

## Insurance Policy Kit for Ajay Kumar Chaudhary

# Your family's Rakshakaran is now in good hands.

Enabling your dreams and inspiring you  
to live a happier and healthier life.



### Your policy kit contains:

- Policy Schedule
- Service Options
- Proposal Form
- Key Feature Document
- Benefit Illustration
- First Premium Receipt



BS06 C232906257 BD 286/699 AGCY Non Term\_EIA

**AJAY KUMAR CHAUDHARY**

122 BLOCK D ROHINI SECTOR 1  
NEAR AWANTIKA  
AVANTIKA 110085  
DELHI INDIA  
M- 8377870951

March 18, 2024

**1. Part A****Dear AJAY KUMAR CHAUDHARY,**

Thank You for choosing Us for Your insurance needs. Tata AIA Life Insurance Company Limited is committed to give You world-class products and professional service.

We take great pleasure in presenting Your Policy document. Please check Your personal details and the Policy provisions carefully. Should You have any queries, please contact your agent or contact Us at the address mentioned below. You can also reach Us via email at [customercare@tataaia.com](mailto:customercare@tataaia.com) or call Our helpline number 1860-266-9966 (Call charges apply).

In order to provide better services, We request You to intimate Us in the event of any change in the address of the Policyholder or the Nominee.

You have a free look period of 15 days from the date of receipt of the policy document and period of 30 days in case of policy obtained through distribution channels like Web Aggregators, online mode and direct sales (other than in person), to review the terms and conditions of the Policy. If You disagree to any of these terms or conditions, You have the option to return the Policy for cancellation, stating the reasons for objection and be entitled to a refund of the premiums paid without interest after deduction of proportionate risk premium, stamp duty and medical examination cost along with applicable taxes and cesses or levies, if any.

The applicable free look period for this Policy shall be 30 days from the date of receipt of the policy document.

If You notice any error on examination of the Policy, please return the Policy to the Company immediately for correction.

At Tata AIA Life Insurance Company Limited, We believe that life inspires Us to think ahead. Our insurance solutions are therefore designed to be a step ahead, thus giving You an advantage to adapt to tomorrow's changes, starting today.

We look forward to a long and cherished relationship with You.

Best wishes,

For and on behalf of

**Tata AIA Life Insurance Company Limited**

**Naveen Tahilyani**  
CEO & Managing Director  
Authorised Signatory



Scan the QR to download e-policy document

**CLICK HERE TO READ THE TERMS AND CONDITIONS**

Policy Servicing Branch : , - 0

Tata AIA Life Insurance Company Ltd (IRDA of India Regn.No.110) (CIN - U66010MH2000PLC128403)

Registered & Corporate Office: 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai 400013.

"Stamp duty of Rs. 98 is paid as provided under Article 47(C)/(D) of Indian Stamp Act, 1899 and included in Consolidated Stamp duty paid to the Government of Maharashtra Treasury vide order of Addl. Controller of Stamps, Mumbai at General Stamp office, Fort, Mumbai – 400001 vide his order No. LOA/CSD/57/2024/1502 / Date 28/02/2024 / Validity period Dt. 28/02/2024 to Dt. 30/08/2024"



(Signature)  
Proper Officer

### **Tata AIA Life Guaranteed Return Insurance Plan**

Individual, Non-Linked, Non-Participating Life Insurance Savings Plan

<b>LIFE INSURED</b>	AJAY KUMAR CHAUDHARY
<b>POLICY NUMBER</b>	C232906257

### **PREAMBLE**

Tata AIA Life Insurance Company Limited ("the Company") having received a Proposal Form and other related documents with Declaration thereto and initial Premium from the Policyholder hereby issues **Tata AIA Life Guaranteed Return Insurance Plan**, an Individual, Non-Linked, Non-Participating Life Insurance Savings Plan. The basic insurance plan, coverage, Premium and benefits provided under this Policy, are specified in the Policy Schedule.

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

## Signature valid

Signed by: Naveen Tahilyani  
Date:  
Location:



This is a system generated document requiring no physical signature.

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# POLICY SCHEDULE

Tata AIA Life Guaranteed Return Insurance Plan (UIN: 110N152V12)  
 Individual, Non-Linked, Non-Participating Life Insurance Savings Plan

**THIS SCHEDULE MUST BE READ WITH THE POLICY DOCUMENT AND IS PART  
 OF THE LIFE INSURANCE CONTRACT**

**Policy Number: C232906257**

Policyholder Details	Policyholder/ Life Assured (First Life)	Life Assured (Second Life)
Name	AJAY KUMAR CHAUDHARY	N/A
Address	122 BLOCK D ROHINI SECTOR 1 NEAR AWANTIKA AVANTIKA DELHI 110085	N/A N/A N/A N/A N/A N/A N/A N/A
Client ID	381673662	N/A
Date of Birth	07/02/1986	N/A
Age at entry	38 years	N/A
Age Admitted	Y	N/A
Gender	Male	N/A

Base Plan/Rider Name	Plan Option	Basic Sum Assured (Rs.)	Date of commencement of policy	Date of commencement of Risk	Date of Maturity of Policy	Annualised Premium (Excl. taxes) (Rs.)	Policy Term (Years)
Tata AIA Life Guaranteed Return Insurance Plan, Individual, Non-Linked, Non-Participating Life Insurance Savings Plan	Endowment	490000.00	18/03/2024	18/03/2024	18/03/2044	35,000.00	20

