Mr. G Maruthamkumar

Rc Adena Appartments 2nd Floor Flat S2 May Flower Block Thirumullaivoyal Chennai Tamil Nadu India 600062 Mobile No :9444551791 Tel No : Please check your contact details and ensure it is up-to-date.

Mobile No.: 9444551791

E-mail ID : maruthamkumar@gmail.com

Tel.

Welcome to the world of Aditya Birla Capital!

Dear Mr. G Maruthamkumar,

We thank you for the trust you have shown by making us your preferred choice for your protecting needs. It's our pleasure to have you as a valued customer.

Aditya Birla Capital's protecting solutions enable you to protect what you value.

Your decision to choose Aditya Birla Sun Life Insurance Wealth Secure Plan will not only safeguard your future but also that of your loved ones.

Your policy details:

Plan Name: ABSLI Wealth Secure PlanPolicy Number: 007850856

 Premium Payment Term
 : 5 Years
 Premium Payment Frequency
 : Annual

Installment premium : ₹ 20,000.00 **Policy Term** : Whole Life

Meeting your life's money needs

Aditya Birla Capital offers a wide range of solutions that enable you to fulfill all your life's needs regarding money, throughout your life.

While you have availed our Protecting solution from Aditya Birla Sun Life Insurance, Aditya Birla Capital also offers to help you in **Investing** in your aspirations and **Financing** your life's dreams, needs and desires.

The ease of ONE WINDOW

We enable you to manage your money with confidence and ease by offering the convenience of one window and one point of contact for all your money needs.

You now have one number, 1-800-270-7000 you can call, or one website, www.adityabirlacapital.com, you can visit, for any of your money needs.

You can also create **ONE Login ID** by registering on the above website.

This ID will enable you to login to your account across all businesses of Aditya Birla Capital including Aditya Birla Sun Life Insurance.

It will enable you to securely and conveniently transact and service all your PROTECTING, INVESTING and FINANCING needs.

Looking forward to a long and successful journey ahead!

Yours sincerely,

Ashok Suvarna

Chief Operations Officer

Aditya Birla Sun Life Insurance Company Limited

Our service philosophy

ABSLI Wealth Secure Plan

Part A

Our service philosophy is to be transparent and responsive that will enable us to empower you to make the right financial decisions.

Transparency

Review your policy

We request you to go through the enclosed policy document in detail and check the accuracy of information provided herein. You will have the right to return your policy to us within 15 days (30 days in case the policy is issued under the provisions of IRDAI Guidelines on Distance Marketing(1) of Insurance products) from the date of receipt of the policy, in case you are not satisfied with the terms & conditions of your policy. We will pay the fund value plus non allocated premiums plus all charges levied by cancellation of units once we receive your written notice of cancellation (along with reasons thereof) together with the original policy document. Depending on our then current administration rules, we will reduce the amount of the refund by the proportionate risk premium and the expenses incurred by us on medical examination, if any and stamp duty charges in accordance to IRDAI (Protection of Policyholders Interest) Regulations, 2017.

(1)Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through voice mode, SMS electronic mode, physical mode (like postal mail) or any other means of communication other than in person.

While handing over the original policy document, it is critical that you collect a valid written acknowledgement on submission of the same, as this would be required for all future references.

Health Evaluation

Further, for your reference, we are sharing the results of your medical examination, if applicable, conducted for the assessment of your proposal for insurance. The medical examination report was obtained for assessment of your health conditions, which is relevant to take a decision on the proposal to obtain insurance cover from us. The results of the tests are only indicative in nature. Aditya Birla Sun Life Insurance Company Limited expresses no opinion on the matters contained in the medical reports and we will not be held responsible for the same whatsoever.

Responsiveness

We are committed towards addressing all our customer queries within a maximum of 10 days of receipt of the same.

Claims Connect

We understand that settlement of Claims is of utmost importance. Hence, in order to make claims a hassle-free experience, we have streamlined the process and assure our customer that we are there in the hour of need.

Empower

A single Log-in ID and password that will enable you to securely and conveniently transact and service all your Protecting Solutions. Here you can:

- Track and manage your policy with ease for lifetime
- Set alerts Obtain timely and important information regarding your policy through the Set Alerts feature
- Download feature Instant download of policy document, statements and receipts pertaining to your policy
- · Convenience to pay premium Easy and varied premium payment options to suit your convenience
- Manage your policy Submit your policy servicing requests online
- Stay updated Track your policy details and service request status online

Convert your policy into an E-Insurance Account (EIA) and experience convenience like never before.

- SMS alerts: Access a host of policy and fund related information on your phone by sending a simple text message.
- Call center / IVRS: Call our toll free number 1800-270-7000 and follow the IVR (Interactive Voice Response) flow to ensure that you have an easy and quick resolution of your queries. For NRI call +91 22 66917777(Call charges apply) between 9 am to 9pm, Monday to Saturday.
- Branch: Visit your nearest branch to get all information regarding your policy and any assistance on your servicing requirements.

For any queries or clarifications, please contact your advisor at the touch points mentioned below –

Advisor Name : HDFC BANK LTD.

Advisor Code : 002651

Advisor Mob. No. :
Advisor Res. No. :
Advisor Off. No. :

Branch Name : Head Office - Aditya Birla

Sun Life

Branch Contact : 1800-270-7000

First premium receipt

Name of Life Insured : Mr. G Maruthamkumar Name of Policyholder : Mr. G Maruthamkumar

Address of Policyholder : Rc Adena Appartments 2nd Floor

Flat S2 May Flower Block Thirumullaivoyal

Chennai Tamil Nadu India 600062

Client ID : 8397738508

Policy No. : 007850856

Policy Identification Type : General

Date of Policy Issue : 31/03/2019

First Premium Amount : ₹ 20,000.00

Coverage Details

Coverage No.	Coverage Name	Date of Issue
01	ABSLI Wealth Secure - Fund Coverage	31/03/2019
02	ABSLI Wealth Secure 2013	31/03/2019

- Your application for life Insurance has been accepted and your first premium amount has been adjusted towards purchasing units in the investment fund/s as chosen by you, subject to tralisation of amount.
- Any sum paid on an insurance policy with Aditya Birla Sun Life Insurance Company would be eligible for applicable tax benefits, under the Income Tax Act, 1961, as amended from time to time.
- For specific suitability you are requested to consult your tax advisor.
- The charges are/shall be subject to applicable taxes and levies, prevailing from time to time, during the validity of the policy contract.

Branch Name : Head Office - Aditya Birla Sun Life

Branch Address: G. Corp Tech Park, 5Th & 6Th Floor, Kasar Wadavali,

Ghodbunder Road, Thane Maharashtra 400601

Insurance Advisor Code : 002651

This is a digitally signed document and does not require a signature.

Your policy details

Must read

ABSLI Wealth Secure Plan

Part A Policy Preamble | Policy Schedule

" IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER"

This Policy is the evidence of a contract between Aditya Birla Sun Life Insurance Company Limited ('ABSLI', 'We', or 'the Company') and the Policyholder ('You', or 'Policyholder') as described in the Policy Schedule. This Policy is based on the Proposal made by the within named Policyholder and submitted to the Company along with the required documents, declarations, statements, benefit illustration and other information received by the Company from the Policyholder, Life Insured or on behalf of the Policyholder. This Policy is written under and will be governed by the applicable laws in force in India and all premium and benefits expressed are payable in Indian Rupees.

Policy Information

Product Unique Identification Number: 109L074V04

Policy No. : 007850856 Policy Term : 67 Years

Policy Maturity Date : 31/03/2086

Policy Issue Date : 31/03/2019 Risk Commencement Date : 31/03/2019

Policyholder : Mr. G Maruthamkumar

Address of Policyholder : Rc Adena Appartments 2nd Floor

Flat S2 May Flower Block, Thirumullaivoyal

, Chennai, Tamil Nadu

India, 600062

Date of Birth : 04/02/1986 Gender : Male

Life Insured : Mr. G Maruthamkumar
Address of Life Insured : Same as Policyholder Address

Date of Birth : 04/02/1986 Gender : Male

Age Admitted : Yes

Nominee Details

Nominee

Date of Birth

Relationship with Life Insured

Esha Sangeetha An

22/09/1986

Wife

Appointee In case Nominee is a Minor:

Your policy details

Must read

ABSLI Wealth Secure Plan

Part A Policy Preamble | Policy Schedule

Policy Premium

Basic Premium per annum: ₹ 20,000.00 Installment Premium due on the 31 of every March

Premium Paying Mode : Annual Premium Paying Term : 5 Years

Installment Premium : ₹ 20,000.00 Last Premium due on : 31/03/2023

Investment Option Selected

Self Managed Option

Investment Fund	Allocation	Initial Units
Multiplier ULIF01217/10/07BSLINMULTI109	100.0 %	518.4700

Benefit Information

Basic Sum Assured : ₹ 370,000.00

Signed for and on behalf of Aditya Birla Sun Life Insurance Company Limited.

Ashok Suvarna Chief Operations Officer

Please read Your Policy Schedule carefully to verify that it correctly reflects the policy you applied for, if you notice any discrepancies do return this policy document to us for correction immediately.

To claim a benefit or request a change in Your Policy Schedule, contact your advisor or write to our nearest Branch Office or Customer Service Team. Please advise us promptly of change in any of your contact details.

Stamp Duty Details								
Policy No.	Stamp Duty Amt(₹)	GRN (Gross Receipt No.)	GRN Date	Deface No.	Deface Date	Order No.	Order Date	
007850856	74.00	MH010094020201819E	01/01/2019	CSD/303/2019/202/19	17/01/2019			

INITIAL ACCOUNT STATEMENT

 Statement Date
 : 31/03/2019
 Policy No
 : 007850856

 First Policy Premium
 : ₹ 20,000.00
 Mode
 : Annual

 Premium Allocation Charges
 : ₹ 1,416.00
 Net Invested Premium
 : ₹ 18,584.00

Investment Fund Option	Prem. Allocation Percentage	NAV	Units Allocated	Units Deducted*	Units Balance
Multiplier	100 0 %	75 0 470	E19 4700	2 2410	516.2290
ULIF01217/10/07BSLINMULTI109	100.0 %	35.8439	518.4700	2.2410	310.2290

^{*}For monthiversary charges - Mortality/Morbidity, Policy administration, GST.

- This is an authenticated unit statement. In case of any discrepancies, customers are requested to immediately notify us within 14 days from the policy bond receipt date at our toll free no. or email address mentioned below.
- The Units allotted are after the deduction of all the applicable charges.
- The value of units may vary depending on the fluctuation of Net Asset Value(NAV). Please visit our website www.adityabirlacapital.com for NAV's declared on daily basis.
- The unit statement is a part of the policy document and should be read in conjunction with the terms and conditions mentioned in the policy contract.

PART B

GENERAL

In this contract, "you" or "your" will refer to the owner of this policy and "we", "us", "our", "insurer" or "the company" will refer to Aditya Birla Sun Life Insurance Company Limited, or any of its successors.

This is a Unit Linked Life Insurance Policy. The actual payment of benefits in this policy will vary based on the actual performance of the segregated fund/s offered under this policy and as selected by you.

IRDAI PRIOR APPROVAL

Unless specifically stated otherwise, we reserve the right to increase each charge applicable to your policy at any time. We, however, need to get prior approval from the Insurance Regulatory and Development Authority of India (IRDAI) before such charge increase is effective.

DEFINITIONS

"basic premium" is amount payable regularly by you as per the chosen premium paying mode during the premium paying term.

"discontinuance date" is the date when we receive intimation that you have decided to either revive the policy within the revival period or completely withdraw from the policy or convert the policy in to paid up policy (if applicable) or the date you are deemed to have completely withdrawn in case we do not receive any intimation from you on our notice, whichever is earlier.

"installment premium" is the amount of basic premium payable by you on each due date.

"policy Issue date" is the date this policy is issued and your rights, benefits and risk cover begin, as shown in Your Policy Details.

"policy year" and "policy month" are measured from the policy issue date and are periods of twelve calendar months and one calendar month, respectively.

"policy anniversary" and "monthly processing date" correspond to the first day of a policy year and the first day of a policy month, respectively.

"Risk Commencement Date" is the date on which insurance coverage begins, as shown in the Policy Schedule.

"attained age" corresponds to the then current age of the life insured and is computed as the age of the life insured on the policy issue date incremented by one on each policy anniversary.

Additional definitions are given in this policy document

Aditya Birla Sun Life Insurance Wealth Secure Plan

PART C

POLICY VALUE PROVISIONS

Policy Premium

Your Policy Schedule shows the basic premium payable in a policy year, the premium paying mode, the installment premium and its due dates. Subject to the Policy Discontinuance provision, we must receive basic premiums when due in order for this contract to be valid and remain in effect.

Top-Up Premium

Top-up premium is the additional amount/s paid by you within a policy year over and above the basic premium. You are free to pay a top-up premium anytime provided all prior due basic premiums have been paid in full.

The minimum top-up premium is Rs. 5,000 and at any point the total top-up premiums paid cannot exceed the total basic premiums paid to date, subject to our then current underwriting guidelines, your Top-up Sum Assured will be equal to the top-up premium paid at that time multiplied by:

- 125% if attained age of the Life Insured is less than 45 years; or
- 110% if attained age of the Life Insured is 45 years or more.

Premium Allocation Percentage

Depending upon the investment option selected by you – Systematic Transfer Option, LifeCycle Option or Self-Managed Option - the premium allocation percentage is shown in Policy Schedule and specifies the percentage of each basic premium and top-up premium that will be allocated to a particular segregated fund.

Policy Fund Value

The Policy Fund Value is the total of the Basic Fund Value and Top-up Fund Value; where Basic Fund Value is equal to the units pertaining to basic premiums allocated to the segregated fund/s chosen by you multiplied by its then prevailing unit price and Top-up Fund Value is equal to the number of units pertaining to top-up premiums allocated to the segregated fund/s chosen by you multiplied by its then prevailing unit price.

As detailed in the Segregated Fund Provisions, units are allocated when a premium (net of premium allocation charge) is received or switches are made and units are redeemed when a partial withdrawal is made or when a policy charge is due on a monthly processing date or otherwise. Additional units will be allocated to your policy when a Guaranteed Addition is added by us as detailed in the Policy Benefit Provisions.

Partial Withdrawal

You are free to make a partial withdrawal at any time after five complete policy years and provided life insured is attained age 18 or older. The partial withdrawals shall first be adjusted from the Top-up Fund Value (except any top up premiums paid in the previous five years immediately preceding the date of withdrawal); if any. Once the Top-up Fund Value is exhausted, partial withdrawals would be adjusted from Basic Fund Value. The top-up sum assured will remain unchanged after any withdrawal from the top-up fund value.

ABSLI WSP Ver 2/Sept/2017 POL/11/17-18

POL/11/17-18/1224 109L074V04

PART C

The partial withdrawal you can make is subject to a minimum of Rs. 5,000 and a maximum equal to any excess of the Fund Value over five times the basic premiums payable in a year plus top-up premiums paid during the five years immediately preceding the date of partial withdrawal

POLICY BENEFIT PROVISIONS

Guaranteed Additions

We will add the following Guaranteed Additions to your Policy Fund Value while the policy is still in effect:

- (a) On 10th policy anniversary and on every 5th policy anniversary thereafter, we shall add a Guaranteed Addition equal to 2.00% of the total premiums paid in the last 5 policy years; plus
- (b) On 11th policy anniversary and every policy anniversary thereafter, we shall add a Guaranteed Addition equal to 0.20% of the average Policy Fund Value in the last 12 policy months. The average Policy Fund Value shall be the sum of the Policy Fund Value after each monthly processing date in the last 12 policy months, all divided by 12.

After the completion of 5 policy years, non-negative residual additions, if any, shall be credited to the policy in order to meet the maximum reduction in yield as in Regulation 37 of IRDAI (Linked Insurance Products) Regulations, 2013.

Death Benefit

Your Policy Schedule shows the Basic Sum Assured applicable to your policy. Your Sum Assured is the total of Basic Sum Assured and Top-up Sum Assured, if any. If the Life Insured dies while the policy is in effect, we shall pay to the nominee/legal heir the greater of

- · Basic Fund Value as on date of intimation of death; or
- · Basic Sum Assured

In addition, the nominee/legal heir shall also receive the greater of

- Top-up Fund Value as on date of intimation of death; or
- Top-up Sum Assured

Sum Assured shall be reduced for partial withdrawals as follows

- before attained age 60 of the Life Insured, the Sum Assured payable on death is reduced by partial withdrawals made in the preceding two years; or
- on or after attained age 60 of the Life Insured, the Sum Assured payable on death is reduced by all partial withdrawals made since attained age 58.

However the minimum Basic Sum Assured payable on death after partial withdrawals shall never be less than Basic Premium multiplied by 10.

Death Benefit shall never be less than 105% of total premiums paid.

Provided that where the death of the Life Insured takes place prior to the Risk Commencement Date, only the Basic Premium paid shall be payable as the Death Benefit.

