

PART A
Welcome to Max Life Insurance

Date 13-Apr-2018
To MR. VEERA VENKATA JANARDHAN MADEM
EMPIRE MEADOWS C1-409
DOFADILLS, AMEENPUR
NEAR SRI CHAITANYA COLLEGE, HYDERABAD
HYDERABAD
MEDAK 502032
TELANGANA
Branch: BY710
Policy no.: 521752741
Telephone: 8179653520

| IMPORTANT | |
|--|---------------------|
| Premium Payment Term (in years) | 12 |
| Total Premium Payable (Inclusive of GST and Rider premium) | 76,687.53 Annual |
| Policy Maturity Date | 07-Apr-2040 |
| Guaranteed Monthly Income | 9,205.00 |

Welcome Dear MR. VEERA VENKATA JANARDHAN MADEM,
Thank you for opting for **Max Life Monthly Income Advantage Plan** (Non-Linked Participating Savings Insurance Plan). We request you to go through the enclosed Policy contract.

What to do in case of errors On examination of the Policy, if you notice any mistake or error, proceed as follows:
1. Contact our customer helpdesk or your agent immediately at the details mentioned below.
2. Return the Policy to us for rectifying the same.

Cancelling the Policy In case you are not completely satisfied with the Policy, you have the option to cancel it by returning the original copy with a written request, stating the objections/reasons for such disagreement, to us within free look period of fifteen (15) days, or thirty (30) days (for policies sourced through distance marketing modes) from the date of receiving the Policy document.
Result: Upon return, the Policy will terminate forthwith and all rights, benefits and interests under the Policy will cease immediately. We will refund only the Premiums received by us after deducting the proportionate risk Premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Life Insured, if any.

Long term protection We are committed to giving you honest advice and offering you long-term savings, protection and retirement solutions backed by the highest standards of customer service. We will be delighted to offer you any assistance or clarification you may require about your Policy or claim-related services at the address mentioned below. We look forward to being your partner for life.
Yours Sincerely,
Max Life Insurance Company Limited



Indeevar Krishna
Executive Vice President & Head - Operations & Customer Service

NB13
Max Life Insurance Company Limited
Plot No. 90A, Sector 18, Gurugram, 122015, Haryana, India
Phone 4219090 Fax 4159397 (From Delhi and Other cities: 0124) Customer Helpline: 1800 180 1299
Regd. Office: 419, Bhai Mohan Singh Nagar, Railmagra, Tehsil Balachaur, District Nawanshahr, Punjab -144 533
Visit Us at: www.maxlifeinsurance.com E-mail: service.helpdesk@maxlifeinsurance.com
IRDAI Registration No: 104 Corporate Identity Number: U74899PB2000PLC045626 .

Key Feature Document for Max Life Monthly Income Advantage Plan

Introduction

This document is the summary of important points in your policy. You must read this to understand your policy better.

Your policy details

The table below gives an overview of the details of this policy:

| | | | |
|---|-----------------------------------|---|-----------------------|
| Policyholder/ Life Insured Name: | MR. VEERA VENKATA JANARDHAN MADEM | Policy No.: (please use this for any communication with us) | 521752741 |
| Date of Commencement: (date when the policy starts) | 07-APR-18 | Premium Payment Date: | 7th of Apr Every Year |
| ECS Draw Date: | 08th of Apr Every Year | Policy Term: (period of coverage- in years) | 22 |
| Premium Payment Term: (period for which premium is to be paid- in years) | 12 | Maturity Date: | 07-Apr-2040 |
| Premium Amount : (applicable taxes extra) | ₹ 75,000.03 | Premium Payment Mode: | Annual |
| Sum Assured: | ₹11,04,566.00 | Death Benefit: (minimum amount payable on the death of the life insured) | ₹11,04,566.00 |
| Monthly Income Benefit: | ₹ 9,205.00 | | |

Policy Benefits

If the life insured lives

If the life insured lives, and we have received all the premiums due, we will pay you the following:

- a monthly income benefit of 1/12th of 10% of the sum assured for 10 consecutive years at each monthly anniversary, as follows:

| If the premium payment term for your policy is... | Then the monthly income payout will start from the beginning of... |
|---|--|
| 12 years | the 13 th year |
| 15 years | the 16 th year |

- additionally on the maturity date i.e. on the expiry of 10 years from the end of premium payment term, we will pay:
 - accrued compound reversionary bonus, if any,
 - terminal bonus, if any.

Note:

Accrued compound reversionary bonus is the compounded sum total of all reversionary bonus that may be declared every year after completion of the second policy year. It is guaranteed, once declared.

Terminal bonus is an additional bonus paid only once on any of the events that happen earlier: death, surrender or maturity.. It accrues only if the policy has been in force for at least 5 complete years.

If the life insured expires

If the life insured expires during the policy term and we have received all the premiums due, we will:

- pay the death benefit which will be highest of the following:
 - 11 times the total premium paid in a year
 - 105% of all the premiums we have received till the date of death of the life insured
 - sum assured
- waive off all the future premiums and continue with the policy as is.
- the monthly income and maturity benefits (including accrued compound reversionary bonus, if any & terminal bonus, if any) will be paid to the beneficiary as and when due.

Continued on next page

A. Managing Your Policy – Frequently asked questions

What you need to do

You need to

- pay premiums on time for the entire premium payment term. There are various easy and convenient payment options for you to choose from. To know more about payment options log on to www.maxlifeinsurance.com.
- read the details of the policy document, including the proposal form, to ensure the accuracy of information. For any error you observe, contact us for correction.

How can you manage your policy?

Register your policy at www.maxlifeinsurance.com to get easy access to the following self-service options:

- Access policy statements, receipts and premium due information.
- Update your contact details.
- Change the premium payment mode to any of these - annual, semi-annual, quarterly or monthly modes.
- Pay renewal premiums online.

Note: For any support you can reach us at 1800 180 1299 or service.helpdesk@maxlifeinsurance.com

What happens if you delay your premium payment?

To ensure continuous life insurance cover, please pay your premium on time.

If for any reason, you are unable to pay by the due date, you have a grace period within which you can pay without any late fee or interest.

Note: During the grace period, the insurance cover continues. If the life insured dies during this period, we will pay the death benefit after deducting the unpaid due premium, if any.

If you are unable to pay the premium by the end of grace period

| Where your policy has... | Then your... |
|--------------------------------|--|
| not acquired a surrender value | policy shall lapse and no benefit will be payable. |
| acquired a surrender value | policy will be in reduced paid up mode. Note: The insurance cover will be reduced proportionately in the ratio of the premiums received to the total premiums payable. |

How can you revive your policy?

You may revive your policy within two years from the due date of the first unpaid premium, once you

- pay all due premiums, and
- produce evidence of insurability of the life insured.

However, if a reduced paid up policy is not revived within two years, then it will continue to be under reduced paid up mode.

Do you have an option to cancel the policy?

If your policy does not meet your objective, you may contact us to understand the policy benefits. If you still feel the need to cancel your policy, you have an option to cancel it within the free look period of fifteen days (thirty days if the policy is sourced through Distance Marketing mode) from the day you receive the policy documents.

Increasing the policy cover

You can buy any of the applicable rider(s) (add-on benefit that you buy with your policy to increase coverage), at a nominal increase in the premium, and enhance your policy cover as per your needs.

B. Taxes and Others - Frequently asked questions

Tax benefits

Premium under the policy are tax deductible subject to fulfilling conditions prescribed under the Section 80C/80CCC/80D of Income Tax Act 1961. The benefits you receive in the policy will be exempt, subject to fulfilling conditions prescribed under the Section 10(10D) else it will be subject to TDS as per applicable rate. Please note that tax benefits are as per prevailing provisions of Income Tax Act 1961 at the time of payment of premium or receipt of benefits by you. Consult your tax advisor for further details.

Continued on next page

B. Taxes and Others - Frequently asked questions, Continued

Are there any exclusions under the policy?

All risks and benefits under this policy shall cease and no benefits will be payable under this policy, in the event of death of the life insured due to suicide within twelve months from the date of start of the policy or the date of revival of your policy. In such an event:

| If your policy has... | Then we pay... |
|--------------------------------|---|
| not acquired a surrender value | total premiums received. |
| acquired a surrender value | the higher of the surrender value or total premiums received. |

Disclaimers

Please read the following carefully:

- The actual returns of the policy may be different from what is shown in the benefit illustration, enclosed in the policy document as:
 - the benefit illustration represents the guaranteed benefits, and
 - the non-guaranteed benefits are shown at investment returns of 4% and 8% p.a.
- Bonuses are not guaranteed and they depend on many factors including our investments, claims, costs, and customer retention.
- The aim of this document is to summarize the key features of your policy and does not replace the policy, in any way. In case of any discrepancy between the policy contract and this document, the terms and conditions of the policy contract shall prevail.

"If this Key Feature Document has been issued in any language in addition to English, the English version shall prevail in case of any inconsistency between the two languages."



మ్యాక్స్ లైఫ్ మంత్రి ఇన్ కం అడ్వాంటేజ్ ప్లాన్ ముఖ్యమైన ప్రత్యేకతల పత్రం

పరిచయం

ఈ పత్రం మీ పాలీసీలో ముఖ్యమైన అంశాల సంగ్రహం. మీ పాలీసీని మెరుగ్గా అర్థం చేసుకోవటానికి మీరు దీన్ని చదవాలి.

మీ పాలీసీ వివరాలు

ఈ క్రింది పట్టిక ఈ పాలీసీ గురించి క్లుప్తంగా వివరాలిని అందిస్తుంది:

| | | | |
|---|-----------------------------------|--|-----------------------|
| పాలీసీదారు/లైఫ్ ఇన్సూరర్ పేరు: | MR. VEERA VENKATA JANARDHAN MADEM | పాలీసీ నం. : (మాతో సంప్రదింపులు చేయటానికి దయచేసి దీన్ని ఉపయోగించండి) | 521752741 |
| ప్రారంభమైన తేదీ (పాలీసీ అరంభమైన తేదీ): | 07-APR-18 | ప్రీమియం చెల్లింపు తేదీ: | 7th of Apr Every Year |
| ఈసీఎస్ డా తేదీ: | 08th of Apr Every Year | పాలీసీ వ్యవధి: (కవరేజ్ సమయం - సంవత్సరాల్లో) | 22 |
| ప్రీమియం చెల్లింపు వ్యవధి: (చెల్లించాల్సిన ప్రీమియం కోసం సమయం - సంవత్సరాల్లో) | 12 | మెచ్యూరిటీ తేదీ: | 07-Apr-2040 |
| ప్రీమియం సొమ్ము: (వర్తించే పన్నులు అదనం) | ₹ 75,000.03 | ప్రీమియం చెల్లింపు విధానం: | Annual |
| సమ అమ్మూర్ట్: | ₹ 11,04,566.00 | డెత్ బెనిఫిట్: (లైఫ్ ఇన్సూరర్ మరణించినప్పుడు చెల్లించాల్సిన కనీస మొత్తం) | ₹ 11,04,566.00 |
| నెలవారీ ఆదాయపు ప్రయోజనం: | ₹ 9,205.00 | | |

పాలీసీ ప్రయోజనాలు

లైఫ్ ఇన్సూరర్ జీవించి ఉంటే

లైఫ్ ఇన్సూరర్ జీవించి ఉంటే, బకాయిపడిన అన్ని ప్రీమియాల్ని మేము అందుకొని ఉంటే, మేము మీకు ఈ క్రిందివి చెల్లిస్తాం:

- సమ అమ్మూర్ట్ 10 శాతం యొక్క 1/12వ వంతు నెలవారీ ఆదాయాన్ని ప్రతీ నెలవారీ వార్షికానికి 10 సంవత్సరాలు వరుసగా ఇవ్వబడుతుంది, అది ఈ విధంగా ఉంది:

| | |
|--|--|
| మీ పాలీసీ ప్రీమియం చెల్లింపు వ్యవధి... | నెలవారీ ఆదాయం చెల్లింపు..... నుంచి ప్రారంభమవుతుంది |
| 12 సంవత్సరాలు | 13వ సంవత్సరం |
| 15 సంవత్సరాలు అయితే | 16వ సంవత్సరం |

- అదనంగా మెచ్యూరిటీ తేదీపై, అనగా, ప్రీమియం చెల్లింపు వ్యవధి చివరి నుంచి 10 సంవత్సరాలు ముగిసిన తర్వాత మేము మీకు ఇలా చెల్లిస్తాం:
 - పోగైన కాంపౌండ్ రివర్సరీ బోనస్, ఏదైనా ఉంటే, మరియు
 - టెర్మినల్ బోనస్, ఏదైనా ఉంటే.

గమనిక:

పోగైన కాంపౌండ్ రివర్సరీ బోనస్ అన్ని రివర్సరీ బోనస్ల మొత్తం కాంపౌండ్డ్ మొత్తం. రెండవ పాలీసీ సంవత్సరం పూర్తయిన తర్వాత అది ప్రతీ ఏడాది ప్రకటించబడవచ్చు. ఒక సారి ప్రకటించిన తర్వాత అది గ్యారంటీ అవుతుంది.

టెర్మినల్ బోనస్ అనగా గతంలో జరిగిన ఏదైనా సంఘటనల వల్ల కేవలం ఒకసారి మాత్రమే చెల్లించబడే అదనపు బోనస్: డెత్, సరెండర్ లేదా మెచ్యూరిటీ, కనీసం 5 పూర్తి సంవత్సరాలు ఒక పాలీసీ అమల్లో ఉంటే అది పోగవుతుంది.

లైఫ్ ఇన్సూరర్ మరణించినట్లైతే

పాలీసీ వ్యవధి సమయంలో లైఫ్ ఇన్సూరర్ మరణించినట్లైతే మరియు బకాయిపడిన అన్ని ప్రీమియాలు మేము అందుకుంటే, మేము:

- ఈ క్రింది వాటి కంటే ఎక్కువగా ఉండే డెత్ బెనిఫిట్ని చెల్లిస్తాం:
 - ఒక సంవత్సరంలో మొత్తం ప్రీమియానికి 11 రెట్లు
 - లైఫ్ ఇన్సూరర్ మరణించే తేదీ వరకు మేము అందుకున్న అన్ని ప్రీమియాల యొక్క 105 శాతం
 - సమ అమ్మూర్ట్
- అన్ని భవిష్య ప్రీమియాలు రద్దు అవుతాయి మరియు పాలీసీ యథాతథంగా కొనసాగుతుంది.
- నెలవారీ ఆదాయం మరియు మెచ్యూరిటీ బెనిఫిట్స్ (పోగైన కాంపౌండ్ రివర్సరీ బోనస్తో సహా ఏదైనా ఉంటే మరియు టెర్మినల్ బోనస్ ఏదైనా ఉంటే) బకాయిపడినప్పుడు బెనిఫిషియరీకి చెల్లించబడతాయి.

