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.

HDFC GRAMIN BIMA KALYAN YOJANA (UIN: to be given by IRDA)

Premium Receipt
HDFC Standard Life hereby acknowledges the receipt of a premium of Rs. <Premium>.

Policy Schedule and Provisions
Name of the Life Assured (Policy holder): _____________________________________________________
Age at Entry________________ Age Admitted Yes/No
Date of Commencement _ _/_ _ /_ _ _ _ (dd/mm/yyyy)           Date of Maturity _ _/_ _ /_ _ _ _ (dd/mm/yyyy)

Premium: The premium of Rs. <Premium>, due on the date of commencement, has been received. There are
no further premium/s due. This policy does not participate in profits.

Benefits on Maturity: On survival of the life assured to maturity of the plan which is 3 years after
the inception date, we will pay Rs. <Maturity Value>.

Benefits in Death or Surrender:
On termination of your plan before maturity we will pay (in Rs.):

<table>
<thead>
<tr>
<th>During Year</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Death</td>
<td>5000</td>
<td>5000</td>
<td>5000</td>
</tr>
<tr>
<td>On Surrender</td>
<td>&lt;Surrender Value&gt;</td>
<td>&lt;Surrender Value&gt;</td>
<td>&lt;Surrender Value&gt;</td>
</tr>
</tbody>
</table>

Surrender: If you wish to surrender this policy, a written request should be sent to the Branch address given
below, enclosing this Policy document.

Death claims: All death claims should be made in writing to the Branch address given below, enclosing this
Policy document and a death certificate issued by a competent authority.

Exclusions: No benefit will be paid if the death of the life assured is caused directly or indirectly by suicide
within one year from the date of being covered under the policy.

Loans: We will not grant a loan against this policy.
Assignments: This policy cannot be assigned.
Nominations: Any notice of change in nomination must be notified in writing to the Branch address given
below.

Signed at ________________________________ on this___________ day of________ 20 / _______
For HDFC Standard Life Insurance Company Limited
FC/SDM/BDM/ASM’s Signature _______________________________
FC/SDM/BDM/ASM’s Name & Code ____________________________

Authorized Signatory
This Signature and code is essential for the Policy to be valid and in force.

This policy document has been printed in both English as well as Vernacular medium. However, the
provisions as per the English version of this policy document will be overriding document above all others.

Taxation Benefits will be as per the laws prevailing from time to time.

Some benefits are guaranteed and some benefits are variable with returns based on the future performance of
your life insurance company. If your policy offers guaranteed returns then these will be clearly marked
“guaranteed” in the illustration table on this page.

If your policy offers variable returns then the illustration on this page will show two different rates of
assumed investment returns. These assumed rates of return are not guaranteed and they are not 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 benefits provided by HDFC GRAMIN BIMA KALYAN YOJANA are guaranteed.

Address for all correspondence and queries
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 Claim Receipt

I, Policyholder/Nominee/Legal Representative of the Life Assured do hereby acknowledge receipt from HDFC Standard Life Insurance Company Limited the sum of Rs. ___________ (Rupees ______________ only) in full and final satisfaction and discharge of all my claims and demands under the policy number _____________ being matured/surrendered/the claim having risen on death of the life Assured ________________ and which policy is hereby delivered to the said company to be cancelled.

Signature/ thumb impression of Claimant:

Name in Block Letters: ____________________________________
Address: ______________________________________________________________________________
Place: _______________________            Date: ____________________________

This declaration must be witnessed by an Advocate/Bank Manager/Block Development Officer/ Commissioner of Oaths/Notary/Doctor/Gazette Officer/Head Master of a High School/ Head Post Master or Departmental Sub-Post Master/Magistrate or President of a Village or Local Body.

Signature of Witness:

Date: __________________
Name in Block Letters: ____________________________________ Designation: ____________________
Address: ______________________________________________________________________________
Telephone number: ____________________________

If the Claimant signs in vernacular or affixes a thumb impression, the witness should also sign the following.

I certify that the contents of this form were explained to the Claimant in, ____________ (language) and he/she has affixed his/her thumb impression after fully understanding the same.

Signature of Witness: