f 01.07.2017. In the case of endowment policy, the taxable value is 25% of the premium for first year and 12.5% for second & subsequent year. For single premium annuity policy, the taxable value is 10% of the premium. Please refer SBI Life website for details.

I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

'This Premium receipt is issued subject to realization of cheque'

GST Registration No.36AAFCS2530P1Z2. SAC code of Life Insurance Services: 997132

The Consolidated Revenue stamp duty paid vide Letter of Authorisation No. LOA/CSD/52/2023/2705 dated 29 May, 2023 issued by Pradhan Mudrank Karyalay.



Authorized Signatory



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SBI Life - Smart Swadhan Plus (UIN : 111N104V03)
An Individual, Non-Linked, Non Participating, Life Insurance Savings Product with Return of Premium

KEY FEATURE DOCUMENT

Congratulations on your purchase. SBI Life - Smart Swadhan Plus (UIN: 111N104V03) offers you life cover and other benefits as stated below

1	Aim of policy	<p>SBI Life - Smart Swadhan Plus (UIN: 111N104V03), an individual, non-linked, non-participating life insurance savings product with return of premium which helps to meet your insurance needs, with the added advantage of getting your total premiums paid[^] back on Maturity, provided the policy is in-force.</p> <p>[^] The total premiums paid means total of all the premiums received, excluding any extra premium and applicable taxes.</p>
2	Benefits of the policy	<p>Death Benefit: Sum Assured on Death will be payable as a lump sum to the nominee or legal heir of the life assured.</p> <p>Sum Assured on Death: <u>For Single Premium (SP) Policies:</u> Higher of (Basic Sum Assured[#] or 125% of Single Premium)</p> <p><u>For Limited Premium Payment Term (LPPT) / Regular Premium (RP) Policies:</u> Higher of (Basic Sum Assured[#] or 10 times of Annualized Premium* or 105% of the total premiums received upto the date of death)</p> <p>There is no waiting period under the product. The Death Benefit would be same (as defined above) throughout the policy term</p> <p>[#] Basic Sum Assured is the absolute amount of benefit chosen by the policyholder at the inception of the policy. [*]Annualized Premium is the premium amount payable in a year chosen by the policyholder, excluding the applicable taxes, underwriting extra premiums and loadings for modal premiums, if any.</p> <p>Maturity Benefit: On survival of the Life Assured up to maturity, 100% of the total premiums paid during the policy tenure, shall be paid in a lump sum.</p>
3	Policy Surrender	<p>The Single Premium policy can be surrendered at any time during the policy term. For Limited Premium Payment Term (LPPT) / Regular Premium (RP) Policies: The policy will acquire surrender value only if premiums have been paid for at least 2 consecutive years.</p> <p>The amount of surrender value is Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV), whichever is higher.</p>
4	Paid Up Value	<p><u>For Limited Premium Payment Term (LPPT) / Regular Premium (RP) Policies:</u> If the policy has acquired surrender value and no further premiums are paid then it can be converted to a paid up policy</p> <p>Please refer section 7. Paid-Up Value of the policy document for details on the benefits payable for paid-up policy.</p>
5	Loans on the Policy	Loan facility is not available



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6	Exclusions	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
7	Grace period	For Limited Premium Payment Term (LPPT) / Regular Premium (RP) Policies: 30 days from the premium due date for yearly/half yearly/ quarterly premium frequencies and 15 days for monthly premium frequency.
8	Revival	For Limited Premium Payment Term (LPPT) / Regular Premium (RP) Policies: If premiums are not paid within the grace period and the policy is not surrendered, the policy may be revived for full benefits within the revival period of five years from the date of the first unpaid premium, only during the policy term. The revival will be effected as per the Company's Board approved underwriting policy.
9	Free look provision	You can review the terms and conditions of policy, within 15 days for policies other than electronic policies and policies sourced through any channel other than Distance Marketing and within 30 days for electronic policies and policies sourced through Distance Marketing Channel, from the date of the receipt of the policy document and if you disagree with any of those terms and conditions; you have the option to return the policy stating the reasons for your objection
10	Tax	You may be eligible for Income Tax benefits/exemptions as per the applicable income tax laws in India, which are subject to change from time to time. You may visit our website for further details. Please consult your tax advisor for details.
11	Claim	The details are mentioned in the Policy Document or you may contact the Company or your advisor or bank branch, for further details.

Note: This document contains brief information about the key features of the Product. The same shall not be construed as terms and conditions of the Policy or part thereof. For detailed terms and conditions governing the Policy, please read all parts of the Policy document. In case of any conflict between the information given in the Key Features Document and the terms and conditions of the policy document, the terms and conditions of the Policy Document shall prevail.

SBI Life Insurance Company Limited

Registration Number: 111

Regulated by IRDAI

Policy Document

SBI LIFE – SMART SWADHAN PLUS

UIN: 111N104V03

(An Individual, Non-Linked, Non Participating, Life Insurance Savings Product with Return of Premium)

Registered & Corporate Office: SBI Life Insurance Co. Ltd, “Natraj”, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069.

Website: www.sbilife.co.in | Email: info@sbilife.co.in | CIN: L99999MH2000PLC129113

Toll Free: 1800 267 9090 (Customer Service Timing : 24X7)



Policy Preamble

Welcome to your **SBI Life – Smart Swadhan Plus** policy and thank you for preferring **SBI Life Insurance Company Limited** to provide you with insurance solutions. The UIN allotted by Insurance Regulatory and Development Authority of India for this product is 111N104V03.

The information you have given in your proposal form, your personal statement together with any reports or other documents and declarations form part of this contract of insurance with us. Your policy document, comprising this policy schedule along with the policy booklet and any endorsements, is evidence of the contract. You should read these documents carefully to make sure you are satisfied with the terms and conditions of the policy. Please keep these in a safe place.

We request you to read this policy schedule along with the policy booklet. If you find any errors, please return the policy document for effecting corrections.

SBI Life – Smart Swadhan Plus provides insurance coverage during the term of the policy and on maturity, your total premiums excluding taxes and extra premiums, if any, will be refunded.

Your Policy is an individual, non-linked, non participating, life insurance savings product with Return of Premium and your policy does not participate in the profits or surplus of the Company.

In return for your premiums we will provide you benefits as described in the Part C and D of the policy document. The benefits available under this policy are subject to the payment of premiums as and when due.

The benefits will be paid to the person(s) entitled as set out in the policy document, on proof to our satisfaction, of such benefits having become payable and of the title of the persons claiming the payments.

Please communicate any change in your mailing address or any other communication details as soon as possible.

If you require further information, please contact us or the Insurance Advisor/ Agent, as mentioned below.

**Insurance Advisor/Agent Details : Anvesh Tanniru (IA/CIF Code 990656982) ,
Phone +91-9440501651**

Policy Schedule

Identification

1. Policy Number	1Z692028402
2. Proposal No.	1ZYG918158
3. Proposal Date	07/12/2023
4. Customer ID	693993610

Personal Information

5. Name of the Life Assured	Mr. Srikanth Kotakonda	
6. Name of Proposer / Policy Holder	Mr. Srikanth Kotakonda	
7. Date of Birth	Life Assured	Policy Holder
	08/06/1985	08/06/1985
8. Age at Entry	Life Assured	Policy Holder
	38	38
9. Gender	Life Assured	Policy Holder
	Male	Male
10. Mailing Address	FLAT 202,SRINIVASAN APPARTMENT,TNGOS COLONY PHASE 2,100 FEETS ROAD,HANAMKONDA WARANGAL WARANGAL TELANGANA-506003,India	
11. Telephone Number with STD Code	N.A.	
12. Mobile Number	9422209288	
13. E-Mail ID of the PolicyHolder	KSRKOUSHIK@GMAIL.COM	

Nomination

14. Name of the Nominee(s)	Relationship with the life assured	Gender	Age	% Share
Mrs. Manorama Kotakonda	Wife	Female	37	100%
15. Name of the Appointee(s)	Relationship with nominee	Gender	Age	
N.A.	N.A.	N.A.	N.A.	

Important Dates

16. Date of Commencement of Policy	22/12/2023
17. Date of Commencement of Risk	22/12/2023
18. Policy Anniversary Date	22/12
19. Premium Due Dates	22/12 of every year
20. Date of Maturity of Policy	22/12/2053

Basic Policy Information

21. Basic Sum Assured (Rs.)	3400000.00
22. Premium Frequency	Annual
23. Installment Premium (Rs.), including High Sum Assured rebate, applicable taxes	95788.88 in the first year

Base Policy


Benefit	Basic Sum Assured (Rs.)	Policy Term (Years)	Premium Payment Term (Years)	Instalment Premium (Rs.)	Applicable taxes (Rs.)	Due Date of Last Premium
Base Policy	3400000.00	30	5	91664.00	4124.88 in the first year	22/12/2027
Total Installment Premium (Rs.) (excluding applicable taxes)	91664.00					
Applicable Taxes (Rs.)	4124.88 in the first year					
Total Installment Premium including applicable taxes (Rs.)	95788.88 in the first year					
Applicable Rate of Tax*	First year : 4.50% Second year onwards : 2.25%					

* includes applicable taxes and/ or any other statutory levy/ duty/ surcharge, as notified by the Central and/or State Government from time to time as per the provisions of the prevalent tax laws.



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Signed for and on behalf of **SBI Life Insurance Company Limited,**

Authorised Signatory			
Name	Prasad Rao		
Designation	VP - New Business (Operations)		
Date	22/12/2023	Place	Mumbai

Stamp duty of Rs 680.00/- (Rupees Six Hundred Eighty Only) is paid as provided under Article 47(D) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No.(LOA/CSD/16/2023/4854 Validity Period Dt. 01/12/2023 To Dt. 01/12/2026 (O/w. No. 2023/4854.)/Date : 30/11/2023).



Signature
(Proper Officer)

We request you to read this policy schedule along with the policy booklet. If you find any errors, please return your policy document for effecting Corrections.

*****End of Policy Schedule*****

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Part B

Part B

This is your policy booklet containing the various terms and conditions governing your policy. This policy booklet should be read in conjunction with the policy schedule and other related documents of your policy.

If you find any errors, please return the policy for effecting corrections.

1. Definitions

These definitions apply throughout your policy document.

The definitions are listed alphabetically.

Expressions	Meanings
1. Age	is the age last birthday; i.e., the age in completed years.
2. Age at entry	is the age last birthday on the date of commencement of your policy.
3. Annualized Premium	means the premium amount payable in a year chosen by the policyholder, excluding the applicable taxes, underwriting extra premiums and loadings for modal premiums, if any.
4. Appointee	is the person who is so named in the proposal form or subsequently changed by an endorsement, who has the right to give a valid discharge to the policy monies in case of death of the Life Assured during the term of the policy while the nominee is a minor.
5. Assignee	is the person to whom the rights and benefits are transferred by virtue of an assignment under Section 38 of the Insurance Act, 1938, as amended from time to time.
6. Base Policy	is that part of your Policy referring to basic benefit.
7. Basic Sum assured	is the insurance amount offered by us under the Base Policy at the time of inception of policy.
8. Beneficiary	the persons nominated by the policy owner to receive the insurance benefits under the provisions of your policy. The Beneficiary may be you, or the nominee or the assignee or the legal heirs as the case may be. The beneficiary may be stated in the policy schedule or may be changed or added subsequently.
9. Birthday	is the conventional Birthday. If it is on 29th February, it will be considered as falling on the last day of February.
10. Cover End Date	is the date on which the benefit terminates on expiry of the benefit term
11. Date of commencement of policy	is the start date of your policy.
12. Date of commencement of risk†	is the date from which the insurance cover under the policy starts.
13. Date of maturity of policy	is the date on which the term of the policy expires in case the policy is not terminated, earlier.
14. Date of Revival	is the date on which the policy benefits are restored at the conclusion of the revival process
15. Date of Surrender	is the date on which we receive a communication from you



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Expressions	Meanings
	requesting for surrender of the policy with all the necessary requirements. In case the requirements are not received in full, the date of surrender will be the date on which the last requirement for surrender of policy is received.
16. Death benefit	is the benefit which is payable on death, as stated in the policy document.
17. Endorsement	a change in any of the terms and conditions of your policy, agreed to or issued by us, in writing.
18. Financial Year	is the period commencing from 1st April to the following 31st March or as notified by the Government.
19. Free-look period	is the period during which the policyholder has the option to return the policy and cancel the contract.
20. Grace period	is the time granted by us from the due date for the payment of premium, without any penalty or late fee, during which time the policy is considered to be in-force with the risk cover without any interruption, as per the terms & conditions of the policy.
21. Guaranteed Surrender Value	is the minimum guaranteed amount of Surrender Value of the Policy, if any, payable to the policyholder on the surrender of the Policy.
22. In-force	is the status of the policy when all the due premiums have been paid upto date.
23. Installment premium	is the contractual amount payable by you on each Premium Due Date in order to keep the insurance cover in force under the provisions of your policy. Applicable taxes and levies if any, is payable in addition.
24. Insurance Cover	means coverage for Insured Event. On occurrence of the insured event, the contingent benefits are payable to the Policyholder or Nominee or legal heir, as the case may be, and the insurance cover will cease thereafter.
25. Insured Event	The life assured is covered for death throughout the term of the policy, provided the policy is in force.
26. Lapse	is the status of the policy when a due premium is not paid before the expiry of grace period.
27. Legal Heir	means the person(s) legally eligible to receive the insurance benefits under the provisions of the policy.
28. Life assured	is the person in relation to whom life insurance and other benefits are granted under the policy.
29. Limited Premium	is the Installment Premium payable over the Premium Payment Term at the chosen Premium Frequency.
30. Maturity Benefit	is the benefit payable on maturity.
31. Minor	is a person who has not completed 18 years of age
32. Nominee	is the person who is named as the nominee in the proposal form or subsequently changed by an endorsement, as per section 39 of the Insurance Act, 1938, as amended from time to time, who has the right to give a valid discharge to the policy monies in case of the death of the life assured before the maturity of the policy.
33. Non-participating	means that your policy does not have a share in our profits.
34. Paid-up	is the status of the policy if premiums have been paid for at least 2 consecutive years.