A. మీ పాలీసీ నిర్వహణ - ఫ్రీ క్వెస్ట్టి అన్స్వర్డ్ క్వెస్చన్స్

మీరు చేయాల్సింది

మీరు చేయాల్సింది:

- పూర్తి ప్రీమియం చెల్లింపు వ్యవధి కోసం సరైన సమయానికి ప్రీమియాలు చెల్లించాలి. మీరు ఎంచుకోవటానికి వివిధ సులభమైన మరియు సౌకర్యవంతమైన చెల్లింపు ప్రత్యామ్నాయాలు. చెల్లింపు ప్రత్యామ్నాయాల గురించి మీరు మరింత తెలుసుకోవటానికి www.maxlifeinsurance.com కి లాగ్ అన్ అవండి.
- సమాచారం కచ్చితంగా ఉండాలిని హామీ కోసం ప్రతిపాదన పత్రంతో సహా, పాలీసీ డాక్యుమెంట్ వివరాలు చదవండి. మీరు ఏదైనా తప్పుని గమనిస్తే, సరి చేయటానికి మమ్మల్ని సంప్రదించండి.

కొమార్కపు తరువాతి పేజీ

A. మీ పాలసీ నిర్వహణ - ఫ్రీక్వెంట్లీ ఆన్కాడ్ క్వెస్చన్స్, కొనసాగుతోంది

మీ పాలసీని మీరు ఎలా నిర్వహిస్తారు?

ఈ క్రింది సెల్స్-సర్వీస్ ప్రత్యామ్నాయాలన్ని సులభంగా పొందటానికి మీ పాలసీని www.maxlifeinsurance.com వద్ద రిజిస్టర్ చేసుకోండి.

- పాలసీ స్టేట్మెంట్స్, రసీదులు మరియు బకాయిపడిన ప్రీమియాల సమాచారం అందుబాటులో ఉంటుంది.
- ముమ్మల్ని సంప్రదించే వివరాలు నవీకరించవచ్చు.
- ఈ వార్షిక, ఆరు నెలలకు, మూడు నెలలకు లేదా నెలకు చెల్లించే ప్రీమియం చెల్లింపు విధానం మార్పుదల.
- ఆన్లైన్లో ప్రీమియాల నవీకరణల చెల్లింపు.

గమనిక: ఏదైనా మద్దతు లేదా క్లెయిమ్ సంబంధించిన సమాచారం కోసం మీరు ముమ్మల్ని 1800 180 1299 వద్ద లేదా service.helpdesk@maxlifeinsurance.com సంప్రదించవచ్చు.

మీరు మీ ప్రీమియం చెల్లింపుని అలస్యం చేస్తే ఏమి జరుగుతుంది?

జీవిత బీమా కవర్ కొనసాగటానికి, దయచేసి మీ ప్రీమియాన్ని సరైన సమయానికి చెల్లించండి.

ఏదైనా కారణం వల్ల, బకాయిపడిన తేదీ నాటికి మీరు చెల్లించలేకపోతే, మీరు లభించే అనుగ్రహ సమయం లోగా మీరు ఎటువంటి అలస్యపు రుసం లేదా వడ్డీ లేకుండా చెల్లించవచ్చు.

గమనిక: అనుగ్రహ సమయం లోగా, బీమా కవర్ కొనసాగుతుంది. ఈ సమయంలో లైఫ్ ఇన్సూరెడ్ మరణించినట్లైతే, ఏదైనా చెల్లించని ప్రీమియాలు ఉంటే, వాటిని మినహాయించి డెత్ బెనిఫిట్ చెల్లిస్తాం.

అనుగ్రహ సమయంలోగా మీరు ప్రీమియాన్ని చెల్లించలేకపోతే

| మీ పాలసీ... | అప్పుడు మీ... |
|-------------------------------|---|
| సరెండర్ విలువని సంపాదించకపోతే | పాలసీ రద్దు అవుతుంది మరియు ఎటువంటి ప్రయోజనం చెల్లించబడదు. |
| సరెండర్ విలువని సంపాదిస్తే | పాలసీ రెడ్యూస్డ్ పెయిడ్ ఆఫ్ విధానంలో ఉంటుంది. గమనిక: చెల్లించాల్సిన మొత్తం ప్రీమియాలకి అందుకున్న ప్రీమియాల నిష్పత్తిలో బీమా కవర్ నెష్యుత్తికంగా తగ్గించబడుతుంది. |

మీరు మీ పాలసీని ఎలా పునరుద్ధరిస్తారు?

చెల్లించని మొదటి ప్రీమియం బకాయిపడిన తేదీ నుంచి రెండేళ్ల లోగా మీరు మీ పాలసీని పునరుద్ధరించవచ్చు. ఒకసారి మీరు

- బకాయిపడిన అన్ని ప్రీమియాల్ని చెల్లించిన తర్వాత మరియు
- లైఫ్ ఇన్సూరెడ్ ఇన్సూరబిలిటీ నిరూపణని అందచేసిన తర్వాత

అయితే, రెడ్యూస్డ్ పెయిడ్ ఆఫ్ పాలసీ రెండేళ్ల లోగా పునరుద్ధరించబడకపోతే, అది రెడ్యూస్డ్ పెయిడ్ ఆఫ్ విధానంలోనే కొనసాగుతుంది.

మీకు పాలసీని రద్దు చేసే ప్రత్యామ్నాయం ఉందా?

మీ పాలసీ మీ లక్ష్యాన్ని నెరవేర్చకపోతే, పాలసీ ప్రయోజనాల్ని అర్థం చేసుకోవటానికి మీరు ముమ్మల్ని సంప్రదించవచ్చు. మీ పాలసీని రద్దు చేసుకోవాలని మీరు ఇష్టపడితే భావిస్తే, మీరు పాలసీ డాక్యుమెంట్లని అందుకున్న రోజు నుంచి పదిహేను రోజుల (పాలసీ డిస్కెస్స్ మార్కెటింగ్ మోడ్ ద్వారా పొందిన యెడల 30 రోజులు) ఫ్రీ లుక్ సమయం లోగా మీరు పాలసీని రద్దు చేసుకునే అవకాశం ఉంటుంది.

పాలసీ కవర్ పెరుగుదల

ఏదైనా వర్తించే రైడర్(లుని) (కవరేజీని పెంచటానికి మీ పాలసీతో మీరు కొనే ఆడ్-ఆన్ బెనిఫిట్) ప్రీమియంలో నామమాత్రపు పెరుగుదలతో మీరు కొనవచ్చు. మరియు మీరు మీ అవసరాల ప్రకారం మీ పాలసీ కవర్ ని పెంచవచ్చు.

B. పన్నులు మరియు ఇతర విషయాలు - ఫ్రీక్వెంట్లీ ఆన్కాడ్ క్వెస్చన్స్

పన్ను ప్రయోజనాలు

ఆదాయపన్ను చట్టం 1961లోని సెక్షన్ 80C/80CCC/80Dకింద సూచించిన నిబంధనలను నెరవేర్చడానికి లోబడి పాలసీకింద చెల్లించే ప్రీమియంకు పన్ను మినహాయం ఉంటుంది. పాలసీలో మీరు అందుకునే లాభాలకు సెక్షన్ 10(10D) కింద సూచించిన నిబంధనలను నెరవేర్చడానికి లోబడి మినహాయం ఉంటుంది, లేని యెడల ఆమలులో ఉన్న రేటు ప్రకారం TDS వర్తింపుకు లోబడి ఉంటుంది. దయచేసి మీరు అందుకునే లాభాలు లేదా ప్రీమియం చెల్లింపు సమయంలో ఆదాయపన్ను చట్టం 1961లోని నెలకొని ఉన్న ప్రతిపాదనల ప్రకారం పన్ను లాభాలు ఉంటాయి.

పాలసీ క్రింద ఏదైనా మినహాయం ఉన్నాయా?

పాలసీ ప్రారంభమైన లేదా మీ పాలసీ పునరుద్ధరించబడిన తేదీ నుంచి పన్నెండు నెలల లోగా లైఫ్ ఇన్సూరెడ్ ఆత్మహత్య చేసుకుంటే ఈ పాలసీ క్రింద అన్ని రిస్క్స్ ఆగిపోతాయి మరియు ఎటువంటి ప్రయోజనాలు చెల్లించబడవు. అటువంటి పరిస్థితిలో:

| మీ పాలసీ... | అప్పుడు మేము చెల్లిస్తాం.. |
|-------------------------------|---|
| సరెండర్ విలువని సంపాదించకపోతే | అందుకున్న మొత్తం ప్రీమియాలు. |
| సరెండర్ విలువని సంపాదిస్తే | సరెండర్ విలువ కంటే అధికంగా లేదా అందుకున్న మొత్తం ప్రీమియాల కంటే ఎక్కువగా. |

బాధ్యతలేదని ప్రకటించు

ఈ క్రింది అంశాల్ని దయచేసి జాగ్రత్తగా చదవండి:

- పాలసీ అసలు రిటర్న్స్ పాలసీలో జత చేసిన బెనిఫిట్ ఉదాహరణలో చూపించిన వాటి కంటే వేరుగా ఉండవచ్చు. అవి ఈ విధంగా ఉన్నాయి:
 - బెనిఫిట్ ఉదాహరణ గ్యారంటీడ్ బెనిఫిట్స్కి ప్రాతినిధ్యం వహిస్తుంది, మరియు
 - నాన్-గ్యారంటీడ్ రిటర్న్స్ పెట్టుబడి రిటర్న్స్గా ప్రతీ ఏడాది 4 శాతం మరియు 8 శాతం చొప్పున చూపించబడతాయి.
- బోనస్లు గ్యారంటీడ్ కావు మరియు అవి మా పెట్టుబడులు, కైలు, ఖర్చులు, మరియు వినియోగదారుల్ని నిలుపుకోగలగటం వంటి ఎన్నో అంశాలపై అవి ఆధారపడి ఉన్నాయి.
- ఎ ముఖ్యమైన ప్రత్యేకతల్ని సంగ్రహించటం మరియు ఏ విధంగానూ మీ పాలసీని మార్చకపోవటమే ఈ డాక్యుమెంట్ లక్ష్యం. పాలసీ కాంట్రాక్ట్ మరియు ఈ డాక్యుమెంట్ మధ్య ఏదైనా తేడాలు ఉంటే, పాలసీ కాంట్రాక్ట్ నియమ, నిబంధనలు వర్తిస్తాయి.



POLICY PREAMBLE

MAX LIFE INSURANCE COMPANY LIMITED

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144533

Max Life Monthly Income Advantage Plan

A Non-Linked Participating Savings Insurance Plan

UIN [104N091V02]

Max Life Insurance Company Limited has entered into this contract of insurance on the basis of the information given in the Proposal Form together with the Premium deposit, statements, reports or other documents and declarations received from or on behalf of the proposer for effecting a life insurance contract on the life of the person named in the Schedule.

We agree to pay the benefits under the Policy on the happening of the insured event, while the Policy is in force subject to the terms and conditions stated herein.

Max Life Insurance Company Limited

Place of Issuance: Gurugram, Haryana



POLICY SCHEDULE**Policy** - Max Life Monthly Income Advantage Plan**Type of Policy** - A Non-Linked Participating Savings Insurance Plan**UIN** - 104N091V02**Office** - Yes Bank Visakhapatnam - MVP Colony

| Policy No./ Proposal No.: 521752741 Date of Proposal: 09-Apr-2018 | | Client ID: 5010246314 | | | | | | | | | | | | |
|--|---|---|---|---------------------------|------|---------|---------------------|--------|-------------|----|-----|---|--|--|
| Policyholder/Proposer : MR. VEERA VENKATA JANARDHAN MADEM PAN: AQUPI2826P Identification Source & I.D No.: Relationship with Life Insured: Same Person Date of Birth: 07-Mar-1988 Address(For all communication purposes): EMPIRE MEADOWS C1-409 DOFADILLS,AMEENPUR NEAR SRI CHAITANYA COLLEGE,HYDERABAD HYDERABAD MEDAK 502032 TELANGANA | | Age Admitted: Yes Gender: Male Tel No./Mobile No.: / 8179653520 Email: MADEMVV@GMAIL.COM | | | | | | | | | | | | |
| Life Insured: MR. VEERA VENKATA JANARDHAN MADEM Identification Source & ID No.: Date of Birth: 07-Mar-1988 Age: 30 Address: EMPIRE MEADOWS C1-409 DOFADILLS,AMEENPUR NEAR SRI CHAITANYA COLLEGE,HYDERABAD HYDERABAD MEDAK 502032 TELANGANA | | Age Admitted: Yes Gender: Male | | | | | | | | | | | | |
| Nominee(s): <table border="1"><thead><tr><th>Nominee (s)Name</th><th>Relationship of Nominee(s) with Policyholder:</th><th>Date of Birth: Of Nominee</th><th>Age:</th><th>% share</th></tr></thead><tbody><tr><td>MRS. SARIKA SESETTI</td><td>Spouse</td><td>03-Mar-1990</td><td>28</td><td>100</td></tr></tbody></table> | | Nominee (s)Name | Relationship of Nominee(s) with Policyholder: | Date of Birth: Of Nominee | Age: | % share | MRS. SARIKA SESETTI | Spouse | 03-Mar-1990 | 28 | 100 | Guardian (if Nominee is minor) : | | |
| Nominee (s)Name | Relationship of Nominee(s) with Policyholder: | Date of Birth: Of Nominee | Age: | % share | | | | | | | | | | |
| MRS. SARIKA SESETTI | Spouse | 03-Mar-1990 | 28 | 100 | | | | | | | | | | |
| Date of Commencement of Risk: 07-APR-18 Date of payment of first survival benefit: 07-May-2030 (Subsequent survival benefit, if any, shall be as per policy terms) | | Premium Payment mode: Annual | | | | | | | | | | | | |
| Premium Payment Method: ECS | | Bill Draw Date: 08TH Bank Name: Bank Account Number: 00000030183979310 | | | | | | | | | | | | |
| Agent's name/Intermediary name: L SUDHAKAR Email: l.sudhakar@yesbank.in Address: Ground Floor & First floor, AG Avenue, D. No.47-10-15,, 2nd Lane, Dwarkanagar,, Vishakhapatnam 530016 | | Agent's code / Intermediary code: 655004 Intermediary License No.: SP0125179451 Mobile / Landline Telephone Number: 9885857724, | | | | | | | | | | | | |
| Details of Sales Personnel (for direct sales only): N/A | | | | | | | | | | | | | | |

| List of Coverage | Maturity Date | Insured Event | Sum Assured (INR) | Monthly Income Benefit payable for 10 consecutive years after completion of Premium Payment Term (INR) | Policy Term | Premium Payment Term | Premium Payment Mode | Annual Premium A (INR) | Extra Premium B (INR) | Annualised Premium C=(A+B) (INR) | GST** and any other taxes, cesses & levies D (INR) | Modal Factor E | Premium along with taxes payable as per premium payment mode selected F [(C+D)*E] (INR) | Due Date When Premium is Payable/ When the Last Premium is Payable |
|--|---------------|-----------------------|-------------------|--|-------------|----------------------|----------------------|------------------------|-----------------------|----------------------------------|--|----------------|---|--|
| BASE POLICY | | | | | | | | | | | | | | |
| Max Life Monthly Income Advantage Plan | 07-APR-40 | Death of Life Insured | 11,04,566.00 | 9,205.00 | 22 | 12 | Annual | 75,000.03 | NA | 75,000.03 | 1,687.50 | 1.00 | 76,687.53 | 7th of Apr Every Year: 07-Apr-2029 |

**GST includes IGST, SGST, CGST, UGST (whichever is applicable) and applicable cesses

MAX
LIFE
INSURANCE

PART B

DEFINITIONS

The words and phrases listed below will have the meaning attributed to them wherever they appear in the Policy unless the context otherwise requires.

1. **"Act"** means the Insurance Act, 1938, as amended from time to time;
2. **"Actuarial Valuation Surplus"** means the surplus arising in the Participating life policyholders' fund, established by Us for Participating life insurance policies and calculated by the Appointed Actuary in accordance with the standards or guidance issued by the Institute of Actuaries of India and the Insurance Regulatory and Development Authority (Distribution of Surplus) Regulations, 2002, as amended from time to time;
3. **"Age"** means Life Insured's age on last birthday as on the Date of Commencement of Risk or on the previous Policy Anniversary, as the case may be;
4. **"Annual Premium"** means an amount specified in the Schedule, which is payable under annual Premium payment mode, excluding Extra Premium, if any and excluding applicable taxes, cesses and levies, if any;
5. **"Annualised Premium"** means the sum total of Annual Premium and Extra Premium, if any, as specified in the Schedule;
6. **"Claimant"** means You (in case of maturity), Nominee(s) (if valid nomination is effected), assignee(s) or their heirs, legal representatives or holders of a succession certificates in case Nominee(s) or assignee(s) is/are not alive at the time of claim;
7. **"Date of Commencement of Risk"** means the date as specified in the Schedule, on which the insurance coverage/risk under the Policy commences;
8. **"Death Benefit"** means an amount which will be highest of the following:
 - i. 11 (Eleven) times the Annualised Premium;
 - ii. 105% (One Hundred Five percent) of all the Premiums received from You till the date of death of the Life Insured;
 - iii. Guaranteed Sum Assured payable on Maturity Date; or
 - iv. Sum Assured.
9. **"Extra Premium"** means an additional amount mentioned in the Schedule and charged by Us, as per Our Underwriting policy, which is determined on the basis of disclosures made by You in the Proposal Form or any other information received by Us including medical examination report of the Life Insured;
10. **"Force Majeure Event"** means an event by which performance of any of Our obligations are prevented or hindered as a consequence of any act of God, State, strike, lock-out, legislation or restriction by any government or other authority or any circumstance beyond Our control;
11. **"Free Look"** means a period of 15 days (30 days if the Policy is sourced through distance marketing modes) from the date of receipt of the Policy, to review the terms and conditions of the Policy, where if You disagree to any of those terms and conditions, You have the option to return the Policy stating the reasons for objection. Upon return, the Policy will terminate forthwith and all rights, benefits and interests under the Policy will cease immediately. You shall be entitled to a refund of the Premium received by Us after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred by Us on medical examination, if any;
12. **"Grace Period"** means a period of 15 (Fifteen) days from the due date of the unpaid Premium under monthly Premium payment mode and 30 (Thirty) days from the due date of unpaid Premium for all other Premium payment modes;
13. **"Guaranteed Sum Assured payable on Maturity Date"** means 'zero' or 'nil' benefit payable under this Policy as all the guaranteed benefits are paid in form of regular monthly income after completion of Premium Payment Term;
14. **"Guaranteed Surrender Value"** means the minimum surrender value computed in accordance with Clause 1 of Part D, which is guaranteed by Us;
15. **"IRDAI"** means the Insurance Regulatory and Development Authority of India;
16. **"Lapsed Policy"** means a Policy which has not acquired the Surrender Value and where the due Premium has not been received till the expiry of the Grace Period;
17. **"Life Insured"** means the person named in the Schedule, who is also the policyholder, on whose life the Policy is effected;
18. **"Maturity Date"** means the date specified in the Schedule, on which the Policy Term expires;
19. **"Modal Factor"** means the applicable factor specified in the Schedule, which is used by Us for determining the Premium. The Modal Factors for this Policy are as follows: i) for annual Premium payment mode - (1); ii) for semi-annual Premium payment mode - (0.520); iii) for quarterly Premium payment mode - (0.265); iv) for monthly Premium payment mode - (0.090);
20. **"Nominee"** means a person nominated by You in accordance with Clause 7 of Part F, to receive the benefits under the Policy and whose name is mentioned in the Schedule;
21. **"Participating"** means participating in the Actuarial Valuation Surplus of the participating life policyholders' fund;
22. **"Policy"** means the contract of insurance entered into between You and Us as evidenced by this document, the Proposal Form, the Schedule and any additional information/document(s) provided to Us in respect of the Proposal Form along with any written instructions from You subject to Our acceptance of the same and any endorsement issued by Us;
23. **"Policy Anniversary"** means the annual anniversary of the Date of Commencement of Risk;
24. **"Policy Term"** means the term of this Policy as specified in the Schedule;
25. **"Policy Year"** means a period of 12 (Twelve) months commencing from the Date of Commencement of Risk and every Policy Anniversary thereafter;
26. **"Premium"** means an amount specified in the Schedule, payable by You, by the due dates to secure the benefits under the Policy, excluding applicable taxes, cesses and levies, if any;
27. **"Premium Payment Term"** means the term specified in the Schedule, during which the Premiums are payable by You;
28. **"Proposal Form"** means the form filled in and completed by You for the purpose of obtaining insurance coverage under the Policy;
29. **"Reduced Paid Up Death Benefit"** means an amount equal to the Death Benefit multiplied by the resultant of the total Premiums received by Us less Extra Premium (if any) divided by the total Premiums payable by You excluding Extra Premium (if any);
30. **"Reduced Paid Up Mode"** means the Policy with reduced paid up benefits as specified under Clause 3 of Part C;
31. **"Reduced Paid Up Sum Assured"** means an amount equal to the Sum Assured multiplied by the resultant of the total Premiums received by Us less Extra Premium (if any) divided by total Premiums payable by You excluding Extra Premium (if any);
32. **"Reversionary Bonus"** means the bonus(es) payable by Us in accordance with Clause 4.2 of Part C, if declared by Us;
33. **"Revival"** means restoration of the Policy, which was discontinued due to nonpayment of Premium, by Us with all the benefits stated in the Policy, upon the receipt of all the due Premiums and other charges / late fee as provided in Clause 3 of Part D of the Policy;
34. **"Revival Period"** means a period of 2 (Two) years from the due date of the first unpaid Premium;
35. **"Rider"** means benefits, which are in addition to basic benefits under the Policy;
36. **"Schedule"** means the policy schedule and any endorsements attached to and forming part of the Policy and if any updated Schedule is issued, then, the Schedule latest in time;
37. **"Special Surrender Value"** means the special surrender value computed in accordance with Clause 1.6 of Part D;
38. **"Special Surrender Value Factors"** are factors determined by Us in consultation with and approved by the IRDAI to compute the Special Surrender Value which can be revised by Us on the basis of Our experience from time to time in consultation with and approval of the IRDAI;
39. **"Sum Assured"** means an absolute assured amount as specified in the Schedule, which is payable on the death of the Life Insured;
40. **"Surrender Value"** means an amount payable on surrender of this Policy, which will be the higher of the Guaranteed Surrender Value or the Special Surrender Value;
41. **"Terminal Bonus"** means a bonus determined by Us as a percentage applied on the sum of Sum Assured and accrued Reversionary Bonus (if any);
42. **"Underwriting Policy"** means our then prevailing underwriting policy approved by Our board of directors;
43. **"We", "Us" or "Our"** means Max Life Insurance Company Limited; and
44. **"You" or "Your"** means the policyholder as named in the Schedule.

PART C

POLICY FEATURES, BENEFITS AND PREMIUM PAYMENT

1. ELIGIBILITY

- 1.1. The Policy has been written on a single life basis.
- 1.2. The minimum Age of the Life Insured on the Date of Commencement of Risk should be 18 (Eighteen) years.
- 1.3. The maximum Age of the Life Insured on the Date of Commencement of Risk cannot exceed:
 - 1.3.1. 55 (Fifty Five) years for the Policy where the Policy Term is 22 (Twenty Two) years; and

1.3.2. 50 (Fifty) years for the Policy where the Policy Term is of 25 (Twenty Five) years.

1.4 The maximum Age of the Life Insured on the Maturity Date cannot exceed:

1.4.1. 77 (Seventy Seven) years for the Policy where the Policy Term is 22 (Twenty Two) years; and

1.4.2. 75 (Seventy Five) years for the Policy where the Policy Term is 25 (Twenty Five) years.

2. BENEFITS

2.1. Death Benefit

2.1.1. If Life Insured dies during the Policy Term provided the Policy is in force and not under lapsed or Reduced Paid Up Mode, We will pay the following benefits:

2.1.1.1. Death Benefit; and

2.1.1.2. Policy Continuance Benefit.

"Policy Continuance Benefit" means waiver of all future Premiums, if any, coinciding or following the date of death of the Life Insured. The Policy will continue as is, the monthly income benefit and maturity benefit shall be payable to the Claimant, as and when due. The Policy will continue to participate in the future bonuses and the benefits will continue to be applicable. All future benefits shall be paid to the Claimant, as and when due, as if the Life Insured was alive and had paid the Premiums to Us.

2.2. Monthly Income Benefit/Survival Benefit

2.2.1. On completion of the Premium Payment Term as chosen by You, irrespective of the fact whether the Life Insured is alive or not, We will pay the monthly income benefit equal to 1/12th (One twelfth) of 10% (Ten percent) of Sum Assured for 10 (Ten) consecutive years (i.e. 120 months) at each monthly anniversary i.e. on the date specific to Policy Anniversary date.

2.2.2. The monthly income benefit payout will start from beginning of 145th policy month (i.e. beginning of 13th Policy Year) for Policy with Premium Payment Term of 12 (Twelve) years and 181st policy month (i.e. beginning of 16th Policy Year) for Policy with Premium Payment Term of 15 (Fifteen) years.

2.2.3. The risk coverage under the Policy will continue during the monthly income benefit payout period of 10 (Ten) years provided the Life Insured is alive.

2.3. Maturity Benefit

2.3.1. On the Maturity Date if the insurance cover under this Policy is in force and the Policy is not under Reduced Paid Up Mode, then, We will pay the sum total of the following to the Claimant:

2.3.1.1. Accrued compound Reversionary Bonus, if any; and

2.3.1.2. Terminal Bonus, if any.

3. REDUCED PAID UP BENEFITS

3.1. If this Policy has acquired a Surrender Value, then, in the event of non-payment of the due Premiums by You to Us, on the expiry of Grace Period, this Policy will not lapse and will continue with reduced paid-up benefits as specified below. A Policy under the Reduced Paid Up Mode will thereafter be free from all liabilities of payment of future Premiums to Us.

3.2. If this Policy is under Reduced Paid Up Mode, then, the benefits payable shall be as follows:

3.2.1. Reduced Death Benefit

In the event of the death of the Life Insured during Policy Term, then, We will pay the following benefits:

3.2.1.1. Reduced Paid Up Death Benefit;

3.2.1.2. Reduced monthly income benefit, as and when due; and

3.2.1.3. Reduced maturity benefit, as and when due.

3.2.2. Reduced Monthly Income Benefit

3.2.2.1. On completion of the Premium Payment Term as chosen by You, We will pay the monthly income benefit equal to 1/12th (one twelfth) of 10% (Ten percent) of the Reduced Paid Up Sum Assured for 10 (Ten) consecutive years (i.e. 120 months) on each monthly anniversary i.e. on the date specific to Policy Anniversary date.

3.2.2.2. The monthly income payout will start from beginning of 145th policy month (i.e. beginning of 13th Policy Year) for Policy with Premium Payment Term of 12 (Twelve) years and 181st policy month (i.e. beginning of 16th Policy Year) for Policy with Premium Payment Term of 15 (Fifteen) years.

3.2.2.3. The risk coverage as per Clause 3.2.1 will continue during the reduced monthly income benefit payout period of 10 (Ten) years.

3.2.3. Reduced Maturity Benefit

3.2.3.1. If the Life Insured is alive on the Maturity Date, then, We will pay bonuses (if any) accrued before the conversion of the Policy to Reduced Paid Up Mode.