Base Plan/Rider Name	Mode of Premium Payment	Premium Paying Term (Years)	Premium Due Date (s)	Due Date of Last Premium Payment	Premium (Excl. taxes) (Rs.)	Applicable taxes, cesses & levies (Rs.)	Modal Premium (Incl. taxes) (Rs.)	Total Modal Premium (Incl. taxes) (Rs.)
Tata AIA Life Guaranteed Return Insurance Plan, Individual, Non-Linked, Non-Participating Life Insurance Savings Plan	Annual	12	18/03/2025	18/03/2035	35,000.00	1,575.00	36,575	36,575.00

## Benefit Payable:

Plan Options	Option I: Endowment	Option II: Regular Income	Option III: Whole Life Income Annual Income/ Monthly Income		
Guaranteed Maturity Benefit/ Guaranteed Annual Income	Rs. 1011948.00	Not Applicable	Not Applicable		
Death Benefit (at inception of the policy)	Rs. 505974.00	Not Applicable	Single Life	Joint Life	
			Not Applicable	First Death	Second Death
			Not Applicable	Not Applicable	Not Applicable

## Nominee details (under section 39 of the Insurance Act 1938)

Name of the Nominee (s)	Relationship with Life Assured	Gender	Age (years)	Nomination %
JYOTI CHAUDHARY	Spouse	Female	42	100.00

## Appointee details (Applicable in case the Nominee is a minor)

Name of the Appointee (s)	Relationship with Nominee	Gender	Age (years)
NA	NA	NA	NA

Agent/Intermediary Name	Agency/Intermediary Code	Agent/Intermediary Contact details
ANIL KUMAR CHAUDHARY	005986590	9616070425 / sahil.chaudhary08@gmail.com

On examination of the Policy, if you notice any mistake, please return the Policy to the Company immediately for correction.

OTHER ENDORSEMENT

# KEY FEATURE DOCUMENT



This is an Individual, Non-Linked, Non-Participating, Life Insurance Savings Plan that will help you get a GRIP on the future by securing your financial goals. You've selected the Endowment Option under this product. You will receive Guaranteed Benefit payable at Maturity.

## Benefits you've opted for under the plan



**Guaranteed Returns**  
Receive a lump sum Benefit on Maturity



**Life Cover**  
Enjoy life cover throughout the policy term

## Maturity Benefit



On maturity of the policy a lump sum benefit equal to Guaranteed Maturity Benefit (GMB) along with the accrued Guaranteed Additions (GA) shall be payable at Maturity.

## Death Benefit



In case of death of the Life Assured during the Policy Term, provided the policy is in force, the Sum Assured on Death as defined below shall be payable. Sum Assured on Death shall be defined as the highest of

- 10 times the Annualised Premium for age less than 45 years or 7 times the Annualised Premium for age 45 and above
- 105% of the Total Premiums Paid up to date of Death
- Guaranteed Maturity Benefit
- Basic Sum Assured

Additionally, accrued Guaranteed Addition as on the date of Death shall be payable along with Sum Assured on Death.

## Grace Period



Monthly Mode: **15 days** | Other Modes: **30 days**

## Waiting Period



**Not Applicable**

## Exclusion



In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force.

## Riders



The detailed provisions of the rider if availed, are available in the terms and conditions.

Get a GRIP on the future and stay financially secured for years to come by staying invested in your plan.



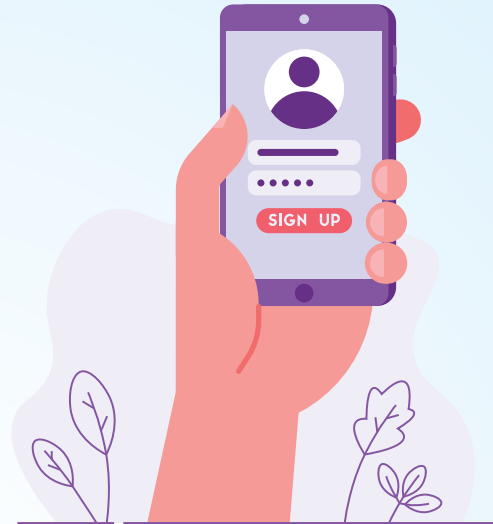
# SERVICE OPTIONS

Log in to one stop shop for your servicing needs



## How to login?

- Visit <https://myinsurance.tataaia.com>
- Authenticate your policy details and date of birth
- Verify your registration via OTP
- Your registration is now complete



## Features



Simplified OTP-based login



Buy products online



single dashboard with key policy information



Easy servicing options



Pay premium, download receipts & statements



Read interesting blogs & articles



Set notification on policy milestones



## Where to pay premium



Pay on Website

<https://apps.tataaia.com/PG/#!/policyPayment>



Bank Website

DigiAccount

My DigiAccount




















<https://myinsurance.tataaia.com>



Apps (PayZapp, Paytm, Google Pay, Phone Pe, Jio Money, Airtel Money, Itz Cash, MobiKwik, Amazon Pay)



## How to pay premium?

-  Credit card/debit card
 





-  Netbanking
-  Mobile wallets
 







-  Bharat Bill Payment System (BBPS)
-  UPI

Watch our video on premium payment options








<https://youtu.be/Dg1CYdIBa8w>

## Hassle-free Standing Instructions

Ensure Non-Stop Rakshakaran by registering for Standing Instructions where premium amount will automatically get debited on due date.