If the life insured and the policyholder is different, the death benefit shall be paid to the policyholder.

At any time while your policy is in effect and after the completion of the premium paying term, you can request to reduce your Basic Sum Assured to the minimum Basic Sum Assured as allowed under the plan or as per the prevailing regulations.

The Death Benefit shall always be determined as of the date we receive intimation of death of the Life Insured

Surrender Benefit

At any time while your policy is in effect, you can request to surrender this policy for its Surrender Benefit. Any such surrender will be treated according to the complete withdrawal as mentioned in Policy Discontinuance provisions.

Grace Period

If you are unable to pay the installment premium by the due date, you will be given a grace period of 30 days (15 days in case the premium is paid monthly) to make the payment of due installment premium without incurring any penalty, during which time all the benefits will continue inclusive of the risk cover and deduction of charges.

If we do not receive the entire due instalment premium by the end of the grace period, we shall send you a reminder notice within 15 days asking you to exercise one of the options within 30 days from the receipt of notice as explained in Policy Discontinuance provision & Policy Paid-up provision in Part D.

PART D

POLICY PROVISIONS

Free-look Period

You will have the right to return your policy to us within 15 days (30 days in case the policy issued under the provisions of IRDAI Guidelines on Distance Marketing⁽¹⁾ of Insurance products) from the date of receipt of the policy, in case you are not satisfied with the terms & conditions of your policy. We will pay the fund value plus all charges levied till date (excluding the fund management charge) once we receive your written notice of cancellation (along with reasons thereof) together with the original policy documents. Depending on our then current administration rules, we will reduce the amount of the refund by the proportionate risk premium and the expenses incurred by us on medical examination of the proposer and stamp duty charges in accordance to IRDAI (Protection of Policyholders Interest) Regulations, 2017.

(1) Distance Marketing includes every activity of solicitation (Including lead generation) and sale of insurance products through voice mode, SMS electronic mode, physical mode (like postal mail) or any other means of communication other than in person.

Please read this policy document carefully.

Policy Discontinuance

We recommend you to pay each installment premium on or before its due date. However, you are given a grace period of 30 days (15 days in case the premium is paid monthly) to pay the due installment premium without incurring any penalty, during which all the benefits will continue inclusive of the full risk cover and deduction of full charges.

If we do not receive the entire due installment premium by the end of the grace period, we shall send you a reminder notice within 15 days asking you to choose one of the following options within 30 days from the receipt of notice.

- (A) If all the due installment premiums for the first five policy years are not paid fully then choose one of the following option.
 - (a) Revive the policy within the revival period by paying all the due installment premiums and continue the policy; or
 - (b) Completely withdraw from the policy.

If we do not receive any intimation from you within 30 days from the receipt of the notice then at the end of the 30 days, you shall be deemed to have chosen the option to completely withdraw from the policy.

If all the due installment premiums are still unpaid then we will discontinue the policy on the date we receive intimation from you that you have exercised one of the two options (a) or (b) above or the date you are deemed to have completely withdrawn, whichever is earlier.

On discontinuation of the policy the risk cover will cease and the Policy Fund Value less the discontinuance charge will be transferred to the Linked Discontinued Policy Fund. The Linked Discontinued Policy Fund will earn the actual return (less a fund management charge of 0.50% per annum.) or a minimum guaranteed interest rate (which currently is 4% p.a.) whichever is higher.

If you have chosen the option (a) above to revive the policy and you do not revive the policy within the revival period then the policy will be terminated on the date corresponding to your fifth policy anniversary or at the end of revival period, if later and the policy proceeds from Linked Discontinued Policy Fund will be payable to you.

If you have chosen the option to completely withdraw from the policy or there is a deemed withdrawal then the policy will be terminated on the date corresponding to your fifth policy anniversary and the policy proceeds from the Linked Discontinued Policy Fund will be payable to you.

In the unfortunate event of death of the Life Insured while the policy is discontinued and not yet revived, we will pay the policy proceeds from the Linked Discontinued Policy Fund immediately and terminate the contract.

- (B) If all due installment premiums for the first five policy years have been paid fully then choose one of the following option—
 - (a) Revive the policy within the revival period by paying all the due installment premiums and continue the policy; or
 - (b) Completely withdraw from the policy without any risk cover.
 - (c) Convert the policy to paid up policy as per paid up provision without paying any further installment premiums

If we do not receive any intimation from you within 30 days from the receipt of the notice then at the end of the 30 days, you shall be deemed to have chosen the option (b) above to completely withdraw from the policy.

If you have chosen the option (a) to revive the policy, then the policy will continue for full benefits till the end of the revival period subject to deduction of all applicable charges. On failing to pay all due installment premiums and revive the policy, the policy will be terminated and the fund value at the end of the revival period will be paid to you.

If you have chosen the option (b) to discontinue the policy or there is a deemed withdrawal, we shall terminate the policy on the date we receive intimation from you or the date you are deemed to have completely withdrawn, whichever is earlier and pay to you the policy proceeds.

Revival

If you have chosen to revive the policy as per the Policy Discontinuance provision A option (a) or B option (a), then you can revive your policy within the revival period of two years from the Discontinuance Date.

To revive your policy, you must pay all due and unpaid installment premiums till date and provide us with evidence of insurability satisfactory to us with respect to the Life Insured. The effective date of the revival is when these requirements are met and approved by us. On the effective date of the revival, we shall restore the Sum Assured to its original value, add back the discontinuance charges deducted on the Discontinuance Date and deduct the outstanding premium allocation charge and policy administration charge, as per existing IRDA of India guidelines, due since the Discontinuance Date, from the Policy Fund Value and then reinvest at the then prevailing Unit Price(s)

PART D

Policy Paid-Up

You may choose to stop paying premiums at any time once all due instalment premiums, for at least five policy years have been paid and continue this policy on a paid-up basis. The policy will automatically be deemed paid-up if you choose to continue it without paying any future premiums as explained in the Policy Discontinuance provision B option (c). Under the paid-up status, the policy will continue with the following modifications:

- (a) Basic Sum Assured shall be reduced in proportion to the installment premiums actually paid to the total installment premiums payable during the premium paying term.
- (b) Mortality charges will be deducted for the reduced sum at risk and other policy charges will remain unchanged.

Termination of Policy

Your policy will terminate at the earliest of:

- (a) the date of settlement of the policy proceeds on complete withdrawal as per the Policy Discontinuance Provision; or
- (b) the date the Policy Fund Value becomes zero; or
- (c) the date settlement of the death benefit; or
- (d) the date of payment of the surrender value, if any.

Aditya Birla Sun Life Insurance Wealth Secure Plan

PART E

POLICY CHARGES

Premlum Allocation Charge (as a percentage of the premium paid) is deducted from the basic and to-up premium when paid and before it is allocated to the segregated fund/s. This charge is guaranteed to never increase. The premium allocation charge on:

- Basic Premium due in the policy years 1-2 is 6.00%.
- Basic Premium due in the policy years 3-6 is 5.50%
- Basic Premium due from the 7th policy year onwards is 5.00%
- Top-Up Premium paid in any policy year is 2.00%.

Fund Management Charge (as a percentage of the net asset value) is deducted by adjusting the daily net asset value of each segregated fund. We reserve the right to change this charge for any segregated fund at any time subject to a maximum of 1.35% and prior IRDAI approval. The current fund management charge on:

- Segregated funds Liquid Plus, Income Advantage, Assure, Protector and Builder is 1.00% p.a.
- Segregated funds Enhancer, Creator, Capped Nifty Index and Asset Allocation is 1.25% p.a.
- Segregated funds Magnifier, Maximiser, Multiplier, Super 20, Pure Equity and Value & Momentum is 1.35% p.a.
- Linked Discontinued Policy Fund is 0.50% p.a.

Policy Administration Charge is deducted from your policy on each monthly processing date by redemption of units in the segregated fund/s. This is guaranteed never to increase. The policy administration charge is:

- Rs. 20 per month in policy years 1 through 5.
- Rs. 25 per month in policy year 6 and inflates by 5% p.a. in each subsequent policy year; subject to a maximum of Rs. 6,000 p.a.

Mortality Charge is deducted from your policy on each monthly processing date by redemption of units in the segregated fund/s. This charge is guaranteed to never increase. The mortality charge per 1000 of Sum at Risk is given in the Mortality Charge Table below. The charge depends on the gender of the Life Insured and varies by policy year based on the then attained age of the Life Insured.

Aditya Birla Sun Life Insurance Wealth Secure Plan

PART E

Discontinuance Charge is deducted from your Policy Fund Value only in case you opt to completely withdraw or surrender from the policy during the first five policy years as per the Policy Discontinuance provision.

This charge is as per the IRDAI (Linked Insurance Products) Regulation, 2013. The discontinuance charge is as follows:

For Basic Premium upto Rs.25,000

- Policy discontinued in policy year 1 lower of 20% of Basic Premium, 20% of Basic Fund Value or Rs. 3,000.
- Policy discontinued in policy year 2 lower of 15% of Basic Premium, 15% of Basic Fund Value or Rs. 2,000.
- Policy discontinued in policy year 3 lower of 10% of Basic Premium, 10% of Basic Fund Value or Rs. 1,500.
- Policy discontinued in policy year 4 lower of 5% of Basic Premium, 5% of Basic Fund Value or Rs. 1,000.
- Policy discontinued in policy year 5 nil.

For Basic Premium more than Rs.25,000

- Policy discontinued in policy year 1 lower of 6% of Basic Premium, 6% of Basic Fund Value or Rs. 6,000.
- Policy discontinued in policy year 2 lower of 4% of Basic Premium, 4% of Basic Fund Value or Rs. 5,000.
- Policy discontinued in policy year 3 lower of 3% of Basic Premium, 3% of Basic Fund Value or Rs. 4,000.
- Policy discontinued in policy year 4 lower of 2% of Basic Premium, 2% of Basic Fund Value or Rs. 2,000.
- Policy discontinued in policy year 5 nil.

No discontinuance charge shall be levied on top-up premiums.

Switching Charge – is deducted from your Fund Value in case you request for a switching between investment options or Segregated Fund Switch. We currently charge Rs. 50 per request and reserve the right to increase this charge at any time in the future, subject to a maximum of Rs. 500 per request and prior IRDAI approval.

Partial Withdrawal Charge - is deducted from your Fund Value in case you request for a partial withdrawal. We currently charge Rs. 50 per partial withdrawal and reserve the right to increase this charge at any time in the future, subject to a maximum of Rs. 500 per request and prior IRDAI approval.

Miscellaneous Charge – is deducted from your Policy Fund Value in case you request for a duplicate of the policy contract/ policy account statement/tax certificate. Currently we charge Rs.50 for each request. We reserve the right to change this charge at any time subject to a maximum of Rs.500 and prior IRDAI approval.

PART E

Mortality Charge Table

Mortality charge levied each month is 1/12th of the annual rate given in the table; plus Rs. xx per 1000. Sum at Risk is the excess, if any, of Death Benefit over Policy Fund Value.

			P	Annual Mo	rtality Rate	per 1000 o	f Sum at R	isk			
Attained			Attained			Attained			Attained		
Age	Male	Female	Age	Male	Female	Age	Male	Female	Age	Male	Female
0	0	0	25	1.546	1.502	50	4.621	3.569	75	47.725	37.813
1	1.319	1.319	26	1.555	1.520	51	5.040	3.885	76	52.953	42.149
2	1.200	1.200	27	1.562	1.534	52	5.494	4.236	77	58.666	46.909
3	1.130	1.130	28	1.566	1.546	53	5.983	4.621	78	64.898	52.127
4	1.060	1.060	29	1.567	1.555	54	6.506	5.040	79	71.686	57.837
5	1.028	1.028	30	1.568	1.562	55	7.064	5.494	80	79.067	64.077
6	1.021	1.021	31	1.578	1.566	56	7.653	5.983	81	87.078	70.884
7	1.028	1.028	32	1.605	1.567	57	8.210	6.506	82	95.757	78.298
8	1.028	1.028	33	1.642	1.568	58	8.790	7.105	83	104.597	86.359
9	1.021	1.021	34	1.692	1.578	59	9.507	7.768	84	112.973	95.109
10	1.039	1.027	35	1.753	1.605	60	10.361	8.395	85	121.290	104.588
11	1.091	1.067	36	1.825	1.642	61	11.352	9.047	86	130.065	114.245
12	1.161	1.120	37	1.908	1.692	62	12.479	9.854	87	139.303	123.392
13	1.226	1.163	38	2.003	1.753	63	13.743	10.814	88	149.008	132.477
14	1.268	1.184	39	2.120	1.825	64	15.144	11.930	89	159.181	142.061
15	1.306	1.200	40	2.253	1.908	65	16.267	13.197	90	169.821	152.151
16	1.342	1.226	41	2.381	2.003	66	17.668	14.620	91	180.919	162.752
17	1.375	1.268	42	2.505	2.120	67	19.802	16.196	92	192.469	173.863
18	1.406	1.306	43	2.650	2.253	68	22.167	17.459	93	204.454	185.484
19	1.434	1.342	44	2.828	2.381	69	24.781	19.035	94	216.861	197.606
20	1.459	1.375	45	3.040	2.505	70	27.729	21.436	95	229.665	210.220
21	1.482	1.406	46	3.287	2.650	71	31.009	24.096	96	242.841	223.312
22	1.502	1.434	47	3.569	2.828	72	34.620	27.038	97	256.361	236.862
23	1.520	1.459	48	3.885	3.040	73	38.590	30.287	98	270.191	250.848
24	1.534	1.482	49	4.236	3.287	74	42.948	33.869	99+	285.712	265.239

PART E

INVESTMENT FUND PROVISIONS

Investment Option

You have three investment options to choose from – Systematic Transfer Option, LifeCycle Option or Self-Managed Option.

For the **Systematic Transfer Option**, we will initially allocate your premiums in Liquid Plus segregated fund. Your Policy Detail shows the Transfer Date and the Transfer Fund(s). On every Transfer Date we shall transfer 1/12th of the allocated amount from Liquid Plus segregated fund to your chosen Transfer Fund(s). Transfer Date & Transfer Fund(s) once chosen at inception cannot be changed. Top-up premiums made during the premium paying term shall be initially allocated in the Liquid Plus segregated fund and shall be transferred to the chosen Transfer Fund along with the last instalment during the policy year. Top-up premiums made after the premium paying term shall be allocated directly into the chosen Transfer Fund.

For the **LifeCycle Option**, we will allocate your premiums in Maximiser and Income Advantage segregated funds in a predetermined proportion based on your selected risk profile and your attained age when the premium is received. The proportion invested in Maximiser will be according to the given schedule – the remaining amount will be invested in Income Advantage.

Attained	Risk Profile	Risk Profile							
	Conservative	Moderate	Aggressive						
1 – 30	50%	70%	90%						
31 – 40	40%	60%	80%						
41 – 50	30%	50%	70%						
51 – 60	15%	35%	55%						
61 – 70	0%	20%	40%						
71 +	0%	5%	25%						

* Attained Age is your age as on Policy Issue Date plus number of completed policy years.

You may request in writing to change your risk profile at any time. Once received by us, your change request will apply to the Policy Fund Value and all premiums received by us from that date onwards. The request for change in risk profile is currently free of cost.

For the **Self-Managed Option**, you may allocate a minimum of 5% and maximum of 100% to each segregated fund available under this option. The premium allocation percentage to each segregated fund must be in increments of 5% and the total percentage across all segregated funds must be 100%.

You may request in writing to change your premium allocation percentage by using the premium redirection facility at any time. Once received by us, your change request will apply to all basic premiums and top-up premiums received by us from that date onwards.

The facility of switching between investment options can be availed of anytime after the first policy year. You can switch to Self-Managed Option and LifeCycle Option anytime during the policy term; however, switching to Systematic Transfer Option can be done only on policy anniversary.

Segregated Fund

A segregated fund is a specific and separate fund managed for the exclusive interest of all policyholders sharing the same segregated fund. The company has sole discretion on the investment and management of each segregated fund within the limits defined in Schedule A given below. The allocation of units in the segregated fund under this policy is notional and is solely for the purpose of determining the Policy Fund Value.

Investment Risk

An investment by you in any segregated fund is subject to market and other risks. Other than the explicit guarantees provided by us, there is no assurance that the objectives of any segregated fund will be achieved.

The unit price of any segregated fund may increase or decrease as per the performance of the financial markets. The past performance of any segregated fund offered by us in this policy or otherwise does not indicate the future performance of any segregated funds. The name/s of the segregated fund/s and that of the policy do not in any way indicate the quality of the returns that can be expected from the segregated fund/s.

Segregated Fund Valuation

We usually determine the value of each segregated fund at the end of every business day. The net asset value (NAV) is determined based on (the market value of investments held by the fund plus the value of any current assets less the value of any current liabilities & provisions) divided by the number of units existing at valuation date (before creation or redemption of any units)

This unit price will be published on our company's website.