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Expressions	Meanings
	Paid-up is not applicable for Single Premium Policies.
35. Paid-up Sum Assured on Death	is equal to basic sum assured multiplied by the number of installment premiums paid divided by the total number of installment premiums payable under your policy, provided your policy has acquired paid-up status.
36. Paid-up Sum Assured on Maturity	is equal to (100% of total premiums payable under the policy) multiplied by the number of installment premiums paid divided by the total number of installment premiums payable under your policy, provided your policy has acquired paid-up status.
37. Policyholder or Policy owner	is the owner of the policy and is referred to as the proposer in the proposal form. The policy owner need not necessarily be the same person as the life assured.
38. Policy anniversary	is the same date each year during the policy term as the date of commencement. If the date of commencement is on 29th of February, the policy anniversary will be the last date of February.
39. Policy document	means the policy schedule, policy booklet and endorsements (if any). Any subsequent written agreements (if any) mutually agreed by you and us during the term of the policy also forms a part of the Policy document.
40. Policy Schedule	is the document that sets out the details of your policy.
41. Policy term	is the period commencing with the Date of Commencement of the Policy and terminating with the Date of Maturity, as the case may be, during which the contractual benefits are payable
42. Policy year	is the period between two consecutive policy anniversaries; by convention, this period includes the first day of the policy anniversary and excludes the next policy anniversary day.
43. Premium frequency	is the period between two consecutive premium due dates for regular/limited premium policy; the premium frequency available under the plan are Single, Yearly, Half-yearly, Quarterly or Monthly
44. Premium payment term (PPT)	is the period, in years, over which premiums are payable.
45. Revival	is the process of restoring the benefits under the policy which are otherwise not available due to non-payment of premiums on due dates, resulting in the lapsation of the policy.
46. Revival period	is a period of 5 consecutive years from the due date of first unpaid premium .
47. Single Premium	means the premium is payable in a lump sum before the commencement of policy, excluding the underwriting extra premiums, if any, with no obligation to pay any further premiums. Applicable taxes and other levies if any are payable in addition.
48. Surrender	is the voluntary termination of the policy by the policyholder before the expiry of the policy term
49. Surrender Value	is the amount payable, if any, to the Policyholder upon Surrender of the policy by the Policyholder, in accordance with the terms and conditions of the policy.
50. Total Premiums paid	is the total of all the premiums received, excluding any extra premium and taxes.
51. Underwriting	is the process of classification of lives into appropriate



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Expressions	Meanings
	homogeneous groups based on the underlying risks covered. Based on underwriting, a decision on acceptance or rejection of cover as well as applicability of suitable premium is taken.
52. We, Us, Our	SBI Life Insurance Company Limited or its successors. We are regulated by the Insurance Regulatory and Development Authority of India (IRDAI). The registration number allotted by the IRDAI is 111.
53. You, Your	is the person named as the policyholder.

The above definitions are provided only for the purpose of proper comprehension of the terms & phrases used in the policy document. The actual benefits under the policy are payable strictly as per the terms and conditions of the policy only.

2. Abbreviations

Abbreviation	Stands for
IRDAI	Insurance Regulatory and Development Authority of India
ADB	Accidental Death Benefit
ECS	Electronic Clearance System
GSV	Guaranteed Surrender Value
LP	Limited Premium
LPPT	Limited Premium Payment Term
PPT	Premium Payment Term
RP	Regular Premium
Rs./	Indian Rupees
SP	Single Premium
SSV	Special Surrender Value
UIN	Unique Identification Number (allotted by IRDAI for this product)

These abbreviations bear the meanings assigned to them elsewhere in the policy booklet.

Part C

Part C

3. Base Policy Benefits

3.1. Participation in Profits and Bonus

3.1.1 Your policy does not participate in our profits.

3.2. Death Benefit

3.2.1 If your Policy is in-force on the date of death of the life assured and if the claim is found admissible, we will pay:

For Single Premium (SP) Policies:

Higher of (Basic Sum Assured or 1.25 times of Single Premium)

For Limited Premium Payment Term (LPPT) / Regular Premium (RP) Policies:

Higher of (Basic Sum Assured or 10 times of Annualized Premium or 105% of the total premiums received upto the date of death)

3.2.2 There is no waiting period under the product. The Death Benefit would be same (as defined above) throughout the policy term.

3.2.3 If your Policy has acquired paid-up value, we will pay paid-up death benefit.

3.2.4 If your policy is not in force and has not acquired any paid-up value, no benefit shall be payable.

3.3. Maturity Benefit

3.3.1 If your Policy is in-force and the Life Assured survives till the Date of Maturity of Policy, we will pay 100% of total premiums paid under the policy in a lump-sum, where total premiums paid excludes any extra premiums and applicable taxes.

3.3.2 If your Policy has acquired paid-up value, we will pay the paid-up maturity benefit value on the date of maturity of the policy.

3.3.3 If your policy is not in-force and has not acquired any paid-up value, nothing shall be payable under the policy and the contract comes to an end automatically.

4. Premiums

- 4.1 You have to pay the premiums on or before the premium due dates or within the grace period.
- 4.2 You have to pay the premiums even if you do not receive renewal premium notice. We are not liable to send you any premium notices, whatsoever.
- 4.3 You will be liable to pay all applicable taxes, levies, cesses etc. as levied by the Government and other statutory authorities, as per the provisions of the prevalent tax laws.
- 4.4 If we receive any amount in excess of the required premium, we will refund the excess. We will not pay any interest on this excess amount.
- 4.5 If we receive any amount less than the required premium, we will not adjust the said amount towards premiums till you pay the balance of premium. We will not pay any interest on the amount received earlier.
- 4.6 The premium should always be paid in advance for full policy year. However, for your convenience, we may allow you other modes of payment of premium.
- 4.7 If the Base Policy is in force and it results into death claim, the balance of premiums, if any, till the next Policy anniversary, as on the date of claim shall be deducted from the benefits payable under the Policy, in case the claim is found admissible.



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- 4.8 The premium frequency can be changed only on a policy anniversary by sending a written request one month in advance. Change in premium frequency is subject to:
- 4.8.1 Minimum premium requirement for the requested premium frequency;
 - 4.8.2 Availability of the requested premium frequency on the day of change in premium frequency;
 - 4.8.3 Tabular Premium rates applicable for considering the request for change in the frequency of payment of premiums will be the same as the tabular premium rates applicable as on the date of commencement of policy.

5. Grace Period

- 5.1 You can pay your premiums within a grace period of 30 days from the due dates for premium frequencies of yearly, half-yearly and quarterly.
- 5.2 You have a grace period of 15 days for monthly frequency.
- 5.3 If you do not pay your due premiums before the end of grace period, your policy lapses.
- 5.4 Policy will remain in-force during the grace period

Part D

Part D

6. Surrender Value

- 6.1. You may surrender your regular/limited premium policy during the term of the policy, if you have paid premiums for at least 2 consecutive years . There shall be no surrender value under the policy if the premiums are not paid for at least two years.
- 6.2. Single Premium policies can be surrendered at any time during the policy term.
- 6.3. We will pay you either Guaranteed Surrender Value (GSV) or Non-Guaranteed Special Surrender Value (SSV) whichever is higher, if you decide to surrender your Policy.
- 6.4. The Guaranteed Surrender Value (GSV) will be equal to GSV factors multiplied by the total premiums paid.
- 6.5. The GSV factors for various premium durations are given below:

Policy Year/ Policy Term (In Years)	GSV for RP & LPPT policies : As percentage (%) of total premiums paid																				
	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
3	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35
4	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
5	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
6	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
7	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
8	70	63	60	58	57	56	55	54	54	54	53	53	53	53	53	52	52	52	52	52	52
9	90	77	70	66	63	61	60	59	58	57	57	56	56	55	55	55	54	54	54	54	54
10	90	90	80	74	70	67	65	63	62	61	60	59	59	58	58	57	57	56	56	56	55
11		90	90	82	77	73	70	68	66	65	63	62	61	61	60	59	59	58	58	58	57
12			90	90	83	79	75	72	70	68	67	65	64	63	63	62	61	61	60	60	59
13				90	90	84	80	77	74	72	70	68	67	66	65	64	63	63	62	61	61
14					90	90	85	81	78	75	73	72	70	69	68	66	66	65	64	63	63
15						90	90	86	82	79	77	75	73	71	70	69	68	67	66	65	65
16							90	90	86	83	80	78	76	74	73	71	70	69	68	67	66
17								90	90	86	83	81	79	77	75	74	72	71	70	69	68
18									90	90	87	84	81	79	78	76	74	73	72	71	70
19										90	90	87	84	82	80	78	77	75	74	73	72
20											90	90	87	85	83	81	79	77	76	75	74
21												90	90	87	85	83	81	80	78	77	75
22													90	90	88	85	83	82	80	79	77
23														90	90	88	86	84	82	80	79
24															90	90	88	86	84	82	81



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Policy Year/ Policy Term (In Years)	GSV for RP & LPPT policies : As percentage (%) of total premiums paid																				
	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
25																90	90	88	86	84	83
26																	90	90	88	86	85
27																		90	90	88	86
28																			90	90	88
29																				90	90
30																					90

Policy Year/Policy Term	GSV for SP policies: As percentage of total premiums paid
1 st to 3 rd	75%
4 th to Policy term	90%

- 6.6. The SSV for a Policy will depend on the Policy term and the duration elapsed at the time of the Surrender.
- 6.7. We shall declare the SSV from time to time and SSV will be based on our past financial and demographic experience with regard to the Policy or group of similar Policies, as well as our assessment of such likely future experience.
- 6.8. The surrender of the Policy shall extinguish all rights and benefits under your Policy.

7. Paid-up Value

- 7.1. Your regular/limited premium policy will acquire paid-up value only if you have paid premiums for at least 2 consecutive years.
 - 7.1.1. Paid-up Sum Assured (PUSA) to be paid on Death: Basic Sum assured multiplied by Number of installment premiums paid divided by total number of installment premiums payable.
 - 7.1.2. Paid-up Maturity Benefit: (100% of total premiums paid under the policy) multiplied by Number of installment premiums paid divided by total number of installment premiums payable.
 - 7.1.3. The Paid-up value will be paid at the time of maturity or at the time of death if earlier.
- 7.2. You may terminate your paid-up policy before maturity by surrendering the policy for surrender value.
- 7.3. If your policy is a single premium policy, then Paid-up Value will not be applicable.
- 7.4. If you have not paid premiums for at least two years, your policy shall not acquire any paid up value and if the policy is in lapsed status without acquiring paid up value as on the date of maturity or as on the date of death, no benefit shall be payable under the policy.

Part D

8. Revival

- 8.1. If premiums are not paid within the grace period, your policy lapses. No benefits are then payable under your policy if your Policy has not acquired paid-up value.
- 8.2. You may revive the policy within 5 consecutive years from the date of first unpaid premium. You should write to us during the revival period requesting revival.
- 8.3. You have to submit Good Health Declaration and satisfy other underwriting requirements, if any. We may charge extra premium based on Company's board approved underwriting policy.
- 8.4. We may accept or reject your revival request. We will inform you about the same.
- 8.5. You have to pay all due premiums not paid during the revival period, along with interest. The due premiums would include installment premium including any extra premiums if any.
- 8.6. The interest will be charged at a rate declared by us from time to time. The company policy currently is based on the nominal interest rate per annum and is 250 basis points greater than the benchmark yield of Repo Rate as on 1st April of each of the Financial Year and it will be compounding on a half-yearly basis. The current rate of interest applicable for the Financial Year 2023-24 on revival is 9.00% p.a. compounded half yearly.
- 8.7. You cannot revive your policy after the expiry of the revival period.
- 8.8. Revival is not automatic and shall not be effective unless we accept the revival and intimate you the same in writing.