Register on <https://apps.tataaia.com/PG/#!/RegAutoDebt> using **Credit Card** or **Bank Account**

## Ways to access digital policy document

-  SMS
-  Email
-  WhatsApp
-  My DigiAccount
-  DigiLocker
-  e-Insurance Account








## Claims Process

### Claim with ease

- Step 1** Register claim with necessary documentation
- Step 2** Documents are verified and claim is processed
- Step 3** Claim amount is disbursed



### Options to inform us

-  [claims@tataaia.com](mailto:claims@tataaia.com)
-  Type CLAIM & send to +91 7045669966
-  Visit our website  
<https://www.tataaia.com/customer-service/claim-registration.html>
-  Locate your nearest branch from  
<https://www.tataaia.com/contact-us.html?contactUs-2>
-  Write to us at Tata AIA Life Insurance Company Limited, Claims department, 9th Floor, B wing, I-Think Techno Campus (Lodha), Behind TCS, Pokhran Road No.2, Thane (West), Mumbai – 400607

Watch our claim settlement process on  <https://youtu.be/BaljmQ5X6k0>

## Connect with us for any query/request



customercare@tataaia.com



[www.tataaia.com](http://www.tataaia.com)



Send Hi to +91 7045669966



1-860-266-9966 (Mon - Sat | 10 am - 7 pm IST),  
022-6251 9966 (Outside India)



SMS PCT <space> Policy no.<space>  
Registered Email ID to 5676799



Locate your nearest branch from  
<https://www.tataaia.com/contact-us.html?contactUs-2>



## Frequently Asked Questions

How to update personal details?	<ul style="list-style-type: none"> <li>Login to My DigiAccount from <a href="https://myinsurance.tataaia.com">https://myinsurance.tataaia.com</a></li> <li>You can update name, email ID, mobile number, NEFT details, PAN, address, Standing Instructions details here.</li> </ul>
I need my physical policy document. How can I get it?	<ul style="list-style-type: none"> <li>Digital document is equivalent to physical document. If you still need it, you can send an email to <a href="mailto:customercare@tataaia.com">customercare@tataaia.com</a> requesting for a copy.</li> </ul>
Need to update nominee/beneficiary?	<ul style="list-style-type: none"> <li>Login to My DigiAccount from <a href="https://myinsurance.tataaia.com">https://myinsurance.tataaia.com</a></li> <li>Visit any Tata AIA Life Insurance branch</li> </ul>
Need to change your payment frequency?	<ul style="list-style-type: none"> <li>Send a request by logging to My DigiAccount from <a href="https://myinsurance.tataaia.com">https://myinsurance.tataaia.com</a></li> <li>Visit any Tata AIA Life Insurance branch</li> </ul>
Need to know about Freelook Charges?	<p>Refer to Freelook Cancellation Clause of the T&amp;C, in case you exercise freelook option to cancel the policy, you shall receive all premiums paid without interest after the deduction of proportionate risk premium for the period of cover, stamp duty as mentioned on the preamble page of the policy document, medical examination costs and taxes as applicable. Kindly note that if you have chosen monthly mode of premium payment, the total deductible charges may be higher than the amount of modal premium paid by you.</p>



# Proposal Form

Tata AIA Life Insurance Company Limited.  
**COMMON PROPOSAL FORM**



Kindly Fill the form in CAPITAL and only in blue or black  
(For Official Use only)

Proposal Number: C232906257

Branch Code:

Channel: AGENCY - BA

Campaign Code:

Sub Office Code:

RM CAMS Code:

POS/Agent/Broker/Specified Person/Employee: ANIL KUMAR CHAUDHARY

Code: 5986590

Contact Details:

License No. & Validity Details:

Customer Relationship No. (For Bancassurance Channel)

PAN No.

IMPORTANT GUIDELINES: 1) IN UNIT-LINKED INSURANCE POLICIES (ULIPs), THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER. 2) Insurance is a contract of utmost good faith between the Insurer and the Insured. The Proposer and the Life to be Assured are required to disclose all facts in response to the questions in this application form. 3) Any cancellation/alteration is to be signed by Proposer/Life to be assured as applicable. 4) KYC documents will be required for all the parties to the contract.

## I. GENERIC DETAILS

Is this policy self-proposed? Yes. If No, please answer the following details

Type of Proposer: Single Life

Relation with Life Assured: Self

Type of Proposal:

## II. ELECTRONIC INSURANCE ACCOUNT (eIA) DETAILS OF THE PROPOSER/POLICYOWNER

If you have an e-Insurance Account (eIA) Number, please provide:

I would like to receive my Insurance Policy and all the information related to the proposed Insurance Policy through Tata AIA Life Insurance Company Ltd. In Electronic format (Physical copy would be sent even if proposer opts for electronic format; however, in case proposer has e-Insurance Account, only electronic copy of the Insurance Policy will be provided)

I would like to receive my Insurance Policy and all the information related to the proposed Insurance Policy through Insurance Repository in the Electronic Format as and when applicable. Please select the name of the Insurance Repository.