Segregated Fund Unit Allocation and Unit Redemption

On each business day, the cut-off time is 3 p.m. by which time we must have received and accepted your instructions to invest in, or encash units from an segregated fund. Instructions accepted by us up to the cut-off time are executed using the unit price we determine at the end of that business day. Instructions accepted by us after the cut-off time will be executed using the unit price determined by us at the end of the next business day.

Instruction to invest is deemed accepted by us when we receive cash, demand draft or local cheque at any of our offices by duly authorized officials. For outstation cheque, instruction to invest is deemed accepted by us only on the day we receive credit in any of our bank accounts.

The number of units allocated equals the monetary amount invested in an segregated fund divided by its unit price at that time. Units are allocated when we receive a premium or when we execute your request to switch units from another segregated fund (as applicable to your policy).

The number of units redeemed equals the monetary amount encashed from an segregated fund divided by its unit price at that time. Units are redeemed when we execute your request for a partial withdrawal or when we execute your request to switch units to another segregated fund (as applicable to your policy). In case of partial withdrawals, units will be redeemed from all segregated funds under your policy in proportion to their value at that time.

On each monthly processing date, policy charges will be covered by redeeming units from all segregated funds under your policy in proportion to their value at that time. In case a Guaranteed Addition is added to your policy, units will be allocated to all segregated funds under your policy in proportion to their value at that time. For the purpose of this paragraph, we will use the latest unit prices available.

Termination of your policy, for any reason, will result in the redemption of all units in all segregated funds under your policy at the time.

PART E

Segregated Funds

Current segregated fund/s under this policy:

(a) Liquid Plus

Objective: To provide superior risk-adjusted returns with low volatility at a high level of safety and liquidity through investments in high quality short term fixed income instruments – up to one year maturity.

Strategy: Fund will invest in high quality short-term fixed income instruments – up to one year maturity. The endeavour will be to optimize returns while providing liquidity and safety with very low risk profile.

(b) Income Advantage

Objective: To provide capital preservation and regular income, at a high level of safety over a medium term horizon by investing in high quality debt instruments.

Strategy: To actively manage the fund by building a portfolio of fixed income instruments with medium term duration. The fund will invest in government securities, high rated corporate bonds, high quality money market instruments and other fixed income securities. The quality of the assets purchased would aim to minimize the credit risk and liquidity risk of the portfolio. The fund will maintain reasonable level of liquidity.

(c) Assure

Objective: To provide capital conservation, at a high level of safety and liquidity through judicious investments in high quality short-term debt

Strategy: To generate better return with low level of risk through investment into fixed interest securities having short-term maturity profile.

(d) Protector

Objective: To generate consistent returns through active management of a fixed income portfolio and focus on creating a long-term equity portfolio, which will enhance the yield of the composite portfolio with minimum risk appetite.

Strategy: To invest in fixed income securities with marginal exposure to equity up to 10% at low level of risk. This segregated fund is suitable for those who want to preserve their capital and earn a steady return on investment through higher exposure to debt securities.

(e) Builder

Objective: To build capital and generate better returns at moderate level of risk, over a medium or long-term period through a balance of investment in equity and debt.

Strategy: To generate better returns with moderate level of risk through active management of a fixed income portfolio and focus on creating a long-term equity portfolio, which will enhance the yield of the composite portfolio with low level of risk appetite.

(f) Enhancer

Objective: To grow capital through enhanced returns over a medium to long-term period through investments in equity and debt instruments, thereby providing a good balance between risk and return. This segregated fund is suitable for those who want to earn higher return on investment through balanced exposure to equity and debt securities.

Strategy: To earn capital appreciation by maintaining a diversified equity portfolio and seek to earn regular returns on the fixed income portfolio by active management resulting in wealth creation for policyholders.

(g) Creator

Objective: To achieve optimum balance between growth and stability to provide long-term capital appreciation with balanced level of risk by investing in fixed income securities and high quality equity security. This fund option is for those who are willing to take average to high level of risk to earn attractive returns over a long period of time.

Strategy: To invest into fixed income securities and maintaining diversified equity portfolio along with active fund management policyholder's wealth in long run.

(h) Asset Allocation

Objective: To provide capital appreciation by investing in a suitable mix of cash, debt and equities. The investment strategy will involve a flexible policy for allocating assets among equities, bonds and cash.

Strategy: To appropriately allocate money between equity, debt and money market instruments, to take advantage of the movement of asset prices resulting from changing financial and economic conditions.

(i) Magnifier

Objective: To maximize wealth by managing diversified portfolio. **Strategy**: To invest in high quality equity security to provide long-term capital appreciation with high level of risk. This fund option is suitable for those who want to have wealth maximization over long-term period with equity market dynamics.

(j) Maximiser

Objective: To provide long-term capital appreciation by actively managing a well-diversified equity portfolio of fundamentally strong blue chip companies. Further, the fund seeks to provide a cushion against the sudden volatility in the equities through some investments in short-term money market instruments.

Strategy: To build and actively manage a well-diversified equity portfolio of value and growth driven stocks by following a research focused investment approach. While appreciating the high risk associated with equities, the fund would attempt to maximize the risk-return pay off for the long-term advantage of the policyholders. The fund will also explore the option of having exposure to quality mid cap stocks. The non-equity portion of the fund will be invested in good rated (P1/A1 & above) money market instruments and fixed deposits. The fund will also maintain reasonable level of liquidity.

PART E

(I) Multiplier

Objective: To provide long-term wealth maximization by actively managing a well-diversified equity portfolio, predominantly comprising of companies whose market capitalization is close to Rs. 1000 crores and above.

Strategy: To build and actively manage a well-diversified equity portfolio of value & growth driven stocks by following a research driven investment approach. The investments would be predominantly made in mid cap stocks, with an option to invest 30% in large cap stocks as well. While appreciating the high risk associated with equities, the fund would attempt to maximize the risk-return pay-off for the long-term advantage of the policyholders. The fund will also maintain reasonable level of liquidity.

(m) Super 20

Objective: To generate long-term capital appreciation for policyholders by making investments in fundamentally strong and liquid large cap companies.

Strategy: To build and actively manage an equity portfolio of 20 fundamentally strong large cap stocks in terms of market capitalization by following an in-depth research-focused investment approach. The fund will attempt to adequately diversify across sectors. The fund will invest in companies having financial strength, robust, efficient & visionary management, enjoying competitive advantage along with good growth prospects & adequate market liquidity.

The fund will adopt a disciplined yet flexible long-term approach towards investing with a focus on generating long-term capital appreciation. The non-equity portion of the fund will be invested in high rated money market instruments and fixed deposits. The fund will also maintain reasonable level of liquidity.

(n) Pure Equity

Objective: To provide long-term wealth creation by actively managing portfolio through investment in selective businesses. Fund will not invest in businesses that provide goods or services in gambling, lottery /contests, animal produce, liquor, tobacco, entertainment like films or hotels, banks and financial institutions.

Strategy: To build and actively manage a well-diversified equity portfolio of value & growth driven fundamentally strong companies by following a research-focused investment approach. Equity investments in companies will be made in strict compliance with the objective of the fund. The fund will not invest in banks and financial institutions and companies whose interest income exceeds 3% of total revenues. Investment in leveraged-firms is restrained on the provision that heavily indebted companies ought to serve a considerable amount of their revenue in interest payments.

(o) Value & Momentum

Objective: To provide long-term wealth maximization by managing a well-diversified equity portfolio predominantly comprising of deep value stocks with strong price and earnings momentum.

Strategy: To build & manage a well diversified equity portfolio of value and momentum driven stocks by following a prudent mix of qualitative & quantitative investment factors. This strategy has outperformed the broader market indices over long-term. The fund would seek to identify companies, which have attractive business fundamentals, competent management and prospects of robust future growth and are yet available at a discount to their intrinsic value and display good momentum. The fund will also maintain reasonable level of liquidity.

(k) Capped Nifty Index

Objective: To provide capital appreciation by investing in a portfolio of equity shares that form part of a Capped NIFTY Index.

Strategy: To invest in all the equity shares that form part of the Capped Nifty in the same proportion as the Capped Nifty. The Capped Nifty Index will have all 50 companies that form part of Nifty index and will be rebalanced on a quarterly basis. The index composition will change with every change in the price of Nifty constituents. Rebalancing to meet the capping requirements will be done on a quarterly basis.

The company will manage the investment mix of each segregated fund according to Schedule A given below.

Segregated Fund Switch

You may switch part or all of your allocated units in one segregated fund to another segregated fund at any time under the Self-Managed Option.

Your switch request must be sent and received by us in our prescribed format before a switch is performed. The minimum switch amount must be Rs. 5,000.

Segregated Fund Additions and Closures

With the approval from the IRDAI we may from time to time add new segregated funds under your policy. All provisions in this policy will continue to apply unless specifically stated otherwise. We will inform you of such addition no later than 60 days after it is made available under your policy.

With the approval from the IRDAI we may at any time close an segregated fund available in your policy. We will inform you in writing of such closure no later than 60 days before we actually close the segregated fund.

Unless we receive specific instructions from you by the time we close the segregated fund, all units in the segregated fund will be switched to the most conservative segregated fund then available in your policy. Similarly, reference to the segregated fund being closed in your premium allocation percentage will be changed to refer to the most conservative segregated fund then available in your policy. Income Advantage is currently our conservative segregated fund. However, we can declare from time to time another segregated fund as the most conservative in your policy.

PART E

Schedule A - List of Segregated Fund/s available under this policy

Segregated Fund	Segregated Fund Identification No.	Risk Profile	Asset Allocation *	Min.	Max.
			Debt Instruments	20%	100%
Liquid Plus	ULIF02807/10/11BSLLIQPLUS109	Very Low	Money Market & Cash	0%	80%
			Equities & Equity Related Securities	0%	0%
			Debt Instruments,	60%	100%
Income	ULIF01507/08/08BSLIINCADV109	Very Low	Money Market & Cash	0%	40%
Advantage			Equities & Equity Related Securities	0%	0%
			Debt Instruments	20%	100%
Assure	ULIF01008/07/05BSLIASSURE109	Very Low	Money Market & Cash	0%	80%
		-	Equities & Equity Related Securities	0%	0%
			Debt Instruments	90%	100%
Protector	ULIF00313/03/01BSLPROTECT109	Low	Money Market & Cash	0%	40%
			Equities & Equity Related Securities	0%	10%
			Debt Instruments	80%	90%
Builder	ULIF00113/03/01BSLBUILDER109	Low	Money Market & Cash	0%	40%
			Equities & Equity Related Securities	10%	20%
			Debt Instrument,	25%	80%
Enhancer	ULIF00213/03/01BSLENHANCE109	Medium	Money Market & Cash	0%	40%
	deli doz to, do, d ibaceminimoe id,	Mediam	Equities & Equity Related Securities	20%	35%
			Debt Instruments	50%	70%
Creator	ULIF00704/02/04BSLCREATOR109	Medium	Money Market & Cash	0%	40%
Sieatoi	0EII 00704702704B3ECKEATOK107	Mediaiii	Equities & Equity Related Securities	30%	50%
			Debt Instruments	10%	80%
Asset	ULIF03430/10/14BSLIASTALC109	High		0%	40%
Allocation	ULIFU3430/ 10/ 14b3LIA31ALC109	High	Money Market & Cash	10%	80%
			Equities	10%	
4 16	LILIEGOGG / /O / /O ADGLIBAA ONIAGO	111.1	Debt Instruments		50%
Magnifier	ULIF00826/06/04BSLIIMAGNI109	High	Money Market & Cash	0%	40%
			Equities & Equity Related Securities	50%	90%
			Debt Instruments	0%	20%
Maximiser	ULIF01101/06/07BSLIINMAXI109	High	Money Market & Cash	0%	20%
			Equities & Equity Related Securities	80%	100%
			Debt Instruments	0%	20%
Multiplier	ULIF01217/10/07BSLIINMULTI109	High	Money Market & Cash	0%	20%
			Equities & Equity Related Securities	80%	100%
			Debt Instruments	0%	20%
Super 20	ULIF01723/06/09BSLSUPER20109	High	Money Market & Cash	0%	20%
			Equities & Equity Related Securities	80%	100%
			Debt Instruments	0%	20%
Pure Equity	ULIF02707/10/11BSLIPUREEQ109	High	Money Market & Cash	0%	20%
		-	Equities & Equity Related Securities	80%	100%
/-l 0			Debt Instruments	0%	20%
/alue &	ULIF02907/10/11BSLIVALUEM109	High	Money Market & Cash	0%	20%
Momentum		ŭ	Equities & Equity Related Securities	80%	100%
			Debt Instruments	0%	10%
Capped Nifty	ULIF03530/10/14BSLICNFIDX109	High	Money Market & Cash	0%	10%
ndex		<i>3</i> ·	Equities	90%	100%
inked			Government Securities	60%	100%
Jinkeu Discontinued	ULIF03205/07/13BSLILDIS109	Very Low	Money Market & Cash	0%	40%
21300Htilliucu	0E11 00200/ 01/ 1000EIEDIO 107	V CI y LUVV	Equities & Equity Related Securities	0%	0%

In each segregated Fund except Liquid Plus, the Short Term Debt instruments (Money Market, Mutual Fund & Cash) asset allocation will not exceed 40%.

Money Market Instruments are debt instruments of less than one year maturity. It includes collateralised borrowing & lending obligation, certificate of deposits, commercial papers etc. Investment in Money Market Instrument supports for better liquidity management

PART F

GENERAL PROVISIONS

Contract

Your contract includes this policy document, the application for the policy and any amendments agreed upon in writing after the policy is issued. The contract also includes declarations given by the policyholder any medical report forms and written statements and answers furnished as evidence of insurability. We are bound only by statements that are part of the contract. Only our authorized officers can agree to any change in the contract and then only in writing.

This contract does not provide for participation in the distribution of profits or surplus declared by us.

Currency and Place of Payment

All payments to or by us will be in accordance with the prevailing Exchange Control regulations and other relevant laws and regulations of India.

Indian Rupee (Rs.) is the currency of this policy. We will make or accept payments relating to this policy at any of our offices in India or such other locations as determined by us from time to time.

Assignment

Allowed as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

For more details on the assignment, please refer to Annexure A.

Nomination

Allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. For more details on the nomination, please refer to Annexure B.

Claim Procedures

For processing a claim (be it on surrender or death) under this policy the following documents are required:

For Surrender Benefit:

- · Original policy document
- Claimant's statement

For Death Benefit:

- · Original policy document
- Claimant's statement
- Death Certificate (only in the case of the death of the Life Insured)
- Medical Attendant's Certificate
- Employer's Certificate, if applicable
- Copies of Medical Reports of last and previous hospitalizations, if

For accident cases – First Information Report, Post Mortem Report and Police Inquest Form

You shall also provide us with any other relevant information/ document as may be required by us preferably within 90 days from the date of request.

Any person claiming the benefits can download the claim request documents from our website www.adityabirlasunlifeinsurance.com or can obtain the same from any of our branches.

In case you are unable to provide any or all of the above documents, in exceptional circumstances such as a natural calamity, we may at our own discretion conduct an investigation and subsequently settle the claim.

Taxation

The income tax benefits on your policy will be as per prevailing Income Tax laws in India and any amendment(s) made thereto from time to time. As per the applicable laws and any amendments made thereto from time to time, we reserve the right to:

- · deduct or withhold tax as the case may be; and
- recover levies, taxes, cesses and duties including but not limited to GST from you or adjust the same from the amounts paid by you or accrued or payable to you under the policy.

Misstatement of Age

If the date of birth of the life insured has been misstated, any amount payable shall be increased or decreased to the amount that would have been provided, as determined by us, given the correct age.

If at the correct age, the life insured was not insurable under this policy according to our requirements, we reserve the right to pay the premiums paid till date and terminate the policy in accordance with Section 45 of the Insurance Act, 1938.

Sulcide 5 4 1

If the Life Insured under this policy dies by suicide, whether medically sane or insane, within one year after the policy issue date or revival date, we will not pay the amount described in the Death Benefit provision. In such circumstances, we shall pay the Policy Fund Value (plus any charges recovered subsequent to date of death) as on date of death.

Fraud and Misrepresentation

As per the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. For more details on Section 45 of the Insurance Act, 1938 please refer to Annexure C.

Grievance or Complaint

You may register your grievance or complaint with our Head Customer Response & Resolution at Customer Care Unit / Aditya Birla Sun Life Insurance Company Ltd (Formerly Birla Sun Life Insurance Company Ltd). / One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013. You may also call our toll free no. 1-800-270-7000 or email: care.lifeinsurance@adityabirlacapital.com

In case you are dissatisfied with the decision of the above office or have not received any response with 10 days, you may contact **Head Service Assurance** at Customer Care Unit / Aditya Birla Sun Life Insurance Company Ltd (Formerly Birla Sun Life Insurance Company Ltd). / One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013. You may also call our toll free no. 1-800-270-7000 or email: grievance.lifeinsurance@adityabirlacapital.com.

The complaint should be made in writing duly signed or through email by the complainant or by his/her legal heirs with full details of the complaint and the contact information of complainant.

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

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255

Email ID: complaints@irda.gov.in

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

Address for communication for complaints by fax/paper:

Consumer Affairs Department,

Insurance Regulatory and Development Authority of India, 9th floor, United India Towers, Basheerbagh, Hyderabad – 500 029, Andhra Pradesh

Fax No: 91-40 - 6678 9768

Insurance Ombudsman

In case you are dissatisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman located nearest to you (please refer to Appendix I or visit our website www.adityabirlasunlifeinsurance.com) if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy;
- Delay in claim settlement;
- Dispute with regard to premium; or
- Non-receipt of your policy document.

As per provision 14(3) of the Insurance Ombudsman Rules 2017, the complaint to the Ombudsman can be made:

Only if the grievance has been rejected by the grievance redressal machinery of the insurer;

- Within a period of one year from the date of rejection by the insurer; and
- If it is not simultaneously under any litigation.

Risk Factors / Disclaimers

This policy is underwritten by Aditya Birla Sun Life Insurance Company Limited (ABSLI) and is a non linked non participating term insurance plan. All terms & conditions are guaranteed throughout the policy term. ABSLI reserves the right to recover levies such as the GST levied by the authorities on insurance transactions. If there be any additional levies, they too will be recovered from you. Insurance is the subject matter of the solicitation.

NOTWITHSTANDING ANYTHING CONTAINED IN THIS POLICY DOCUMENT, THE PROVISIONS HEREIN SHALL STAND ALTERED, AMENDED, MODIFIED OR SUPERCEDED TO SUCH EXTENT AND IN SUCH MANNER AS MAY BE REQUIRED BY ANY CHANGE IN THE APPLICABLE LAW (INCLUDING BUT NOT LIMITED TO ANY REGULATIONS MADE OR DIRECTIONS / INSTRUCTIONS OR GUIDELINES ISSUED BY THE IRDA OF INDIA) OR ANY OTHER COMPETENT AUTHORITY OR AS MAY BE NECESSARY UNDER A JUDGEMENT OR ORDER /DIRECTION/ INSTRUCTION OF A COURT OF LAW.

List of Ombudsman

AHMEDABAD: Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, Ahmedabad -380001. Tel.: 079 - 25501201/02/05/06. E Mail: bimalokpal.ahmedabad@ecoi.co.in. Areas of Jurisdiction: Gujarat, Dadra & Nagar Haveli, Daman and Diu. BENGALURU: Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19. Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049. E-Mail : bimalokpal, bengaluru@ecoi.co.in. Areas of Jurisdiction: 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. E-Mail : bimalokpal.bhopal@ecoi.co.in. Areas of Jurisdiction: Madhya Pradesh, Chattisgarh. BHUBANESHWAR: Office of the Insurance Ombudsman,62, Forest Park, Bhubaneshwar - 751 009. Tel.: 0674 - 2596461 /2596455. Fax: 0674 – 2596429 E-Mail: bimalokpal.bhubaneswar@ecoi.co.in. Areas of Jurisdiction: 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. E-Mail: bimalokpal.chandigarh@ecoi.co.in. Areas of Jurisdiction: Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, 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. E-Mail: bimalokpal.chennai@ecoi.co.in. Areas of Jurisdiction: Tamilnadu and Pondicherry and Karaikal (which are part of Pondicherry). DELHI: Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 -2323481/23213504. E-Mail: bimalokpal.delhi@ecoi.co.in. Areas of Jurisdiction: 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. E-Mail: bimalokpal.guwahati@ecoi.co.in. Areas of Jurisdiction: 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 Tel: 040 - 6 5504123,23325325. E-Mail: bimalokpal.hyderabad@ecoi.co.in . Areas of Jurisdiction: Andhra Pradesh, Telangana & Yanam and part of 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. Areas of Jurisdiction: Rajasthan. ERNAKULAM: Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338. Fax: 0484 - 2359336. Email: bimalokpal.ernakulam@ecoi.co.in. Areas of Jurisdiction: Kerala, Lakshadweep, Mahe -a part 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. Areas of Jurisdiction: West Bengal, Sikkim, Andaman & Nicobar Islands. LUCKNOW: Office of the Insurance Ombudsman,6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 -2231330 / 2231331. Fax: 0522 – 2231310. Email: bimalokpal.lucknow@ecoi.co.in. Areas of Jurisdiction: Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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. Areas of Jurisdiction: Mumbai & Goa (excluding Navi Mumbai & Thane). NOIDA: Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, NOIDA, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in . Areas of Jurisdiction : State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, 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. Areas of Jurisdiction: States of Bihar, Jharkhand. PUNE: Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555. Email: bimalokpal.pune@ecoi.co.in. Areas of Jurisdiction: Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

PART G

ANNEXURE A

Section 38 - Assignment and Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by the Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

- 1. This 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 of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
- 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 or
 - b. Not in the interest of the policyholder or
 - c. Not in public interest or
 - d. Is for the purpose of trading of the insurance policy.
- 10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
- 11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
- 12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
- 13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b. where the transfer or assignment is made upon condition that

 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
 - Shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. May institute any proceedings in relation to the policy
 - Obtain loan under the policy or Surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
- 15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of amendments of the Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Act Gazette Notification dated March 23, 2015 for complete and accurate details.]

ANNEXURE B

Section 39 - Nomination by Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by the Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

- 1. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
- 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 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 not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.

PART G

- 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 or
 - e. Any of them

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

- 14. If Nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired Nominee(s) shall be payable to the heirs or legal representative of the Nominee or holder of succession certificate of such Nominee(s).
- 15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of the 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 the Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments of the Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Act Gazette Notification dated March 23, 2015 for complete and accurate details.

ANNEXURE C

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

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by the Insurance Laws (Amendment) Act, 2015 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 policy whichever 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 policy whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or Nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

- 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 not a comprehensive list of amendments of the Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Act Gazette Notification dated March 23, 2015 for complete and accurate details.]

		LIFE INSURANCE Iditya Birla Sun Life Insurance Company Ltd.	ADITYA BIRLA CAPITAL PROTECTING INVESTING FRANCING ADVISING
		COMMON APPLICATION FORM IN UNIT LINKED POLICIES, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY CA Ref A: CA Ref B:	THE POLICHOLDER
		Insurance Advisor No. Broker/Corp. Agent No. O02651 Broker Verifier Code Verifier Code Verifier Code Verifier Code	n - Please paste recent photograph(3cmx3cm) of the proposer
FOR/6/18-19/2940 VER20/JUN/2018	Professional Details Personal Details .	APPLICATION FOR INSURANCE ON OWN LIFE / ANOTHER LIFE AGE a) This form to be filled in BLOCK LETTERS WITH A BLACK PEN LS) Any cancelatorial braches in this Propose from must be all allesed by the Propose of the bit of sections of indicated in the Propose from the section of sections of indicated in the Propose of the bit of sections of indicated in the Propose of the bit of sections of indicated in the Propose of the bit of sections of indicated in the Propose of the bit of sections of indicated in the Propose of the bit of the Propose of	form to be authenticated by the proposer and all documents submitted
	Profess.	Type of Organization Govt. Public Ltd. Private Ltd. Partnership Proprietorship HUF Trust Society NGO	Type of Organization Govt. Public Ltd. Private Ltd. Partnership Proprietorship GHUF Trust Gsociety INGO

☐Trust ☐Society ☐NGO

Charity

☐Trust ☐Society ☐NGO

Charity

Nature of Business/Duties IT Designation Techlead Nature of Business/Duties Designation

*Annual Income Rs.

*Annual Income Rs.

*Proof is mandatory only where annualized 1 year premium acrossed all policies held by Single individual is > Rs. 1,00,000

APPLICATION NO:	EA90101793						Form ID:	111001
For Student/Non	ite Parent's / Spouse's Annu earning (Single), state Pare		_		rson under GS	J. 2011. —	Yes	□ No
	tate Spouse Insurance cover	er Rs No	_					
If yes provide your	GST registration number		_					
3 AGE PROOF(Pleas	_							
Aadhar Card U	Passport U Pan Ca	ard U Driving License	□ Muni 	cipal Birth Ce	rtificate	□ School/(College Certif	icate
4 MANDATORY DET	TAILS IN ACCORDANCE WIT	TH ANTI MONEY LAUNDER	RING GUIDELIN	NES AS PRE	SCRIBED BY	IRDAI		
	oof of the Proposer (any one) If the Proposer (any one)		_	Passport Passport	☐ Driving ☐ Driving	_	Others	
Address Type	Title Floposet (any one)	Residential/Business	_	_	_	Registered (_	Unspecified
	f the Proposer (any one) (mand ther the Proposer or the Life t				☐ ITR ☐ Yes		Others	Z No
	s mandatory along with the ap					ear ~		J 110
example Heads of Stat	o are or have been entrusted te or government, senior polition officials OR Family members	cians, senior government, ju	dicial or military	officials, sen	or executives	of state-owne	-	
	and signed by the person wh				,			
FOR CORPORATE AN	ND OTHER ENTITIES Please	fill up and attach "Annexure	- l' available se	parately, as r	equired.			
If you already have e-in	please submit requisite annex nsurance A/C number, please // If yes, please mention your	provide the same	sitory Name Na	ational Insura	nce Policy Re	pository		nuc.
, , , , ,	MMUNICATION with PROPO		uly (in)	J NAKVI	U NODE	□ (D)		CIME
Address1	RC ADENA APPARTMEN							
Address2 Address3	FLAT S2 MAY FLOWER I THIRUMULLAIVOYAL	BLOCK						
Area City/Town/Village	CHENNAI			-				
State	TAMIL NADU	P	in	600062				
Tel. No. Res./Office	where annualized 1 year premiu	Altern	/ Single individua ate Mobile	ll is > Rs. 10,0	00			
E-mail Address Your preferred langua	maruthamkumar@gmail.con age for communication (sele		☑ English	Hindi	Marathi	Tamil	Teleç	
Details where we can send y	ou updates regarding your policy, ren	ewal reminders and ongoing service	Kannada s	Bengali	Gujarati	Malayalar	m ∐Punja	101
form I request you to ser	elow box if you wish to recei	ectronic form at above email	id. (policy docu	ments will be	sent in the ph	ysical mode a	utomatically a	is well).
	information on my policy regardi the renewal reminders, policy sical mode ?			g services, var	ous notification	_	. –	ve email id. No
	insured is different than the	e proposer, please fill in the	e details in "An	nexure for L	ife Insured A	ddress" which	n forms part	of proposal
	DRESS for COMMUNICATION	N with PROPOSER (If different	from communication	address)				
Address 1								
Address 2								
Address 3								
Area								