9. Claims

9.1. Death Claim

- 9.1.1. The policyholder, nominee or the legal heir, as the case may be, should intimate us about the death of the life assured in writing, stating at least the policy number, cause of death and date of death.
- 9.1.2. We will require the following documents to process the claim:
 - Original policy document
 - Original death certificate from municipal / local authorities
 - Claimant's statement and claim forms in prescribed formats
 - Hospital records including discharge summary, etc, wherever applicable
 - Any other documents including post-mortem report, first information report where applicable
 - Any other document which SBI Life in its discretion may call
- 9.1.3. Claim under the policy may be filed with us within 90 days of date of claim event.
- 9.1.4. However, without prejudice, in case of delay in intimation or submission of claim documents beyond the stipulated period in the policy document or in the Statutes, We, at our sole discretion, may condone such delay and examine the admissibility or otherwise of the claim, if such delay is proved to be for reasons beyond the control of the nominee/claimant.
- 9.1.5. We will pay the claim, if found admissible, to the assignee, if the policy is assigned.
- 9.1.6. If the policy is not assigned, and
 - 9.1.6.1. you are not the life assured, we will pay you or your legal heir
 - 9.1.6.2. you are the life assured, we will pay
 - 9.1.6.2.1. the nominee, if the nominee is not a minor
 - 9.1.6.2.2. the appointee, if the nominee is a minor
 - 9.1.6.2.3. your legal heir, if there is no nomination or if nomination is not valid.
- 9.1.7. We may ask for additional information related to the claim
- 9.1.8. You can claim only once under this plan
- 9.1.9. For any claim related assistance, call us at our Claims Helpline on Toll free Number – 18002679090



Part D

9.2. Maturity Claim

- 9.2.1. You will be required to submit the original policy document, the discharge form and KYC documents to any of our offices, along with your bank account details
- 9.2.2. If you assign your policy, we will pay claim to the Assignee.
- 9.2.3. If the policy is not assigned, we will pay the claim to you.

9.3. Surrender

- 9.3.1. We will require the original policy document and discharge form to process the surrender claim..
- 9.3.2. If the policy is assigned, we will pay the assignee, the surrender value.
- 9.3.3. If the policy is not assigned, we will pay the surrender value to
 - 9.3.3.1. you
 - 9.3.3.2. or your legal heir, in case of death of policyholder subsequent to the date of submission of request for surrender of the policy but before payment of surrender value.

10. Termination

10.1. Termination of your policy

Your policy will terminate at the earliest of the following:

- 10.1.1. on receipt of death claim intimation of the Life Assured under the policy or
- 10.1.2. on the date of maturity or
- 10.1.3. on payment of surrender value or
- 10.1.4. on payment of free-look cancellation amount or
- 10.1.5. On your policy being in a lapsed status without acquiring any paid up value and after expiry of the revival period. However, death cover will terminate automatically if you fail to pay any renewal premium before the expiry of the grace period or
- 10.1.6. If there is suppression of material facts or if it is noticed that false documents are submitted for obtaining the policy or
- 10.1.7. If it comes to the notice of our Company that the life assured is not prima facie eligible for insurance cover for any reason whatsoever

11. General Terms

11.1. Free look Period

- 11.1.1. If you have purchased an electronic policy or a policy through distance marketing channel, you have 30 days from the date of the receipt of this policy document to review its terms and conditions. If you are not satisfied, you can return the policy stating the reasons for objection.
- 11.1.2. If you have purchased the policy through a channel or mode other than that mentioned in 11.1.1 above, you have 15 days from the date of receipt of this policy document to review its terms and conditions. If you are not satisfied, you can return the policy stating the reasons for objection.
- 11.1.3. We will then refund the premium paid after deducting the stamp duty paid and medical expenses, incurred, if any, and applicable tax and/or any other statutory levies/ duty/ surcharges.
- 11.1.4. The proportionate risk premium, along with the applicable tax and/or any other statutory levies/duty/surcharges, for the period of cover will be deducted

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Part D

11.1.5. You cannot revive, reinstate or restore your policy once you have returned your policy.

11.2. Suicide Exclusion

- 11.2.1. In case of death due to suicide within 12 months, we will not pay the death benefit.
- 11.2.2. We will calculate 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, whichever is later.
- 11.2.3. We will pay 80% of the total premiums paid till the date of death, if death due to suicide occurs within 12 months from the date of commencement of risk, provided the policy is in force and the contract would be terminated.
- 11.2.4. In case of suicide within 12 months from the date of revival of the policy, we will pay either 80% of the total premiums paid till the date of death or the surrender value available as on date of death, whichever is higher, provided the policy is in force and the contract would be terminated.

11.3. Policy loan

- 11.3.1. Loan facility is not available under your Policy.



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Part E

Part E

12. Charges

12.1. Charges

Being a non-linked insurance product, there are no explicit charges under this policy.

Part F

Part F

13. General Terms - Miscellaneous

13.1. Nomination

- 13.1.1. If you are the policyholder and the life insurance cover is on your own life, you may, when affecting the policy or at any time before the policy matures for payment, nominate person or persons to whom the money secured by the policy shall be paid in the event of the death of the life assured.
- 13.1.2. If the nominee is a minor, you may appoint a person, competent to contract, as an appointee in the manner laid down by us, to receive the money secured by the policy in the event of death of the life assured during the minority of the nominee.
- 13.1.3. You may cancel or change the existing nomination.
- 13.1.4. An assignment or transfer of your policy under section 38 of the Insurance Act, 1938, as amended from time to time, shall cancel the nomination except under certain circumstances as prescribed under, Section 39 of Insurance Act, 1938.
- 13.1.5. Your nomination should be registered in our records so as to make it binding on us.
- 13.1.6. For complete details about the nomination, please refer to Section 39 of the Insurance Act, 1938 as amended from time to time.

[A leaflet containing the simplified version of the provisions of Section 38 & Section 39 is enclosed as Annexure – I & II, respectively for reference.]

13.2. Assignment

- 13.2.1. You may assign the policy subject to the provisions of Section 38 of the Insurance Act, 1938, as amended from time to time.
- 13.2.2. We may decline to act upon any endorsement or deed of assignment if we have sufficient reasons and we will let you know in writing the reasons for such refusal.
- 13.2.3. You may prefer to the Insurance Regulatory and Development Authority of India within 30 days of receipt of our communication intimating you about our declining to act upon the transfer or assignment of your policy.
- 13.2.4. You may assign your policy wholly or in part.
- 13.2.5. You may assign your policy either absolutely or conditionally, as prescribed under section – 38 of Insurance Act, 1938 at any point of time there can be only one assignment under your policy.
- 13.2.6. The assignment or reassignment of your policy should be registered with us so as to make it binding on us.
- 13.2.7. For complete details about the Assignment or transfer of the policy, please refer to Section 38 of the Insurance Act, 1938 as amended from time to time.

[A leaflet containing the simplified version of the provisions of Section 38 is enclosed as Annexure – I for reference]

13.3. Non-disclosure

- 13.3.1. We have issued your policy based on your statements in your proposal form, personal statement, medical reports and any other documents that are submitted to us.
- 13.3.2. If we find that any of this information is inaccurate or false or you have withheld any material information or in case of fraud, we will have a right to repudiate all the claims under your policy and / or cancel your policy as applicable subject to the provisions of



Part F

section 45 of the Insurance Act, 1938 as amended from time to time and no benefit under the policy shall be payable.

- 13.3.3. If we repudiate the claim under your policy / and or cancel your policy on the grounds of fraud, we would forfeit the premiums received under your policy and we shall not entertain any claim under your policy.
- 13.3.4. If we repudiate death claim / and or cancel your policy on any grounds other than fraud, we may pay such amounts as are payable under the policy subject to the provisions of Section 45 of the Insurance Act 1938, as amended from time to time.

[A leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – III for reference.]

13.4. Misstatement of age

- 13.4.1. If we find that the correct age of the life assured is different from that mentioned in the proposal form, we will check the insured's eligibility for the life cover as on the date of commencement of Policy.
- 13.4.2. If eligible,
 - 13.4.2.1. If the correct age is found to be higher, you have to pay the difference in premiums along with interest and submit such requirements as are necessary and continuation of risk would be subject to Board approved Underwriting policy.
 - 13.4.2.2. We will terminate your policy by paying the surrender value, if any, if you do not pay the difference in premiums and applicable interest
 - 13.4.2.3. If the correct age is found to be lower, we will refund the difference in premiums without any interest.
- 13.4.3. If not eligible,
 - 13.4.3.1. We will terminate your policy as per the provisions of section 45 of Insurance Act 1938 as amended from time to time.
 - 13.4.3.2. We will pay you the surrender value, if any, subject to recovery of difference in premium, along with interest

13.5. Taxation

- 13.5.1. You are liable to pay the applicable taxes and/or any other statutory levy/duty/surcharge, at the rate notified by the State Government or Central Government of India from time to time, as per the applicable tax laws on basic premium and/or other charges (if any) as per the product feature.
- 13.5.2. You may be eligible for Income Tax benefits/exemptions as per the applicable income tax laws in India, which are subject to change from time to time. You may visit our website
- 13.5.3. for further details. Please consult your tax advisor for details.

13.6. Date formats

Unless otherwise stated, all dates described and used in the policy schedule are in dd/mm/yyyy formats.

13.7. Electronic transactions

We shall accept premiums and pay benefits through any approved modes including electronic transfers.

13.8. Communications

- 13.8.1. We will communicate to you in writing and deliver the correspondence by hand, post, , e-mail or any other approved mode.
- 13.8.2. We will send correspondence to the mailing address you have provided in the proposal form or to the address subsequently changed and registered by you with us.



Apne liye. Apno ke liye.

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13.8.3. You should also communicate in writing and deliver the correspondence by hand, post, facsimile, e-mail or any other approved mode.

13.8.4. Your correspondence can be addressed to any of SBI Life branch offices or to its Central Processing Centre (CPC) at the address below:

SBI Life Insurance Company Limited,
Central Processing Centre,
7th Level (D Wing) & 8th Level,
Seawoods Grand Central
Tower 2, Plot No R-1, Sector-40,
Seawoods, Nerul Node, Dist. Thane,
Navi Mumbai - 400 706
Telephone No.: + 91 - 22 - 6645 6785
E-mail: info@sbilife.co.in

13.8.5. It is important that you keep us informed of your changed address and any other communication details.

13.9. Issuance of Duplicate Policy

13.9.1. The Policyholder can make an application for duplicate Policy on payment of Policy Printing Charges of ₹100 Plus Stamp duty Plus GST, upon loss of policy document along with other requirements as may be prescribed by the Company.



Part G

Part G

14. Complaints

14.1. Grievance redressal procedure

- 14.1.1. If you have any query, complaint or grievance, you may approach any of our offices.
- 14.1.2. You can also call us on our toll-free number: 1800 267 9090 (Customer Service Timing: 24X7) and these timings are subject to change).
- 14.1.3. If you are not satisfied with our decision or have not received any response within 15 business days, you may write to us at:
Head – Client Relationship,
SBI Life Insurance Company Limited
Central Processing Centre,
7th Level (D Wing) & 8th Level,
Seawoods Grand Central
Tower 2, Plot No R-1, Sector-40,
Seawoods, Nerul Node, Dist. Thane,
Navi Mumbai - 400 706.
Telephone No.: +91 - 22 – 6645 6785
E-mail Id: hcr@sbilife.co.in
- 14.1.4. In case you are not satisfied with our decision or have not received a response within 1 month from the date of filing your complaints with us and the issue pertains to provision 13 and 14(3) of the Insurance Ombudsman Rules, 2017, you may approach the Insurance Ombudsman. You can lodge the complaint with the Ombudsman as per provision 13 and 14(3) of the said rules. The relevant provisions have been mentioned in the section 'Relevant Statutes'.
- 14.1.5. In case the complaint is not fully attended by us within 15 days of lodging the complaint through our Grievance Redressal Mechanism; you may escalate the complaint to IRDAI through Bima Bharosa Portal (IRDAI): <https://bimabharosa.irdai.gov.in/> or contact IRDAI Grievance Call Centre on toll-free number : 155255/ 1800 4254 732 or alternatively you may send an email on complaints@irdai.gov.in.
- 14.1.6. The address of the Insurance Ombudsman and the Insurance Ombudsman Rules, 2017, are, available in the website of IRDAI, <http://www.irdai.gov.in> and in our website <http://www.sbilife.co.in>. The address of the ombudsman at Mumbai is:
Office of the Insurance Ombudsman
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santa Cruz (W),
Mumbai – 400 054.
Phone: +91 – 22 – 69038821/23/24/25/26/27/28/29/30/31
Email: bimalokpal.mumbai@cioins.co.in
- 14.1.7. We have also enclosed the addresses of the insurance ombudsman.
- 14.1.8. The postal address of IRDAI for communication for complaints by paper is as follows:
Policyholders' Protection Grievance Redressal Department,,
Insurance Regulatory and Development Authority of India,
Sy. No. 115/1, Financial District
Nanakramguda, Gachibowli
Hyderabad – 500 032

Part G

15. Relevant Statutes

15.1. Governing laws and jurisdiction

15.1.1. This is subject to prevailing Indian Laws. Any dispute that may arise in connection with this shall be subject to the jurisdiction of the competent Indian Courts.

15.2. Section 41 of the Insurance Act 1938, as amended from time to time

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

15.3. Section 45 of the Insurance Act 1938, as amended from time to time

[A leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – III for reference.]

15.4. Rule 13 of Ombudsman Rules, 2017

1. The Ombudsman may receive and consider complaints or disputes relating 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 life insurer, General insurer or the health 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 insurers and their agents and intermediaries;
 - g) issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
 - h) non-issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance; and
 - i) any other matter resulting from the violation of provisions of the Insurance Act, 1938, as amended from time to time 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).
2. The Ombudsman shall act as counselor and mediator relating to matters specified in sub-rule (1) provided there is written consent of the parties to the dispute.
3. The Ombudsman shall be precluded from handling any matter if he is an interested party or having conflict of interest.