4. BONUSES

4.1. Bonus(es) may be declared by Us depending upon the surplus generated in the participating fund over the Policy Term. You shall be eligible to receive the following Bonus(es), if any, on Maturity Date or on surrender of this Policy, whichever is earlier:

4.1.1. Reversionary Bonus; and

4.1.2. Terminal Bonus.

4.2. Reversionary Bonus

4.2.1. Under this Policy, We may declare a Reversionary Bonus, based on Our Actuarial Valuation Surplus. A compound Reversionary Bonus rate will be determined each year by Us and shall be applied by Us as a percentage of the sum total of the Sum Assured and the accrued compound Reversionary Bonuses declared in the previous Policy Years, if any.

4.2.2. If declared, the Reversionary Bonuses will be allocated by Us post completion of 2nd (Second) Policy Year i.e. after the end of 24th (Twenty Fourth) Policy month onwards from the Date of Commencement of Risk and once the same are allocated by Us, then, the same shall be guaranteed for Policy Term. We may or may not declare the Reversionary Bonus(es) as the same are not guaranteed.

4.3. Terminal Bonus

4.3.1. Under this Policy, We may at Our discretion pay an additional 1 (One) time Terminal Bonus, provided this Policy is in force for at least 5 (Five) complete Policy Years from the Date of Commencement of Risk .

5. PREMIUMS

5.1. You can pay the Premium annually, semi-annually, quarterly or on monthly basis, as per the Premium payment mode chosen by You.

5.2. You have an option to change the Premium payment mode by submitting a written request to Us. Any change in the Premium payment mode will result in a change in the Premium amount basis the applicable Modal Factors. A change in Premium payment mode will be effective only on the Policy Anniversary following the receipt of such request.

5.3. You can pay Premium at any of Our offices or through Our website www.maxlifeinsurance.com or by any other means, as informed by Us. Any Premium paid by You will be deemed to have been received by Us only after the same has been realized and credited to Our bank account.

5.4. The Premium payment receipt will be issued in Your name, which will be subject to realization of cheque or any other instrument/ medium.

6. GRACE PERIOD

6.1. The Premium is due and payable by the due date specified in the Schedule. If the Premium is not paid by the due date, You may pay the same during the Grace Period without any late fee.

6.2. During the Grace Period, if the due Premium is not paid and the Life Insured dies, then, We will pay the death benefit after deducting the due Premium till the date of death.

7. LAPSEMENT OF POLICY

7.1. If You discontinue the payment of Premium before paying Premiums for the first 3 (Three) Policy Years, then, the Policy will lapse on the expiry of the Grace Period and no benefits under the Policy will be payable.

PART D

POLICY SERVICING CONDITIONS

1. SURRENDER

- 1.1. This Policy shall acquire a Surrender Value provided all the due Premiums for the first 3 (Three) Policy Years have been received and applied by Us on or after the due dates.
- 1.2. You may request in writing to surrender this Policy at any time only if the Policy has acquired the Surrender Value. On receipt of such request, this Policy shall terminate and the Surrender Value (if any) prevailing on the date of request for the surrender of this Policy, shall be payable by Us. If the Policy has not acquired the Surrender Value, then, no benefit or money is payable by Us.
- 1.3. In the event of death of the Life Insured (who is also the Policyholder) during the Policy Term, the Policy cannot be surrendered and the Policy shall continue till the end of the Policy Term. The Policy will continue as is, the monthly income and maturity benefits shall be payable to the Claimant, as and when due. The Policy will continue to participate in the future bonuses and the benefits will continue to be applicable. All future benefits shall be paid to the Claimant, as and when due, as if the Life Insured was alive and had paid the Premiums, as and when due.
- 1.4. The Surrender Value payable will be subject to the condition that there are no statutory or other restrictions to the contrary. Upon surrender of this Policy, this Policy will terminate and no benefits under this Policy shall be payable.

1.5. Guaranteed Surrender Value

- 1.5.1. The Guaranteed Surrender Value will be determined in the Policy Year in which the surrender is effected. The Guaranteed Surrender Value will be sum total of the following:
 - 1.5.1.1. Higher of:
 - 1.5.1.1.1. Guaranteed Surrender Value factors (as specified in the table below) multiplied by {Total Premiums received excluding Extra Premium (if any) and applied by Us on or after the due dates} less monthly income benefit already paid, if any; or
 - 1.5.1.1.2. 0 (zero); and
 - 1.5.1.2. Guaranteed surrender value of the accrued compound Reversionary Bonuses, if any.

| Policy Term | 22 years | | 25 years | |
|-------------------|---|---|---|---|
| Year of Surrender | Guaranteed Surrender Value factor for Policy Provided due Premiums for first 3 years have been received and applied by Us | Guaranteed Surrender Value factor for Reversionary Bonus Provided due Premiums for first 3 years have been received and applied by Us | Guaranteed Surrender Value factor for Policy Provided due Premiums for first 3 years have been received and applied by Us | Guaranteed Surrender Value factor for Reversionary Bonus Provided due Premiums for first 3 years have been received and applied by Us |
| 1 | 0% | 0% | 0% | 0% |
| 2 | 0% | 0% | 0% | 0% |
| 3 | 30% | 12% | 30% | 8% |
| 4 | 50% | 13% | 50% | 9% |
| 5 | 50% | 15% | 50% | 10% |
| 6 | 50% | 16% | 50% | 12% |
| 7 | 50% | 18% | 50% | 13% |
| 8 | 53% | 20% | 52% | 15% |
| 9 | 56% | 23% | 55% | 16% |
| 10 | 59% | 26% | 57% | 18% |
| 11 | 61% | 29% | 59% | 20% |

| | | | | |
|----|-----|------|-----|------|
| 12 | 64% | 32% | 62% | 23% |
| 13 | 67% | 36% | 64% | 26% |
| 14 | 70% | 40% | 66% | 29% |
| 15 | 73% | 45% | 69% | 32% |
| 16 | 76% | 51% | 71% | 36% |
| 17 | 79% | 57% | 74% | 40% |
| 18 | 81% | 64% | 76% | 45% |
| 19 | 84% | 71% | 78% | 51% |
| 20 | 87% | 80% | 81% | 57% |
| 21 | 90% | 89% | 83% | 64% |
| 22 | 90% | 100% | 85% | 71% |
| 23 | NA | NA | 88% | 80% |
| 24 | NA | NA | 90% | 89% |
| 25 | NA | NA | 90% | 100% |

- 1.5.2. The guaranteed surrender value of accrued compound Reversionary Bonuses, if any, will be calculated by Us by multiplying the accrued compound Reversionary Bonuses with the guaranteed surrender value factors of Reversionary Bonuses, as stated above.

1.6. Special Surrender Value

- 1.6.1. Special Surrender Value will be determined by Us from time to time in consultation with the IRDAI and in accordance with the prior approval of the IRDAI obtained by Us. This Special Surrender Value will always be greater than or equal to the Guaranteed Surrender Value. The Special Surrender Value is not guaranteed.
- 1.6.2. Special Surrender Value will be sum total of
 - 1.6.2.1. Reduced Paid Up Sum Assured multiplied by Special Surrender Value Factor;
 - 1.6.2.2. surrender value of accrued compound Reversionary Bonus, if any; and
 - 1.6.2.3. surrender value of Terminal Bonus, if any.

2. LOANS

- 2.1. You are not entitled to any loans under this Policy.

3. REVIVAL OF POLICY

- 3.1. A Lapsed Policy or a Policy under Reduced Paid Up Mode can be revived as per Underwriting Policy, within the Revival Period:
 - 3.1.1. on receipt of Your written request to revive the Policy by Us;
 - 3.1.2. if You produce an evidence of insurability of Life Insured at Your own cost which is acceptable to Us; and
 - 3.1.3. on payment of all overdue Premiums (along with applicable taxes, cesses and levies, if any) to Us with late fee and/or interest at such rate as may be determined by Us from time to time.
- 3.2. The revival of the Lapsed Policy or a Policy under Reduced Paid Up Mode will take effect only after We have approved the same in accordance with Our Underwriting Policy and communicated Our decision to You in writing. In view of our Underwriting Policy, We may waive any of the above conditions for revival of the Policy. All accrued bonus(es) and original benefits including death, monthly income and maturity benefits which were originally payable will be restored on such revival. However, no interest shall be payable by Us on such restoration.
- 3.3. If a Lapsed Policy is not revived within the Revival Period, this Policy will terminate without value, on the expiry of the Revival Period.
- 3.4. If a Policy under Reduced Paid Up Mode is not revived within the Revival Period then, it will continue to be under Reduced Paid Up Mode for the remaining part of the Policy Term.
- 3.5. The Policy cannot be revived beyond the Policy Term.
- 3.6. In addition to the revival provisions stated above, You may also be eligible to avail of one or more of the following revival schemes to revive Your Policy:
 - 3.6.1. Reduction in the Sum Assured: You may be eligible to revive your Policy by reducing the Sum Assured. Please contact Us for details on whether You are eligible for this revival scheme and, if so, the extent to which the Sum Assured can be reduced, the total amount required to be paid by You to revive the Policy and the applicable terms and conditions for utilizing this revival scheme;
 - 3.6.2. Reduction in the Premium Payment Term: You may be eligible to revive your Policy by reducing the Premium Payment Term. Please

contact Us for details on whether You are eligible for this revival scheme and if so, the extent to which the Premium Payment Term can be reduced, the total amount required to be paid by You to revive the Policy and the applicable terms and conditions for utilizing this revival scheme;

3.6.3. Special Revival Schemes: We may also introduce special revival schemes from time to time which are available for a particular period. Please contact Us for details on whether such revival scheme is available and, if You are eligible for the same, the total amount required to be paid by You to revive the Policy and the applicable terms and conditions for utilizing such revival scheme.

3.7. We may, from time to time, at Our sole discretion, introduce new revival schemes or modify or terminate existing revival schemes. Please contact Us for details on 1800 200 5577 or visit Our website www.maxlifeinsurance.com."

4. PAYMENT OF BENEFITS

- 4.1. The benefits under this Policy will be payable only on submission of satisfactory proof to Us. The benefits under this Policy will be payable to the Claimant.
- 4.2. Once the benefits under this Policy are paid to the Claimant, the same will constitute a valid discharge of Our liability under this Policy.

5. TERMINATION OF POLICY

- 5.1. This Policy will terminate upon the happening of any of the following events:
 - 5.1.1. on the date on which We receive free look cancellation request;
 - 5.1.2. the date of intimation of repudiation of the death claim by Us in accordance with the provisions of this Policy;
 - 5.1.3. on the expiry of the Revival Period, if the Lapsed Policy has not been revived. However, if a Policy under Reduced Paid Up Mode is not revived within the Revival Period then, it will not terminate and will continue to be under Reduced Paid Up Mode for the remaining part of the Policy Term;
 - 5.1.4. on the date of payment of surrender value of this Policy; or
 - 5.1.5. on the Maturity Date.

PART E

POLICY CHARGES

1. APPLICABLE FEES/ CHARGES UNDER THE POLICY

- 1.1. This Policy is a non-linked participating savings insurance plan.
- 1.2. If the Policy is a Lapsed Policy or is under Reduced Paid Up Mode, then, the same can be revived as per Underwriting Policy, within the Revival Period. For revival of such a Policy, we may charge the late fee at such a rate as may be determined by us from time to time. Currently the applicable late fee rates are as below:

| No. of days between date of revival and date of lapse of Policy | Late Payment Fee (in Rs.) |
|---|---|
| 0-60 | Nil |
| 61-180 | RBI Bank Rate + 1% p.a. compounded annually on due Premiums |
| >180 | RBI Bank Rate + 3% p.a. compounded annually on due Premiums |

PART F

GENERAL TERMS AND CONDITIONS

1. TAXES

- 1.1. All Premiums are subject to applicable taxes, cesses and levies, which will entirely be borne by You and will always be paid by You along with the payment of Premium. If any imposition (tax or otherwise) is levied by any statutory or administrative body under the Policy, We reserve the right to claim the same from You. Alternatively, We have the right to deduct the amount from the benefits payable by Us under the Policy.
- 1.2. Tax benefits and liabilities under the Policy are subject to prevailing tax laws. Tax laws and the benefits arising thereunder are subject to change. You are advised to seek an opinion of Your tax advisor in relation to the tax benefits and liabilities applicable to You.

2. CLAIM PROCEDURE

- 2.1. For processing a claim request under this Policy, We will require all of the following documents:
 - 2.1.1. Claimant's statement in the prescribed form;
 - 2.1.2. original Policy document;
 - 2.1.3. a copy of police complaint/ first information report (only in the case of death by accident of the Life Insured);
 - 2.1.4. a copy of duly certified post mortem report (only in the case of death by accident of the Life Insured);
 - 2.1.5. death certificate issued by the local/municipal authority (only in the case of death of the Life Insured);
 - 2.1.6. identity proof of the Claimant including Nominee(s) bearing their photographs and signatures (only in the case of the death of the Life Insured); and
 - 2.1.7. any other documents or information required by Us for assessing and approving the claim request.
- 2.2. A Claimant can download the claim request documents from Our website www.maxlifeinsurance.com or can obtain the same from any of Our branches.
- 2.3. Subject to provisions of Section 45 of the Insurance Act 1938 as amended from time to time, We shall pay the benefits under this Policy subject to Our satisfaction:
 - 2.3.1. that the benefits have become payable as per the terms and conditions of this Policy; and
 - 2.3.2. of the bonafides and credentials of the Claimant.
- 2.4. Subject to Our sole discretion and satisfaction, in exceptional circumstances such as on happening of a Force Majeure Event, We may decide to waive all or any of the requirements set out in Clause 2.1 of Part F.

3. DECLARATION OF THE CORRECT AGE

- 3.1. Declaration of the correct Age and/ or gender of the Life Insured is important for Our underwriting process and calculation of Premiums payable under the Policy. If the Age and/ or gender declared in the Proposal Form is found to be incorrect at any time during the Policy Term or at the time of claim, We may revise the Premium with interest and/ or applicable benefits payable under the Policy in accordance with the Premium and benefits that would have been payable, if the correct Age and/ or gender would have made the Life Insured eligible to be covered under the Policy on the Date of Commencement of Risk subject to Section 45 of the Insurance Act, 1938 as amended from time to time.