02

APPLICATION NO: EA90101793			F	Form ID: 111001	APPI	LICATION NO:	EA90101	1793					Form ID:	
City/Town/Village					Account	t Holder's Name	e G maruthamk	kumar						
State	Pin	_			Account	т Туре	✓ Saving:	s 🗆 Current	Account No	084711400	10257			
	riii								IFSC Code			(Mandatory)		
					account ho	older's name, addn	ess and account num	nber. The bank statement has	s to be self attested b	oy customer & at	nt holder/bank account number; lested by ABSLI authorized pers e same at your nearest branch.	ve will need photocopy of onnel. In case of any char	the bank statement nges in the above b	nt sh bank
8 NOMINEE (under Section 39 of Insurance Act, 1938)					, auto, po	2000 iii ap 210 pa) t	on option term utula	and departury along man dep	py or connected and qu	DO GITO GODENIA DI	o danie da your modeles eranen.			
Nominee(if Life to be Insured and Proposer are the same pers														
Sr. Nominee Name No. First Name			lelationship with ife to be Insured	Nomination Share*(in %)	12 INS	SURANCE HIS	TORY OF THE	LIFE to be INSURED ((Mandatory)					
1 Esha sangeetha		22-09-1986	Wife	100	A Ist	there any conc	urrent application	n and/or any existing in	nsurance	B Has a	any of your new proposal/	application for reviv	al/reinstatemen	ent f
* Sum total of all nomination share should be equal to 100 www.adityabirlasunlifeinsurance.com	% In case you wish to nominate more r	nominees, please contact u	us on toll free number 1-800-2	270-7000 or write to us		,		dent / Critical Illness or			ent, medical, health relate			
Appointee (if Nominee is a minor Appointee canno	t be Life to be Insured)						th ABSLI or any o ive details.	other insurer in India or Yes No	ſ		ed, withdrawn, declined, p an increased premium or	,		
First Name		PURPOSE OF INSURA		7 **** **			_			insur	ance with ABSLI or any o	,		
Last Name Date of Birth			Childs Education	Childs Marriage							s. Yes V No			
Relationship with Nominee	_		Legacy Fidilility		-	Name of th	e Insurer	Sum Assured (in F	Rs.)	Na	ime of the Insurer Su	m Assured (in Rs.)	Reaso	on
					13110	CESTVI E DEC	M DIAN IAND S	MEDICAL DETAILS OF	THE LIEE to b	o INCLIDED				
10 INSURANCE PLAN DETAILS						RSONAL DET		ILDIONE DE INIES SI	THE EN E TO D	CINOUNED				
Plan 1 BSLI Wealth Secure Plan	Option null	Policy Term	years or	✓Whole life				cms		Woight 72		an		
Assic Premium Rs. 20000 Assic Sum Assured Rs. 370000	Income Benefit Term null	-, -	5 years or ment Period 0 years 0	O 1,5 1 1,					nor over E kal	weight 13	·	ys	Yes	
urchase Price* Rs.	Income benefit reith hull		ilielit i eliuu []u yeals [].					e during the past one y					□169	
ncreasing Sum Assured 5%								AMILY MEDICAL HIS					_	
150%	200% 250%	_								100dour 2 lf	Yes, submit appropriate o	uantiannaira	Yes	,
nvestment Option LifeCycle Option	Smart Option Risk Profile		_ **			,				•	res, submit appropriate q ition? (for e.g. flying other		□ Yes	
Return Optimser Optio		_монину _меекну	Transfer Date Ist 8th	ly for monthly mode)		,	,				sing explosives or any ot			,
- <i>'</i>	%	%				Yes, submit ap	ppropriate questi	ionnaire.						
(In increments of 5% with minin	ium of 5% and maximum of 100% in any f	fund option. Total must be 10	00%)	_	ii	Do you consu	me or have you e	ever consumed any nai	rcotic substance	? If Yes, give	details.			
_ ,	(In increments of 5% with minimum			otal must be 100%)	iv	Do you consu	me alcohol ? If Y	es, give details.					Yes	3
iquid Plus 0% Income Advantage 0%	Assure 0% Protector	0% Builde	er 0%							et e				
	_	_	_		s	Substance	In the	form of		ntity per reek month	'	r been advised to st		
Enhancer 0% Creator 0%	Magnifier 0% Capped Nifty Super 20 0% Pure Equity	y Index 0% Asset	Allocation 0%			Substance	In the	form of		intity per reek month	'	r been advised to st by a Physician. If Ye		
Enhancer 0% Creator 0% Maximiser 0% Multiplier 100% MNC 0% 0% 0%	Magnifier 0% Capped Nifty Super 20 0% Pure Equity	y Index 0% Asset 0% Value	Allocation 0% & Momentum 0%			Alcohol			day w	reek month	substance	by a Physician. If Ye	s, specify the re	rea
Enhancer 0% Creator 0% Maximiser 0% Multiplier 100% MNC 0% Note: For the Segregated Fund Identification Number (SFIN) place Number (SFIN) place	Magnifier 0% Capped Nifty Super 20 0% Pure Equity se refer the product brochure / leaflet or Be	y Index 0% Asset 0% Value Lenefit Illustration. You may als	Allocation 0% 8. Momentum 0% so logon to our website www.aditye	abiriasunlifeinsurance.com	v	Alcohol Do you consul	me cigarettes/bid	dis/cigars or used any c	day w	reek month	'	by a Physician. If Ye	s, specify the re	reas
Enhancer 0% Creator 0% Matrimiser 0% Multiplier 100% MNNC 0% Multiplier 100% NNNC 0% More For the Segregated Fund Identification Number (SFIN) piec the above mentioned values are not legible, missed or mismate	Magnifier 0% Capped Nifty Super 20 0% Pure Equity se refer the product brochure / leaflet or Be ch found with application form, then value	y Index 0% Asset 0% Value lenefit illustration. You may alses from Signed Benefit Illustration.	Allocation 0% 8. Momentum 0% so logon to our website www.aditye	abirlasunliféinsurance.com	v	Alcohol Do you consul	me cigarettes/bid	dis/cigars or used any o	day w	reek month	substance ts in any form? If Yes, wh	by a Physician. If Ye	s, specify the re	reas
Enhancer 0% Creator 0% Maximiser 0% Multiplier 100% MNC 0% 0%	Magnifier 0% Capped Nifty Super 20 0% Pure Equity se refer the product brochure / leaflet or Be ch found with application form, then value	y Index 0% Asset 0% Value lenefit illustration. You may alses from Signed Benefit illustration.	Allocation 0% 8. Momentum 0% so logon to our website www.aditye	abirlasunilfeinsurance.com	v	Alcohol Do you consul Last 12 m	me cigarettes/bid	dis/cigars or used any o	day w	cotine produc	substance ts in any form? If Yes, wh	by a Physician. If Ye	med Yes	reas
Enhancer 0% Creator 0% Maximiser 0% Multiplier 100% MNIC 0% Molor: For the Segregated Fund Identification Number (SFIN) plee the above mentioned values are not legible, missed or mismat Name ABSLI Waiver of Premium (applica Name ABSLI Sum Assured Rs.	Magnifier <u>0%</u> Capped Nity Super 20 <u>0%</u> Pure Equity see refer the product brochure / leafler or Be to thound with application form, then value the only if Life to be Insured and Proposes ABSL1 RS.	y Index 0% Asset 0% Value enefit Mistration. You may alse from Signed Benefit Mustra er are same) ABSLI Rs.	Allocation 0% 8 Momentum 0% so logon to our website www.aditye ABSLI Rs.		v	Alcohol Do you consul Last 12 m	me cigarettes/bid	dis/cigars or used any o	day w	cotine produc	substance ts in any form? If Yes, wh	by a Physician. If Ye en was it last consu een advised to stop	med Yes consumption o	of ti
Chlancer 0% Creator 0% Maximiser 0% Multiplier 100% Maximiser 0% Multiplier 100% 100% MNC 0% More represented Fund Identification Number (SFN) piec for the Segregated Fund Identification Number (SFN) piec for the above mentioned values are not legible, missed or mismal Ridders ABSLI Waiver of Premium (applica Marme ABSLI	Magnifier 0½ Capped Nitry Super 20 0½ Pure Equity se refer the product brochure / leafer or be th found with application form, then value the only if Life to be insured and Proposee ABSLI Rs.	y Index 0% Asset 0% Value enefit Mistration. You may alse from Signed Benefit Mustra er are same) ABSLI Rs.	Allocation 096 a Momentum 096 so logon to our websile www.adilyaston will be considered) ABSLI Rs. Modelf A A	 	v	Alcohol Do you consul Last 12 mi Substance Has any of you	me cigarettes/bid onths D In the for	disicigars or used any curing 13 to 60 months wm of Qual	day w	cotine produce 60 months No. of year	substance Its in any form? If Yes, wh Have you ever to substance by it. have died due to any here	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes,	med Yes	of ti
Enhancer 0% Creator 0% Maximiser 0% Multiplier 100% MNIC 0% Molor: For the Segregated Fund Identification Number (SFIN) plee the above mentioned values are not legible, missed or mismat Name ABSLI Waiver of Premium (applica Name ABSLI Sum Assured Rs.	Magnifier <u>0%</u> Capped Nity Super 20 <u>0%</u> Pure Equity see refer the product brochure / leafler or Be to thound with application form, then value the only if Life to be Insured and Proposes ABSL1 RS.	y Index 0% Asset 0% Value enefit Mistration. You may alse from Signed Benefit Mustra er are same) ABSLI Rs.	Allocation 0% 8 Momentum 0% so logon to our website www.aditye ABSLI Rs.	 	v vi	Alcohol Do you consul Last 12 mi Substance Has any of you disorder, hear	me cigarettes/bid onlhs D In the for ur parents, broth t ailment, stroke,	disicigars or used any curing 13 to 60 months wm of Qual	day w	cotine product 60 months No. of year ffering from /	substance ts in any form? If Yes, wh Have you ever t substance by a	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes,	med Yes consumption o	of ti
Enhancer 0% Creator 0% Maximiser 0% Multiplier 100% MNIC 0% Molor: For the Segregated Fund Identification Number (SFIN) plee the above mentioned values are not legible, missed or mismat Name ABSLI Waiver of Premium (applica Name ABSLI Sum Assured Rs.	Magnifier <u>0%</u> Capped Nity Super 20 <u>0%</u> Pure Equity see refer the product brochure / leafler or Be to thound with application form, then value the only if Life to be Insured and Proposes ABSL1 RS.	y Index 0% Asset 0% Value enefit Mistration. You may alse from Signed Benefit Mustra er are same) ABSLI Rs.	Allocation 096 a Momentum 096 so logon to our websile www.adilyaston will be considered) ABSLI Rs. Modelf A A	 	v vi	Alcohol Do you consul Last 12 m/ Substance Has any of you disorder, hear paralysis, other	me cigarettes/bid onlhs D In the for ur parents, broth t ailment, stroke,	dis/cigars or used any of uring 13 to 60 months from of Qual users or sisters been diag, high blood pressure/H atted above prior to age	day w	cotine product 60 months No. of year ffering from /	substance Its in any form? If Yes, wh Have you ever to substance by it. have died due to any here	by a Physician. If Ye en was it last consu een advised to stop p Physician? If Yes, editary or chronic ter, kidney disease,	med Yes consumption o	of the
inhancer 0% Creator 0% Asvimiser 0% Multiplier 100% INC 0% INC 0% Increase of the Segregated Fund Identification Number (SFIN) piec the above mentioned values are not legible, missed or mismat iders ABSLI Waiver of Premium (applica Name ABSLI Sum Assured Rs. Policy Premium Rs. 200 11 INSURANCE PLAN DETAILS or the below mentioned products, Simplified Appl	Magnifier 0½ Capped Nity Super 20 0½ Pure Equity se refer the product brootwe / leafer or be the found with application form, then value the only if Life to be insured and Proposee ABSLI Rs. 100 Instalment Premium	y Index 0% Asset 0% Value 0% Value einenfit Mustration. You mey als es from Signed Benefit Mustra ar are same) ABSL1 Rs. 20000.00	Allocation 096 a Momentum 096 so logon to or velotile www.adilyaston will be considered) ABSLI Rs. Modelf A A # Payout mode for	S Q M	v vi	Alcohol Do you consul Last 12 mi Substance Has any of you disorder, heart paralysis, other	me cigarettes/bid onths D In the for ur parents, broth tailment, stroke, er disease not sla Age (if living) 68	dis/cigars or used any of uring 13 to 60 months form of Qual users or sisters been diag, high blood pressure.H atled above prior to age	day w other tobaccolnic Before intity per day gnosed with / su dypertension, Dia 60? If Yes, spe of Health	cotine product 60 months No. of year ffering from /	substance its in any form? If Yes, wh Have you ever t substance by: have died due to any her sub-High blood sugar, can	by a Physician. If Ye en was it last consu een advised to stop p Physician? If Yes, editary or chronic ter, kidney disease,	s, specify the re	of t
nhancer 0% Creator 0% Creator 0% Invitroiser 0% Multiplier 100% NNC 0% Multiplier 100% NNC 0% Multiplier 100% NNC 0% Multiplier 100% NNC 0% Multiplier 100% Nnmber (SFIN) piec he above mentioned values are not legible, missed or mismat dens ABSLI Waiver of Premium (applica Name ABSLI Sum Assured Rs. Policy Premium Rs. 200 NT NNSURANCE PLAN DETAILS or the below mentioned products, Simplified Appl Sr. Product Policy Product	Magnifier 0½ Capped Nity Super 20 0½ Pure Equity se refer the product brochure / leafer or be the cond with application form, then value ABSLI Rs. 100 Instalment Premium cation Form is mandatory toy Term Premium Paying	y Index 0% Asset 0% Value O% Value	Allocation 096 & Momentum 096 so logon to or websile www.adilyastow will be considered) ABSLL Rs. Modelf A [# Payout mode for	Sum Assured	v vi	Alcohol Do you consul Last 12 mi Substance Has any of you disorder, hear paralysis, other Father Mother	me cigarettes/bid onths D In the for ur parents, brothe t ailment, stroke, er disease not sta Age (if living) 68 55	dis/cigars or used any or	day w other tobaccolnic before intity per day gnosed with / su hypertension, Dia 60? If Yes, spe of Health kGood kGood	cotine product 60 months No. of year ffering from /	substance its in any form? If Yes, wh Have you ever t substance by: have died due to any her sub-High blood sugar, can	by a Physician. If Ye en was it last consu een advised to stop p Physician? If Yes, editary or chronic ter, kidney disease,	s, specify the re	of t
hancer 0% Creator 0% All Multiplier 100% NC 0% NC 0% NL 09% NC 09	Magnifier 0½ Capped Nity Super 20 0½ Pure Equity se refer the product brochure / leafer or be the cond with application form, then value ABSLI Rs. 100 Instalment Premium cation Form is mandatory toy Term Premium Paying	y Index 0% Asset 0% Value 0% Value einenfit Mustration. You mey als es from Signed Benefit Mustra ar are same) ABSL1 Rs. 20000.00	Allocation 096 a Momentum 096 so logon to or velotile www.adilyaston will be considered) ABSLI Rs. Modelf A A # Payout mode for	S Q M	v vi	Alcohol Do you consul Last 12 mi Substance Has any of you disorder, heart paralysis, other	me cigarettes/bid onths D In the for ur parents, broth tailment, stroke, er disease not sla Age (if living) 68	dis/cigars or used any or	day w other tobaccolnic Before intity per day gnosed with / su dypertension, Dia 60? If Yes, spe of Health	cotine product 60 months No. of year ffering from /	substance its in any form? If Yes, wh Have you ever t substance by: have died due to any her sub-High blood sugar, can	by a Physician. If Ye en was it last consu een advised to stop p Physician? If Yes, editary or chronic ter, kidney disease,	s, specify the re	of t
Inhancer 0% Creator 0%	Magnifier 0½ Capped Mity Super 20 0½ Pure Equity see refer the product broothure / leafet or Be th found with application form, then value tile only if Life to be insured and Proposer ABSLI Rs. 100 Installment Premium iccation Form is mandatory toy Term Term (in years) P	y Index 0% Asset 0% Value enerif Illustration. You may alse is from Signed Benefit Illustration. You may alse is from Signed Benefit Illustration are are same) ABSL1 Rs. 20000.00 Basic Premium / Purchase Price* (in Rs.)	Allocation 096 & Momentum 096 so logon to our website www adiperation will be considered ABSLI Rs. Modest A # Payout mode for Instalment Premium / Payout* (in Rs.)	Sum Assured (in Rs.)	v vi	Alcohol Do you consul Last 12 m/ Substance Has any of you disorder, heart paralysis, othe Father Mother Brother Sister(s)	me cigarettes/bid norths D In the for ur parents, broth- tailment, stroke, er disease not sta Age (if living) 68 55 35	dis/cigars or used any or	day w other tobaccolnic before intity per day gnosed with / su hypertension, Dia 60? If Yes, spe of Health kGood kGood	cotine product 60 months No. of year ffering from /	substance its in any form? If Yes, wh Have you ever t substance by: have died due to any her sub-High blood sugar, can	by a Physician. If Ye en was it last consu een advised to stop p Physician? If Yes, editary or chronic ter, kidney disease,	s, specify the re	of t
chlancer 0% Creator 0% Aswiriser 0% Multiplier 100% Aswiriser 0% Multiplier 100% NNC 0% Separated Fund Identification Number (SFIN) ple the above mentioned values are not legible, missed or mismate diders ABSLI Waiver of Premium (applications Name ABSLI ABSLI Waiver of Premium (applications Name ABSLI ABSLI Waiver of Premium ABSLI ABSLI ABSLI Waiver of Premium ABSLI ABSLI ABSLI Waiver of Premium ABSLI ABSLI MBURGAN ABSLI M	Magnifier 0½ Capped Mity Super 20 0½ Pure Equity see refer the product broothure / leafet or Be th found with application form, then value tile only if Life to be insured and Proposer ABSLI Rs. 100 Installment Premium iccation Form is mandatory toy Term Term (in years) P	y Index 0% Asset 0% Value enerif Illustration. You may alse is from Signed Benefit Illustration. You may alse is from Signed Benefit Illustration are are same) ABSL1 Rs. 20000.00 Basic Premium / Purchase Price* (in Rs.)	Allocation 096 & Momentum 096 so logon to our website www adiperation will be considered ABSLI Rs. Modest A # Payout mode for Instalment Premium / Payout* (in Rs.)	Sum Assured (in Rs.)	v vi	Alcohol Do you consu Last 12 m/ Substance Has any of you disorder, hear paralysis, othe Father Mother Brother Sister(s)	me cigarettes/bic me cigarettes/bic In the for ur parents, broth tailment, stroke, er disease not sta Age (if living) 68 55 35	disioigars or used any or used and used and used and used above prior to age state.	day w other tobaccolnic left before left before gnosed with / su gnosed	eek month No. of year Height file ing from / ing file ing from	substance Its in any form? If Yes, wh Its in any form? If Yes, wh Its in any form? If Yes, wh It was you ever to substance by it It decessed, age at dea	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes, editary or chronic er, kidney disease, th Ca	s, specify the resemble Yes consumption o specify the reas Yes Yes	of aso
Enhancer 0% Creator 0% Manimiser 0% Multiplier 100% Manimiser 0% Manimi	Magnifier 0½ Capped Mity Super 20 0½ Pure Equity see refer the product broothure / leafet or Be th found with application form, then value tile only if Life to be insured and Proposer ABSLI Rs. 100 Installment Premium iccation Form is mandatory toy Term Term (in years) P	y Index 0% Asset 0% Value enerif Illustration. You may alse is from Signed Benefit Illustration. You may alse is from Signed Benefit Illustration are are same) ABSL1 Rs. 20000.00 Basic Premium / Purchase Price* (in Rs.)	Allocation 096 & Momentum 096 so logon to our website www adiperation will be considered ABSLI Rs. Modest A # Payout mode for Instalment Premium / Payout* (in Rs.)	Sum Assured (in Rs.)	v	Alcohol Do you consu Last 12 m/ Substance Has any of you disorder, hear paralysis, othe Father Mother Brother Sister(s) IEDICAL HIST(me cigarettes/bic me cigarettes/bic In the for ur parents, broth tailment, stroke, er disease not sta Age (if living) 68 55 35	disioigars or used any or used at used at used above prior to age state. Ok Ok	day w other tobaccolnic left before left before gnosed with / su gnosed	eek month No. of year Height file ing from / ing file ing from	substance its in any form? If Yes, wh Have you ever t substance by: have died due to any her sub-High blood sugar, can	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes, editary or chronic er, kidney disease, th Ca	s, specify the resemble Yes consumption o specify the reas Yes Yes	of t
Enhancer 0% Creator 0% Maximiser 0% Multiplier 100% Maximiser 0% Multiplier 100% Month of the development of the above mentioned values are not legible, missed or mismat Ridders ABSLI Waiver of Premium (applica Marme ABSLI Sum Assured Rs. Policy Premium Rs. 200 Premium Rs. 200 Product Policy Premium Rs. 200 Product Policy Product Product Policy No. Name (in Explicable only in case of ABSLI Immediate Annually Plan action In case of any discrepancy in the above table, please provious (in Lase of any discrepancy in the above mentioned details) Premium Rs. 200 Product Policy Premium Rs. 200 Product Policy Product mentioned products, Simplified Apple Plan 2 Product P	Magnifier 0½ Capped Mity Super 20 0½ Pure Equity see refer the product broothure / leafet or Be th found with application form, then value tile only if Life to be insured and Proposer ABSLI Rs. 100 Installment Premium iccation Form is mandatory toy Term Term (in years) P	y Index 0% Asset 0% Value einenfil flustration. You mey als se from Signed Benefil fillustra ABSL1 RS. 20000.00 Basic Premium / Purchase Price* (in Rs.)	Allocation 096 & Momentum 96 & Momentum 96 ABSLI Rs. Model ABSLI Rs. Model ABSLI Rs. Instalment Premium / Payout (in Rs.)	Sum Assured (in Rs.)	v vi	Alcohol Do you consu Last 12 m/ Substance Has any of you disorder, hear paralysis, other Father Mother Brother Sister(s) EDICAL HISTO ave you remain an pregnancy,	me cigarettes/bio onnhs D In the for ur parents, broth t ailment, stroke, or disease not state Age (if living) 68 55 35 DRY minor fracture, c	disioigars or used any or used and used and used and used above prior to age State. Ok.	day w other tobaccolnic other tobaccolnic left before untity per day gnosed with / su gno	cooline production of the months. No. of year No. of years of the months of the months of years of the months of years of the months of the	substance Its in any form? If Yes, wh Its in any form? If Yes, wh Its in any form? If Yes, wh It was you ever to substance by it It decessed, age at dea	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes, editary or chronic zer, kidney disease, th Ca	s, specify the resemble Yes consumption o specify the reas Yes Yes	of
Enhancer 0% Creator 0% Maximiser 0% Multiplier 100% Maximiser 0% Multiplier 100% MNCC 0% More For the Segregated Fund Identification Number (SFN) piec the above mentioned values are not legible, missed or mismal kiders ABSLI Waiver of Premium (applica Name ABSLI Sum Assured Rs. Policy Premium Rs. 200 11 INSURANCE PLAN DETAILS For the below mentioned products, Simplified Appl Sr. Product Pol No. Name (fir Plan 2	Magnifier 0½ Capped Mity Super 20 0½ Pure Equity see refer the product brookure / leafer or be of found with application form, then value bits only if Life to be Insured and Proposer ABSLI Rs. 00 Instalment Premium citation Form is mandatory cy Term Premium Paying years) Term (in years) P is and the ones provided in the Simplifier cd Debit Credit Card Sale cd Debit Credit Card Sale	y Index	Allocation	Sum Assured (in Rs.)	v vi C M (1) He the	Alcohol Do you consu Last 12 mr Substance Has any of you disorder, hear paralysis, othe Father Mother Brother Sister(s) IEDICAL HISTO ave you remain an pregnancy, the past five yo	me cigarettes/bic ondhs D In the for ur parents, broth tailment, stroke, er disease not sta Age (if living) 68 55 35 DRY minor fracture, cears, have you e	disioigars or used any or used and used and used and used above prior to age State. Ok.	day w other tobacconic other tobacconic before gnosed with / su gnosed w	eeek month cooline product 60 months No. of year flering from / city details	substance Its in any form? If Yes, wh Its in any form? If Yes, wh If Have you ever to substance by: have died due to any her have died due to	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes, editary or chronic zer, kidney disease, th Ca	s, specify the resemble Yes consumption o specify the reas Yes Yes	of
