

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sl. no.	Title	Description in Simple Words (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	Name of the Insurance Product and Unique Identification Number (UIN)	HDFC Life Systematic Pension Plan UIN- 101N144V05	Part A – Welcome Letter and Page 4
2.	Policy Number	<<>>	Part A – Welcome Letter and Policy Schedule
3.	Type of Insurance Policy	Non-Linked Pension	Part A Page 3
4.	Basic Policy Details	 Instalment Premium - <<>> Mode of premium payment - << Monthly/ Quarterly/ Half Yearly/Yearly/Single>> Sum Assured on Death - << >>, at inception Premium Payment Term - << >> Policy Term - << >> 	Part A – Policy Schedule
5.	Policy Coverage/benefits payable	 Benefits payable on Vesting: Assured Benefit on Vesting shall be payable at the end of vesting period, as per Annuitization Provisions, provided all due premiums have been paid. Benefits payable on death – Death Benefit is payable as Lump sum upon death of the life assured(s) during the policy term Surrender Benefits – means the amount, if any, that becomes payable on surrender of a policy during its term, in accordance with the terms and conditions of the policy. Other benefits/options payable, specific to the policy, if any – Partial Withdrawal 	Part C & Part D
6.	Options available (in case of Linked Insurance Products)	Not Applicable	Not Applicable
7.	Option available (in case of Annuity product)	Not Applicable	Not Applicable

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		Rider Name – <<>>>	
8.	Riders opted, if any	Rider UIN – <<>>>	Part A - Policy Schedule
		Rider Sum Assured – <<>>	
9.	Exclusions (events where insurance coverage is not payable), if any.	Suicide -In case of death due to suicide within 12 months from the Risk Commencement Date 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. There are no exclusions other than the suicide clause stated above.	Part F (General Terms & Conditions) – Clause 1
10.	Waiting /lien Period, if any	Not Applicable	Not Applicable
11.	Grace period	Grace period for other than single premium policies means the time granted by the insurer from the due date of payment of premium, without any penalty or late fee, during which time the policy is considered to be in-force with the risk cover without any interruption, as per the terms & conditions of the policy. The grace period for payment of the premium for all types of life insurance policies shall be 15 days, where the policyholder pays the premium on a monthly basis and 30 days in all other cases.	Part A – Policy Schedule Part B – (Definitions) Part C
12.	Free Look Period	You have a free look period of 30 days from the date of receipt of the Policy, to review the terms and conditions of the Policy. In case You disagree with the terms & conditions of Your Policy, you have the option to return the original policy document to us for cancellation.	Part A - Welcome Letter Part B – (Definitions) Part D – Clause 10
13.	Lapse, paid-up and revival of the Policy	Lapse – If a due premium is unpaid upon the expiry of the Grace Period, the Policy shall lapse if the policyholder has not paid premiums for one full year. Paid-up – On discontinuance of premiums, the Policy shall become paid-up if the policyholder has paid premiums for one full year. Revival – Revival means restoration of the Policy, which was discontinued due to the non-payment of Premium, by the Company with all the benefits mentioned in the Policy document, with or without rider benefits, if any, upon the receipt of all the Premiums due and other charges/late fee, if any, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the insured on the basis of the information, documents and reports furnished by the Policyholder	Part B – (Definitions) Part D – Clause 2,3,4

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		The revival period shall be of five years from the due date of first unpaid premium or is as allowed under applicable Product Regulations.	
14.	Policy Loan, if applicable	Policy loans will be available to the policyholder.	Part D Clause 8
15.	Claims/Claims Procedure	Turn Around Time (TAT) for claims settlement and brief procedure: https://www.hdfclife.com/content/dam/hdfclifeinsur-ancecompany/customer-services/pdf/TAT-Poster.pdf Helpline/Call Centre number: 022-68446530 (Call Charges apply) NRI Helpline number: +91 89166 94100 (Call charges apply) Contact details of the insurer: You can email us at service@hdfclife.com (For NRI customers only) Link for downloading claim form and list of documents required including bank account details: https://www.hdfclife.com/customer-service/claims	Part F – Clause 3
16.	Policy Servicing	Turn Around Time (TAT): https://www.hdfclife.com/content/dam/hdfclifeinsur ancecompany/customer-services/pdf/TAT- Poster.pdf Helpline/Call Centre number: 022-68446530 (Call Charges apply) NRI Helpline number: +91 89166 94100 (Call charges apply) Contact details of the insurer: You can email us at service@hdfclife.com nriservice@hdfclife.com (For NRI customers only) Link for downloading applicable forms and list of documents required including bank account details: https://www.hdfclife.com/customer-service/forms- and-download	Part F – Clause 3
17.	Grievances /Complaints	Contact details of Grievance Redressal Officer of the insurer: Tel: 022-67516666, Helpline number: 022-68446530 (Call charges apply) NRI Helpline number +91 89166 94100 (Call charges apply) E-mail: service@hdfclife.com (For NRI customers only) Link for registering the grievance with the insurer's portal: https://www.hdfclife.com/customer-service/grievance-redressal Contact details of Ombudsman: https://www.cioins.co.in/Ombudsman	Part G

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Declaration by the Policyholder

I have read the above and confirm having noted the details	
Place:	
	(Signature of the Policyholder)
Date:	

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