Part G

4. The Central Government or as the case may be, the IRDAI may, at any time refer any complaint or dispute relating to insurance matters specified in sub-rule (1), to the Insurance Ombudsman and such complaint or dispute shall be entertained by the Insurance Ombudsman and be dealt with as if it is a complaint made under Rule 14.

15.5. Rule 14 of Ombudsman Rules, 2017

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

15.6. Protection of Policyholders' Interest

The IRDAI (Protection of Policyholders' Interest) Regulation, 2017 provide for protection of the interest of the policyholders. The provisions of these regulations will be applicable and subject to the prevailing law, as amended from time to time.

*****End of Policy Booklet*****

Annexure I

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 from time to time and as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. 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 there of 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



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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 Original Gazette Notification for complete and accurate details.]

Annexure II

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 from time to time and as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. 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).



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13. Where the policyholder whose life is insured nominates his
- parents or
 - spouse or
 - children or
 - spouse and children
 - 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 Original Gazette Notification for complete and accurate details.]

Annexure III

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 from time to time and as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 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



SBI Life - Smart Swadhan Plus (UIN : 111N104V03)
An Individual, Non-Linked, Non Participating, Life Insurance Savings Product with Return of Premium

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 Original Gazette Notification for complete and accurate details]

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ADDRESSES OF OMBUDSMAN CENTRES

Office of the Ombudsman	Contact Details	Jurisdiction of Office Union Territory, District)
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@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL	Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha .
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 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh..
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
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 - / 23312122	Andhra Pradesh, Telangana, Yanam and part of Territory of Puducherry .



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	Email: bimalokpal.hyderabad@cioins.co.in	
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363/ 2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G. Road, Ernakulam - 682 011.. Tel.: 0484 - 2358759 / Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry .
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7 th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
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@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kannauj-, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar , Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
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.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.



Apne liye. Apno ke liye.

KEY PERSONAL INFORMATION

Policy Number : 1Z692028402

Customer ID : 693993610

Dear Policyholder,

Given herein is information critical for us to service your policy. You are requested to kindly note this information. In case of errors, you are requested to bring the same to our notice immediately by contacting any SBI Life branch office for effecting corrections.

1	C-KYC Number	N.A
2	PAN Number	AZQPK7120E
3	PEP* Status	None
4	Resident Status	India
5	Proof of Document Received	
a	Age Proof	Aadhar card with complete DOB
b	Identity Proof	AADHAAR Card No.
c	Address Proof	AADHAAR Card No.
6	Bank Account Information (Any credits such as refund of premium or payment of maturity benefits will be remitted to this account. In case you wish to update this information at a later date, please contact us.)	
a	Accountholder Name	MR SRIKANTH KOTAKONDA
b	Account Number	73213042039
c	IFSC Code	APGV0005173
7	eInsurance Account Information (Dematerialized Policy Document will be credited to this account. Please contact us in case you require a physical copy of the same.)	
a	eInsurance Account Number	9102388758446
b	Repository Name	NSDL
8	FATCA/ CRS Declaration (Based on authorization given by you, we may be required to report all or part of this information to tax authorities. Please update us in case of any changes.)	
	Tax Residency Status (Countries other than India)	
	N.A	
9	Other Document Received (Yes/No)	
a	Benefit Illustration	No
b	Revised Benefit Illustration (if any)	No
c	Need Analysis	No

*Politically Exposed Person

In the above table, "N.A." stands for Not Available.

Note: In case there is a change of status or information; please notify us immediately.

Regards,

New Business Processing
SBI Life Insurance Co. Ltd.



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SBI Life Insurance Co. Ltd

Registered & Corporate Office: 'Natraj', M.V. Road and Western Express, Highway Junction, Andheri(East), Mumbai 400069. IRDAI Registration No. 111

Website: www.sbilife.co.in | Email: info@sbilife.co.in | CIN: L99999MH2000PLC129113. Toll Free: 1800 267 9090 (Between 9.00 am & 9.00 pm)

Need Analysis Summary

Dear Sir,

We thank you for providing your personal and financial information, such as : age, income, assets, liabilities, risk profile, future financial goals etc.

Personal Details			Financial Details		
Gender	DOB	Age	Monthly Income	Monthly Expenses	Outstanding Home Loan Amount
Male	08-06-1985	38	Rs. 90,000	Rs. 20,000	Rs. 0
Martial Status	No. of Minor Children		Outstanding Loan Amount (Others)	Expected Inflation Rates#	Risk Appetite
Married	0		Rs. 0	8%	Moderate

We have made the analysis below of your current circumstances and your insurance and financial needs, based on the information recorded above. The products suggested for the various needs are also presented below.

Protection		Retirement @ 60 Yrs		Insurance with Savings		
					Dream Home	Other
Total Protection Coverage Required	Rs. 1,29,60,000	Total Corpus Required	Rs. 1,77,73,305	Total Corpus Required	Rs. 0	Rs. 0
Gap in Protection Coverage*	Rs. 1,29,60,000 (100%)	Gap Remaining	Rs. 1,73,30,265 (98%)	Gap Remaining	Rs. 0 (0%)	Rs. 0 (0%)
Current Protection Coverage	Rs. 0	Monthly Investment Required*	Rs. 28,404	Monthly Investment Required*	Rs. 0	Rs. 0
Suggested Product(s)		Suggested Product(s)		No. of Years to realise	0 Years	0 Years
SBI Life-Sampoorn Cancer Suraksha (UIN: 111N109V03) SBI Life-Smart Shield (UIN : 111N067V07) SBI Life-Saral Jeevan Bima (UIN : 111N128V01) Arogya Shield (UIN : SBIHLIP22158V012122)Health Plus Life Combi Product		SBI Life - Saral Retirement Saver (UIN : 111N088V03) SBI Life - Retire Smart (UIN : 111L094V03)		Suggested Product(s)		

Inflation Rates are assumed & subjective in nature

*The Monthly Investment Required is the absolute amount required and does not include the Mortality Charge, Applicable Taxes & Other charges.

We request you to review the above analysis and set your priorities of the needs that you would like to address now or in the near future and take a considered decision on the suggested insurance products that you would

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wish to buy from us. As per your analysis of your needs, you may also review the other insurance products offered by SBI Life.

Note: This is an illustrative projection of your future insurance and financial needs. All figures are calculated as per SBI Life's need analysis calculator and are based on the information provided by you, estimated cost of living and assumed inflation rate.

I have gone through the financial analysis carefully and have chosen the following products from those recommended to me, based on my financial circumstances and priorities. The product/s features along with its benefits, terms and conditions have been explained to me in detail.

SBI Life- Smart Swadhan Plus (UIN : 111N104V02)

I have voluntarily chosen products based on my insurance needs and financial objectives.

I further confirm that I have not been compelled to purchase any of the above insurance products by the sales intermediary (of the bank) for availing any other financial product or facility that is offered by the bank.

This document is eSigned by Proposer.

Date : 7-12-2023	(CIF code- 990656982) Name of CIF- ANVESH TANNIRU Authenticated by Id & Password
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Purchase of insurance product is voluntary. For more details on the products, risk factors, terms and conditions please read sales brochure carefully before concluding a sale. Trade logo displayed above belongs to State Bank of India and is used by SBI Life under license. Registered and Corporate Office: SBI Life Insurance Company Limited, Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai-400069. IRDAI Registration. No. 111. CIN: L99999MH2000PLC129113\ Website: www.sbilife.co.in\ Email id: info@sbilife.co.in\ Toll free no - 1800 267 9090 (Between 9:00 am to 9:00 pm)

SBI Life Insurance Co. Ltd
Registered & Corporate Office: 'Natraj', M.V.Road and Western Express Highway Junction, Andheri (East), Mumbai - 400069
IRDAI Registration No. 111 | Website: www.sbilife.co.in | Email: info@sbilife.co.in | CIN: L99999MH2000PLC129113
Toll Free: 1800 267 9090 (Between 9.00 am & 9.00 pm)

Benefit Illustration(BI): SBI Life - Smart Swadhan Plus (UIN : 111N104V02)
An Individual, Non-linked, Non-Participating, Life Insurance Savings Product with Return of Premium

Proposal No	OL1Z00099065698207122023011902
Channel / Intermediary	Corporate Agents

Introduction
The main objective of the illustration is that the client is able to appreciate the features of the product and the flow of benefits in different circumstances with some level of quantification. For further information on the product and its benefits, please refer to the sales brochure and/or policy document.

Proposer and Life Assured Details			
Name of the Prospect/Policyholder	Mr. srikanth kotakonda	Name of the Life Assured	Mr. srikanth kotakonda
Age (Years)	38 Years	Age (Years)	38 Years
Gender	Male	Gender	Male
Premium Payment Option	Limited Premium Payment Term (LPPT)	Staff	No
		State	

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

Policy Details			
Policy Option	Not Applicable	Amount of Installment Premium (Rs.)	91664.0
Policy Term (Years)	30	Sum Assured (Rs.)	34,00,000
Premium Payment Term (Years)	5	Sum Assured on Death (at inception of the policy) (Rs.)	34,00,000
Mode / Frequency of Premium Payment	Yearly	Rate of Applicable Taxes	4.5% in the 1st policy year and 2.25% from 2nd policy year onwards

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Premium Summary			
	Base Plan	Riders	Total Installment Premium
Installment Premium without Applicable Taxes (Rs.)	91664.0	Not Applicable	91664
Installment Premium with 1st Year Applicable Taxes (Rs.)	95788.88	Not Applicable	95,789
Installment Premium with Applicable Taxes 2nd Year onwards (Rs.)	93726.44	Not Applicable	93727

Please Note
1. The premiums can be also paid by giving standing instruction to your bank or you can pay through your credit card.
2. Applicable Taxes (including surcharge/cess etc), at the rate notified by the Central Government/ State Government / Union Territories of India from time to time and as per the provisions of the prevalent tax laws will be payable on premium as per the product features.

Benefit Illustration for SBI Life - Smart Swadhan Plus							
policy Year	Annualized premium	Guaranteed					Non- Guaranteed
		Survival Benefits / Loyalty Additions	Other Benefits, if any	Maturity Benefit	Death benefit	Minimum Guaranteed Surrender Value	Special Surrender Value
1	91,664	0	0	0	34,00,000	0	0
2	91,664	0	0	0	34,00,000	54,998	43,999
3	91,664	0	0	0	34,00,000	96,247	74,248
4	91,664	0	0	0	34,00,000	1,83,328	1,06,330
5	91,664	0	0	0	34,00,000	2,29,160	1,83,328
6	0	0	0	0	34,00,000	2,29,160	1,87,911
7	0	0	0	0	34,00,000	2,29,160	1,97,078
8	0	0	0	0	34,00,000	2,38,326	2,01,661
9	0	0	0	0	34,00,000	2,47,493	2,10,827
10	0	0	0	0	34,00,000	2,52,076	2,15,410
11	0	0	0	0	34,00,000	2,61,242	2,24,577
12	0	0	0	0	34,00,000	2,70,409	2,29,160
13	0	0	0	0	34,00,000	2,79,575	2,38,326
14	0	0	0	0	34,00,000	2,88,742	2,47,493
15	0	0	0	0	34,00,000	2,97,908	2,56,659
16	0	0	0	0	34,00,000	3,02,491	2,65,826
17	0	0	0	0	34,00,000	3,11,658	2,74,992
18	0	0	0	0	34,00,000	3,20,824	2,84,158
19	0	0	0	0	34,00,000	3,29,990	2,93,325
20	0	0	0	0	34,00,000	3,39,157	3,02,491
21	0	0	0	0	34,00,000	3,43,740	3,11,658
22	0	0	0	0	34,00,000	3,52,906	3,25,407
23	0	0	0	0	34,00,000	3,62,073	3,34,574

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24	0	0	0	0	34,00,000	3,71,239	3,48,323
25	0	0	0	0	34,00,000	3,80,406	3,57,490
26	0	0	0	0	34,00,000	3,89,572	3,71,239
27	0	0	0	0	34,00,000	3,94,155	3,80,406
28	0	0	0	0	34,00,000	4,03,322	3,94,155
29	0	0	0	0	34,00,000	4,12,488	4,07,905
30	0	0	0	4,58,320	34,00,000	4,12,488	4,21,654

Notes
1. Annualized premium shall be the premium amount payable in a year chosen by the policyholder, excluding the taxes, underwriting extra premiums and loading for modal premiums, if any / Single premium shall be the premium amount payable in lumpsum at inception of the policy as chosen by the policyholder, excluding the taxes and underwriting extra premiums, if any. Refer sales literature for explanation of terms used in this illustration.
2. All Benefit amount are derived on the assumption that the policies are 'in-force'
Important:
You may receive a welcome call from our representative to confirm your proposal details like Date of Birth, Nominee Name, Address, Email Id, Sum Assured, Premium amount, Premium Payment Term etc.
You may have to undergo Medical tests based on our underwriting requirements.