CAMS

## III. PRODUCT DETAILS

Base Plan/ Rider (Benefit Option) Name	Unit Linked (Yes/No)	Life Insured Name	Sum Assured (₹)	Policy Term (Years & Months)	Premium Paying Term (Years & Months)	Premium (₹) (Inclusive of applicable taxes, cesses & levies)	Premium Paying Mode	Return of Premium option
Tata AIA Life Guaranteed Return Insurance Plan	No	Mr. AJAY KUMAR CHAUDHARY	490000	20	12	36575	Annual	NA

Base Plan/ Rider (Benefit Option) Name	Life Insured Details			Benefit Payout Option	Benefit Payout Option Details			
	Name	DOB	Gender		Lumpsum (₹)	Income p.a (₹)	Income Duration (Years)	Income Frequency

**Tata AIA Vitality** (Wellness Program, applicable only for specific product/riders): No

Utilization of Rewards during the Premium Payment Term (if Wellness Program is opted): -

Kindly DATE BACK my Application to 1. Allowed only as per product specifications 2. Allowed within the same financial year 3. In case of juvenile (less than 1 year) back date is not allowed. 4. Date Back of policy is allowed only up to the official launch date of the product.

**FUND SELECTION DETAILS (To be filled for Unit Linked Products)** a. Kindly mention the names of the fund chosen b. In case you opt for a specific Portfolio Strategy (as available with individual products), kindly mention the Fund Names or other details as applicable c. Kindly fill in whole numbers in percentage only. Decimals and Fractions not allowed.

Name of Fund	% Allocation

OR

Portfolio Strategy	
Funds for the chosen Portfolio Strategy (If Applicable)	
Debt oriented fund	Equity oriented fund
Other Details(if applicable)	

IV. PROPOSER / POLICYHOLDER DETAILS (Please fill in details of Life Assured if same as Proposer)	
1. Title	Mr.
2. Name	AJAY KUMAR CHAUDHARY
3. Father's Name / Spouse Name	MANSHARAM CHAUDHARY
4. Mother's Name	SATYAWATI LATA
5. Maiden Name(For female lives only)	
6. Gender/Date of Birth	Male 07-02-1986
7. Which is your Dominant Hand? (Question to be answered only if ADDL Rider is selected )	
8. Marital Status	Married
9. Nationality (If other than resident Indian, Passport as an age proof is mandatory)	Resident Indian (Nationality) INDIA Country of Residence : INDIA (If country of residence or nationality outside India then FATCA/ CRS-Self Certification Form to be mandatorily completed)
10. Residence for Tax purposes in Jurisdiction(s) outside India	No (If Yes then FATCA/ CRS-Self Certification Form to be mandatorily completed)
11. Highest Educational Qualification	Graduate
12. Correspondence Address	122 Block D Rohini Sector 1 Landmark: Near Awantika City: AVANTIKA State: DELHI Country: INDIA Pin code: 110085
13. Permanent/Updated Address	122 Block D Rohini Sector 1 Landmark: Near Awantika City: AVANTIKA State: DELHI Country: INDIA Pin code: 110085
14. Address for Communication	Current
15. Telephone and Email Details	Residence No: Mobile No: +91 8377870951 E-mail: sonuiec@gmail.com
16. Occupation Class	Business Owner
a. Name of Organisation /School / College	Qualitech solutions and services
b. Organisation Type	Private Limited
c. Industry	
d. Nature of Work	Lotteries, Casinos, and gambling establishments
e. Annual Income (₹)	2000000
17. Income Proof	
18. Identity Proof (In case of Passport & Driving License please mention expiry date)	CKYC PDF Expiry Date : XXXXXXXX0137
19. Address Proof for updated address	CKYC PDF
20. Permanent Account Number ( PAN ) :	AMXPC9797M (kindly attach copy of Pan card) Yes I do not have PAN (kindly attach copy of Form 60 duly signed)
21. CKYC No. (If available)	10027396455563
22. Source of Funds	
23. Are you a Politically Exposed Person? No. (Definition of PEP: "PEPs are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials; Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")	

V. LIFE ASSURED DETAILS (Please fill in this section only if Life Assured is different from Proposer)	
1. Title	
2. Name	
3. Maiden Name(For female lives only)	
4. Gender/Date of Birth	
5. Which is your Dominant Hand? (Question to be answered only if ADDL Rider is selected )	
6. Marital Status	
7. Nationality (If other than resident Indian, Passport as an age proof is mandatory)	(Nationality) Country of Residence

8. Residence for Tax purposes in Jurisdiction(s) outside India	No (If Yes then FATCA/ CRS-Self Certification Form to be mandatorily completed)
9. Highest Educational Qualification	
10. Occupation Class	
a. Name of Organisation/ School/College	
b. Organisation Type	
c. Industry	
d. Nature of Work	
e. Annual Income (₹)	
11. Income Proof	
12. Identity Proof (In case of Passport & Driving License please mention expiry date)	Expiry Date : Others :
13. Address Proof for updated address	
14. Permanent Account Number (PAN):	(kindly attach copy of Pan card) Yes I do not have PAN (kindly attach copy of Form 60 duly signed)
15. Are you a Politically Exposed Person? (Definition of PEP: PEPs are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials; Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally)	

#### VI. HEALTH & LIFESTYLE DETAILS OF THE LIFE ASSURED

1. Nature of Age proof (Non-standard age proof submission will attract extra premium)  
CKYC PDF

2. a) Height (cms or ft) b) Weight ( kg or lbs). 168 cms 68 kgs

#### PART A: LIFESTYLE DETAILS

1. Are you employed in the Armed Forces, Paramilitary, Police Forces, Fire Brigade or any other similar occupation?	No
2. Is your occupation/your hobbies associated with any specific accident/health hazard or are dangerous in any way (e.g. working with dangerous or corrosive chemicals, explosives, radiation, working underwater/underground or at height, working in mines, non-commercial flying activities, diving, mountaineering, any form of motorbike/car racing etc.)?	No
3. Do you intend to live or travel outside India for more than 30 days for reason other than family vacation in next 6 months?	No
4. Have you ever been charge sheeted or convicted of any criminal proceedings or have any criminal case or charge pending against you in any court of law in India or abroad? If Yes, please provide complete details.	No
5. Do you consume or have consumed any of the following? Please tick all relevant options and provide details	No