4. FRAUD, MISREPRESENTATION AND FORFEITURE

- 4.1. Fraud, misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938, as amended from time to time. *[A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure - (1) for reference]*

5. SUICIDE EXCLUSION

- 5.1. Notwithstanding anything stated herein, if the Life Insured dies due to suicide, whether sane or insane, within 12 (Twelve) months from the Date of Commencement of Risk or from the date of revival of this Policy, then, this Policy will terminate and We shall only pay the following to the Claimant:
 - 5.1.1. higher of the Surrender Value or total Premiums received by Us, if the Policy has acquired a Surrender Value; or
 - 5.1.2. total Premiums received by Us, if the Policy has not acquired a Surrender Value.

6. TRAVEL AND OCCUPATION

- 6.1. There are no restrictions on travel or occupation under this Policy.

7. NOMINATION

- 7.1. Nomination is allowed as per Section 39 of the Insurance Act, 1938 as amended from time to time. *[A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure - (2) for reference]*

8. ASSIGNMENT

- 8.1. Assignment is allowed as per Section 38 of the Insurance Act, 1938 as amended from time to time. *[A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure - (3) for reference]*

9. POLICY CURRENCY

- 9.1. This Policy is denominated in Indian Rupees. Any benefit/claim payments under the Policy will be made in Indian Rupees by Us or in any other currency in accordance with the applicable guidelines issued by the Reserve Bank of India from time to time.

10. ELECTRONIC TRANSACTIONS

- 10.1. You will comply with all the terms and conditions with respect to all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centre, tele-service operations or by other means of telecommunication established by Us or on Our behalf, for and in respect of the Policy or services, which will constitute legally binding and valid transactions when executed in adherence to and in compliance with the terms and conditions for such facilities.

11. DUPLICATE POLICY

- 11.1. In case of loss of this Policy document, You may contact our nearest branch office to know the requirements for issuance of a duplicate Policy. The duplicate Policy shall be issued by Us without any charge.

12. AMENDMENT

- 12.1. No amendments to the Policy will be effective, unless such amendments are expressly approved in writing by Us and/or by the IRDAI wherever applicable.

13. REGULATORY AND JUDICIAL INTERVENTION

- 13.1. If any competent regulatory body or judicial body imposes any condition on the Policy for any reason, We are bound to follow the same which may include suspension of all benefits and obligations under the Policy.

14. FORCE MAJEURE

- 14.1. The performance of the Policy may be wholly or partially suspended during the continuance of such Force Majeure Event under an intimation to or approval of the IRDAI. We will resume Our obligations under the Policy after the Force Majeure Event ceases to exist.

15. COMMUNICATION AND NOTICES

- 15.1. All notices meant for Us should be in writing and delivered to Our address as mentioned in Part G or such other address as We may notify from time to time. You should mention the correct Policy number in all communications including communications with respect to Premium remittances made by You.
- 15.2. All notices meant for You will be in writing and will be sent by Us to Your address as shown in the Schedule or as communicated by You and registered with Us. We may send You notices by post, courier, hand delivery, fax or e-mail/electronic mode or by any other means as determined by Us. If You change Your address, or if the address of the Nominee changes, You must notify Us immediately. Failure in timely notification of change of address could result in a delay in processing of benefits payable under the Policy.
- 15.3. For any updates, please visit Our website www.maxlifeinsurance.com.

16. GOVERNING LAW AND JURISDICTION

- 16.1. The Policy will be governed by and enforced in accordance with the laws of India. The competent courts in India will have exclusive jurisdiction in all matters and causes arising out of the Policy.

PART G

GRIEVANCE REDRESSAL MECHANISM AND OMBUDSMAN DETAILS

1. DISPUTE REDRESSAL PROCESS UNDER THE POLICY

- 1.1. All consumer grievances and/or queries may be first addressed to Your agent or Our customer helpdesk as mentioned below:
Max Life Insurance Company Limited
Plot No. 90A, Sector 18, Gurugram, 122015, Haryana, India
Toll Free No. - 1800 180 1299
Email: service.helpdesk@maxlifeinsurance.com
- 1.2. If Our response is not satisfactory or there is no response within 15 (Fifteen) days:
- 1.2.1. the complainant or his legal heirs may file a written complaint with full details of the complaint and the complainant's contact information to the following official for resolution:
Head Operations and Customer Services
Max Life Insurance Company Limited
Plot No. 90A, Sector 18,
Gurugram, 122015, Haryana, India,
Toll Free No. - 1800 180 1299
Email: manager.services@maxlifeinsurance.com;
- 1.2.2. the complainant or his legal heirs may approach the Grievance Cell of the IRDAI on the following contact details:
IRDAI Grievance Call Centre (IGCC)
Toll Free No: 155255 or 1800 4254 732

Email: complaints@irda.gov.in

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

- 1.2.4. You can also register Your complaint through fax/paper by submitting Your complaint to:

Consumer Affairs Department
Insurance Regulatory and Development Authority of India
9th floor, United India Towers, Basheerbagh
Hyderabad - 500 029, Telangana
Fax No: 91- 40 - 6678 9768

- 1.3. If You are not satisfied with the redressal or there is no response within a period of 1 (One) month, or rejection of complaint by Us, the complainant or his legal heirs or nominee, or assignee may approach Insurance Ombudsman at the address mentioned in Annexure A1 or on the IRDAI website www.irda.gov.in, if the grievance pertains to:

- 1.3.1. delay in settlement of a claim;
- 1.3.2. any partial or total repudiation of a claim by Us;
- 1.3.3. any dispute with regard to the Premium paid or payable in terms of the Policy; or
- 1.3.4. any misrepresentation of policy terms and conditions at any time in the ;
- 1.3.5. any dispute on the legal construction of the Policy in so far as such dispute relate to a claim;
- 1.3.6. policy servicing by Us, Our agents or intermediaries;
- 1.3.7. issuance of insurance policy, which is not in conformity with the proposal form submitted by You;
- 1.3.8. non issuance of any insurance document after receipt of the Premium.
- 1.3.9. Any other matter resulting from violation of provisions of Insurance Act, 1938 or the regulation, circulars, Guidelines or instructions issued by the IRDAI from time to time on the terms and conditions of the policy contract, in so far as they relate to issues mentioned in this para 1.3 above.

- 1.4. As per Rule 14 of the Insurance Ombudsman Rules, 2017, a complaint to the Insurance Ombudsman can be made only within a period of 1 (One) year after receipt of Our rejection of the representation or after receipt of Our decision which is not to Your satisfaction or if We fail to furnish reply after expiry of a period of one month from the date of receipt of the written representation of the complainant, provided the complaint is not on the same matter, for which any proceedings before any court, or consumer forum or arbitrator is pending.

ENDORSEMENT

STAMP DUTY AMOUNT : ₹221

*Paid by e-Stamp Certificate no. 04/Issue Date: 04/04/18/ Vide Treasury (E-CHALLAN)
GRN NO. 34404449*



Indeevar Krishna
Authorized Signatory



Annexure 1

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

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

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.
2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.

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

[Disclaimer: This is only a simplified version prepared for general information. You are advised to refer to the Insurance Act 1938 as amended from time to time for complete and accurate details.]

Annexure 2

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. The extant provisions in this regard are as follows:

1. The policyholder of a life insurance policy on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
2. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment is to be laid down by the insurer.
3. Nomination can be made at any time before the maturity of the policy.
4. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
5. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
6. A notice in writing of change or cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
7. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
8. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
9. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will get affected to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of themthe 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 Act, 1938 as amended from time to time, 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 only a simplified version prepared for general information. You are advised to refer to the Insurance Act 1938 as amended from time to time for complete and accurate details.]

Annexure 3

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. The extant provisions in this regard are as follows:

1. The policy may be transferred/assigned, wholly or in part, with or without consideration.
2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
5. The transfer or assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
6. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
8. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
9. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - a. not bonafide;
 - b. not in the interest of the policyholder;
 - c. not in public interest; or
 - d. is for the purpose of trading of the insurance policy.
10. Before refusing to act upon endorsement, the insurer should record the reasons in writing and communicate the same in writing to policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the insurer.
12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to the 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;
 - b. may institute any proceedings in relation to the policy; and
 - 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 only a simplified version prepared for general information. You are advised to refer to the Insurance Act, 1938 as amended from time to time for complete and accurate details.]

Annexure A: Names of Ombudsman and addresses of Ombudsman Centres

AHMEDABAD - Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad - 380001 Tel nos: 079-25501201/02/05/06 email: bimalokpal.ahmedabad@ecoi.co.in (State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.)

BENGALURU -Office of the Insurance Ombudsman, Jeevan Soudha Bldg. ,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@ecoi.co.in. (State of Karnataka)

BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in (States of Madhya Pradesh and Chattisgarh)

BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in (State of Orissa).

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

CHENNAI- Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668/ 24335284 Fax: 044- 24333664 Email: bimalokpal.chennai@ecoi.co.in (State of Tamil Nadu, and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry)).

DELHI- Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in (States of Delhi).

GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati- 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in (States of 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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in (State of Andhra Pradesh, Telangana, and Union Territory of Yanam - a part of the Territory of Pondicherry)

JAIPUR- Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in (State of Rajasthan)

ERNAKULAM - Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in (State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry)

KOLKATA - Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in (States of West Bengal, Sikkim, and Union Territories of Andaman & Nicobar Islands)

LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in (Following Districts of Uttar Pradesh : Lalitpur, 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 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in (State of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane)

PUNE - Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in (State of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region)

NOIDA - Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in (State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur)

PATNA - Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in (State of Bihar, Jharkhand)

Transaction ID 323671

Branch Code BY710



MAX LIFE INSURANCE COMPANY LIMITED

Registered Office : 419, Bhai Mohan Singh Nagar, Railmagra, Tehsil Balachaur, District Nawanshahr, Punjab- 144533
Head Office: 11th & 12th Floor, DLF Square, Jacaranda Marg, DLF City Phase-II, Gurugram - 122 002.

Proposer
Attach Recent
Photograph

Payor
Attach Recent
Photograph

Only where AFYP under
all policies held by single
individual is > Rs. 10,000/-

Only if payor is different
from proposer and
AFYP is > Rs. 10,000/-



Proposal Number: 521752741

Transaction ID 323671

SSN Code 0000326

Go Code BY710

SP0125179451

655004

| | | |
|---|---|--|
| Do you have a Max Life Insurance Policy or have you ever applied for one? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes give poli |
| Purpose of Insurance | Tax Savings | |
| Objective of Insurance | <input type="checkbox"/> E/E <input type="checkbox"/> MWPA <input type="checkbox"/> HUF <input type="checkbox"/> CEIP <input type="checkbox"/> Keyman <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Individual | |
| Product Solution | NA | |

SECTION A : PERSONAL DETAILS

| | | Proposer | | Life Insured (If other than proposer) | |
|---|----------------------------|--|--|---|---------------|
| 1. Title | | <input checked="" type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others | | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others | |
| 2. Name | First | VEERA VENKATA | | | |
| | Middle | JANARDHAN | | | |
| | Last | MADEM | | | |
| 3. Father's/ Husband's | First | VENKATA | | | |
| | Last | SRI MADEM | | | |
| 4. Gender | | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 5. Date of Birth | | 07-03-1988 | | | |
| 6. Relationship to Life Insured/Nominee | | <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Others | | | |
| Details of Life to be Insured | 7. Nationality | <input checked="" type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National | | <input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National | |
| | 8. Marital Status | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) | | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) | |
| | 9. Education Qualification | <input type="checkbox"/> High school | | <input type="checkbox"/> High school | |
| | | <input checked="" type="checkbox"/> Post Graduate | | <input type="checkbox"/> Post Graduate | |
| | | <input type="checkbox"/> Primary School | | <input type="checkbox"/> Primary School | |
| | 10. Industry Type | ITES | | | |
| | 11. Occupation | <input checked="" type="checkbox"/> Salaried <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed from Home | | <input type="checkbox"/> Salaried <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed from Home | |
| | | <input type="checkbox"/> Self Employed <input type="checkbox"/> Housewife <input type="checkbox"/> Retired | | <input type="checkbox"/> Self Employed <input type="checkbox"/> Housewife <input type="checkbox"/> Retired | |
| | | <input type="checkbox"/> Student <input type="checkbox"/> Agriculture <input type="checkbox"/> Labourer <input type="checkbox"/> Others | | <input type="checkbox"/> Student <input type="checkbox"/> Agriculture <input type="checkbox"/> Labourer <input type="checkbox"/> Others | |
| | | | | | |
| | | | | | |
| 12. Name of Company | JP MORGAN CHASE | | | | |
| 13. Annual Income (Rs.) | 1300000.00 | | | | |
| 14. Is the Life Insured / Proposer / Nominee / Payor a Politically Exposed Person ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 15. Communication Address | | | | | |
| House No/Apt Name/ Society/Company Name | | EMPIRE MEADOWS C1-409 | | | |
| Road/Area/Sector | | DOFADILLS,AMEENPUR | | | |
| Landmark | | NEAR SRI CHAITANYA COLLEGE | | | |
| Village/Town | | HYDERABAD | | City District | HYDERABAD |
| Pin Code | | 502032 | State/UT | TELANGANA | Country India |
| Landline No. | | | | Alternate Landline | |
| Mobile No. | | 8179653520 | Any other Mobile Number(can be of nominee) | | 7842593500 |
| E-mail | | mademvv@gmail.com | | | |
| 16. I authorise Max Life Insurance for E-mail communication. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 17. Permanent Address | | | | | |
| House No/Apt Name/ Society/Company Name | | EMPIRE MEADOWS C1-409 | | | |
| Road/Area/Sector | | DOFADILLS,AMEENPUR | | | |
| Landmark | | NEAR SRI CHAITANYA COLLEGE | | | |
| Village/Town | | HYDERABAD | | City District | HYDERABAD |
| Pin Code | | 502032 | State/UT | TELANGANA | Country India |
| Landline No. | | - | | Alternate Landline | - |
| Mobile No. | | | | Any other Mobile Number(can be of nominee) | |
| 18. Application sourced in <input checked="" type="checkbox"/> India <input type="checkbox"/> Outside India | | | | | |
| 19. Guardian | | Name | Relationship to proposer | | |