I, Mr. Srikanth Kotakonda having received the information with respect to the above, have understood the above statement before entering into the contract.
Place : KHAMMAM
Date : 7-12-2023
This document is eSigned by Mr. Srikanth Kotakonda

Marketing official's Signature & Company Seal		
I, ANVESH TANNIRU have explained the premiums and benefits under the product fully to the prospect/policyholder.		
Place : KHAMMAM	Date : 7-12-2023	(CIF code- 990656982) Name of CIF- ANVESH TANNIRU Authenticated by Id & Password

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Foreign Account Tax Compliance Act (FATCA)/ Common Reporting Standard(CRS)/ C-KYC Declaration Form – For Individual only (including sole proprietors)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

Registered & Corporate Office: SBI Life Insurance Co. Ltd, Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069.IRDAI Registration no. 111.
website: www.sbilife.co.in | Email: info@sbilife.co.in | CIN: L99999MH2000PLC129113 | Toll Free: 1800 267 9090
(Customer Service Timing : 24X7).
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Proposal No.	1ZYG918158
Proposer/Accountholder Name*	Mr. srikanth kotakonda

(* In case of joint name, declaration to be provided by both the proposers. An accountholder is person who is entitled to receive the cash value or change the beneficiary of the contract)

Mother's Name			Mrs Radha Vijender Kotakonda		
Spouse's Name			manorama		
Residential Status			Resident Indian		
C-KYC number			10035780120466		
Country of Birth		India	Place of Birth		warangal
GSTIN					
Identification Proof	Aadhar Card	Identification No	XXXXXXXXXX1782	Expiry Date	NA
Address Proof			AADHAAR Card No		
In case you have selected “Service” as your occupation, please specify the nature of your Organization			Private Sector		
Are you a tax resident of any country other than India?			No		
SI No	Country/(ies) of Tax residency#		Tax Identification number(TIN)/Functional equivalent number%		Identification Type (TIN or other%,please specify)
1	NA		NA		NA
2	NA		NA		NA

#To also include United States of America(USA), where the individual is a citizen/ green card holder of USA. %In case such number is not available,Kindly provide an explanation and attach it to this form.

SI No	Residence address(es) for Tax purposes	Address Type	Country code	Telephone/ Mobile No
1	NA	NA	NA	NA
2	NA	NA	NA	NA

Certification - Under penalty of perjury, I certify that

- I am aware that Central Board of Direct Taxes ("CBDT") has notified Rules 114F to 114H as part of the Income-tax Rules, 1962, (read alongwith FATCA/CRS instructions given below) which require Indian financial institutions such as SBI Life to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our proposers/ accountholders.
- I understand that SBI Life is relying on information provided in this form for the purpose of determining the status of the accountholder in compliance with FATCA/CRS. SBI Life is not able to offer any tax advice on FATCA or CRS or its impact on me.
- I acknowledge my responsibility to seek advice from professional tax advisor for any tax questions. I agree to submit a new form within 30 days if any information or certification on this form changes or becomes incorrect.
- I agree that as may be required by domestic regulators/tax authorities, SBI Life may be required to report, reportable details to CBDT or other authorities/agencies or may be required to provide informations to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the policy/(ies) or any proceeds in relation thereto or even close or suspend my policy/(ies), as appropriate.
- I hereby declare that the details furnished in the proposal no. specified above and in this declaration are true and correct to the best of my knowledge and belief and I undertake to inform SBI Life of any changes there in, immediately. In case any of information furnished in the proposal no. specified above and in this declaration is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable.
- I hereby authorize SBI Life to consider details furnished in the proposal no. specified above and in this declaration for the purpose of Central KYC Registry and to provide my details to CERSAI in the prescribed format. I further hereby consent to receiving information from Central KYC Registry through SMS/Email or registered mobile number/email address mentioned in the proposal no. specified above.
- I hereby authorize the Company to provide my/our details to banks, financial institutions and third party service providers that the Company may have tie-ups with, for verification of proposal details and for servicing of resulting policy/(ies).

Signature of the Proposer This document is eSigned by Mr. srikanth kotakonda	
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Place :KHAMMAM	Date :07-12-2023
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FATCA/CRS Instructions

In case Proposer/Accountholder has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, Proposer/Accountholder to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia/n(If Proposer/Accountholder does not agree to be Specified USA person/ reportable person status)
a) United States of America ("USA") place of birth	<ol style="list-style-type: none"> 1. Self-certification (as stated above) that the Proposer/Accountholder is neither a citizen of USA nor a resident for tax purposes of USA; 2. Non-USA passport or any non-USA government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: <ol style="list-style-type: none"> a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the Proposer/Accountholder does not have such a certificate



Proposal Number 1ZYG918158

	despite renouncing USA citizenship; or Reason the Proposer/Accountholder did not obtain USA citizenship at birth
b) Residence/mailling address in a country other than India	1. Self-certification (as stated above) that the Proposer/Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)
c) Telephone number in a country other than India (and no telephone number in India provided)	1. Self-certification (as stated above) that the Proposer/Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)
d) Standing instructions to transfer funds to an account maintained in a country other than India	1. Self-certification (as stated above) that the Proposer/Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body**
 2. Valid identification issued by an authorized government body**(e.g.Passport,National Identity card, etc.)
- **Government/ agency thereof or a municipality of the country or territory inwhich the Proposer/Accountholder claims to be a resident.

Proposal Number	1ZYG918158	Proposer Name	Mr. srikanth kotakonda
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Aadhaar Consent Form

I, Mr. srikanth kotakonda, hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorize the Company to obtain necessary details like Name, DOB, Address, Mobile Number, email, Photograph through the copy of Aadhaar card / QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI or Aadhaar Number/Virtual ID, Name, Date of Birth, Fingerprint/Iris and my Aadhaar details used for authentication either through Yes/No authentication facility or e-KYC facility in accordance with the Aadhaar (Target Delivery of Financial and Other Subsidies, Benefits and Services) Act, 2016 and all other applicable laws/ regulations. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ ies, wherever KYC requirements have to be complied with, right from issue of policies after acceptance of risk under my proposals for life insurance, various payments that many have to be made under the policies, various contingencies where the KYC information is mandatory, till the contract is terminated. I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, Driving licence, NREGA job card, letter from National Population Register, in lieu of Aadhaar for the purpose of completing my KYC formalities. I understand and agree that the details so obtained shall be stored with SBI Life and be shared solely for the purpose of issuing insurance policy to me and for servicing them. Further I understand, my biometrics will not be stored/shared by SBI Life. I will not hold SBI Life or any of its authorized officials responsible in case of any incorrect information provided by me. I further authorize SBI Life that it may use my mobile number for sending SMS alerts to me regarding various servicing and other matters related to my policy/ies.

Place	KHAMMAM
Date	07-12-2023





KEY FEATURES DOCUMENT

SBI Life - Smart Swadhan Plus (UIN: 111N104V03) offers you life cover and other benefits as stated in the policy.

Underwriting shall be as per the "Board approved underwriting policy"		
1	Aim of policy	SBI Life - Smart Swadhan Plus (UIN: 111N104V03), an individual, non-linked, nonparticipating life insurance savings product with return of premium which helps to meet your insurance needs, with the added advantage of getting your total premiums paid [^] back on Maturity, provided the policy is in-force. [^] The total premiums paid means total of all the premiums received, excluding any extra premium and applicable taxes.
2	Benefits of the policy	Death Benefit: Sum Assured on Death will be payable as a lump sum to the nominee or legal heir of the life assured. Sum Assured on Death: For Single Premium (SP) Policies: Higher of (Basic Sum Assured# or 125% of Single Premium) For Limited Premium Payment Term (LPPT) / Regular Premium (RP) Policies: Higher of (Basic Sum Assured# or 10 times of Annualized Premium* or 105% of the total premiums received upto the date of death) There is no waiting period under the product. The Death Benefit would be same (as defined above) throughout the policy term # Basic Sum Assured is the absolute amount of benefit chosen by the policyholder at the inception of the policy. *Annualized Premium is the premium amount payable in a year chosen by the policyholder, excluding the applicable taxes, underwriting extra premiums and loadings for modal premiums, if any. Maturity Benefit: On survival of the Life Assured up to maturity, 100% of the total premiums paid during the policy tenure, shall be paid in a lump sum.
3	Policy Surrender	The Single Premium policy can be surrendered at any time during the policy term. For Limited Premium Payment Term (LPPT) / Regular Premium (RP) Policies: The policy will acquire surrender value only if premiums have been paid for at least 2 consecutive years. The amount of surrender value is Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV), whichever is higher.
4	Paid-Up Value	For Limited Premium Payment Term (LPPT) / Regular Premium (RP) Policies: If the policy has acquired surrender value and no further premiums are paid then it can be converted to a paid up policy. Please refer to the Sales literature for the benefits payable under Paid up policy
5	Loans on the Policy	Loan facility is not available.
6	Exclusions	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 inforce
7	Grace period	For Limited Premium Payment Term (LPPT) / Regular Premium (RP) Policies: 30 days from the premium due date for yearly/half yearly/ quarterly premium frequencies and 15 days for monthly premium frequency.
8	Revival	For Limited Premium Payment Term (LPPT) / Regular Premium (RP) Policies: If premiums are not paid within the grace period and the policy is not surrendered, the policy may be revived for full benefits within the revival period of five years from the date of the first unpaid premium, only during the policy term. The revival will be effected as per the Company's Board approved underwriting policy.
9	Free look provision	You can review the terms and conditions of policy, within 15 days for policies other than electronic policies and policies sourced through any channel other than Distance Marketing and within 30 days for electronic policies and policies sourced through Distance Marketing Channel, from the date of the receipt of the policy document and if you disagree with any of those terms and conditions; you have the

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		option to return the policy stating the reasons for your objection
10	Tax	You may be eligible for Income Tax benefits/exemptions as per the applicable income tax laws in India, which are subject to change from time to time. You may visit our website for further details. Please consult your tax advisor for details.
11	Claim	The details are mentioned in the Policy Document or you may contact the Company or your advisor or bank branch, for further details.

Note: This document contains brief information about the key features of the Product. The same shall not be construed as terms and conditions of the Policy or part thereof. For detailed terms and conditions governing the Policy, please read all parts of the Policy document. In case of any conflict between the information given in the Key Features Document and the terms and conditions of the policy document, the terms and conditions of the Policy Document shall prevail.





SBI LIFE INSURANCE COMPANY LIMITED COMMON PROPOSAL FORM

Registered & Corporate Office: Natraj, M. V. Road, & Western Express Highway Junction, Andheri (East), Mumbai - 400 069.

IRDAI Registration No. 111

Toll Free: 1800 267 9090 (Customer Service Timing : 24X7) | Email: info@sbilife.co.in | Website: www.sbilife.co.in | CIN:

L99999MH2000PLC129113

SBI Life Insurance Co. Ltd. referred to as "SBI Life" or "The Company"

"IN CASE OF UNIT LINKED LIFE INSURANCE POLICIES THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER"

SECTION 'A' PERSONAL DETAILS Proposer (if different from Life Assured) / Life Assured / HUF Karta					
First Name			Mr. srikanth		
Middle Name			NA		
Last Name			kotakonda		
Gender	Male	Date of Birth	08-06-1985	Age	38 Years
Marital Status			Married		
Father's Name			Mr Vijender Kotakonda		
Mother's Name			Mrs Radha Vijender Kotakonda		
Spouse's Name			manorama		
C-KYC No.			10035780120466		
PAN Card No.	AZQPK7120E	Form 60	NA		
Age Proof	Aadhar card with complete DOB	KYC OVD (Officially Valid Document)	AADHAAR Card No		
Identification Number			XXXXXXXX1782		
Resident Status			Resident Indian		
Nationality	Indian	Current Country of Residence	India		
Mobile Number	9422209288	Email Id	ksrkoushik@gmail.com		
I hereby authorize SBI LIFE to send, any information/communication relating to this proposal/or the resulting policy through SMS /Email /Phone /Letter /WhatsApp /any other electronic mode of communication to my registered email id/mobile number.					
Qualification			Post Graduate/Professional		
CONTACT DETAILS					
Address 1			C/O, B1 BSNL STAFF QTERS TEMBALAI NAKA SHIVAJI UNIVERSITY KOLHAPUR-KOLHAPUR, 416004, MAHARASHTRA, India		
Communication address if different from above? (If Yes, then the following to be filled)			Yes		
Communication Address (Address 2)			C/O, Flat 202,srinivasan appartment,TNGOS COLONY, phase 2,100 feets road,hanamkonda, warangal -WARANGAL, 506003, TELANGANA India		



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Occupation Details			
Service			
Force Name	NA		
Employee / Force No	NA		
Designation	NA		
Current place of posting(City and State)	NA		
For Defence personnel- Are you currently engaged or trained for future involvement in any of the following?	NA		
Name of Employer / Workplace	ROCKWELL COLLINS INDIA ENTERPRISES PVT LTD		
Specify the exact designation	Associate Engineer		
Length of Service (Years)	6		
Annual Total Income	Rs. 1080000		
Are you exposed to any special hazard associated with your occupation which may render you susceptible to injuries or illnesses? (e.g. chemical factory, mines, explosives, corrosives, combative duties, oil exploration, high sea voyage etc.)	No	If Yes, please provide details	NA
Are you a "Politically Exposed Person" (PEP) or a close relative of PEP? "Politically Exposed Persons" PEPs are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc. If No, in case your PEP status changes in future, you shall inform SBI Life Insurance Co. Ltd. of such a change.	No	If Yes, please provide details	NA
Do you have any Criminal proceedings initiated against you?	No	If Yes, please provide details	NA
If previous question is yes then, Do you have any history of conviction under any criminal proceedings in India or abroad?	NA	If Yes, please provide details	NA

e-INSURANCE ACCOUNT DETAILS			
I want to receive the Insurance policy and all the information related to the proposed insurance policy through insurance repository.	Yes		
Do you have e-Insurance account?	No		