Substance Consumed	Yes/ No	Consumed As	Quantity/ Per Day for Tobacco & Per week for Alcohol and Narcotics	No. of Years	If stopped consumption, mention month and year in which last consumed
Tobacco	No				
Alcohol	No				
Any Narcotics	No				

#### PART B: HEALTH & PERSONAL DETAILS

1. Has any of your insurance application or reinstatement application on life, accident, medical or health, critical illness, or disability ever been declined, postponed or accepted at extra premium or modified terms?	No
2. Did you have any loss or Gain of weight of 10 kgs or more in the last six months?	No
3. Do you have any physical deformity / handicap or congenital defect / abnormality?	No
4. Have you ever been advised to and / or have undergone any tests, investigations or surgery or had signs or symptoms of any condition, ailment or injury and / or were advised treatment for or have been hospitalized for check-up or treatment other than minor flu, cold or influenza?	No
5. Have you ever been diagnosed with or investigated for any of the following:	No
a. <b>Cardio:</b> High or Low Blood Pressure / Raised Cholesterol / Chest Pain / Palpitation / Rheumatic Fever / Heart Murmur / Shortness of Breath / Heart Attack / Stroke / Any other heart condition	No
b. <b>Hormonal:</b> High Blood Sugar/ Diabetes / Thyroid or endocrine disorder / Sugar in Urine / Any other hormonal disorder	No
c. <b>Respiratory:</b> Asthma / Tuberculosis / chronic cough, chronic bronchitis, emphysema, pneumonia / Any other respiratory disorder	No
d. <b>Blood/Cellular:</b> Cancer / Tumor or malignant growth / Leukemia / Anemia / Enlarged lymph nodes/ Any blood disorder	No
e. <b>Digestive/Regulatory:</b> Recurrent indigestion / Gastritis / Stomach or Duodenal Ulcer / Hernia / Jaundice / Disorders of the liver / Cirrhosis and Gastrointestinal System/ Any other disease	No

Name	Date of Birth	Gender (Male /Female /Transgender)	Relationship



#### X. PAYMENT DETAILS

Premium Payment Method: Payment via Link  
 Name of Credit Card/Debit Card Holder: Credit Card/Debit Card Number  
 Cheque/DD No. Issuing Bank Branch Amount Date: DD/MM/YYYY  
 Premium<sup>#</sup> ₹ 35000 + Taxes, cesses & levies ₹ 1575 = Total Payment ₹ 36575 for months initial deposit (To be filled for monthly mode only)  
 On the first policy/modal anniversary I would like to change the premium payment mode to , subject to policy contract provisions. For Annual/Monthly mode issued policies mode change shall be accepted only on completion of first policy anniversary. <sup>#</sup> Premium is exclusive of applicable taxes, cesses & levies. All Premiums are subject to applicable taxes, cesses & levies which will entirely be borne by the Policyholder and will always be paid by the Policyholder along with the payment of Premium. If any imposition (tax or otherwise) is levied by any statutory or administrative body under the Policy, Tata AIA Life Insurance Company Limited reserves the right to claim the same from the Policyholder. Alternatively, Tata AIA Life Insurance Company Limited has the right to deduct the amount from the benefits payable by Us under the Policy. Cheque/DD should be drawn in favor of Tata AIA Life Insurance Company Ltd. (Proposal No). Do not issue blank cheque.  
**Renewal Payment Mode: NA**

#### XI. Mandatory Bank Account Details:

Please provide below bank details. Bank details provided should be in the name of Proposer. All policy payouts will be made to the below mentioned bank account through electronic transfer (NEFT). Payout would be in accordance and subject to terms and conditions of the policy.

Name of Account Holder	Bank Account No.	Bank Name and Branch	Account Type	IFSC Code
AJAY KUMAR CHAUDHARY	922010042957135	AXIS BANK LTD. ROHINI DELHI	Saving	UTIB0000371

Note: 1. Please provide a cancelled copy of your personalized cheque. If personalized cancelled cheque is not available, attach bank statement showing account holder name, address and account number. 2. In case of Non-Credit to the given bank account with/without assigning any reason thereof or if the transaction is delayed or not effected at all for any reason of incomplete information, Tata AIA Life Insurance Co Ltd will not be responsible. 3. Further, the Company reserves the right to use any alternative payout option inspite of opting for Direct Credit option. 4. If Account type is NRE/NRO then FATCA/CRS-Self Certification Form to be mandatorily completed.