| | | | | |
|--|---|--------------------------|---|--|
| 20. Do you wish to hold this Policy electronically under e-Insurance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 21. e-Insurance Account No. (if available): NA and Insurance Repository name: NA | | | | |
| 22. Preferred Insurance Repository you would like to have your E-Insurance Account with (if you do not have an Existing EIA): | | | | |
| <input type="checkbox"/> 1. NDML <input type="checkbox"/> 2. CIRL <input type="checkbox"/> 3. SHCILIR <input type="checkbox"/> 4. Karvy <input type="checkbox"/> 5. CAMSRep <input checked="" type="checkbox"/> 6. NA | | | | |
| SECTION B : COVERAGE INFORMATION | | | | |
| Name of the Product | Term of the Product | Sum Assured / Units | Premium paying Term | Modal Premium |
| Max Life Monthly Income Advantage Plan | 22 | 1104565.54 | 12 | 75000.00 |
| Rider | Term of the Product | Amount(Rs.) | Modal Premium (Rs) | |
| | | | | |
| | | | | |
| | | | | |
| Modal Premium without GST and Cess | | GST and Educational Cess | | Total Premium |
| 75000.00 | | 3375.00 | | 78375.00 |
| GST includes CGST and SGST/UTGST or IGST which ever may be applicable | | | | |
| 1. Non-Forfeiture Options <input checked="" type="checkbox"/> Reduced Paid-up Insurance | | | | |
| 2. Desired Effective Date of Policy (Date cannot be future dated) 07-04-2018 | | | | |
| 3. Bonus Options (If applicable, choose only one) Not Applicable for plans that offer Reversionary Bonus | | | | |
| <input type="checkbox"/> Paid to Policyholder <input type="checkbox"/> Premium Offset <input type="checkbox"/> Paid up additions | | | | |
| 4. PREMIUM PAYMENT MODE <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Single (One Time) | | | | |
| 5. Premium Payment Details Amount in Words Seventy Eight Thousand Three Hundred and Seventy Five only | | | | |
| Paid 78375.00 <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Debit | | | | |
| Voucher No LHCC6200594222 | | | | |
| 6. NEFT : Bank A/c. Details of Proposer | | | | |
| MICR Code | 534002001 | Bank Account Number | 00000030183979310 | |
| IFSC Code | SBIN0000836 | Bank Name & Branch | STATE BANK OF INDIA-ELURU | |
| Type of Bank A/c. | <input checked="" type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others | Banking since | 07-04-2015 | |
| 7. Permanent Account Number (PAN) AQUPJ2826P Form60 <input type="checkbox"/> | | | | |
| In accordance to income tax regulations, in case of non availability of valid PAN, TDS would be deducted @20% on payouts. | | | | |
| 8. Aadhar Number 497419021220 | | Enrollment Number | | Aadhar Not Applicable <input type="checkbox"/> |
| 9. Renewal Premium by <input type="checkbox"/> Cash <input type="checkbox"/> Cheque/DD <input checked="" type="checkbox"/> Direct Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> List Billing <input type="checkbox"/> NA | | | | |
| 11. Source of Funds <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Agriculture <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Other income | | | | |
| 10. Payor if different from the Proposer | | Name | NA | Relationship to Proposer NA |
| Permanent Account Number (PAN) | | NA | Form60 | <input type="checkbox"/> |
| Aadhar Number | | Enrollment Number | | Aadhar Not Applicable <input type="checkbox"/> |
| Address | | NA | | |
| SECTION C : INFORMATION OF LIFE INSURED | | | | |
| 1. For Insured - Do you have any Life/Disability/Critical Illness/health insurance policy issued, pending or lapsed ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Policy Number | Name of the Insurance Company | | Type of Policy (Life, Health, CI, Disability) | Total Sum Insured |
| | | | | |
| | | | | |
| | | | | |
| 2. Has your Application for Life/ Health/Critical Illness insurance or its reinstatement ever been offered at modified terms, rejected or postponed ? | | | | Proposer Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 3. Do you participate or do you intend to participate in any hazardous activities as part of your Occupation/ Sports/ Hobby | | | | Life Insured Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 4. In the next 1 year ,do you intend to travel or reside abroad for more than 4 weeks ? | | | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 5. Have you ever been convicted or are you under investigation for any criminal charges ? | | | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |

| | | | | |
|--|--|--|--|--|
| 6. For Juvenile Life Insured (Age < 18 yrs.) If answer to any question is 'YES' please provide details <input checked="" type="checkbox"/> NA | | | | |
| a. Has the child missed any due vaccinations? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| b. Insurance amount on family members: Father <input type="text"/> Mother <input type="text"/> Sibling1 <input type="text"/> Sibling2 <input type="text"/> | | | | |

| | | | | |
|---|--|--|--|--|
| 7. Female questions for a Life Insured <input checked="" type="checkbox"/> N/A | | | | |
| a. Spouse/Parent : <input type="text"/> Occupation <input type="text"/> Income <input type="text"/> Insurance Amount <input type="text"/> | | | | |
| b. Full Maiden Name: <input type="text"/> | | | | |
| c. Are you pregnant? If yes, how many months: Yes <input type="text"/> No <input type="checkbox"/> | | | | |

| SECTION D : MEDICAL INFORMATION | | | | |
|---|--|--|--|--|
| 1. Family History: Has any of your family member (Parents and Sibling) ever been diagnosed before the age of 60 with (Diabetes, Hypertension, Kidney Failure, Cancer, Heart Attack or any hereditary disorder) if "Yes" give details. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |

| Family Details | Proposer | | Life Insured | |
|----------------|------------------|-----------|------------------|-----------|
| Family Member | Age of diagnosis | Condition | Age of diagnosis | Condition |
| NA | NA | NA | NA | NA |

| | | | | | |
|--|---|---|--|--------------|--|
| 2. | | Proposer | | Life Insured | |
| Height | <input type="text"/> 5 Ft <input type="text"/> 7 Inch OR <input type="text"/> Mtr <input type="text"/> Cm | <input type="text"/> Ft <input type="text"/> Inch OR <input type="text"/> Mtr <input type="text"/> Cm | | | |
| Weight | <input type="text"/> 65 Kg | <input type="text"/> Kg | | | |
| Has your weight changed more than 5 Kgs. in past one year. If yes, how many kgs. of loss/gain. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text"/> Kg | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Kg | | | |
| Reason for weight change: | NA | | | | |

| | | | |
|--|---------------------------------------|---------------------------------|--|
| 3. Have you ever been investigated/diagnosed or treated for any of the following? Check all that apply | | | |
| A <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Stroke | <input type="checkbox"/> Any Other Heart Condition |
| B <input type="checkbox"/> High Blood Sugar <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension or High Blood Pressure | | | |
| C <input type="checkbox"/> Asthma <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Bronchitis <input type="checkbox"/> Any Other Respiratory Disorder | | | |
| D <input type="checkbox"/> Thyroid <input type="checkbox"/> Anaemia <input type="checkbox"/> Leukemia <input type="checkbox"/> Any Other Blood Disorder | | | |
| E <input type="checkbox"/> Any Stomach or Intestinal Disorder such as Recurrent Indigestion or Ulcers <input type="checkbox"/> Jaundice or Any Liver Disorder | | | |
| F <input type="checkbox"/> Cancer <input type="checkbox"/> Tumour/Malignant Growth <input type="checkbox"/> Any Congenital disorder | | | |
| G <input type="checkbox"/> Any Kidney or Bladder Disorder <input type="checkbox"/> Stones, Prostate Disorder <input type="checkbox"/> Gynecological Disorder | | | |
| H <input type="checkbox"/> Epilepsy <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Mental/Psychiatric Ailment <input type="checkbox"/> Disease of the Nervous System | | | |
| I <input type="checkbox"/> Any form of Eye, Ear, Nose and Throat Disorders | | | |
| J <input type="checkbox"/> Any Ailment of Bones/Joints/Limbs <input type="checkbox"/> Any Disorder of Spine <input type="checkbox"/> Any Disorder of Muscle | | | |
| K <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> HIV Infection <input type="checkbox"/> AIDS/AIDS related infections <input type="checkbox"/> Any Other Sexually Transmitted Disease | | | |
| L <input type="checkbox"/> Any Other Medical Condition | | | |
| <input checked="" type="checkbox"/> No, I have never been investigated/diagnosed or treated for any of the above conditions | | | |

| | | |
|---|---|--|
| 4 a. Have you ever been hospitalised or been advised to undergo any investigation,(Other than routine checkup) or treatment or any surgery? | Proposer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Life Insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Details | | |
| b. In the last 1 year, have you been absent from work or educational institute due to illness or injury for a continuous period of more than 10 days? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Details | | |
| 5. <input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs Consumption : (In case you consume or have ever consumed) :Proposer | <input type="text" value="NA"/> | |
| 5. <input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs Consumption : (In case you consume or have ever consumed) :Insured | <input type="text" value="NA"/> | |



Annexure -

Annexure/TRAD/Mapp/Banca/0717/Ver1.1

SECTION A : NOMINEE DETAILS

| | | |
|---------------------------|--------|---|
| 1. Title | | <input type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others |
| 2. Name | First | SARIKA |
| | Middle | |
| | Last | SESETTI |
| 3. Father's/ Husband's | First | |
| | Last | |
| 4. Gender | | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| 5. Date of Birth | | 03-03-1990 |

SECTION C : PERSONAL DETAILS

| | | | |
|--|---------------------|---------------------|-------------------------------|
| 6. Renewal Premium by | | | |
| a. Direct Debit (ECS) | | | |
| <input checked="" type="checkbox"/> Same as Bank Details | | | |
| Bank Account Number | 00000030183979310 | Account Holder Name | MADAM VEERA VENKATA JANARDHAN |
| MICR Code | 534002001 | Bill Draw Date | 1 |
| Bank Name | STATE BANK OF INDIA | Branch Name | ELURU |
| Type of Bank Account | Savings | | |



Is this a Replacement Sale : ☐ Yes ☒ No

| 5. Tobacco/Alcohol/Drugs Consumption: (In case you consume or have ever consumed) | | | | |
|---|----------|-----------------|----------|-----------------|
| Substance | Proposer | | Insured | |
| | Qty./Day | For no. of Yrs. | Qty./Day | For no. of Yrs. |
| Tobacco/Nicotine products (In the last 3 years (Sticks/gms)) | No | | No | |
| Alcohol | No | | No | |
| Drugs other than prescribed by Doctors | No | | No | |



CENTRAL KYC ANNEXURE

SECTION A: KYC ID DETAILS

Do you have CKYC Number : ☐ Yes ☒ No
 KYC Number :
 Application Type : ☒ New ☐ Update

SECTION B: PERSONAL DETAILS

(Prefix) (First Name) (Middle Name) (Last Name)
 Name : Mr VEERA VENKATA JANARDHAN MADEM
 Maiden Name :
 Father/Husband Name : Mr VENKATA SRI MADEM
 Mother Name : Mrs ANURADHA MADEM
 Date of Birth : 07-03-1988
 Gender : ☒ Male ☐ Female
 Marital Status : ☐ Single ☒ Married ☐ Divorced ☐ Widow(er)
 Nationality : ☒ Indian ☐ NRI ☐ PIO ☐ Foreign
 Country of citizenship : India
 Occupation Status : ☒ Salaried ☐ Professional ☐ Self Employed from Home ☐ Self Employed ☐ Housewife ☐ Retired
☐ Student ☐ Agriculture ☐ Labourer ☐ Others

SECTION C: RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA

Do you file for tax in more than one country : ☐ Yes ☒ No
 Country Code of Jurisdiction of Residence :
 Place/City of Birth : Country Code of Birth :
 Tax identification number or equivalent :

SECTION D: PROOF OF IDENTITY

☐ Passport Number : Passport Expiry Date :
☐ Voter ID Card :
☒ PAN Card : AQUPJ2626P
☐ Driving License : Driving License Expiry Date:
☐ Aadhaar :
☐ NREGA Job Card :

SECTION E: PROOF OF ADDRESS

☐ Passport Number : Passport Expiry Date :
☐ Voter ID Card :
☐ Driving License : Driving License Expiry Date:
☐ Aadhaar :
☐ NREGA Job Card :
☒ Others : BANK STATEMENT
 House No/Apt Name/Society/Company Name : EMPIRE MEADOWS C1-409
 Road/Area/Sector : DOFADILLS, AMEENPUR
 Landmark : NEAR SRI CHAITANYA COLLEGE
 Village/Town : HYDERABAD
 Pin Code : 502032 City District: HYDERABAD
 State/UT : TELANGANA Country : India

SECTION F: ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX

House No/Apt Name/Society/Company Name :
 Road/Area/Sector :
 Landmark :
 Village/Town :
 Pin Code : City District:
 State/UT : Country :

SECTION G: DECLARATION

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 therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Name : VEERA VENKATA JANARDHAN MADEM
 Place : HYDERABAD

Date: 09-04-2018



ANNEXURE TO ELECTRONIC APPLICATION

I / We have filled the proposal electronically and have received the benefit illustration on email OR reviewed it on a tablet / desktop.

Proposal Number 1

521752741

Proposal Number 2 (Combo plan)

Transaction ID

MADAM VEERA VENKATA JANARDHAN

I < Proposer > & < Life Insured > am submitting my Electronic Application for product
MAX LIFE MONTHLY INCOME ADVANTAGE PLAN Product Name 2, in case of combo plan facilitated by Mr. / Ms
< Specified Person > of my own volition and have understood the contents of the Electronic Application, and the relevant sales literature
including product features, benefits, applicable charges and am aware of the investment risk under the Policy.

I / we have undergone a customized need analysis and risk profiling (in case of ULIP) on the tablet / computer. I / we have seen and understood the benefit illustration shown to me / us on the screen electronically or provided to me / us in physical form, as the case may be. I / we understand that this is not a Fixed Deposit but a life insurance plan. I / we have disclosed all material information and not withheld any information that may be relevant to enable Max Life to take an informed decision about the acceptability of the Electronic Application. I also confirm that the information in the Electronic Application, including the state of health and lifestyle habits of the life to be insured is true and complete. I / we have submitted the confirmation number sent on my mobile number/ email id as a confirmation of the contents of the Electronic Application and the benefit illustration and agreement to the terms therein.

I have opted for the Combination Solution voluntarily (wherever applicable) as it would assist me in planning my finances. I also understand that these are different products and can also be purchased separately.

I understand that I have disclosed my personal information including Aadhar number with Max Life and I hereby provide consent to Max Life to share my information with its authorized service providers for servicing this policy/proposal such as issuance, renewal, claims process with respect to this policy as per the regulation applicable from time to time.

