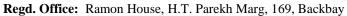
HDFC Standard Life Insurance Company Limited

Corporate Office: 2nd Floor, 'A' Wing, Trade Star Building, Near Hotel Kohinoor Continental, Andheri-Kurla Road, Andheri (E), Mumbai – 400 059.



Reclamation, Churchgate, Mumbai - 400 020.



Policy No. R.

HDFC GRAMIN BIMA KALYAN YOJANA (UIN: 101N045V01)

Premium Receipt

HDFC Standard Life hereby acknowledges the receipt of a premium of Rs. 200.

	Dalias Calcadala	and Descriptions	
	Policy Schedule	and Provisions	
Name of the Life Assure			
	Age Admitted Yes/N		
	/ (dd/mm/yyyy		/_ (dd/mm/yyyy)
-	of Rs. 200, due on the date		en received. There are no
	his policy does not participat		
	On survival of the life assure	ed to maturity of the plan	which is 3 years after the
inception date, we will pa			
Benefits in Death or Surr		ov (in Da)s	
	lan before maturity we will p		2
During Year	1	2	3
On Death	5000	5000	5000
On Surrender	200	230	260
	o surrender this policy, a write	tten request should be sent to	the Branch address given
below, enclosing this Pol			
	claims should be made in wr		given below, enclosing this
	eath certificate issued by a co		
	will be paid if the death of the		y or indirectly by suicide
	year from the date of being co	overed under the policy.	
	a loan against this policy.		
Assignments: This policy			
	e of change in nomination m	nust be notified in writing to	the Branch address given
below.			
Signed at	on t	this day of	20 /
For HDFC Standard Life	Insurance Company Limited		
	FC/SDM/BDM/A	SM's Signature	
		SM's Name & Code	
Authorized Signatory			
	This Signature and	l code is essential for the Poli	cy to be valid and in force.
This policy document l	nas been printed in both En	nglish as well as Vernacula	ar medium. However, the
	glish version of this policy do		
Taxation Benefits will b	e as per the laws prevailing	from time to time.	
			the future performance of
	nteed and some benefits are v		
	pany. If your policy offers		se will be clearly marked
	ration table on this page.		ow two different rotes of
	riable returns then the illus rns. These assumed rates of re		
	t get back as the value of you		
future investment perform		if policy is dependent on a fi	umber of factors including
-		ALVAN VOLANA oro guo	rantaad
An benefits provided by	y HDFC GRAMIN BIMA K	ALTAN TOJANA are gua	ranteeu.
Address for all corresp	ondence and queries		
1			



Signature of Witness:

Grievance Procedure

To ensure effective redressal of Policyholder's grievances, the company has put in place a mechanism administered by the Grievance Redressal Officer who can be reached through the Branch Office, address of which is mentioned on the reverse of this Policy. Kindly note that in case you are not satisfied with the response from the Company, you can also approach the Insurance Ombudsman located in your region. (Insurance Ombudsman is currently located in the following 13 cities: Ahmedabad, Bhopal, Bhubaneshwar, Chandigarh, Chennai, New Delhi, Guwahati, Hyderabad, Ernakulam, Kochi, Kolkata, Lucknow and Mumbai). Detailed addresses and areas of jurisdiction of the Insurance Ombudsman are available on our website www.hdfcinsurance.com and can also be made available to the Policyholder on request.

Option to Withdraw

Please note that in case you are not satisfied with any provision under the policy, you have the option of returning the Policy to us stating your reasons therefore, within 15 days from the date of receipt of the Policy. On receipt of your letter along with the original Policy documents we shall arrange to refund the premium paid by you, subject to deduction of the proportionate risk premium for the period on cover and stamp duty charges. A policy once withdrawn shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new policy.

Maturity/Surrender/Death	n Claim Receipt
I, Policyholder/Nominee/Legal Representative of the Life A HDFC Standard Life Insurance Company Limited only) in full and fin	the sum of Rs (Rupees nal satisfaction and discharge of all my claims
and demands under the policy number being death of the life Assured and which policy cancelled.	
Signature/ thumb impression of Claimant:	
Name in Block Letters:	
Address:	
Place:	Date:
Departmental Sub-Post Master/Magistrate or President of a Vil Signature of Witness: Date:	inage of Escal Body.
Name in Block Letters:	Designation:
Address:	
Telephone number:	
If the Claimant signs in vernacular or affixes a thumb impression	on, the witness should also sign the following.
I certify that the contents of this form were explained to the Cla has affixed his/her thumb impression after fully understanding	