inhancer 0% Creator 0% Avimiser 0% Multiplier 100% Avimiser 0% Multiplier 100% Note For the Segregated Fund Identification Number (SFIN) place for the Segregated Fund Identification Number (SFIN) place the above mentioned values are not legible, missed or mismatididers ABSLI Waiver of Premium (applications Name ABSLI Waiver of Premium (applications Name ABSLI ABSLI Maiver of Premium Rs. 200 Name Name (in Name Name Name Name Name Name Name Name	Magnifier ON Capped Mitty Super 20 ON Pure Equity see refer the product brookure / leafer or be th found with application form, then value to how of the super of the product brookure / leafer or be the only if Life to be insured and Propose ABSLI Rs. OD Instalment Premium cation Form is mandatory cy Term Premium Paying years) Term (in years) P Term (in years) P is and the ones provided in the Simplified ct Debit Credit Card Sala slip Quarterly* Mon	y Index	Allocation	Sum Assured (in Rs.)	v v v	Alcohol Do you consul Last 12 mi Substance Has any of you disorder, heart paralysis, other Father Mother Brother Sister(s) IEDICAL HIST(ave you remain an pregnancy, the past five you an normal or may ave you ever su	me cigarettes/bio onths D In the for ur parents, broth t ailment, stroke, or disease not sta Age (if living) 68 55 35 DRY minor fracture, or ears, have you e egative results (in	disicigars or used any or or of the users or sisters been diaghters or sisters or siste	day w other tobaccolnic left before intity per day gnosed with / su hypertension, Die 160? If Yes, spe of Health kGood kGood dds of health for a kGood blood tests, biop e following?	eeek month No. of year No. of year a confinuous a confinuous a confinuous a confinuous a confinuous confinuous a confinuous conf	substance ts in any form? If Yes, wh Have you ever tsubstance by: have died due to any her substance by: If deceased, age at dea	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes, editary or chronic ter, kidney disease, th C:	s, specify the resemble Yes consumption o specify the rease Yes Yes ause of Death	of of saso
inhancer 0% Creator 0% Avimiser 0% Multiplier 100% Avimiser 0% Multiplier 100% Note For the Segregated Fund Identification Number (SFIN) ples the above mentioned values are not legible, missed or mismatiders ABSLI Waiver of Premium (applications Name ABSLI Waiver of Premium (applications Name ABSLI ABSLI Waiver of Premium Rs. 2000 Name (in Product Product ABSLI	Magnifier ON Capped Mitty Super 20 ON Pure Equity see refer the product brookure / leaflet or le th found with application form, then value the only if Life to be Insured and Propose ABSLI Rs. 00 Instalment Premium cation Form is mandatory (ct) Term Premium Pre	y Index	Allocation	Sum Assured (in Rs.) In the Smplifted Application will be considered final.	v vi vi C M II) Ha th	Alcohol Do you consu Last 12 m/ Substance Has any of you disorder, hear paralysis, other Father Mother Brother Sister(s) IEDICAL HIST(ave you remain an pregnancy, the past five you normal or normal or no ave you ever so of the store of the past five you han normal or no ave you ever so of the store of the stor	me cigarettes/bid me cigarettes/bid In the for In the for ur parents, broth tailment, stroke, er disease not sta Age (if living) 55 35 DRY DRY ears, have you e egative results (in ought advice or s ow or high blood	disiologars or used any or or of Qual users or sisters been diageners or sisters been diageners or sisters been diageners or sisters been diageners of the diagene	day w other tobaccolnic left before another tobaccolnic left before another tobaccolnic left before another tobaccolnic left before another tobaccolnic gnosed with / su typerlension, Dia 600 If Yes, spe of Health viGood viGood viGood viGood viGood viGood toblood tests, biop erol, heart attack	eeek month No. of year Ho. of year a continuous a continuous at a hospital at the plant at	substance Its in any form? If Yes, wh Is Have you ever the substance by: And the died due to any here the substance by: If deceased, age at deal the s	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes, editary or chronic eer, kidney disease, th Ca eys for reasons othe investigations with investigations with	s, specify the resumed Yes consumption of specify the rease Yes ause of Death Yes Yes Yes Yes	off
inhancer 0% Creator 0% Avairaiser 0% Multiplier 100% Avairaiser 0% Multiplier 100% Note For the Segregated Fund Identification Number (SFIN) ple the above mentioned values are not legible, missed or mismate iders ABSLI Waiver of Premium (applica Name ABSLI Waiver of Premium (applica Name ABSLI Sum Assured Rs. Policy Premium Rs. 200 11 INSURANCE PLAN DETAILS OF the below mentioned products, Simplified Application of the product Name (in 1912) product Product Product No. Name (in 1912) product Product Product Annually Plan atter for every product mentioned in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above mentioned detains in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in case of any discrepancy in the above table, please provious in the above table.	Magnifier ON Capped Mity Super 20 ON Pure Equity see refer the product broothure / leafet or Be th found with application form, then value tie only if Life to be insured and Proposer ABSLI Rs. 100 Instalment Premium cication Form is mandatory toy Term Premium Paying years) Term (in years) P e a duly filed Simplified Application Form. Al is and the ones provided in the Simplified is and the ones provided in the Simplified clt Debit Credit Card Sala ly Quarterly* MACH / Direct // (Incase date is not chost	y Index	Allocation	Sum Assured (in Rs.) Sum Assured (in Rs.) Sum Assured (in Rs.)	C M 1) He 11) In 11) He (a)	Alcohol Do you consu Last 12 m/ Substance Has any of you disorder, hear paralysis, other Father Mother Brother Sister(s) IEDICAL HISTO ave you remain an pregnancy, the past five you an normal or no ave you ever su (a) Chest pain, kt	me cigarettes/bic onths D In the for ur parents, broth tailment, stroke, er disease not state Age (if living) 68 55 35 DRY med absent from principal fracture, crears, have you e egative results (in ought advice or so ow or high blood nic cough, pneur	disicigars or used any or used and used above prior to age state. Ok Ok Diace of work on groun cold or flu? Ever undergone any sur including X-rays, ECG, suffered from any of the pressure, high choleste monia, shortness of bre	day w other tobacconic other tobacconic before gnosed with / su gnosed with / su ghypertension, Dic 60? If Yes, spe of Health wGood wGood wGood wGood rgical operation a blood tests, biop e following? erol, heart attack eath, tuberculosi	eeek month No. of year Ho. of year a continuous a continuous at a hospital at the plant at	substance ts in any form? If Yes, wh Have you ever tsubstance by: have died due to any her substance by: If deceased, age at dea	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes, editary or chronic eer, kidney disease, th Ca eys for reasons othe investigations with investigations with	s, specify the resemble Yes consumption o specify the reas Yes Yes ause of Death Yes Yes Yes Yes Yes	ofi
chancer 0% Creator 0% Creator 0% (aximiser 0% Multiplier 100% (aximiser 0% Multiplier 100%) NC 0% Multiplier 100% (aximiser 0% Multiplier 100%) Note: For the Segregated Fund Identification Number (SFIN) ples the above mentioned values are not legible, missed or mismate diders ABSLI Waiver of Premium (applica Name ABSLI Mane (in 11 Mane) Sum Assured Rs. Policy Premium Rs. 200 11 INSURANCE PLAN DETAILS or the below mentioned products, Simplified Application of the above table, please provide mentioned in the above table, please provide min. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain. In case of any discrepancy in the above mentioned detain.	Magnifier	y Index	Allocation	Sum Assured (in Rs.) Sum Assured (in Rs.) Sum Assured (in Rs.)	C M 1) He 11) In 11) He (a)	Alcohol Do you consu Last 12 m/ Substance Has any of you disorder, hear paralysis, other Father Mother Brother Sister(s) IEDICAL HISTO ave you remain an pregnancy, the past five you an normal or no ave you ever su (a) Chest pain, kt	me cigarettes/bic onths D In the for ur parents, broth tailment, stroke, er disease not state Age (if living) 68 55 35 DRY med absent from principal fracture, crears, have you e egative results (in ought advice or so ow or high blood nic cough, pneur	disiologars or used any or or of Qual users or sisters been diageners or sisters been diageners or sisters been diageners or sisters been diageners of the diagene	day w other tobacconic other tobacconic before gnosed with / su gnosed with / su ghypertension, Dic 60? If Yes, spe of Health wGood wGood wGood wGood rgical operation a blood tests, biop e following? erol, heart attack eath, tuberculosi	eeek month No. of year Ho. of year a continuous a continuous at a hospital at the plant at	substance Its in any form? If Yes, wh Is Have you ever the substance by: And the died due to any here the substance by: If deceased, age at deal the s	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes, editary or chronic eer, kidney disease, th Ca eys for reasons othe investigations with investigations with	s, specify the resemble Yes consumption o specify the rease Yes Yes ause of Death Yes Yes Yes Yes Yes Yes Yes	of
nhancer	Magnifier	y Index 0% Asset Asset Walue enerit Illustration. You may also is from Signed Benefit Illustration are are same) ABSLI Rs. 20000.00 Basic Premium / Purchase Price* (in Rs.) Unleased retails of the above and Application Form, values from this profession, preferred Draw Dabsen, proficy issuance date.	Allocation	Sum Assured (in Rs.) Sum Assured (in Rs.) Sum Assured (in Rs.)	C MI II) He III) He (a)	Alcohol Do you consul Last 12 mi Substance Has any of you disorder, hear paralysis, othe Father Mother Brother Sister(s) IEDICAL HISTO ave you remain an pregnancy, the past five you an normal or no ave you ever so o) Chest pain, Ic o) Asthma, chro o) Diabetes / ele	me cigarettes/bio onths D In the for ur parents, broth t ailment, stroke, or disease not sta Age (if living) 68 55 35 DRY need absent from imminor fracture, c ears, have you e egative results (in ought advice or s ow or high blood nic cough, pneur	disicigars or used any or used and used above prior to age state. Ok Ok Diace of work on groun cold or flu? Ever undergone any sur including X-rays, ECG, suffered from any of the pressure, high choleste monia, shortness of bre	day w other tobaccolnic other tobaccolnic before gnosed with / su gn	eeek month tooline product 60 months No. of year in differing from / months cify details cify details accontinuous at a hospital it is hospital it is tooline from / months it is	substance Its in any form? If Yes, wh Its in any form? If Yes, wh If Have you ever to substance by: If deceased, age at dea If deceased, age at dea period of more than 10 dialor or clinic or undergone any ur or other heart disorder or lung disorder respiratory or lung disorder.	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes, editary or chronic eer, kidney disease, th Ca eys for reasons othe investigations with investigations with	s, specify the resemble consumption o specify the reasemble Yes	of
inhancer 0% Creator 0% Creator 0% Indivinser 0% Multiplier 100% Indivinser 0% Multiplier 100% Indivinser 0% Multiplier 100% Indivinser 0% Multiplier 100% Individual	Magnifier ON Capped Nity Super 20 ON Pure Equity see refer the product broothure / leafet or Be th found with application form, then value tide only if Life to be insured and Proposer ABSLI Rs. DO Instalment Premium iccation Form is mandatory toy Term Premium Paying Term (in years) P rem (in years) P e a duly filed Simplified Application Form. Al is and the ones provided in the Simplified to Debit Credit Card Sala ily Quarterly* MaCH / Direct / (Incase of NACH / Direct / (Incase dels is not chost	y Index 0% Asset Asset O% Value enerit Illustration. You may also as from Signed Benefit Illustration are are same) ABSLI Rs. 20000.00 Basic Premium / Purchase Price* (in Rs.) University Premium / Purchase Price* (in Rs.) All relevant deals of the above of Application Form, values from this profile for Direction of the profile fo	Allocation	Sum Assured (in Rs.) Sum Assured (in Rs.)	C MM II) Ha ith	Alcohol Do you consul Last 12 mi Substance Has any of you disorder, heart paralysis, other Brother Sister(s) IEDICAL HISTY ave you remain an pregnancy, the past five you an normal or no ave you ever si cave	me cigarettes/bio onths D In the for ur parents, broth t ailment, stroke, or disease not sta Age (if living) 68 55 35 DRY eed absent from y minor fracture, c ears, have you e egative results (in ought advice or s ow or high blood nic cough, pneur evated blood sug- chronic diarnhoe	disioigars or used any or used and used as the used as	day w other tobaccolnic left per day gnosed with / su gnosed with / s	eeek month cooline produce 60 months No. of year Hering from // subetes, mellin cify details at a hospital at a hospital at system substance sisses etc.)?	substance ts in any form? If Yes, wh Have you ever tsubstance by: have died due to any her substance by: If deceased, age at dea period of more than 10 die or clinic or undergone any ur or other heart disorder er respiratory or lung disorders?	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes, editary or chronic eer, kidney disease, th Ca eys for reasons othe investigations with investigations with	s, specify the resemble The resemb	of the second
nhancer 0% Creator 0% Creator 0% Inches of the service of the Sepregated Fund Identification Number (SFIN) ples the above mentioned values are not legible, missed or mismat ders ABSLI Waiver of Premium (applica Name ABSLI Waiver of Premium (applica Name ABSLI Sum Assured Rs. Policy Premium Rs. 200 **IT INSURANCE PLAN DETAILS** Or the below mentioned products, Simplified Application of the selow mentioned products and selow table, plesses proving the selow mentioned data selow table, plesses proving the selow table, plesses proving the selow table, plesses proving the selow mentioned data selow table, plesses proving the selow table, plesses proving	Magnifier ON Capped Nitry Super 20 ON Pure Equity see refer the product brootwer / leafer or 8e th found with application form, then value tile only if Life to be insured and Propose ABSLI Rs. O Installment Premium Cation Form is mandatory cy Term Premium Paying 1 years) Fremium Paying 1 years) Fremium Paying 1 years) Fremium Paying 1 years Term (in years) P Col Debit Credit Card Sala Ily Quarterly Mon In case of NACH / Direct (Incase date is not chos can't made payable to "ADITYA BIF Issue Le Paya So or at authorised collection points and no	y Index 0% Asset Asset O% Value enerit Illustration. You may also as from Signed Benefit Illustration are are same) ABSLI Rs. 20000.00 Basic Premium / Purchase Price* (in Rs.) University Premium / Purchase Price* (in Rs.) All relevant deals of the above of Application Form, values from this profile for Direction of the profile fo	Allocation	Sum Assured (in Rs.) Sum Assured (in Rs.)	C M I) Ha III) Ha (a (b) (c)	Alcohol Do you consu Last 12 m/ Substance Has any of you disorder, hear paralysis, other Father Mother Brother Sister(s) IEDICAL HIST(ave you remain an pregnancy, the past five you normal or no ave you ever so the past five you han normal or no ave you ever so the past five you han normal or no ave you ever so the past five you han normal or no ave you ever so the past five you han normal or no ave you ever so the past five you han normal or no ave you ever so the past five you have you ever so the you have you have you have you	me cigarettes/bid me cigarettes/bid In the for In t	disicigars or used any or used and of the users or sisters been diaginary and used above prior to age state. Ok Ok place of work on groun old or flu? Ever undergone any surincluding X-rays, ECG, suffered from any of the pressure, high choleste monia, shortness of bre gar or sugar in the urine was, hepatitis or jaundice owth, cyst, enlarged gla	day w other tobacconic other tobacconic Before intity per day gnosed with / su ghypertension, Dia 600 If Yes, spe of Health viGood viGood viGood viGood viGood vigical operation a blood tests, biop e following? erol, heart attack eath, tuberculosi erol, heart attack ands or enlarged	eeek month No. of year Ho. of year a continuous a continuous at a hospital at a h	substance ts in any form? If Yes, wh Have you ever tsubstance by: have died due to any her substance by: If deceased, age at dea period of more than 10 die or clinic or undergone any ur or other heart disorder er respiratory or lung disorders?	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes, editary or chronic ter, kidney disease, th C: investigations with i	s, specify the resumed Yes consumption of Specify the rease Yes ause of Death Yes Yes Yes Yes Yes Yes Yes Ye	of of asso
nhancer	Magnifier ON Capped Nitry Super 20 ON Pure Equity see refer the product brootwer / leafer or 8e th found with application form, then value tile only if Life to be insured and Propose ABSLI Rs. O Installment Premium Cation Form is mandatory cy Term Premium Paying 1 years) Fremium Paying 1 years) Fremium Paying 1 years) Fremium Paying 1 years Term (in years) P Col Debit Credit Card Sala Ily Quarterly Mon In case of NACH / Direct (Incase date is not chos can't made payable to "ADITYA BIF Issue Le Paya So or at authorised collection points and no	y Index 0% Asset Asset O% Value enerit Illustration. You may also as from Signed Benefit Illustration are are same) ABSLI Rs. 20000.00 Basic Premium / Purchase Price* (in Rs.) University Premium / Purchase Price* (in Rs.) All relevant deals of the above of Application Form, values from this profile for Direction of the profile fo	Allocation	Sum Assured (in Rs.) Sum Assured (in Rs.)	C MM 1) He th: 11) In th: (a, (c) (d) (e, (d)	Alcohol Do you consu Last 12 mi Substance Has any of you disorder, hear paralysis, othe Father Mother Brother Sister(s) IEDICAL HISTO ave you remain an pregnancy, the past five you an normal or no ave you ever sr (c) Chest pain, k (d) Asthma, chro (c) Diabetes / ele (f) Ulcer, colitis, (e) Cancer, tumo (f) Dizziness / fai	me cigarettes/bic onths D In the for ur parents, broth tailment, stroke, er disease not state Age (if living) 68 55 35 DRY med absent from in minor fracture, cr ears, have you e egative results (in ought advice or s ow or high blood nic cough, pneur evated blood sug chronic diarrhoes uur, abnormal gro inting spells, epile	disicigars or used any or used and of the users or sisters been diaginary and used above prior to age state. Ok Ok place of work on groun old or flu? Ever undergone any surincluding X-rays, ECG, suffered from any of the pressure, high choleste monia, shortness of bre gar or sugar in the urine was, hepatitis or jaundice owth, cyst, enlarged gla	day w other tobacconic other tobacconic before gnosed with / su phypertension, Dia 60? If Yes, spe of Health viGood viGood viGood viGood viGood ends of health for a plice of the control viGood	eeek month cooline product 60 months No. of year flering from / No. of year acontinuous acontinuous acontinuous tat a hospital of the cooline product any gastroin any gastroin any gastroin	substance Its in any form? If Yes, wh Its in any form? If Yes, wh Its in any form? If Yes, wh It decessed, age at dea If decessed, age at dea period of more than 10 dealer or clinic or undergone any uur or other heart disorder er respiratory or lung disorders? If decessed, age at dealer or other heart disorder or clinic or undergone any uur or other heart disorder er respiratory or lung disorders? If decessed, age at dealer or other heart disorder or other heart disorder or other heart disorder or other heart disorder or other heart disorders? If decessed, age at dealer or other heart disorder or other hear	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes, editary or chronic ter, kidney disease, th C: investigations with i	s, specify the resemble The specify the reasemble The	of
Enhancer 0% Creator 0% Creator 0% Maximiser 0% Multiplier 100% Maximiser 0% Multiplier 100% More For the Segregated Fund Identification Number (SFIN) ples the above mentioned values are not legible, missed or mismatididers ABSLI Waiver of Premium (application Number (SFIN) ples Sum Assured Rs. Policy Premium Rs. 200 11 INSURANCE PLAN DETAILS or the below mentioned products, Simplified Application of the below mentioned in the above table, please provioum. In case of any discrepancy in the above mentioned details applicated only in case of ABSLI Immediate Annual Plan applicate of any discrepancy in the above mentioned details applicated on the above table, please provioum. In case of any discrepancy in the above mentioned details applicated on the above table, please provioum. In case of any discrepancy in the above mentioned details applicated on the above table, please provioum. In case of any discrepancy in the above mentioned details applicated by a case and a constitution of a constituti	Magnifier ON Capped Nitry Super 20 ON Pure Equity see refer the product brootwer / leafer or 8e th found with application form, then value tile only if Life to be insured and Propose ABSLI Rs. O Installment Premium Cation Form is mandatory cy Term Premium Paying 1 years) Fremium Paying 1 years) Fremium Paying 1 years) Fremium Paying 1 years Term (in years) P Col Debit Credit Card Sala Ily Quarterly Mon In case of NACH / Direct (Incase date is not chos can't made payable to "ADITYA BIF Issue Le Paya So or at authorised collection points and no	y Index	Allocation	Sum Assured (in Rs.) Sum Assured (in Rs.) In the Singilited Application in the Considered final. Sum Assured (in Rs.)	C MI II) He III) He (a) (c) (d)	Alcohol Do you consul Last 12 mi Substance Has any of you disorder, hear paralysis, othe Father Mother Brother Sister(s) IEDICAL HISTO ave you remain an pregnancy, the past five you an normal or no ave you ever so o) Chest pain, lc, o) Asthma, chro o) Diabetes / ele ti) Ulcer, colitis, c) Cancer, turmo o) Dizziness / fail d) Kidney, urina	me cigarettes/bio onths D In the for ur parents, broth t ailment, stroke, or disease not sta Age (if living) 68 55 35 DRY need absent from r minor fracture, c ears, have you e egative results (ii ought advice or s ow or high blood nic cough, pneur evated blood sug chronic diarrhoe uur, abnormal gro nting spells, epik ry, bladder, repro	disicigars or used any or used and used above prior to age state. Ok Ok place of work on groun cold or flu? ever undergone any sur including X-rays, ECG, suffered from any of the pressure, high choleste monia, shortness of bre gar or sugar in the urine as, hepatitis or jaundice owth, cyst, enlarged gla lepsy, paralysis, stroke,	day w other tobaccolnic other tobaccolnic before gnosed with / su gn	eeek month tooline product 60 months No. of year today details a confinuous a confinuous at a hospital array gastroin array gastroin array gastroin array gastroin array gastroin order array gastroin array gastroin array gastroin order array gastroin array gastroin order array gastroin order array gastroin array gastroin order ar	substance Its in any form? If Yes, wh It decessed, age at dea If decessed, age at dea period of more than 10 dea period of more than 1	by a Physician. If Ye en was it last consu een advised to stop Physician? If Yes, editary or chronic ter, kidney disease, th C: investigations with i	s, specify the resumed Yes consumption of Specify the rease Yes ause of Death Yes Yes Yes Yes Yes Yes Yes Ye	of of asso