I / We understand and agree that by submitting the Electronic Application, I / we will be bound by the statements / disclosures of material facts made therein in the same manner, as if I / we have signed and submitted a written proposal for insurance to the Company and these shall be the basis of a contract between me/us and the Company. I / we undertake to notify the Company of any change in statements made in the Electronic Application subsequent to its submission and before acceptance of risk and issuance of the policy by the Company. I / we understand that in case the Company detects any fraud or mis-statement or suppression of fact material to my/our life expectancy, the Company reserves the right to take appropriate action in accordance with Section 45 of the Insurance Act.

I / we hereby declare and confirm that I / we will make the first and subsequent premium payments towards this Electronic Application out of legally declared and assessed sources of income and will ensure that such payment is permitted under Section 80C / 80D of the Income Tax Act, 1961 and submit a third party declaration in case the premium payment in case the premium is paid out of any account other than my own. I / we undertake to provide information as regards the sources / utilization of funds as and when required by the Company.

I / we hereby declare and confirm that details provided in Form 60 attached to this Electronic Application (wherever applicable) are true and correct to the best of my knowledge and belief. I declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

I / we understand that the Company will not be liable unless the premium is received and realized by it within the time period stipulated for the same subject to underwriting by it. I / we hereby authorize the Company to conduct screening / confirmation of my / our health status through medical examinations on the basis of which, the Company may accept, decline or offer alternate terms on my proposal. I / we hereby authorize my past and present employer(s) / associate(s) / medical practitioner(s) / any insurer or any other organization to disclose and make available to the Company my/our information.

I / we have received a copy of the filled up proposal form via email on the below mentioned date (applicable in case customer has provided email id in the Electronic Application) and after observing the said copy, I / we confirm that all the content / information therein is correct to the best of my / our knowledge.

Confirmation number acceptance date 07/04/2018

Place VISAKHAPATNAM

(Proposer's Signature)

Life Insured's signature (If different from Proposer)

Please provide vernacular declaration on Page 2 if signature is other than in English

Important Notes

- In case of acceptance of the Electronic Application on completion of underwriting, the Company shall dispatch the policy documents to the address and/or the email id (if available) provided in the Electronic Application, as applicable.
- Section 45 of Insurance Act, 1938: No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of issuance of policy, from the date of the Commencement of Risk or Revival of the policy or the date of the rider to the policy, whichever is later. However, Insurer may question the Policy at any time within three years from the date of issuance of policy, from the date of Commencement of Risk or Revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud, in which case insurer shall inform Proposer/Life Insured/legal representatives in writing specifying the grounds and materials on which such decision is based. For other details please refer to Section 45 of the Insurance Act, 1938 as amended from time to time.
- Section 41 of Insurance Act, 1938: 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. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.
- Section 39 of the Insurance Act, 1938 In case nomination facility is availed, section 39 of the Insurance Act, as amended from time to time shall apply.
- Free Look Period: If you are not satisfied, you may opt to cancel the Policy by returning the original policy to the Company with a written request within 15 (Fifteen) days (30 (Thirty) days if Your Policy has been sourced through distance marketing modes) from the date of receipt of the Policy. Traditional Insurance Plans: You shall be entitled to a refund of premiums paid, subject only to deduction of a proportionate risk premium for the period of cover and the expenses incurred by the company on medical examination of the Life Insured and stamp duty charges. Unit Linked Plans: You shall be entitled to an amount which will be equal to non-allocated premium plus charges levied by cancellation of units, plus fund value at the date of cancellation, less charges deducted towards mortality and rider benefit (including service tax on these charges) for the period of cover, expenses incurred on medical examination of the Life Insured, if any, and on account of stamp duty charges.

Specified Person Declaration

I hereby declare that I have explained the contents of this Electronic Application and I have also explained all the important features of Max Life insurance plan to address customer's need and have thereby ensured that the same is completely understood by the Life Insured and have truthfully recorded the answers provided to me. I have also explained that the answers to the questions contained in this Electronic Application form the basis of the contract of insurance between the Company and the Proposer / Life Insured and if any untrue statement is contained therein and / or any information that may be relevant to enable the Company to make an informed decision, the Company shall have the right to vary the benefits which may be payable and / or repudiate the policy by refunding the premiums collected on the policy till the date of repudiation (where applicable), if any, subject to such fraud or mis-statement or suppression of fact material to the life expectancy of the Life Insured being established by the Company. I confirm that to the best of my knowledge, the Life to be insured does not suffer from any physical or mental abnormality or handicap or has/had been hospitalized, undergone any surgery or treatment or he/she is not involved in activities including any hazardous avocation or occupation or any other information material for underwriting this Electronic Application, unless expressly stated in the Electronic Application. I also declare and represent to the Company that I am in full compliance with all the legal & regulatory requirements applicable to agent / corporate agent / specified person / broker and any other circular, instruction issued by IRDAI from time to time.

I certify and confirm having seen the originals of the documents uploaded along with the Electronic Application and their upload via my unique ID is to be taken as my attestation of the documents. In the event this is a replacement sale, I confirm that I have adequately explained the consequences thereof to the customer.

Place VISAKHAPATNAM

Specified Person signature

SP0125179451

Specified Person license no.

Vernacular / Illiterate Declaration (Declaration to be made by a person of standing unconnected with Max Life Insurance Company Limited but whose identity can be easily established)

[illegible]

| |
|------------|
| Address of |
| Declarant |

I have understood the content of the Electronic Application as explained to me in _____ language by Mr. / Ms _____, filling in the Electronic Application and, after the same, I am affixing my signature / thumb impression.

Declarant's Signature _____

Signature / Thumb impression of the Proposer

 A Max Financial Services and MS Joint Venture

CDF Ver. 1.3/ Banca



Annexure to proposal No.: 521752741
Name of the proposer: MADEH VEERA VENKATA TANAKHAN
Date: 07/04/2018

Most Important Document

Thank you for choosing Max Life as your preferred life insurer. To ensure that you are fully aware of the insurance policy you are opting for, we would request you to **confirm some key features of the product that you have selected.**

Please tick the correct option and sign the declarations.

- Name of the life insurance product that I have purchased MAX LIFE MONTHLY INCOME ADVANTAGE PLAN
- I have bought a:
(a) Traditional Policy ☒
(b) Unit Linked Policy (ULIP) ☐
I have chosen _____ funds which allows _____ % investment in equity.
- I agree to pay ₹ 78,375 <Monthly/Quarterly/Half Yearly/Annual> for 12 yrs for the premium payment term accumulating to ₹ 9,40,500
- I shall pay renewal premium for this policy through ☒ ECS (auto debit) ☐ Credit Card ☐ Others _____
- I understand that this is a Regular Premium Policy ☒ Single Premium Policy ☐
- I understand that the policy term of my policy is 22 years and the sum assured under my policy is INR 11,04,565.54. I also understand that I am required to pay premium of INR 78,375, every YEAR for the premium payment term of 12 years.
- I confirm that I have understood the benefit illustration & the sales literature Yes ☒ No ☐
- I have understood the death benefit payable under the product Yes ☒ No ☐
- I have understood the maturity benefit payable under the product Yes ☒ No ☐
- This policy offers a loan facility Yes ☐ No ☒
- This policy offers partial withdrawal facility Yes ☐ No ☒
- I understand that if I do not pay the premiums within the due date, this policy may lapse and the benefits thereunder may not be payable.
- I have understood the amount that will be payable to me in the event I surrender this policy.
- I confirm my understanding that product purchased is a life insurance policy and not a fixed or recurring deposit.
- I confirm that I have submitted a proposal for this product of my own choice after having undergone a customised need analysis and risk profiling (in case of ULIP). I also understand that the returns under ULIPs may not be guaranteed and are subject to investment risk associated with factors including future investment performance
- I confirm that the proposal form has been filled by me, is complete and the information provided is correct.
- I hereby give my consent to YES BANK Limited for furnishing, sharing, disclosing and providing my personal and financial details to Max Life Insurance Company Limited for the purpose of and in connection with my application for issuance of insurance policy to me.
- I understand that I will be required to complete pre issuance proposal verification with Max Life Insurance for the captioned proposal.
- I also acknowledge that such verification will be taken with due seriousness for my own benefit and safety.
- This application is for fresh insurance policy and is not linked with any previous insurance policy.


Proposer's Signature

 A Max Financial Services and  MS Joint Venture



Annexure to proposal No.: 521752741
Name of the proposer: MADEM VEERAVENKATA
TANARDHAN

21. In case of any complaint/feedback, I understand that I can write to yestouch@yesbank.in/ service.helpdesk@maxlifeinsurance.com or call on 18002000/18002005577.
25. I understand that YES BANK Limited is a corporate agent of Max Life Insurance Company Limited. I understand that the life insurance proposal that I have applied for, is underwritten by Max Life Insurance Co. Ltd at their sole discretion and the contract for insurance, if concluded, will be between me and Max Life Insurance Co. Ltd. I confirm that I have been informed about the commission payable to YES BANK under this policy. I understand that I may obtain this information from the bank's website at www.yesbank.in or from the nearest YES BANK branch.
26. The payment made towards this application has been made from account that belongs to
Proposer (Self) ☒ Third Party Payor ☐
- In-case of Third Party Payor, please select relationship with the life Assured/ proposer
Spouse ☐ Parent ☐ Children ☐ Grand Parent ☐

I hereby confirm that the specified person L. SUDHAKAR from YES BANK Ltd. has explained all the features of this product to me & that I have understood the same. I also confirm that I have understood the benefit illustration provided to me in this respect.


Proposer's Signature

Date:

Declaration to be made by a third person where the proposer has affixed his/her thumb impression/ has signed in vernacular/ has not filled the application:

I hereby declare that I have explained the contents of this application form to the proposer in _____ language and have truthfully recorded the answers provided to me. I further declare that the proposer has signed/ affixed his/ her thumb impression in my presence.

Declarant Name: _____ Signature: _____

Date: Place: _____

Address: _____

Specified Person Declaration:

I, L. SUDHAKAR (Name) 655004 (Specified Person License No./Code)
C.S.L (Designation), YES BANK (Bank, Branch name and location if applicable) hereby confirm that I have explained all the important features of the aforementioned Max Life Insurance Policy to address the proposer's insurance needs and have thereby ensured that the same is completely understood by the Proposer.

I hereby confirm that I have met the proposer & life to be insured in person. I also confirm that I have verified the copies of documents submitted in respect of this proposal against the originals.

I confirm that I have read the Board Approved Bancassurance Distribution policy of YES BANK and confirm adherence of the same I hereby confirm that where the insurance is sold as an ancillary product along with a principal business product. I have not compelled the buyer of the principal business product to necessarily buy the insurance product through YES BANK Ltd. I also certify that I have not forced any prospect to buy insurance through YES BANK Ltd. only.

Signature:  Date: Place: VIDALAPATNAM.

Benefit Illustration for 'Max Life Monthly Income Advantage Plan'

UIN : 104N091V02

Savings - Non Linked Participating Plan

Policy/Proposal No: [521752741]

Date of Illustration - Apr 13, 2018 11:13:49 PM

| Personal Details | | Product Features | | Rider Details | |
|--|-----------------------|----------------------|----------------|---------------------------------------|-----|
| Name of Life Insured | VEERA VENKATA J MADEM | Sum Assured | ₹ 11,04,566.00 | ADD Rider Sum Assured, if opted | N/A |
| Age of Life Insured at Inception of the policy | 30 Years | Policy Term | 22 Years | ADD Rider Term, if opted | N/A |
| Gender of Life Insured | Male | Premium Payment Term | 12 Years | Term Plus Rider Sum Assured, if opted | N/A |
| Name of Policyholder | VEERA VENKATA J MADEM | Premium Payment Mode | Annual | Term Plus Rider Term, if opted | N/A |
| Age of Policyholder at Inception of the policy | 30 Years | | | | |
| Gender of Policyholder | Male | | | | |
| Policyholder Residential State | Telangana | | | | |
| Max Life State | Andhra Pradesh | | | | |

PREMIUM SUMMARY

| | First Year Premium | Renewal Premium |
|--|--------------------|-----------------|
| Base premium payable annually | ₹ 75,000.03 | ₹ 75,000.03 |
| GST on Base premium and Total Rider premium payable annually | ₹ 3,375.00 | ₹ 1,687.50 |
| Total Premium payable annually along with GST | ₹ 78,375.03 | ₹ 76,687.53 |
| Total Premium payable during the year exclusive of GST | ₹ 75,000.03 | ₹ 75,000.03 |
| Total Premium payable during the year along with GST | ₹ 78,375.03 | ₹ 76,687.53 |

Refer Description of Goods and Service Tax (GST) under Important Notes section.