#### XII. DECLARATION & CONSENT

- I 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 I am authorised to propose on behalf of these other persons (applicable where the proposer and life insured are different).
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/ proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer (if any) for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- I confirm that I have understood the contents of this Proposal Form and I am submitting this Proposal Form with all the details which are true and correct. I have not withheld any material information or suppressed any fact which are essential for issuance of the policy. I also hereby authorize the Company to ascertain all the details from any third parties, as may be required for assessing the risk.
- I agree to undergo all medical tests as determined by the Company for obtaining the policy and I further understand that the Company reserves the right to issue the policy if all the required criteria are met and in case of any fraud or misstatement being established, the insurer shall take action in accordance with Section 45 of the Insurance Act, 1938 as amended time to time. I understand that the contract will be governed by the provisions of the Insurance Act, 1938 as amended time to time, the IRDA Act, 1999 and the Regulations framed there under and that the contract will not commence until the Company's written acceptance of this Proposal Form is received. In case of the life to be insured being a minor, I further declare and affirm that this proposal of insurance is for the benefit of the life to be insured.
- Anti-Money Laundering Declaration:** I hereby confirm that all premiums will be paid from bonafide sources and no premiums will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. The Company has the right to peruse my financial profile and also agree that the Company has right to cancel the insurance contract in case I have been found guilty of any of the provisions of any law, directly or indirectly, having relation to the laws governing prevention of money laundering in the country, by any competent court of law.
- I/We understand that in accordance with the IRDAI (Protection of Policyholders Interests) Regulations, 2017, the insurer is permitted to share policyholder information only with the statutory authorities. I permit/authorize the Company to collect, store, communicate and process information relating to the Policy/Account and all transactions therein, by the Company and any of its affiliates or service providers wherever situated including sharing, transfer and disclosure between them or with any entity or entities for the purpose of underwriting, policyholder servicing and claims; and to the authorities in and/or outside India for compliance with any law or regulation whether domestic or foreign.
- Applicable for NR/PIO/OCI customers in case of assisted sales:** I confirm that this product has been solicited to me in person in India or through email/ telephonic communication from India. I undertake to inform the Company for any change in the above particulars including residential status. In case of any failure to do so, I shall indemnify the Company for all losses and damages incurred by the Company due to non-fulfilment of my aforesaid obligation to the Company. I also undertake to Comply with all the regulations\ guidelines issued by Reserve Bank of India or any other regulatory authority with reference to NRIs/PIOs/ OCIs and the related insurance policies in India from time to time.

Signature/Thumb  
Impression of  
Proposer

Signature/Thumb impression of Life Assured

[OTP 3280 received vide mobile no. +91 8377870951 has been used to authenticate your proposal form no. C232906257, benefit illustration no. 575671728492 as well as suitability analysis on 10:57:17 on 18-Mar-2024]

Date:  
18-03-2024  
Place:

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately in case any of the above information is found to be false or untrue or misstated, before issuance of the proposal. I, the undersigned confirm that I have verified photocopies of the proofs submitted along with this proposal form against the originals and certify the same to be true copy.

I declare and confirm that I have carried out necessary suitability analysis while advising this product to the proposer and that the product is suitable to the proposer.

**WHERE THE PROPOSAL FORM IS FILLED IN BY AGENT/INTERMEDIARY/EMPLOYEE:** I hereby declare that I have explained the contents of this proposal to the Proposer/Annuitants in the language known to him/her and ensured that the contents have been fully understood by him/her. I have accurately recorded the Proposer/ Annuitant's responses to the information sought in the proposal form and I have read out the responses to the Proposer/Annuitants and he/she has confirmed that they are correct.

Signature of Agent/ Specified Person/ Broker/ Employee

[Proposal form no. C232906257, Benefit Illustration No. 575671728492, Suitability analysis and ACR, if applicable, authenticated using user id credentials]



**ACKNOWLEDGEMENT**  
 Tear away portion (To be handed over to the customer)  
 Proposal Number: \_\_\_\_\_

Dear Customer

We acknowledge receipt of your Cash/Cheque/DD for Rs. \_\_\_\_\_ by number \_\_\_\_\_ dated \_\_\_\_/\_\_\_\_/\_\_\_\_ drawn on \_\_\_\_\_ toward's Initial Deposit. We request you to kindly verify the details filled in the proposal form before signing the same. Please do insist on Official Receipt issued by Tata AIA Life from your advisor within 2 working days from submission of this proposal form. In case you do not hear from us or do not receive your policy within 15 days from the date of submission of your proposal, please visit us at [www.tataaia.com](http://www.tataaia.com) or call our helpline number 1860 266 9966 (local charges apply) or email us at [customer@tataaia.com](mailto:customer@tataaia.com)

This is only acknowledgement slip and not the premium receipt.

Agent code

Agent name

Signature of Agent

Date of Acknowledgement

**IN CASE OF THUMB IMPRESSION OF PROPOSER/ANNUITANTS OR WHERE THE ANSWERS/SIGNATURE OF THE PROPOSER/ANNUITANTS ARE IN VERNACULAR.**

Note: The below must be declared by someone other than advisor/employee of the company.

I, \_\_\_\_\_ (name) have explained the contents of this proposal to the \_\_\_\_\_ (Proposer) in \_\_\_\_\_ (language) and ensured that the contents have been fully understood by him/her. I have accurately recorded the Proposer responses to the information sought in the proposal form and I have read out the responses to the Proposer and he/she has confirmed that they are correct.



(Signature of the person making the declaration)

Address of the person making the declaration:

Date: 18-03-2024  
Place:


**Declaration by Proposer/ Life Assured:**

I have understood the contents of this proposal explained to me in \_\_\_\_\_ language and confirm that the responses provided by me are correct.



Signature/Thumb Impression of Proposer

Date: 18-03-2024  
Place:



Signature/Thumb impression of the Life Assured

Date: 18-03-2024  
Place:

**(Prohibition of Rebates) Section 41 - of the Insurance Act, 1938 as amended from time to time:** 1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

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

**Disclaimers:** IN CASE OF A ULIP POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER. Tata AIA Life Insurance Company Limited is only the name of the Company and any contract bearing the prefix "Tata AIA Life" is only the name of the contract and does not in any way indicate the quality of the contracts, its future prospects or returns. Premium paid in ULIP is subject to investment risks associated with capital markets & the NAV of the units may go up or down based on the performance of the funds and factors influencing capital markets and the insured is responsible for his decision. Past performance is not indicative of future results. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale.