A	PPLICATION NO	EA90101793			Form ID:					
					_	_				
	(j) Any other il	lness, surgery, ailment or injury	which is specifically not mentioned above?		Yes	√No				
	If any of question is answered as Yes, please submit the appropriate questionnaire.									
IV)	Do you have any congenital anomaly/disorder, physical defects, impairment, deformities and / or any condition affecting mobility, sight Yes and / or hearing?									
V)	Have you or your spouse received any medical advice, testing or treatment for any sexually transmitted disease or HIV Infection / AIDS									
VI)		any health symptoms or complain reight loss, loss of appetite, pain	nts for which a physician has not been consulted or tr , swelling etc.)	eatment received? (persist	tent fever, 🛮 Yes	VNo				
VII)	For female live	es only:								
	1) Are you pro	egnant? If Yes, number of weeks	3		Oyes	$\sqrt{N_0}$				
	2) Have you s	suffered from or do you have any	gynaecological problems or illness related to uterus	ovaries or breasts?	□yes	√No				
	Question	Exact Diagnosis and	Details of treating Doctor / Surgeon	Date of Diagnosis	Date of last Cons	ultation				
	No.									

14 DECLARATION BY THE LIFE to be INSURED (and PROPOSER if not the Life to be Insured)
These declarations would apply to the application for insurance and the details as contained in the application for insurance duly filled and signe by the Life to be insured and proposer if not the life to be insured, through this common application form and aforementioned supplemetary application form is 1.

I (we) authorize any medical practitioner, hospital, employer, institution or any other person, to disclose to Aditya Birla Sun Life Insurance Company Limited ("ABSLI") any information relating to my health or employment now or at any time in the future.

I (we) understand and agree that no agent or medical examiner has the authority to vaive or vary any stipulations or requirements set by ABSLI. I (we) understand and agree that the statements and answers given by me (us) during the medical examination (if any) to the medical examinar acting on behalf of ABSLI and any other documents, medical reports and financial reports required in this application and simplified application (s) for insurance and addendum, if any, shall be deemed to be incorporated in this application.

I (we) agree and consent to ABSLI for seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made and any other authorities as may be required for the purpose of underwriting the proposal and/or claim settlement.

1 (we) confirm that the premiums have not been and will not be generated from proceeds of crime related to any of the offences listed in the Prevention of Money Launderino Act 2002 and any other applicable statutory provisions as may be in force from time to time.

I (we) have not made any statement to the agent, medical examiner or any other person associated with ABSLU, which in any way modifies the statements and answers in this application or the simplified applications for insurance and addendum, if any, I (we) are not involved in any criminal proceedings nor have any history of conviction in India or abroad.

I (we) understand and agree that in case of any fraud or misrepresentation, the policy shall be treated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

I (we) understand and agree that ABSLI must be notified of any changes in my / our health and circumstances between the date of this application including the simplified applications for insurance submitted along with this common application and prior to the acceptance of the risk.

I (we) understand and agree that completion of this application, simplified application (s) submitted for insurance along with this application for insurance and further addendums, it any, in no way implies that a policy / policies for insurance on the Life to be Insured will be issued by ABSLI. Further, the application for insurance submitted through this form and along with this application of insurance as simplified application for insurance will be underwritten and processed as separate applications for insurance and issuance of any one of the application for insurance should not imply the issuance of the other applications of insurance. Each applications as mentioned herein shall be underwritten and reviewed for processing and issuance / rejection separately and independently.

I (we) hereby declare that the contents of this application and the contents of the simplified applications for insurance submitted as a part of this common application form have been fully explained to me including the significance of the proposed contract of insurance.

I (we) hereby declare that the particulars of the bank account details are true and correct and shall be made applicable for payou(s) if any under this applications including the simplified application for insurance duly signed and submitted along with this application for insurance. I (we) hereby understand that the parout (if any) shall be received via NEFT mode against the details provided from my end in the application form.

I (we) understand and agree that this application form containing my personal information will be shared by ABSLI with its service provides for processing purpose including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority for the resulting policy only.

I (we) hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that IVNe amiliare authorized to propose on behalf of these other persons.

I (we) understand that the information provided by melus will form the basis of the insurance policy, and is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

APP	LICATION NO:	EA90101793				Form ID:	
Dated	27-03-2019		Place <u>CHENNAI</u>	_	IA / Broker / SP of CA Code:		
	Signature	or Thumb Impressio	on of the LIFE to be INSURED	-	Name of IA / Broker / SP of I	CA Code	
	Insured)		PROPOSER (if not Life to be	_	Signature of IA / Broker / SP o	f CA Code	
	ACULAR DECLAR		hereby declare that I i	nave exp	lained the contents of the proposal form to the	Life to be	
	d / Proposer in				language and that I have read out to the answ		estions
	ed by me to the Life nts thereof.	Insured/Proposer ar	nd that the Life to be Insured/Propose	er has/ha	ve put his/her thumb impresssion after fully ur	nderstanding t	he
				-	Name & Signature of Decla	rant	
l,		(Pr	oposer) hereby declare that I have u	nderstoo	d the terms & condition of the policy as explain	ned by the dec	clarant.
			Signature/Thumb Impress	ion of the	PROPOSER/LIFE to be INSURED signing in	vernacular la	nguage

800 800 800 800 800 0 00000 Page Commission Payable UID: 1627G3103M4419 Mar 27, 2019 16:31:44 370,000 370,000 370,000 370,000 370,000 370,000 370,000 370,000 370,000 370,000 : 0% : 100% : 0% : 0% : 0% 15,694 34,789 54,465 75,205 95,253 96,530 97,785 99,012 100,210 101,380 102,717 IN THIS POLICY, THE INVESTMENT RISK IS BORNE BY THE POLICYHOLDER AND THE INTEREST RATES ARE ONLY FOR ILLUSTRATION PURPOSE This shall form a part of the policy contract 104,013 Premium Allocation Percentage
Magnifier
Maximiser
Matiplier
Super 20
Pure Equity
Value & Momentum
Asset Allocation NON GUARANTEED Policy Values @ 4% Gross Yield 18,054 36,559 55,645 75,205 95,253 97,785 99,012 100,210 101,380 102,717 104,013 Gender: Male Gender: Male 407 407 407 408 386 386 408 420 444 444 459 2,264 2,497 2,638 2,886 3,140 2,141 2,202 2,268 2,333 2,397 2,467 Aditya Birla Sun Life Insurance Mortality
Charge
577
574
564
569
526
526
529
612
612
614 ABSLI Wealth Secure Plan Liquid Plus Income Advantage Assure Protector Builder Creator Capped Nifty Index Your Sales Illustration Wealth Secure Plan Policy Admin Charge 240 240 240 240 240 240 300 315 331 347 365 383 Age: 33 years Age: 33 years Fund Charge 246 493 747 1,007 1,274 1,292 1,309 1,326 1,342 1,358 1,373 1,391 Investment Option Self-Managed 726 1,451 2,199 2,966 3,752 3,804 3,854 3,903 3,951 3,998 4,044 Mr. G MARUTHAMKUMAR Mr. G MARUTHAMKUMAR Guaranteed Additions UIN 109L074V04 Rs. 20,000 Whole Life 5 years Annual Net Invested Premium 18,800 18,900 18,900 18,900 -Rs. 370,000 Aditya Birla Sun Life Insurance Company Limited Prepared for: Mr. G MARUTHAMKUMAR 1,200 1,200 1,100 1,100 1,100 20,000 20,000 20,000 20,000 20,000 00000 CAPITAL Policy Details
Basic Premium
Policy Term(in years)
Permium Paying Term
Premium Frequency
Underwriting Class
Sum Assured Option
Basic Sum Assured Policy Year Proposer Life Insured

CAPITAL			Adit	ya Birla Wealt Your S	Aditya Birla Sun Life Insurance Wealth Secure Plan Your Sales Illustration	ife Ins ire Pla ustrati	urance n on	A			Version 1 UID : 162 Mar 27, 2	Version 1 UID:1627G3103M4419 Mar 27, 2019 16:31:44	19
LIFE INSURANCE Aditya Birla Sun Life Insurance Company Limited	Sompany Limited	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	
	o	o	209	4,146	1,408	422	807	2,637	475	105,256	105,256	370,000	
14 0	0	0	211	4,194	1,424	443	869	2,736	493	106,432	106,432	370,000	
	0	0	213	4,239	1,439	465	626	2,844	512	107,528	107,528	370,000	
	o	0	215	4,280	1,454	489	1,018	2,961	533	108,530	108,530	370,000	
17 0	0	0	217	4,318	1,466	513	1,106	3,086	555	109,424	109,424	370,000	
18 0	0	0	219	4,350	1,477	539	1,203	3,219	579	110,194	110,194	370,000	
	0	0	220	4,378	1,487	266	1,309	3,361	605	110,827	110,827	370,000	
20 0	0	0	221	4,400	1,494	594	1,424	3,512	632	111,304	111,304	370,000	
	0	0	222	4,415	1,499	624	1,548	3,671	661	111,610	111,610	370,000	
	0	0	223	4,423	1,502	655	1,682	3,839	169	111,726	111,726	370,000	
	0	0	223	4,423	1,502	889	1,826	4,016	723	111,633	111,633	370,000	
24 0	0	0	222	4,415	1,499	722	1,980	4,201	756	111,313	111,313	370,000	
	0	0	221	4,397	1,493	758	2,127	4,379	788	110,765	110,765	370,000	
	0	0	220	4,370	1,484	796	2,283	4,563	821	109,970	109,970	370,000	
	0	0	218	4,332	1,471	836	2,479	4,786	861	108,873	108,873	370,000	
	0	0	216	4,281	1,454	878	2,714	5,046	806	107,416	107,416	370,000	
29 0	0	0	212	4,214	1,431	921	2,993	5,345	962	105,535	105,535	370,000	
	0	0	208	4,129	1,402	896	3,316	5,686	1,023	103,163	103,163	370,000	
	0	o	203	4,023	1,366	1,016	3,688	6,070	1,093	100,225	100,225	370,000	
32 0	0	0	196	3,893	1,322	1,067	4,113	6,502	1,170	96,642	96,642	370,000	
	0	0	188	3,739	1,270	1,120	4,481	6,870	1,237	92,462	92,462	370,000	
34 0	0	0	179	3,557	1,208	1,176	4,946	7,331	1,320	87,549	87,549	370,000	
	0	0	168	3,341	1,134	1,235	5,651	8,020	1,444	81,594	81,594	370,000	
	0	0	155	3,079	1,046	1,297	6,470	8,812	1,586	74,430	74,430	370,000	
37 0	0	0	139	2,766	626	1,361	7,426	9,726	1,751	65,858	65,858	370,000	
	0	0	120	2,391	812	1,429	8,568	10,809	1,946	55,614	55,614	370,000	
39 0	0	0	86	1,943	999	1,501	9,927	12,087	2,176	43,392	43,392	370,000	
	0	0	7.1	1,409	479	1,576	11,542	13,597	2,447	28,828	28,828	370,000	
41 0	0	0	39	773	263	1,655	13,476	15,393	2,771	11,476	11,476	370,000	
	0	0	0	0	0	0	0	0	0	0	0	0	
43 0	0	0	0	0	0	0	0	0	0	0	0	0	