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

YEARLY ILLUSTRATIVE DETAILS

(All cash flows are in ₹)

| General Details | | | Guaranteed | | | | | Scenario 1 - Illustrated at 4% investment rate of return | | | | | Scenario 2 - Illustrated at 8% investment rate of return | | | | |
|-----------------|---------------------|---------|--------------------------------|------------------|-------------------------------|-------------------------------|-------------------|--|------------------|----------------------------|-------------------------------|-------------------|--|------------------|----------------------------|--|--|
| Policy Year | Age of life Assured | Premium | Survival & Maturity Benefit(1) | Death Benefit(2) | Guaranteed Surrender Value(3) | Accrued Reversionary Bonus(4) | Terminal Bonus(5) | Survival & Maturity Benefit(1) | Death Benefit(2) | Special Surrender Value(3) | Accrued Reversionary Bonus(4) | Terminal Bonus(5) | Survival & Maturity Benefit(1) | Death Benefit(2) | Special Surrender Value(3) | | |
| | | (BOY) | (EOY) | (EOY) | (EOY) | (EOY) | (EOY) | (EOY) | (EOY) | (EOY) | (EOY) | (EOY) | (EOY) | (EOY) | (EOY) | | |
| 1 | 30 | 75,000 | 0 | 11,04,566 | 0 | 0 | 0 | 0 | 11,04,566 | 0 | 0 | 0 | 0 | 11,04,566 | 0 | | |
| 2 | 31 | 75,000 | 0 | 11,04,566 | 0 | 3,314 | 0 | 0 | 11,04,566 | 0 | 18,446 | 0 | 0 | 11,04,566 | 0 | | |
| 3 | 32 | 75,000 | 0 | 11,04,566 | 67,500 | 6,637 | 0 | 0 | 11,04,566 | 1,16,558 | 37,201 | 0 | 0 | 11,04,566 | 1,24,784 | | |
| 4 | 33 | 75,000 | 0 | 11,04,566 | 1,50,000 | 9,971 | 0 | 0 | 11,04,566 | 1,72,611 | 56,268 | 0 | 0 | 11,04,566 | 1,86,014 | | |
| 5 | 34 | 75,000 | 0 | 11,04,566 | 1,87,500 | 13,315 | 0 | 0 | 11,04,566 | 2,33,260 | 75,654 | 3,15,827 | 0 | 11,04,566 | 2,96,456 | | |
| 6 | 35 | 75,000 | 0 | 11,04,566 | 2,25,000 | 16,668 | 0 | 0 | 11,04,566 | 3,18,593 | 95,364 | 3,21,101 | 0 | 11,04,566 | 4,03,691 | | |
| 7 | 36 | 75,000 | 0 | 11,04,566 | 2,62,500 | 20,032 | 0 | 0 | 11,04,566 | 3,92,202 | 1,15,402 | 3,26,464 | 0 | 11,04,566 | 4,98,191 | | |
| 8 | 37 | 75,000 | 0 | 11,04,566 | 3,18,000 | 23,406 | 0 | 0 | 11,04,566 | 4,70,656 | 1,35,776 | 3,31,916 | 0 | 11,04,566 | 5,99,615 | | |
| 9 | 38 | 75,000 | 0 | 11,04,566 | 3,78,000 | 26,790 | 0 | 0 | 11,04,566 | 5,54,108 | 1,56,490 | 3,37,458 | 0 | 11,04,566 | 7,08,263 | | |
| 10 | 39 | 75,000 | 0 | 11,04,566 | 4,42,500 | 30,184 | 0 | 0 | 11,04,566 | 6,43,137 | 1,77,549 | 3,43,094 | 0 | 11,04,566 | 8,25,010 | | |
| 11 | 40 | 75,000 | 0 | 11,04,566 | 5,03,250 | 33,588 | 0 | 0 | 11,04,566 | 7,86,350 | 1,98,961 | 3,48,824 | 0 | 11,04,566 | 10,06,634 | | |
| 12 | 41 | 75,000 | 0 | 11,04,566 | 5,76,000 | 37,002 | 0 | 0 | 11,04,566 | 9,02,575 | 2,20,730 | 3,54,649 | 0 | 11,04,566 | 11,58,510 | | |
| 13 | 42 | 0 | 1,10,457 | 11,04,566 | 4,92,544 | 40,427 | 0 | 1,10,457 | 11,04,566 | 8,61,342 | 2,42,862 | 3,60,572 | 1,10,457 | 11,04,566 | 11,48,592 | | |
| 14 | 43 | 0 | 1,10,457 | 11,04,566 | 4,09,087 | 43,862 | 0 | 1,10,457 | 11,04,566 | 7,95,523 | 2,65,364 | 3,66,593 | 1,10,457 | 11,04,566 | 11,33,321 | | |
| 15 | 44 | 0 | 1,10,457 | 11,04,566 | 3,25,630 | 47,307 | 0 | 1,10,457 | 11,04,566 | 7,22,184 | 2,88,242 | 3,72,715 | 1,10,457 | 11,04,566 | 11,15,142 | | |
| 16 | 45 | 0 | 1,10,457 | 11,04,566 | 2,42,174 | 50,763 | 0 | 1,10,457 | 11,04,566 | 6,44,376 | 3,11,502 | 3,78,940 | 1,10,457 | 11,04,566 | 10,93,754 | | |
| 17 | 46 | 0 | 1,10,457 | 11,04,566 | 1,58,717 | 54,229 | 0 | 1,10,457 | 11,04,566 | 5,61,880 | 3,35,150 | 3,85,268 | 1,10,457 | 11,04,566 | 10,68,806 | | |
| 18 | 47 | 0 | 1,10,457 | 11,04,566 | 66,261 | 57,705 | 0 | 1,10,457 | 11,04,566 | 4,74,499 | 3,59,193 | 3,91,702 | 1,10,457 | 11,04,566 | 10,39,945 | | |
| 19 | 48 | 0 | 1,10,457 | 11,04,566 | 0 | 61,192 | 0 | 1,10,457 | 11,04,566 | 3,81,994 | 3,83,638 | 3,98,243 | 1,10,457 | 11,04,566 | 10,06,754 | | |
| 20 | 49 | 0 | 1,10,457 | 11,04,566 | 0 | 64,689 | 0 | 1,10,457 | 11,04,566 | 2,84,127 | 4,08,491 | 4,04,894 | 1,10,457 | 11,04,566 | 9,68,789 | | |
| 21 | 50 | 0 | 1,10,457 | 11,04,566 | 0 | 68,197 | 0 | 1,10,457 | 11,04,566 | 1,79,023 | 4,33,759 | 4,11,656 | 1,10,457 | 11,04,566 | 9,25,620 | | |
| 22 | 51 | 0 | 1,10,457 | 11,04,566 | 0 | 71,715 | 0 | 1,82,172 | 11,04,566 | 71,715 | 4,59,449 | 4,18,530 | 9,88,436 | 11,04,566 | 8,77,980 | | |

| | | | | | | | | | | | | | | | | | |
|-------|------------|-------------|--|--|--|--|--|--|--|-------------|--|--|--|--|--|-------------|--|
| TOTAL | ₹ 9,00,000 | ₹ 11,04,566 | | | | | | | | ₹ 11,76,281 | | | | | | ₹ 19,82,546 | |
|-------|------------|-------------|--|--|--|--|--|--|--|-------------|--|--|--|--|--|-------------|--|

(BOY) - Beginning of Year (EOY) - End of Year



| IMPORTANT NOTES | |
|---|--|
| <i>Section A - Key definitions of the terms used in the above table</i> | |
| Max Life Insurance Company is the name of the Company and Max Life Monthly Income Advantage Plan is the name of the Savings-Non Linked Participating Insurance Plan. The name of the plan does not in any way indicate the future returns of the said plan. | |
| (1) Survival Benefit: Survival Benefit is equal to income instalments, each equal to 1/12th (One twelfth) of 10% (Ten percent) of Sum Assured payable on each monthly anniversary for 10 (Ten) consecutive policy years (i.e. 120 months) post the Premium Payment Term. | |
| Maturity Benefit: Maturity Benefit is equal to the sum of Reversionary Bonus (if any) and Terminal Bonus (if any), and shall be payable at the end of Policy Term. | |
| (2) Death Benefit will be paid immediately on the death of the Life Insured and additionally the policy will continue with all the other benefits under the policy remaining intact. Therefore, the total benefit payable on the death of the life insured under the plan are: | |
| -- Death Benefit - It is payable immediately on the death of the Life Insured. The Death Benefit is defined as higher of 11 times the annualized premium, 105% of all premiums paid as on the date of death, Guaranteed Sum Assured on Maturity or any absolute amount assured to be payable on death. Please note that, the annualized premium includes extra premium, if any, but does not include loading for modal premium, GST or cess (if any). Absolute amount is equal to Sum Assured. This Sum Assured is the amount chosen by the Policyholder basis which the premium amount for the policy is determined. Guaranteed Sum Assured on Maturity is 'zero' or 'nil' under this product as all the guaranteed benefit under the product is paid out in form of Survival Benefits as mentioned above. | |
| -- Policy Continuance Benefit - All the premiums (if any) coinciding with or following the date of death of the Life Insured, shall be waived off and the policy will continue as is and Survival & Maturity Benefits shall be payable to the nominee as and when due. | |
| -- If ADD rider is selected, then an additional amount equivalent to ADD rider Sum Assured will be paid along with the base Death benefit in case of Accidental Death. <i>Please note that subsequent to the death of the Life Insured, the policy cannot be surrendered and shall continue till the end of the policy term with all the benefits being paid as and when due.</i> | |
| (3) Surrender Value: Upon surrender, the policyholder will be paid the higher of the Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV). | |
| -- GSV is the minimum guaranteed amount that will be payable to the policyholder on surrender of the policy. | |
| -- SSV is the non guaranteed amount that will be payable to the policyholder on surrender of the policy. SSV also includes the surrender value of Accrued Reversionary Bonus and surrender value of Terminal Bonus (if any). SSV factors can be changed by the company with prior approval of the IRDAI basis significant change in investment returns and/or market values of underlying assets or demographic experience. The SSV will always be equal to or higher than GSV. | |
| (4) Accrued Reversionary Bonus: Reversionary Bonus will be declared each year post completion of second policy year depending on the experience of the company. Once declared reversionary bonus is guaranteed to be paid out on the earlier of Surrender (only cash value) or Maturity. Reversionary bonus is primarily driven by investment in fixed interest securities such as government and corporate bonds and is expected to be relatively less volatile as compared to Terminal Bonus. | |
| (5) Terminal Bonus is an additional bonus paid only ONCE on the earlier of surrender or maturity, provided the policy has been in force for at least 5 complete policy years. Unlike Reversionary Bonus which once declared becomes guaranteed, Terminal Bonus is NOT GUARANTEED and is expected to move in line with the value of the overall assets, more specifically with the value of the growth assets like equity/property. Under the economic scenario of lower investment returns, the Terminal Bonus is likely to reduce. Please note that on surrender, only surrender value of Terminal Bonus, if any, is payable. | |
| <i>Section B Additional information</i> | |
| -- This Benefit Illustration shall form a part of the policy document. | |
| -- This is only an illustrative document. It does not purport to be a contract of insurance and does not in any way create any rights and/or obligations. Bonuses are not guaranteed, and bonus rates will be based on the actual company experience from time to time. | |
| -- Benefits secured under your policy shall become payable provided all contractual premiums are paid as and when they are due. The illustrative benefits above assume that all the contractual premiums will be paid on the due dates respectively. | |
| -- Please note that this Benefit Illustration should be read in conjunction with the product brochure/ leaflet and Policy Contract (available at www.maxlifainsurance.com), for understanding the product features and terms used in this illustration. | |
| -- GST and other applicable taxes, cess (if any) would be levied as per applicable laws and would be borne by the policyholder. Tax laws and the benefits arising under the policy are as per prevailing provisions of law subject to change. | |
| -- You may be entitled to certain applicable tax benefits on your premiums and policy benefits. Please note that all the tax benefits are subject to tax laws prevailing at the time of payment of premium or receipt of benefits by you/ your nominee. | |
| -- The GST shall comprise - CGST, SGST/UTGST or IGST whichever may be applicable and cesses, if any. The applicability of appropriate components will be determined subject to policyholder communication address (state) and state of insurance provider. | |

I _____ (Name), have explained the terms and conditions and the benefits of the policy to the prospect/policyholder.

Signature of Agent/Specified Person:

Name and ID:

Place:

Date:

Company Seal:

I _____ (Name), having received the information with respect to the above, have understood the above statement before entering into the contract. I understand and intend to continue paying

the above said premium amount for the complete Premium Payment Term of **12 Years** and as per the opted frequency. I also understand that some of the benefits under the plan are **non guaranteed**.

Policyholder's Signature:

Policyholder's Name:

Date:

Max Life Insurance Company Limited having its corporate office at 11th Floor, DLF Square, Jacaranda Marg, DLF City, Phase II, Gurugram 122 002

2010.1.2.8.6.63.45 30111045660111332 1000000 100000180000 0 1



Date: 13-Apr-2018
Receipt No.: 521752741APR1801

Life Insurance Premium Receipt

Duration For Which the Premium is Received: 07-APR-2018 to 06-APR-2019

Personal Details

Policy Number: 521752741 Current residential state: Telangana
Policyholder Name: Mr. Veera Venkata Janardhan Mobile No. 8179653520
Madem Landline no. Please inform us for regular updates
Communication Address: EMPIRE MEADOWS C1-409 Life Insured Name: MR. VEERA VENKATA
DOFADILLS, AMEENPUR JANARDHAN MADEM
NEAR SRI CHAITANYA PAN Number: AQUPJ2826P
COLLEGE, HYDERABAD
HYDERABAD
Medak - 502032
Email ID: MADEMVV@GMAIL.COM

Policy Details

| | | | |
|--|-------------|---|----------------|
| Plan Name: Max Life Monthly Income Advantage Plan - 104N091V02 | | | |
| Policy Term | 22 Years | Premium Payment Frequency | Annual |
| Date of Commencement | 07-APR-2018 | Date of Maturity | 07-APR-2040 |
| Last Premium Due Date | 07-APR-2018 | Next Due Date | 07-APR-2019 |
| Reinstatement Interest (incl. GST) | ₹ 0.00 | Model Premium (incl. GST) | ₹ 76,687.53 |
| Total Premium Received (incl. GST)* | ₹ 78,375.03 | Minimum Guaranteed Death Benefit / Death Benefit of base plan and term rider (if any) | ₹ 11,04,566.00 |
| Agent's Name | L Sudhakar | Agent's Contact No. | 9885857724 |

GST Details

| Coverage Type | SAC Code | IGST (INR) | GSTIN | 37AACCM3201E1Z2 |
|------------------------|----------|------------|----------------------------------|-----------------|
| Base | 997132 | ₹ 3,375.00 | GST Regd. State | Andhra Pradesh |
| Rider | 997132 | ₹ 0.00 | Affix Re1 revenue stamp | |
| Reinstatement Interest | | ₹ 0.00 | | |
| Total | | ₹ 3,375.00 | | |

Important Note:

*For payment mode other than in cash, this receipt is conditional upon the credit in our account. Payment of premium amount does not constitute commencement of risk. The risk commencement starts after acceptance of risk by us. *Amount received would be adjusted against the due premium as per terms and conditions of the policy. *Premiums may be eligible for tax benefits under section 80C/80CCC/80D/37(1) of the Income Tax Act 1961. Kindly consult your tax advisor for more information. Tax benefits are liable to change due to changes in legislation or government notification. *Applicable Taxes, Cesses and Levies, as per prevailing laws, shall be borne by you. *For GST purposes, this premium receipt is Tax Invoice. Assessable Value in GST for Endowment First Year is 25%, Renewal Year is 12.5%; Single Premium Annuity is 10%; Term and Health is 100%.

Authorised signatory

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