If Yes, provide	e-Insurance Account Number	NA	Repository Name	NA
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• If No : Request to select any one insurance repository from below options:Repository Name : NSDL Database Management Ltd

NOMINEE DETAILS (Not applicable for Minor Life Assured / HUF Member)						
S.No	Name	Date of Birth	Gender	Relationship with Life Assured	Percentage Share (%)*	Address same as Life Assured's Address (Yes/No) If No, then please provide
1	Mrs.manorama kotakonda	13-06-1986	Female	Wife	100	C/O, Flat 202,srinivasan apartment,TNGOS COLONY, phase 2,100 feet road,hanamkonda, warangal - WARANGAL, 506003, TELANGANA ,India

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*Percentage share total should be 100%

APPOINTEE DETAILS :(Applicable in case nominee is Minor)						
S.No	Name	Date of Birth	Gender	Relationship with Life Assured	Relationship with Nominee	Signature/ Consent of Appointee
1	NA	NA	NA	NA	NA	NA

SECTION 'B-2' PRODUCT DETAILS

Product Code	1Z	Product Name	SBI Life-Smart Swadhan Plus
Do you want to apply for Whole Life cover In case Whole Life cover is chosen, maximum maturity age is 100 years (last birthday of the life assured). Applicable for SBI Life – Shubh Nivesh (035) & SBI Life – eShield Next (2N)	No	Smoking Status	NA
Plan Type	Limited Premium	Plan Option	NA
Premium Frequency (For Monthly mode, advance premium may be required, as mentioned in the Benefit Illustration)	Yearly		
Are you or your spouse working/retired from State Bank Group?(If yes, please state name of employer)	No	If Yes please state: Self :PF/Pension Index/ Employee No.	NA
		Spouse :PF/Pension Index/ Employee No.	NA

B 2 : Cover Details

Plan/Rider/option	Policy Term(Yrs)	Premium Payment Term(Yrs)	Sum Assured(Rs)	Premium Payable(Rs)
SBI Life-Smart Swadhan Plus	30	5	3400000	91664
Modal Premium Payable(Rs.)				91664
Applicable Tax Amount(Rs.)*				4125
Backdating Interest, if any (Rs.)				0
Total Installment Premium Payable(Rs.)				95789

* Taxes shall be applicable as mandated by Government of India from time to time.

BackDating : Upto a date within the same financial year in which the policy has been taken.

Do you wish to Backdate the policy?	No	If Yes, provide the Backdating Date	NA
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SELECT - PRODUCTS/ STRATEGY/ PLAN OPTION, (if any)

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Maturity/ Annuity/ Any other option*	NA	Maturity/ Annuity/ Any other option Frequency*	NA
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* Mandatory for Pension Products

SECTION 'C-2a' HEALTH AND OTHER DETAILS OF LIFE ASSURED:						
Do you have any other individual existing life insurance policy (from SBI Life or any other life insurer) or have you applied for any cover other than this SBI Life proposal? If Yes, please provide details below					No	
Name of Insurance Co.	Yearly Premium(Rs)	Sum Assured(Rs)	Self/Spouse/Parent(pls. Specify)	Policy Status		
NA	NA	NA	NA	NA		
Has any of your proposals for life/health/accident insurance ever been declined /rejected, postponed, withdrawn, or accepted with extra premium?	No		If Yes, then provide the details		NA	
No.	Health Details of Life Assured			Yes(Y)/No(N)		
1	Height	5Feet 8Inches	Weight	66 Kgs	Have you lost weight of 5Kgs or more in last 6 months	No
2. Have you ever been treated, hospitalized, investigated or diagnosed or operated for any of the following (including but not limited to the specific conditions mentioned under each category).Every point should be answered in "yes" or "no"						
a. Diabetes Mellitus/ High Blood Sugar, High/Low Blood Pressure or High Cholesterol	No		b. Heart Disease of any kind : Chest pain, Angina, Coronary Artery Disease, heart attack, valve disorder, Rheumatic heart disease, conduction problem, or any other disease of Heart, or undergone Angiography, Bypass, PTCA, Pacemaker implant etc		No	
c. Lung /Respiratory disorder of any nature: Asthma, COPD, Tuberculosis (TB), Pneumonia, Bronchitis, emphysema, or any other chest or lung disease etc	No		d. Cancer/ Malignancy diagnosed or suspected: Cancer, Overgrowth, Cyst, Tumor, Malignant growth , Leukemia, enlarged lymph node, Lymphoma, or undergone Chemotherapy, radiotherapy, FNAC, Biopsy, Scan etc		No	
e. Kidney, Prostate or genitourinary Diseases : Kidney failure, infection, Stone, Obstruction, or any other disease, Dialysis, Transplantation or removal of kidney , Blood in urine, or enlarge prostate, adrenal gland disorder etc	No		f. Disorder of Liver or other digestive organs : Alcoholic and Other Liver disease, Jaundice, Hepatitis of any type, Liver failure, infection, enlargement, Cirrhosis, Ascites etc or Gastric ulcer/bleeding, vomiting of blood, blood in stools, Piles, hernia, colitis, etc or any disease of Esophagus, Pancreas, Gall bladder, Spleen, Intestine, Rectum or any digestive system or undergone endoscopy, colonoscopy etc		No	
g. Joints & Bone disorder, Vision or Hearing disorder, Deformity, loss of organ or any congenital defect: Arthritis (rheumatoid, ankylosing, Osteomyelitis), gout, deformity /disability, polio, any disease of bone, joints, muscles, spine , vertebral disc or, disorders of eyes, ear, nose, throat, or amputation, absence or transplantation of organs etc	No		h. Brain or Spinal cord: Disorder of brain and/or spinal cord or Nervous system, Hemorrhage, bleeding, Tumor, stroke, paralysis, TIA, epilepsy/fits, seizures, coma, head injury, fainting loss of consciousness, tremors, impaired movement of limbs, incontinence, or any other disorder of nerves or had MRI, CT scan etc		No	
i. Psychiatric disorder: Mental	No		j. HIV or STD: Were you or your		No	

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illness including, anxiety, depression, schizophrenia, stress, Nervous breakdown, attempted suicide etc		spouse/partner test positive for HIV/AIDS or any other Sexually Transmitted Disease?	
k. Blood or hormonal disorder(Thyroid etc) & others: Anemia, Bleeding or clotting disorders, Autoimmune Disorder, SLE, Lupus, thyroid disorder, goiter, pituitary hormones disorder etc	No	l. Current/ past general medical condition Do you have any or in last 5 years any, medical condition, symptoms , test results or procedure not asked above for which you were/are under treatment, observation or being Hospitalized for more than 5 days or were absent from work continuously for more than 5 days, (excluding, common cold, fever) or are you currently under any medication?	No
o. Questions For Female Lives			
1) Are you currently pregnant?	NA	If YES, kindly state expected delivery date	NA
2) Have you ever consulted a doctor because of an irregularity at the breast, vagina, uterus, ovary, fallopian tubes, menstruation, complications during pregnancy or child delivery or undergone any gynecological investigations for illness, internal checkups, breast checks such as smear Test, mammogram or biopsy etc			NA

If any of the above questions is ticked "Yes" (1 -2) then provide details in the below table. Also provide all related reports

Name of the disease/ disability/ deformity/ procedure	Date of Diagnosis Since when DD/MM/YYYY	Currently under treatment / Recovered	Date of hospitalisation/surgery done or if planned
NA	NA	NA	NA

3. Are any of your family members (include parents, brothers, sisters, spouse and children) suffering from/have suffered from/have died of heart disease, high blood pressure, diabetes, stroke, cancer, kidney disease or any other hereditary/familial disorder, before 55 years of age? If yes, please share details in the table below		No	
Relation	Alive(Yes/ No)	Current Age/Age at Death	Specify Nature of disorder
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

4. Do you currently or have you in the past Smoked, Consumed Tobacco, Alcohol, any Narcotic or have ever been treated for complications arising due to them?			No		
			If currently pursuing habit	If Quitted	
Habit	Type	Quantity	Consuming since how long? (Number of Years)	Since how long? (Number of Years)	Consumed how long? (Number of Years)
Smoking	NA	NA	NA	NA	NA
Tobacco Chewing	NA	NA	NA	NA	NA
Alcohol	NA	NA	NA	NA	NA



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Narcotic	NA	NA	NA	NA	NA
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5. Do you take part in or do you have any intention of taking part in any hazardous sports, hobbies, activities or pursuits (e.g. mountaineering, diving, racing or aviation other than as a fare paying passenger) that could be dangerous in any way?	No	If Yes, please specify	NA
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SECTION 'C-2b' Additional Questions For Female Lives			
1. Husband's Annual Income (Rs)			NA
2. Husband's Insurance Details			
Name of Insurance Co.	Yearly Premium(Rs)	Sum Assured(Rs)	Policy status
NA	NA	NA	NA

SECTION 'D' CHANNEL DETAILS(For office use - to be filled by Sales Representative)			
Channel Name		Corporate Agency(SBG)	
Is this Proposal sourced through Distance Marketing?	No	If Yes, please state the Distance Marketing Mode	NA
CIF Code	990656982	CIF Name	ANVESH TANNIRU
Bank/Broker/CA/IMF Code	1859	Bank/Broker/CA/IMF Name	ANDHRA PRADESH GRAMEENA VIKAS BANK
Worksite Code		NA	
Sourcing Branch Code	5173	Sourcing Branch Name	RAMNAGAR

For Institutional Alliances / Corporate Agency(SBG) only

Code 1	NA	Code 2	NA	Code 3	NA
Code 4	NA	Code 5	NA	Code 6	NA

SECTION 'E' PREMIUM & BANK DETAILS

PREMIUM PAYMENT

GSTIN of policyholder	NA
Is deposit for premium under this proposal paid by you If answer is No, please provide required information in the Proposal Form	Yes
Source of premium funding	salary

Please note that SBI Life branches and its sales team are not authorised to collect cash from its customers

RENEWAL PREMIUM PAYMENT	Auto Debit^
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^Please fill the Auto Debit Mandate available at the end of the form for seamless payment of Renewal premium.

BANK ACCOUNT DETAILS OF PROPOSER/LIFE ASSURED

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Account Number	73213042039	Account Type	Savings
Bank Name	ANDHRA PRADESH GRAMEENA VIKAS BANK	Bank Branch Name	RAMNAGAR
Name of Account Holder		Mr srikanth kotakonda	
IFS Code		APGV0005173	
Please submit any one of the below listed documents for direct credit of any refunds / payouts if any, to this account.		Copy of Bank Statement	
I declare that the information given above is true and correct. I hereby authorize SBI Life to directly credit any payment/refund, if any, to the above mentioned account.			
Note: Please ensure that the Bank details provided are correct and complete. Please note that SBI Life shall not be responsible if any payments to the Bank account number provided by you fail on the ground that the bank details provided are incorrect.			
This document is eSigned by Mr. srikanth kotakonda			

SECTION 'F' Declarations by the Proposer /Life Assured /HUF Karta :

- I hereby declare that I have answered the questions in the Proposal Form after having fully understood the nature of the questions and importance of disclosing all correct information. I further declare that the statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and I have not concealed any material information which may affect the decision of SBI Life Insurance Company Ltd. (the Company) to assess the risk. I understand that the information provided by me will form the basis of the insurance policy. All documents submitted by me along with this Proposal Form are authentic, valid, and I declare that relevant true copies of originals for the purpose of this Proposal Form have been submitted.
- I understand and agree that the statements in this proposal constitute warranties. If there is any mis-statement or suppression of material information or if any untrue statements are contained therein or in case of fraud, the said contract shall be treated as void subject to the provisions of section 45 of the Insurance Act, 1938, as amended from time to time.
- I declare that I have received and fully understood the Product Brochure and Benefit Illustration of the plan of insurance under which I have applied for a Policy on the Life to be Assured. Further, I accept that the investment rates assumed under the Benefit Illustration are not guaranteed and the actual benefits under the policy will vary from those shown in the Benefit Illustration.
- I agree that after the date of submission of this proposal but before the acceptance of risk or issue of the policy document by the Company (i) if there are any adverse circumstances connected with my/our occupation, financial condition, health condition, or (ii) if a proposal for assurance on my life or on the life to be assured made to any other insurance company has been withdrawn or dropped or accepted at an increased premium or on terms other than as proposed by me, I shall forthwith intimate the same to the Company, in writing to reconsider the terms of acceptance of this proposal. Any omission on my/our part to do so shall render the contract of assurance invalid. The Company reserves the right to accept, decline or offer alternate terms on my/our proposal for Life/Health Insurance.
- I understand and agree that, the PROPOSAL WILL NOT BE CONSIDERED UNTIL THE FULL PREMIUM INCLUDING TAXES, IS PAID BY ME.
- I understand and agree that The risk cover under this proposal shall commence only after the risk under the Proposal Form is accepted by the Company and such acceptance is communicated to me in writing by the Company. I agree that the amount held in proposal/policy deposit shall not earn any interest except as may be provided in the relevant regulations.
- I hereby confirm that all premiums will be paid from my bonafide sources and in accordance with the provisions of the Prevention of Money Laundering Act 2002 (as amended from time to time) or any other applicable laws.
- I also understand that I am liable to pay all the Applicable Taxes and/or any other statutory levy/duty/ surcharge, at the rate notified by the State Government or Central Government of India from time to time, as per the applicable tax laws on premium and/or other charges (if any) as per the product features.
- I hereby voluntarily give my consent to collect, process, receive, possess, store, deal or handle my/our sensitive personal data or information [as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 as amended from time to time], and share Data with third parties/ vendors associated with the Company for various purposes and outsourced activities exclusively related to issuance/servicing/settlement of claim as required under the Policy.
- I agree and authorize(i) my past and present employers / business associates, any doctor/medical examiner / hospital / laboratory / clinic / insurance company (notwithstanding any usage or custom or rules/ regulations of such hospital or laboratory or clinic) to disclose and furnish such documents regarding my employment/business, my health and habits or health and habits of the Life to be Assured (without taking the prior consent of my family or of any member thereof) to the Company as it may require either for the purpose of processing my proposal for insurance or at any time thereafter for any other purpose in relation to the Policy that may be issued in pursuance of this proposal for insurance (ii) the Company may, without any reference to me or my family or any member thereof, furnish any details/ information furnished in this Proposal Form to any judicial or statutory or other authority or to any insurer or reinsurer in connection with the processing of this proposal for insurance or for the purpose of servicing and settlement of claims of resultant policy.