**BEWARE OF SPURIOUS /FRAUD PHONE CALLS!** - IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

L&C/Misc/2023/Jun/0293



1. Please carry valid Identity card to the medical examination center wherever applicable. 2. For cash payment, please visit our nearest Tata AIA Life branch. Please do not handover cash to Agent. If handed over to the agent, the company will not be liable for any loss. 3. In case there is any change in the particulars given above including Life Assured/Proposer's health and/or medical and/or financial and/or occupational status and/or being charged with and/or arrested for any criminal offence after the date of proposal but before risk acceptance by the company; please inform the company. 4. Acceptance of premium does not constitute risk commencement. 5. Risk commencement starts after the acceptance of risk by the company. 6. FreeLook Period: If you are not satisfied with the terms & conditions/features of the policy, you have the right to cancel the Policy by providing written notice to the Company and receive the premiums after deducting a) Proportionate risk premium for the period on cover & b) Stamp duty and medical examination costs including applicable taxes, cesses & levies, which have been incurred for issuing the Policy. Such notice must be signed by you and received directly by the Company within 15 days from the date of receipt of the policy document by you or person authorized by you. The said period of 15 days shall stand extended to 30 days, if the policy sourced through distance marketing mode which includes solicitation through any means of communication other than in person. For Unit Linked Life Insurance products, you would receive the non allocated premiums plus charges levied by cancellation of units plus fund value at the date of cancellation and after deducting the charges as mentioned in (a) & (b) above.

**Tata AIA Life Insurance Company Limited** (IRDAI Regn. No.110 CIN: U66010MH2000PLC128403). **Registered & Corporate Office:** 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai - 400013. Trade logo displayed above belongs to Tata Sons Ltd and AIA Group Ltd. and is used by Tata AIA Life Insurance Company Ltd under a license. For any information including cancellation, claims and complaints, please contact our Insurance Advisor/ Intermediary or visit Tata AIA Life's nearest branch office or call 1- 860-266-9966 (local charges apply) or write to us at [customer@tataaia.com](mailto:customer@tataaia.com). Visit us at [www.tataaia.com](http://www.tataaia.com).

# Benefit Illustration

## BENEFIT ILLUSTRATION



### Tata AIA Life Guaranteed Return Insurance Plan

Name of the Prospect / Policyholder:	AJAY KUMAR CHAUDHARY	Proposal No:	575671728492
Age (years) :	38 Gender:Male	Name of the Product:	Tata AIA Life Guaranteed Return Insurance Plan
Name of the Life Assured 1 :	AJAY KUMAR CHAUDHARY	Tag Line :	Individual, Non-Linked Non-Participating Life Insurance Savings Plan
Age (years) :	38 Gender:Male	Unique Identification No.:	110N152V12
Name of the Life Assured 2 :	NA	GST Rate:	4.5% for first year
Age (years) :	NA Gender:NA	I am red	2.25% second year onwards
Policy Term (years) :	20	I am red	I am red
Premium Payment Term (years) :	12	I am red	I am red
Amount of Instalment Premium (Rs.):	36575	I am red	I am red
Mode of Payment of Premium :	Annual	I am red	I am red

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

Policy Details			
Policy Option	Endowment	Basic Sum Assured (First Death) Rs.	490000
		Basic Sum Assured (Second Death, if any) Rs.	NA
Guaranteed Annual Income (GAI)*	NA	Sum Assured on First Death (at inception of the policy) Rs.	505974
		Sum Assured on Second Death, if any (at inception of the policy) Rs.	NA

Rider Details												
Tata AIA Vitality (Wellness Program)	No											
Rider Name/UIN^ (Benefit Option/Benefit Payout Option)	Details of Life Insured/Partner under the Benefit Option			Benefit Payout			Return of premium option	Benefit Option Term	Premium Payment Term	Sum Assured (Rs.)	Premium p.a. without GST (Rs.)	Year 1 Discount (Rs.)
	Name	Age(yrs)	Gender	Lumpsum (Rs.)	Income p.a.(Rs.)	Income Duration (yrs)						

Premium Summary			
I am red	Base Plan	Riders	Total Instalment Premium
Instalment Premium without GST (Rs.)	35000	0	35000
Instalment Premium with First year GST (Rs.)	36575	0	36575
Instalment Premium post applicable discount with First year GST (Rs.)	36575	0	36575
Instalment Premium with GST 2nd year onwards (Rs.)	35788	0	35788

(Amount in Rupees)