2927.738 370,000 0 294,530 370,000 0 331,2491 370,000 0 352,383 370,000 0 352,383 370,000 Page 4
7,738 4,530 2,491 1,735
9 3 3 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5
2077,738 277,738 312,491 331,735 352,383
889 924 957 988 1,017
4,741 4,939 5,132 5,490 5,650
658 600 518 404 258 re Plan
225 625 63 2326 688 60 834 722 51 728 758 40 796 25
3,626 3,626 3,844 4,078 4,596 ABSLI
21,012 22,278 23,631 25,080 26,634
538 570 605 681
00000
0 0 0 0 0 0 AMKUMAR
0 0 0 0 0 MARUTH/
22 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
0 0 0 507 19826 3.421 624 696 4.741 853

ABSLI Wealth Secure Plan

Prepared for: Mr. G MARUTHAMKUMAR

ADITYA BIRL	5 7			Adit	Aditya Birla Wealtl Your Sa		la Sun Life Insurance alth Secure Plan Sales Illustration	rance				Version 1 UID : 162 Mar 27, 2	Version 1 UID : 1627G3103M4419 Mar 27, 2019 16:31:44	•
LIFE INSURANCE	URANCE													
Aditya Birla Su	n Lite Insurance	Aditya Birla Sun Life Insurance Company Limited												
27	0	0	0	724	28,302	4,884	836	78	5,797	1,043	374,568	374,568	374,568	0
28	0	0	0	770	30,090	5,192	878	0	6,070	1,093	398,266	398,266	398,266	0
29	0	0	0	818	31,994	5,521	921	0	6,443	1,160	423,476	423,476	423,476	0
30	0	0	0	870	34,020	5,871	896	0	6,838	1,231	450,298	450,298	450,298	0
31	0	0	0	925	36,176	6,243	1,016	0	7,258	1,307	478,834	478,834	478,834	0
32	0	o	0	984	38,469	6,638	1,067	0	7,705	1,387	509,195	509,195	509,195	0
33	0	0	0	1,047	40,909	7,059	1,120	0	8,179	1,472	541,498	541,498	541,498	0
34	0	0	0	1,113	43,505	7,507	1,176	0	8,683	1,563	575,870	575,870	575,870	o
35	0	o	0	1,184	46,267	7,984	1,235	0	9,219	1,659	612,442	612,442	612,442	o
36	0	0	0	1,259	49,206	8,491	1,297	0	9,788	1,762	651,357	651,357	651,357	0
37	0	0	0	1,339	52,334	9,031	1,361	0	10,392	1.871	692,767	692,767	692,767	0
38	0	0	0	1,424	55,662	9,605	1,429	0	11,035	1,986	736,832	736,832	736,832	o
39	0	0	0	1,514	59,203	10,216	1,501	0	11,717	2,109	783,723	783,723	783,723	0
40	0	0	0	1,611	62,972	10,867	1,576	0	12,443	2,240	833,623	833,623	833,623	0
41	0	0	0	1,714	66,982	11,559	1,655	0	13,214	2,378	886,727	886,727	886,727	0
24	0	0	0	1,823	71,251	12,295	1,738	0	14,033	2,526	943,242	943,242	943,242	0
43	0	0	0	1,939	75,793	13,079	1,824	0	14,903	2,683	1,003,387	1,003,387	1,003,387	0
44	0	0	0	2,063	80,627	13,913	1,916	0	15,829	2,849	1,067,399	1,067,399	1,067,399	o
45	0	o	0	2,194	85,772	14,801	2,011	0	16,813	3,026	1,135,526	1,135,526	1,135,526	o
94	0	0	o	2,334	91,248	15,746	2,112	0	17,858	3,214	1,208,036	1,208,036	1,208,036	0
7.4	0	0	0	2,483	97,076	16,752	2,218	0	18,969	3,414	1,285,211	1,285,211	1,285,211	0
84	0	0	0	2,642	103,279	17,822	2,328	0	20,151	3,627	1,367,354	1,367,354	1,367,354	0
49	0	0	0	2,811	109,882	18,962	2,445	0	21,406	3,853	1,454,788	1,454,788	1,454,788	0
50	0	o	0	2,991	116,910	20,174	2,567	0	22,742	4,093	1,547,853	1,547,853	1,547,853	0
51	o	О	О	3,182	124,391	21,465	2,696	0	24,161	4,349	1,646,916	1,646,916	1,646,916	o
52	0	0	0	3,386	132,354	22,839	2,830	0	25,670	4,621	1,752,365	1,752,365	1,752,365	0
53	0	0	0	3,603	140,830	24,302	2,972	0	27,274	4,909	1,864,615	1,864,615	1,864,615	0
54	0	0	0	3,833	149,853	25,859	3,120	0	28,980	5,216	1,984,105	1,984,105	1,984,105	0
55	0	0	0	4,079	159,458	27,517	3,276	0	30,793	5,543	2,111,307	2,111,307	2,111,307	o
56	0	О	o	4,341	169,684	29,281	3,440	o	32,721	5,890	2,246,720	2,246,720	2,246,720	o
57	o	o	o	4,619	180,569	31,160	3,612	o	34,772	6,259	2,390,878	2,390,878	2,390,878	o
Prepared for: Mr. G MARUTHAMKUMAR	MARUTHA	MKUMAR				ABSLI	ABSLI Wealth Secure Plan	, Plan						Page 5

CAPITA BIRL	AL			Adi	Aditya Birla Wealt Your S	a Sun L th Secu	a Birla Sun Life Insurance Wealth Secure Plan our Sales Illustration	Irance	A)			Version 1 UID : 162 Mar 27, 2	Version 1 UID:1627G3103M4419 Mar 27, 2019 16:31:44	
LIFE IN	LIFE INSURANCE							ı						
Aditya Birla S	Sun Life Insuranc	Aditya Birla Sun Life Insurance Company Limited	TI.											
28	0	0	0	4,916	192,158	33,159	3,793	0	36,952	6,651	2,544,348	2,544,348	2,544,348	
59	0	0	0	5,231	204,495	35,288	3,982	0	39,271	7,069	2,707,735	2,707,735	2,707,735	
09	0	0	0	5,567	217,630	37,555	4,182	0	41,737	7,513	2,881,683	2,881,683	2,881,683	
61	0	0	0	5,925	231,614	39,968	4,391	0	44,359	7,985	3,066,878	3,066,878	3,066,878	
62	0	0	0	6,306	246,502	42,537	4,610	0	47,147	8,487	3,264,051	3,264,051	3,264,051	
63	0	0	0	6,711	262,353	45,273	4,841	0	50,113	9,020	3,473,982	3,473,982	3,473,982	
49	0	0	0	7,143	279,230	48,185	5,083	0	53,268	9,588	3,697,499	3,697,499	3,697,499	
65	0	0	0	7,603	297,200	51,286	5,337	0	56,623	10,192	3,935,487	3,935,487	3,935,487	
99	0	0	0	8,092	316,333	54,587	5,604	0	60,191	10,834	4,188,886	4,188,886	4,188,886	
67	0	0	0	8,613	336,705	58.103	5.884	0	63.987	815.11	4.458.700	4.458.700	4.458.700	



Aditya Birla Sun Life Insurance **Wealth Secure Plan Your Sales Illustration**

Version 1

UID: 1627G3103M4419

Mar 27, 2019 16:31:44

Aditya Birla Sun Life Insurance Company L

In "Your Sales Illustration" Policy Values are as of year end and assume:

- Premiums are paid when due.
- No withdrawal is made
- No riders and underwriting extra.
- Current rates of taxes, levies and policy charges remain unchanged.
- GST and levies have been considered as per the current tax laws and prevailing practices of the Company.

Some benefits are guaranteed and some benefits are variable with returns based on future performance of the Investment Funds managed by ABSLI. For the purpose of this illustration, we have used 8% and 4% as the higher and lower rates of investment returns respectively, in the calculations. Hence the table of policy values shows benefits at two different rates of assumed future investment returns. These assumed rates of return are in accordance with the guidelines issued by the Life Insurance Council and are not guaranteed. 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.

All Unit Linked Life insurance plans are different from Traditional insurance plans and are subject to different risk factors. The name of the investment funds and that of this plan do not in any way indicate the quality of the plan or future returns. Investment funds are subject to investment risks associated with the capital markets and unit prices may go up or down reflecting the market value of the underlying assets. Past performance is no guarantee of future

Fund Name	Segregated Fund Identification No	Fund Name	Segregated Fund Identification No
Liquid Plus	ULIF02807/10/11BSLLIQPLUS109	Magnifier	ULIF00826/06/04BSLIIMAGNI109
Income Advantage	ULIF01507/08/08BSLIINCADV109	Maximiser	ULIF01101/06/07BSLIINMAXI109
Assure	ULIF01008/07/05BSLIASSURE109	Multiplier	ULIF01217/10/07BSLIINMULTI109
Protector	ULIF00313/03/01BSLPROTECT109	Super 20	ULIF01723/06/09BSLSUPER20109
Builder	ULIF00113/03/01BSLBUILDER109	Pure Equity	ULIF02707/10/11BSLIPUREEQ109
Enhancer	ULIF00213/03/01BSLENHANCE109	Value & Momentum	ULIF02907/10/11BSLIVALUEM109
Creator	ULIF00704/02/04BSLCREATOR109	Asset Allocation	ULIF03430/10/14BSLIASTALC109
Capped Nifty Index	ULIF03530/10/14BSLICNFIDX109		

DECLARATION OF THE PROPOSER

DECLARATION OF THE ADVISOR

I have read the product brochure and understand that the values indicated under columns "Non-Guaranteed Policy Values" in this illustration will vary depending on the actual performance of the Investment Funds and should be treated as hypothetical only and neither as an estimate nor a guarantee of future performance.

I certify that this illustration has been fully explained to the Proposer and that I have explained "Non-Guaranteed Policy Values" will vary from those shown based on the future performance of the Investment Funds supporting the policy. I have made no statements that are inconsistent with this illustration or the product brochure.

Date:	Code of the Agent/ Specified Person/ Unit Manager/ Corporate Agent/ Broker
Signature or Thumb Impression of the PROPOSER	Name of Agent / Specified Person / Unit Manager
Name & Signature of Witness (in case of Thumb Impression)	Signature of Agent / Specified Person / Unit Manager

Prepared for: Mr. G MARUTHAMKUMAR ABSLI Wealth Secure Plan Page 7



Aditya Birla Sun Life Insurance **Wealth Secure Plan Your Sales Illustration**

Version 1

UID: 1627G3103M4419 Mar 27, 2019 16:31:44

Aditya Birla Sun Life Insurance Comp

YOUR POLICY SUMMARY

Basic Sum Assured	Rs. 370,000
Policy Term(in years)	Whole Life
Premium Paying Term	5

Your Policy Premium

•	
Basic Premium	Rs. 20,000
Annual Policy Premium	Rs. 20,000
Premium Paying Mode	Annual
Instalment Premium	Rs. 20.000

The total Sum Assured multiple for this policy is 18.5 times the total Annual Premium (excluding rider premium, if

Prenared for: Mr. G MARUTHAMKUMAR ABSLI Wealth Secure Plan Page 8

	EA96101793
LIFE INSURANCE	ADITYA BIRLA CAPITAL
ditya Birla Sun Life Insurance Company Limited	PROTECTING INVESTING FINANCING ADVISING
Online Addendum - Supervisory Declaration	Form
o be filled for Assisted Online Business. Avoid Policy Rejection, Fill out this form car	efully.
opilication Number: ENGOIDIPHI (Electronic proposal ABSLI Agent have ensured that this form is completed after discussing and agreeing	
ABSLI Sales Personnel Signature: 2 CotX 11	
DECLARATION BY SPECIFIED PERSON	
HDFC Bank DD/Cheque/Last four digits of Credit Card No./Online Ref. No.	
Note: Only HDFC Bank instruments are allowed. There must be a debit to the HDFC bank acc	ount of policy holder (or proposer if different from policy holder)
 Premium amount is in line with the customer's profile and account belance: Yes [Policy Holder (proposer if different from policy holder) is KYC / AML compliant with 	th HDFC Bank: Yes
a second design of the second feether to extend the legified with the hank profile of	the gustomer: Yes 1
Customer's income occessor for the investment is a finite mind of a dealer of customer's alignatures on the proposal matches with the bank records for telephanisms where the customer has signed. Yes	
Table of the control	X1747 Employee Code: (85695
Name SP Code:	and the second s
SP Signature:	
DECLARATION BY SUPERVISOR	
confirm that I have spoken to/met the customer for this life insurance proposal. I confirm that the customer is aware of all product features and that the policy is so	id in line with the customer's requirements.
I confirm that the customer is aware of all product reatures and that the policy is soll I confirm that the entire sales solicitation from lead generation, explaining the produ	uct features to closure of sale has been done by IRDAI certified staff.
SP Name SABAVA	SP Code:
Azeem Raj	
Supervisor Name	Successford Standards Assume
	Supervisor Signature:
DECLARATION BY CLUSTER/REGIONAL HEAD (for policies sold to >=60 y	I Come along the collectionary is aware of All Droubus 10050100 or to
DECLARATION EXECUSIVE/MEMORIAN FOR THE Insurance proposal. I confirm that I have spoken to/met the customer for this life insurance proposal, policy is sold in line with the customer's requirements. The premium paying cepacity	ity of the customer for the said proposal has been established.
	4 - 1 - 1
Name Employee Coo	
BBH/Business Head Approval for Policies >= 2.5 Lac Annualized Premiun	
BBH/Business Head Approval for Policies >= 2.5 lac Annualized Premium taken Ye	es No
BBH/Business Head Approval taken on Date: DDMMMYYYYYY	
Approvel mail copy attached. Yes No (Uploading approvel mail copy is mandatory)	
(Uploading approval mail copy is mailtered).	
72-977-00980003-94000	
Approval Initiated By	
Employee	Code:
1.99	Code:
Employee	Code:
Employee	Code:
Employee	Code:

Tride Logo "Aditya Birla Capital" diaplayed above is owned by ADITYA BIRLA MANAMERICAT CO. and used by ADITYA BIRLA SUN LIFE INSURANCE COMPANY LIMITED (ABSLI) under the license



GRIEVANCE REDRESSAL PROCEDURE

At Aditya Birla Sun Life Insurance, it is our constant endeavour to ensure that your queries and concerns are resolved on priority.

Step 1

In case you have any concern or complaint, please feel free to get in touch with us on the contact points mentioned below:

 Call our toll free customer care number 1-800-270-7000 between 9 am to 9 pm, Monday to Saturday

or

Please write to us at the address mentioned below

or

Please email us at <u>care.lifeinsurance@adityabirlacapital.com</u>

or

• Visit our website <u>www.adityabirlasunlifeinsurance.com</u> and registeryour complaint

We will respond to you within 15 days from the date of receipt of your communication.

Step 2

If our response is not as per your expectations please feel free to write to our **Grievance Redressal Officer (GRO)** by visiting our website <u>www.adityabirlasunlifeinsurance.com</u> and the tab 'register your complaint'

We will respond to you within 7 days from the date of receipt of your communication.

Step 3

If our response is not as per your expectations please feel free to write to our **Chief Grievance Redressal Officer(CGRO)** by visiting our website **www.adityabirlasunlifeinsurance.com** and the tab 'register your complaint'

We will respond to you within 5 days from the date of receipt of your communication.

For any correspondence addressed to Aditya Birla Sun Life Insurance, please write to us at:

Aditya Birla Sun Life Insurance Limited Customer Service Department, G Corp Tech Park, 6th Floor, Kasar Wadavali, Ghodbunder Road, Thane – 400 601.

Insurance Ombudsman

In case you are dissatisfied with the decision/resolution of the company, you may approach the Insurance Ombudsman located nearest to you (please refer to the contact details mentioned at the end of this Policy Document or visit our website www.adityabirlasunlifeinsurance.com) if your grievance pertains to;

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy;
- Delay in claim settlement;
- Dispute with regard to premium; or
- Non-receipt of your policy document.

As per provision 14(3) of the Redressal of Public Grievances Rules 2017, the complaint to the Ombudsman can be made:

- Only if the grievance has been rejected by the grievance redressal machinery of the insurer;
- Within a period of one year from the date of rejection by the insurer; and
- If it is not simultaneously under any litigation.

This page is intentionally left blank

This page is intentionally left blank

This page is intentionally left blank