- I hereby authorize the Company to assess the health status and conduct screening / confirmation / telephonic verification/reconfirmation of the life/lives to be assured including the health status through medical examinations which may include Laboratory tests, Cardiology, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections if required by the Company. I/We hereby give my consent to undergo HIV1/2 test. I am aware that this test is only for screening purpose and not confirmatory for HIV/AIDS.
- I understand and agree that the insurance contract will be governed by the provisions of the Insurance Act 1938, as amended from time to time, Information Technology Act 2000, and the Indian Contract Act, 1872, as amended from time to time, and all other applicable statutes and prevailing laws in India as amended from time to time.
- I hereby authorize the Company to provide/receive my details to/from banks, financial institutions, credit bureaus, insurance repository, third party service providers that the Company may have tie-ups with and insurance intermediary for this proposal/resulting policy for verification of the details of this proposal and for servicing my policies or settlement of claims.
- I / We hereby authorise the Bank or financial institution to provide copy of my/ our KYC documents available with them to the Company.
- I hereby authorize SBI Life to consider details furnished in the proposal number specified above and in this declaration for the purpose of Central KYC Registry and to provide my details to CERSAI in the prescribed format. I hereby consent to receiving information from Central KYC Registry through sms/ email on the above registered number/email address.
- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes in KYC related data therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- This consent shall hold good even if I register my number with the National Customer Preference Register (NCPR). I agree that the information pertaining to my proposal or policy will be sent to the mobile number given in the proposal form or to the number subsequently changed by me.
- Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health, employment on the grounds of secrecy, I, my heirs, executors, administrator or any other person or persons having interest of any kind whatsoever in the life insurance cover provided to me, hereby agree that such authority, having such knowledge or information, shall be at any time at liberty to divulge any such knowledge or information to the Company.
- I am aware that SBI Life-Smart Swadhan Plus is a Limited premium policy and I am aware that I would need to pay premium for 5 years (Premium Payment Term) and have selected the product & the options applicable/available for me.
- I agree that by submitting this application, I will be bound by all the statements/disclosures of material facts made through the electronic process in the same manner and to the same extent, as if I have signed and submitted the written proposal for insurance to the Company. I accept and agree to affix my signature (in electronic mode/tablet/mobile) here.
- I agree to the above declaration.

Signature of the Proposer This document is eSigned by Mr. srikanth kotakonda		
Witness by		(CIF code- 990656982) Name of CIF- ANVESH TANNIRU Authenticated by Id & Password
Place :KHAMMAM		Date :07-12-2023

Prohibition of Rebates : Section 41 of the Insurance Act, 1938, as amended from time to time, states

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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.

Non-Disclosure : Extract of Section 45, as amended from time to time, states

a). No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy. A policy of life insurance may be called in question at anytime within three years from the date of the policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. The insurer shall have to communicate in writing to the insured or the legal representatives



Unique Reference No./Proposal No. 1ZYG918158

or nominees or assignees of the insured, the grounds and materials on which such decision is based.

b). No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement or suppression are within the knowledge of the insurer.

In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

c). In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid.

d). Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act 1938, as amended from time to time.

Place	KHAMMAM	Date	07-12-2023
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Section 41 and 45 have to be verified at your end from the Insurance Act, 1938, as amended from time to time.

DECLARATION BY THE PROPOSER/ HUF KARTA/ LIFE TO BE ASSURED

- I hereby declare that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge. I understand that the information provided by me will form the basis of the insurance policy.
- I understand that, the PROPOSAL WILL NOT BE CONSIDERED UNTIL THE FULL PREMIUM INCLUDING TAXES, IS PAID BY ME.
- I also understand that I am liable to pay all the Applicable Taxes and/or any other statutory levy/duty/ surcharge, at the rate notified by the State Government or Central Government of India from time to time, as per the applicable tax laws on premium and/or other charges (if any) as per the product features.
- I understand and agree that risk cover and other benefits will not commence until a written acceptance of this proposal is issued by the company and THAT THE BENEFITS UNDER THE POLICY shall be strictly as per the terms and conditions of the policy.
- I agree that the amount held in proposal/policy deposit shall not earn any interest except as may be provided in the relevant regulations.
- I understand and agree that the statements in this proposal constitute warranties. If there is any mis-statement or suppression of material information or if any untrue statements are contained therein or in case of fraud, the said contract shall be treated as per the provisions of section 45 of the Insurance Act, 1938, as amended from time to time.
- I understand that the insurance contract will be governed by the provisions of all the applicable Statutes, as amended from time to time.
- I undertake to undergo all medical tests as may be required by the Company for the grant of insurance.
- I authorize the company to share the information contained in my proposal and the medical records of the insured/proposer with others for the sole purpose of underwriting the proposal and/or for the purpose of settlement of claims and with any Governmental and/or Regulatory authority.
- I hereby authorize the Company to provide my details to banks, financial institutions, credit bureaus and third party service providers that the Company may have tie-ups with, for verification of the details of this proposal and for servicing my policies or settlement of claims.
- I hereby give my consent to receive any information relating to this proposal/resulting policy from SBI LIFE through SMS/Email/Phone /Letter and hereby authorize SBI LIFE to send any communication pertaining to my policies through SMS/email/phone/letter . This consent shall hold good even if I register my number with the National Customer Preference Register (NCPR).
- Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health, employment on the grounds of secrecy, I, my heirs, executors, administrator or any other person or persons having interest of any kind whatsoever in the life insurance cover provided to me, hereby agree that such authority, having such knowledge or information, shall be at any time at liberty to divulge any such knowledge or information to the Company.
- I declare that I am presently in India and I understand that the insurance contract entered into while not in India, will not be valid..
- I am aware that SBI Life-Smart Swadhan Plus is a regular premium policy and I am aware that I would need to pay premium for 5 years (Premium Payment Term).
- I agree that by submitting this application , I will be bound by all the statements/disclosures of material facts made through the electronic process in the same manner and to the same extent, as if I have signed and submitted the written proposal for insurance to the Company. I accept and agree to affix my signature (in electronic mode/tablet/mobile) here.
- I agree to the above declaration.
- I hereby authorize SBI Life to consider details furnished in the proposal number specified above and in this declaration for the purpose of Central KYC Registry and to provide my details to CERSAI in the prescribed format. I further hereby consent to receiving information from CKYC Registry through SMS/Email or registered mobile number/email address mentioned in the proposal no. specified above.
- I hereby declare that I have reviewed details in the Need Analysis,Benefit Illustration,FATCA and relevant questionnaires provided. I have also thoroughly scrutinized all pages of the proposal form . I declare that the information given above is true and correct.
- I understand and agree that by submitting this application through the tablet/mobile device, I shall be bound by such statements/disclosures of material facts in the same manner and to the same extent, as if I have signed and submitted the written proposal for insurance to the company.

Signature of the Proposer
This document is eSigned by Mr. srikanth
kotakonda



Witness by	(CIF code- 990656982) Name of CIF- ANVESH TANNIRU Authenticated by Id & Password	
Place :KHAMMAM	Date :07-12-2023	

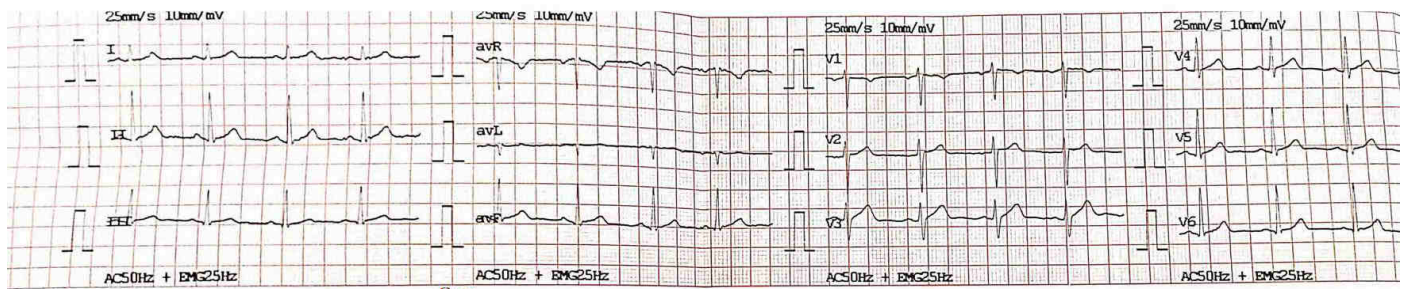
Prohibition of Rebates : Section 41 of Insurance Act, 1938, as amended from time to time.

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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.

Non-Disclosure : Extract of Section 45 of the Insurance Act 1938, as amended from time to time

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy. A policy of life insurance may be called in question at anytime within three years from the date of the policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. 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.
2. No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
3. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid.
4. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act 1938, as amended from time to time.





Apne liye. Apno ke liye.



35/7-810, Gopalapuram, Warangal-Hanamkonda, Hanamkonda,
Telangana 506001, India

Latitude

18.0136162°

Local 04:22:33 PM

GMT 10:52:33 AM

Longitude

79.5361824°

Altitude 270 meters

Friday, 08.12.2023



Apne liye. Apno ke liye.



SBI Life Insurance Co. Ltd.

Medical Examination Report

Branch Name (RUU/HPC/Name) _____ Credit Life / Individual _____

Proposal Number/ Policy Number 1ZYG918158

Full Name of Life Assured Srikanth Kotakonda

Age: 38 Date of Birth: 08/06/1985 Gender: (M/F/Others): M

Form of Identification Produced: ☐ Passport Number ☐ Driving License No. ☐ Ration Card No.

☐ Employment Identity Card No. ☒ Others (Please Specify) Aadhar Card 1782

PART I

(Questions to be put up by the Medical Examiner)

The answers to all questions whether Yes/No should be encircled with ink. If yes, please give details in the space provided. Mention "NA" (Not Applicable) wherever necessary

- 1) Name & Address of your personal physician, If none please state the name of the doctor you last attended?
- 2) Are you currently on any medication? Y/N
- 3) Have you ever been investigated/treated or diagnosed of any of the below conditions (If answered yes, please provide details like duration, medication, complications etc.)
 - a) Diabetes or raised blood sugar? Y/N
 - b) Hypertension or blood pressure? Y/N
 - c) Heart attack, chest pain, bypass, any heart trouble & surgery or any disorder of the circulatory system including stroke or brain haemorrhage? Y/N
 - d) Cancer or leukaemia and chemotherapy or radiotherapy? Y/N
 - e) Hormonal or glandular disorders including gout and thyroid problems? Y/N
 - f) Anaemia, any other disorder of the blood or advised "not to donate blood"? Y/N
 - g) Any disorder of the eye, ear or nose? Y/N
 - h) Musculoskeletal problems, nervous disorders, multiple sclerosis, autoimmune disease or paralysis? Y/N
 - i) Any disorder of the digestive system, ulcer, colitis, or disease of the liver, Chronic alcoholic/ alcoholic liver disease, gall stones (Eg. Hepatitis B, C) or pancreas? Y/N
 - j) Any form of respiratory problem including asthma, bronchitis, emphysema or TB? Y/N

NA



:: 2 ::

- k) Kidney disorder, renal stones, renal failure, Dialysis. Y / N ✓
- l) chronic ulceration on skin or inside any organ. Y / N ✓
- m) Are you on blood thinners, Oral steroids, Immunosuppressant or any special therapy. Y / N ✓
- n) Insomnia, depression, stress-related problems, anxiety state, nervous breakdown, epilepsy, fits, blackouts or any other mental disorder. Y / N ✓
- o) Any other serious or chronic illness not mentioned above Y / N ✓
- p) Do you have any permanent disability, which could affect your ability to walk or work? Y / N ✓
- 4) Have you in the past, undergone any radiological /cardiological /pathological/medical/USG/CT Scan/MRI, CT angiography, Angiogram, endoscopy, biopsy, FNAC or any other test? If yes, please give full details. Y / N ✓
- 5) Have you undergone or advised to undergo hospitalization/ operation/ surgery /organ transplant, any investigation or medical treatment? if "YES" Y / N ✓
- a) month & year of hospitalization / operation
- b) nature & cause of hospitalization / operation
- c) location, size and condition of the scar
- d) degree of impairment, if any
- 6) Do you have any physical deformity/congenital disease? If "YES" Y / N ✓
- a) Cause of deformity.
- b) The part affected with cause thereof.
- c) Do you use any physical aid (i) walking stick (ii) caliper (iii) wheel chair (iv) crutches for mobility? If yes, details thereof.
- 7) Is your vision and hearing normal? ✓ / N
- 8) Did you ever meet with an accident or suffer any injury requiring treatment etc.? If "YES" Y / N ✓
- a) Date of Injury / Surgery
- b) Nature of Injury / Surgery
- c) Degree of Impairment
- d) Did you suffer from any head injury?
- e) Duration of unconsciousness (if any)
- 9) Have you or your spouse been told to have/ received any medical advice, counselling / treatment in connection with sexually transmitted disease, AIDS/HIV? Y / N ✓
- 10) Habits Y / N ✓
- a) Do you consume alcohol? If yes, please given details

Type of Alcohol	Quantity / day	For no. of months / year	
Beer	—	—	—
Wine	—	—	—
Spirit	—	—	—

:: 3 ::

- b) Are you a smoker or have you ever smoked tobacco?
If yes, please give details as below Y / N
- c) How much tobacco do you smoke / chew each day?
Cigarettes / Bidis / Roll-ups sticks/day
Chewing tobacco / Paan Masala pouches/day

11) For Females

- a) Have you suffered from any disease of breast or genital organs? Y / N
- b) Have you been advised to have a mammogram, Biopsy/FNAC, ultrasound of the pelvis or undergone any operation for breast or uterus or any other gynaecological investigations? If yes, please state type, results, date of test done and results of test (copy to be submitted if available) Y / N
- c) Have you suffered from any complications during pregnancy such as gestational diabetes, hypertension? Y / N
- d) Are you now pregnant / If yes, how many months? Y / N

N/A

12) Family History of Life Assured

Relationship	Alive / Not Alive	Present Age / Age at Death	If alive give present state of health If not alive specify cause of death
Father	Not Alive	40	Accidental Death
Mother	Alive	63	HIN 8 years Healthy
Brother (s)	+	—	—
Sister(s)	Alive	35	Healthy

Declaration by Life Assured

I declare that to the best of my knowledge and belief, the answers contained in this form are true and complete, and that all the material facts have been disclosed.

I understand and that my right to benefit under any policy now applied for may be affected if I have not disclosed any facts which would be likely to influence assessment and acceptance of the application.

I give my consent to SBI Life Insurance Company or its agents to undertake those medical tests necessary for assessing my application for life assurance. I understand this may involve blood tests including HIV antibodies.

I authorize any physician, hospital, clinic, insurance company or other organization, institution or person, that has any records or knowledge of me or my health, to disclose to the company or its representative any and all such information as may be requested by this company. A Photostat copy of this authorization shall be as effective and valid as the original.

The Company shall not be liable for any unforeseen occurrence, act or omission, unless the company has been negligent.

Signature of Life assured: *K. S. Kaur*
(Please sign in the same style as in the proposal form)

Date: 08/12/2023

Signature of Parents (in case life assured is minor):

Place: HNR

(Thumb impression of L.A for illiterates)
(Please specify whether left hand thumb impression or right hand thumb impression)

:: 4 ::

Part II: To be completed by Medical examiner only				
A. Physical Measurement				
Height (In Cms)	Weight (In Kgs)	Chest (Inhale) In cms	Chest (Exhale) In cms	Abdomen (at naval) In cms
175	73	88	84	86
Is there any weight changed within 12 months?		Yes	No	
1. BLOOD PRESSURE (Please record 3 readings)		2. Pulse / Minute Type of irregularity		
Systolic (mm Hg)	122	120	120	
Diastolic (mm Hg)	82	80	80	
		83 mmh / Regular		

B. Systemic Examination (Please provide details if any question is answered as "YES")

1. Do you find any evidence of abnormality or surgery of,	
a) Cardiovascular system - High BP/palpitations/chest pain/raised cholesterol, heart attack or any other disorder of heart / blood vessel.	Y / N
b) Respiratory System-Asthma-Nocturnal attacks/TB etc.	Y / N
c) Digestive system (enlarged liver, spleen etc.)	Y / N
d) Nervous system and mental state, Epilepsy / Stroke/ Depression etc.	Y / N
e) Genito-urinary system-Renal stone/ Hematuria/ Prostate enlargement etc.	Y / N
f) Head, face, eyes, ears, nose, throat and mouth?	Y / N
g) Neck, thyroid or other endocrine glands?	Y / N
h) Musculoskeletal system (bone or joint disorders)/Skin disorders	Y / N
i) Is there any externally visible swelling of lymph glands, joints or other organs.	Y / N
j) Blood disorders-Anaemia/ Bleeding/ Leukemia/ Thalassemia etc.	Y / N
2. Is there any evidence of operation, If yes,	Y / N
a) Date of operation	
b) Nature & cause	
c) Location, size & condition of scar	
d) Degree of impairment	
3. Is there any evidence of injury due to accident or otherwise?	Y / N
4. Are there any other adverse features in habit or health, past or present, which you consider relevant, if so give details.	Y / N
5. Does the applicant appear medically fit on examination?	Y / N
6. Do you recommend any additional Tests or Reports? Please specify	Y / N

CERTIFICATE

I hereby certify that I have personally interviewed and examined in private, the above life to be assured, on the date and at the place mentioned below. I have recorded in my own hand the true and correct findings as above. I certify that the person examined has signed in my presence, I have made suitable enquiries from the life to be assured and I am satisfied about the person's identity.

Name of Doctor: _____
 Date: 08/12/2023 Place: Halki
 Qualification: Dr. Madusudan Kandukuri Narsimha
 Registration Number: M.B.B.S. General Physician
 Reg. No: 3497

Signature of Doctor: _____
 Dr. Madusudan Kandukuri Narsimha
 M.B.B.S. General Physician
 Stamp: _____ Reg. No: 3497

SBI Life Insurance Company Limited.

Central Processing Centre, 7th Level (D-Wing) & 8th Level, Seawoods Grand Central, Tower-2,
 Plot No. R-1, Sector-40, Seawoods, Navi Mumbai - 400706. Tel. No. 022-66456000
 CIN: 199999MH2000PLC129113

Ver 1.2: March 2022



भारत सरकार
Government of India



Issue Date: 26/04/2013



श्रीकांत कोटकोंडा
Srikanth Kotakonda
जन्म तारीख/DOB: 08/06/1985
पुरुष/ MALE

1782

VID : 9129 9832 8980 3471

माझे आधार, माझी ओळख



R.N.R DIAGNOSTICS



Laboratory Report

H.No. 2-1-994,
Naim Nagar,
Lashkar Singaram,
Hanumakonda. 506 001

A Test Quality Diagnostic

Patient Name:-SRIKANTH KOTAKONDA
Age:38 YEARS
Gender: MALE
Ref.By; Alinea Healthcare; SBI LIFE

Reg. No: 350/2023
Registered On: 08/12/2023
Bill Date: 08/12/2023

Test Name	Obtained Value	Units	BioRef. Intervals
Haemoglobin	14.5	g%	M: 13-17; F: 12-15
Total WBC Count	7,100	Cells/cumm	4000-10000
Neutrophils	69	%	40-80
Lymphocytes	19	%	20-40
Monocytes	09	%	2-10
Eosinophils	03	%	1-6
Basophils	00	%	<1-2
Others	00	%	00
RBC Count	4.9	Mill/cumm	M: 4.5-5.5 ; F: 3.8-4.8
Haematocrit (HCT)	48.6	%	M: 40-50; F: 36-46
MCV	88.5	Fl	81-101
MCH	32.5	Pg	27-32
MCHC	33.1	%	32.5-34.5
RDW-CV	12.8	%	11.6-14.0
Platelet Count	1.95	Lakhs/cumm	1.50-4.10
Remarks	Normocytic and Normochromic Blood Picture.		
ESR	22		15 or less mm in 1hr

RANDOM Blood sugar
Method: Hexokinase

109

70-140

Glycosylated Hemoglobin (GHb/HbA1c) 4.7

%

< 6 : Non Diabetic
6-7 : Good Control
7-8 : Weak Control
>8 : Poor Control

Mean Blood Glucose

109.1

mg/dL

90 - 120 : Excellent Control
121 - 150 : Good Control
151 - 180 : Average Control
181 - 210 : Action Suggested
211 :Panic Value

Method: HPLC /Capillary Electrophoresis

Hepatitis B Surface Antigen (HbsAg) : Negative

Human Immunodeficiency Virus (HIV) : Negative

Method: Elisa

Correlate Clinically..

*** End of Report ***



HOME VISIT AVAILABLE Cell : 7816051945

R.N.R DIAGNOSTICS



H.No. 2-1-994,
Naim Nagar,
Lashkar Singaram,
Hanumakonda. 506 001

Laboratory Report

A Test Quality Diagnostic

Patient Name: SRIKANTH KOTAKONDA

Reg. No: 350/2023

Age: 38 YEARS

Registered On: 08/12/2023

Gender: MALE

Bill Date: 08/12/2023

Ref. By: Alinea Healthcare; SBI LIFE

CLINICAL BIOCHEMISTRY

Test Name	Obtained Val	Units	Bio. Ref. Intervals
-----------	--------------	-------	---------------------

KIDNEY FUNCTION TEST

Creatinine	0.58	mg/dl	M: 0.70-1.40 F: 0.55-1.30
UREA(BUN)	24.5	mg/dL	10-50
URIC ACID	4.9	Mg/dl	3.5-7.2

Liver Function Test (LFT)

Bilirubin Total	0.78	mg/dL	0.2-1.20
Bilirubin Direct	0.14	mg/dL	0 - 0.20
Bilirubin Indirect	0.64	mg/dL	0.2 - 1.0
Alkaline Phosphatase (ALP)	121	U/L	50-136
Aspartate Aminotransferase (SGOT)	20	U/L	15-37
Alanine Transaminase (ALT/SGPT)	28	U/L	16-63
Gamma Glutamyl Transferase (GGT)	33	U/L	5 - 55
Protein Total	7.4	g/dL	6.4 - 8.2
Albumin	4.8	g/dL	2.9-4.5
Globulin	2.6	g/dl	2.5 - 3.8
Albumin / Globulin Ratio	1.8		1.0 - 2.1

Lipid Profile

Cholesterol Total	161	mg/dL	<200: Normal
Cholesterol HDL	40	mg/dl	40 -60
Cholesterol-LDL	98	mg/dL	70 -180
Cholesterol VLDL	23	mg/dL	7-40
Triglycerides	119	mg/dL	0 -150
Cholesterol Total/Cholesterol HDL Ratio	4.0		0 - 5.0
Cholesterol LDL/Cholesterol HDL	2.4		0-3.5

*** End of Report ***



HOME VISIT AVAILABLE Cell : 7816051945



R.N.R DIAGNOSTICS



Laboratory Report

H.No. 2-1-994,
Naim Nagar,
Lashkar Singaram,
Hanumakonda. 506 001

A Test Quality Diagnostic

Patient Name:-SRIKANTH KOTAKONDA
Age:38 YEARS
Gender: MALE
Ref.By; Alinea Healthcare; SBI LIFE

Reg. No: 350/2023
Registered On: 08/12/2023
Bill Date: 08/12/2023

Complete Urine Analysis (CUE)			
Test Name	Obtained Value	Units	Bio. Ref. Intervals
PHYSICAL EXAMINATION			
Colour	Palle Yellow	-	CLEAR
Appearance	Clear	-	Clear
CHEMICAL EXAMINATION			
Glucose	NEGATIVE	-	NEGATIVE
Protein	Negative	-	Negative
Bilirubin (Bile)	Negative	-	Negative
Ketone Bodies	Negative	-	Negative
Specific gravity	1.020	-	1.001 – 1.035
Blood	Negative	-	Negative
Reaction (pH)	6.2	-	4.6 - 8.0
Nitrites	Negative	-	Negative
Leukocyte Esterase	Negative	-	Negative
MICROSCOPIC EXAMINATION			
PUS(WBC) Cells	02-03	-	00-05/HPF
Red Blood Cells	Nil	-	
U.Epithelial Cells	01-02	-	00-05/HPF
Casts	Nil	-	Occasional Hyaline cast
Crystals	Nil	-	Absent
Others		-	

Method: Reagent strip reflectance and microscopy

COTININE TEST	NEGATIVE	<200 ng /ml
SAMPLE: - URINE		
METHOD: - Qualitative Immune chromatographic Assay or Rapid self-controlled immune Essay based on the Principle of competitive binding		

Correlate Clinically.

*** End of Report ***



HOME VISIT AVAILABLE Cell : 7816051945