Policy Year	Single/ Annualized Premium	Guaranteed						Non - Guaranteed
		Survival Benefit / Accrued Guaranteed Additions	Other Benefits, if any (Guaranteed Maturity Benefit/ Guaranteed Annual Income)	Maturity Benefit	Death Benefit (First Death)	Death Benefit (Second Death, if any)	Min Guaranteed Surrender Value	Special Surrender Value
1	35000	25299	0	0	505974	NA	0	0
2	35000	50597	0	0	531273	NA	22467	23022
3	35000	75896	0	0	556571	NA	39988	40731
4	35000	101195	0	0	581870	NA	75313	61139
5	35000	126494	0	0	607169	NA	95292	84245
6	35000	151792	0	0	632468	NA	115625	110049
7	35000	177091	0	0	657766	NA	136465	143022
8	35000	202390	0	0	683065	NA	166286	180042
9	35000	227688	0	0	708364	NA	202015	221111
10	35000	252987	0	0	733662	NA	237550	266227
11	35000	278286	0	0	758961	NA	275944	322558
12	35000	303584	0	0	784260	NA	321751	384287
13	0	328883	0	0	809558	NA	342270	437162
14	0	354182	0	0	834857	NA	363826	492566
15	0	379481	0	0	860156	NA	390695	550500
16	0	404779	0	0	885455	NA	414932	619818
17	0	430078	0	0	910753	NA	440890	692172
18	0	455377	0	0	936052	NA	472919	786284
19	0	480675	0	0	961351	NA	502773	874829
20	0	505974	505974	1011948	986649	NA	0	0

Note: Annualized premium excludes underwriting extra premium, frequency loadings on premiums, the premium paid towards the riders, if any, and Goods and Services Tax.

\*Under Option III: The policyholder shall also be given the option to receive the Guaranteed Annual Income (GAI) on a monthly basis. This option has to be chosen at inception and cannot be altered once chosen. The GAI illustrated above is the total amount payable in a year on selection of monthly mode and 1/12th of this amount will be payable monthly.

Income Tax benefits would be available as per the prevailing income tax laws, subject to fulfillment of conditions stipulated therein. Tata AIA Life Insurance Company Ltd. does not assume responsibility on tax implication mentioned anywhere in this document. Please consult your own tax consultant to know the tax benefits available to you.

<p>I, _____ (name), have explained the premiums and benefits under the product fully to the prospect/ policyholder.</p> <p>Place: _____</p> <p>Date: _____ Signature of Agent/ Intermediary/ Official</p>	<p>I, _____ (name), having received the information with respect to the above, have understood the above statement before entering into the contract.</p> <p>I am read _____</p> <p>Date: _____ Signature of Prospect/ Policyholder</p>
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Unique Reference Number - L&C/Advt/2023/Sep/3194 (Rider- L&C/Advt/2022/Sep/2271)

**Tata AIA Life Insurance Company Ltd. (IRDA of India Regn No. 110) (CIN: U66010MH2000PLC128403)**  
Registered and Corporate Office: 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai- 400013  
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# FIRST PREMIUM RECEIPT

## PERSONAL DETAILS

Policy Number:	C232906257	Plan Name:	Tata AIA Life Guaranteed Return Insurance Plan (110N152V12)
Policy Owner Name:	AJAY KUMAR CHAUDHARY	Life Assured Name:	AJAY KUMAR CHAUDHARY
Email ID:	SONUIEC@GMAIL.COM	Distributor/Agent Name:	ANIL KUMAR CHAUDHARY
Contact No. :	8377870951	Distributor/Agent Contact Number:	9616070425
PAN Details	AMXPC9797M		

## PREMIUM DETAILS

Premium Amount Due (In Rs.)	35000.00	Payment Mode	Annual
Goods & Service Tax (GST)	1,575.00	Next Premium Due on	18/03/2025
Total Amount (In Rs.) (a)	36575.00	Excess Amount (In Rs.) (b-a)	0.00
Amount Received (In Rs.) (b)	36,575.00	CKYC	10027396455563

## TAX BENEFIT DETAILS

Sec 80 C	Sec 80 CCC	Sec 80 D
36575.00	.00	.00

## PAYMENT DETAILS

Receipt Number	Receipt Date	Amount (In Rs.)	Payment Method
TB2132759	18/03/2024	36,575.00	Online Payment

### Please Note:

- This document can be used as a proof for claiming deduction while filling your tax returns and tax benefits would be applicable as per the prevailing tax laws.
- Payments made through modes other than cash are subject to clearance including through electronic mode payments.
- Any excess premium will be adjusted towards premium due in the current financial year or due in the next three months, whichever is later. Else premium will be auto refunded post 15 days.
- Applicable govt taxes, surcharge, cess including GST would be charged in accordance with applicable Laws and Company will have the right to recover the same from the policyholder.
- Please refer to the policy document for detailed terms and conditions and our website for FAQ on applicable tax benefits.
- In case of Unit Linked Policy (ULIP), if premium is received by us after 3:00 pm on a business day, NAV of the next business day shall apply.

## GST DETAILS

Base Premium	Taxable Value	CGST .00%	SGST/UTGST .00%	IGST 18.00%	Reverse Charge
₹ 35000.00	₹ 8750.00	₹ .00	₹ .00	₹ 1575.00	
Tata AIA Life Insurance State		Tata AIA Life Insurance GST IN		SAC Description	Life Insurance
Policy Owner's GST State	DELHI	Policy Owner's GSTIN		SAC Code	997132

Consolidated Revenue stamp duty paid: Notification No. Mudrank – LOA NO.CSD/131/2023/ (Validity period from dated 29-09-2023 to 24-09-2024)/4009 Dated 04-10-2023 vide receipt number MH008113190202324E dated on 15-09-2023.  
PAN: AABCT3784C.

**WhatsApp**  
7045669966

**DigiAccount**  
Customer Portal

**Chatbot**

**Website**  
Visit: [www.tataaia.com](http://www.tataaia.com)

**Customer Service**  
Resident Indians: 1-860-266-9966  
NRI: 022 6251 9966

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IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.