Dear <<Policyholder’s Name>>,

Sub: Your Policy no. <<Policy Number>> - HDFC SL YoungStar Super Premium

We are glad to inform you that your proposal has been accepted and the HDFC SL YoungStar Super Premium Policy (“Policy”) has been issued. We have made every effort to design your Policy document in a simple format. We have highlighted important terms and conditions so that you may recognise them easily.

Policy document:
As an evidence of the insurance contract between HDFC Life Insurance Company Limited and you, the Policy is enclosed herewith. Please preserve this document safely and also inform your nominee(s), if any, about the same. We are also enclosing alongside a copy of your proposal form and other relevant documents submitted by you for your information and records.

Cancellation in the Free-Look Period:
In case you are not agreeable to any of the provisions stated in the Policy, you have the option of returning the Policy to us stating the reasons thereof, within 15 days from the date of receipt of the Policy. If you have purchased your Policy through Distance Marketing this period will be 30 days. On receipt of your letter along with the original Policy documents, we shall arrange to refund the value of Units allocated to you on the date of receipt of request plus the unallocated part of the premium plus charges levied by cancellation of Units, subject to deduction of the proportionate risk Premium for the period on cover, the expenses incurred by us on medical examination (if any) and stamp duty. A Policy once returned 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.

Contacting us:
The address for communication is specified below. To enable us to serve you better, you are requested to quote your Policy number in all correspondences. In case you are keen on knowing more about our products and services, we would request you to talk to your Certified Financial Consultant (Insurance Agent) who has advised you while taking this Policy. The details of your Certified Financial Consultant including contact details are listed below.

To contact us in case of any grievance, please refer to “Grievance Redressal – Contact Details Annexure”. In case you are not satisfied with our response, you can also approach the Insurance Ombudsman in your region whose address is available on our website www.hdfclife.com.

Thanking you once again for choosing HDFC Life Insurance Company Limited and looking forward to serving you in the years ahead.

Yours sincerely,

<< Designation of the Authorised Signatory >>
Branch Address: <<Branch Address>>
Agency Code: <<Agency Code>>
Agency Name: <<Agency Name>>
Agency Telephone Number: <<Agency mobile & landline number>>
Agency Contact Details: <<Agency address>>

Address for Correspondence: HDFC Life Insurance Company Limited, 11th Floor Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai-400011.
Registered Office: HDFC Life Insurance Company Limited, Lodha Excelus, 13th Floor, Apollo Mills Compound, Mahalaxmi, Mumbai- 400 011. CIN: L65110MH2000PLC128245; website: www.hdfclife.com; Email ID: service@hdfclife.com
Helpline number: 18602679999 (Local charges apply)
This Policy is the evidence of a contract between HDFC Life Insurance Company Limited (‘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, << any response given to the Short Medical Questionnaire (SMQ) by the Life Assured >>, <<applicable medical information and documents>> and other information received by the Company from the Policyholder, Life Assured or on behalf of the Policyholder. This Policy is effective subject to receipt and realisation, by the Company, of the consideration payable as First Premium under the Policy. This Policy is written under and will be governed by the applicable laws in force in India and all Premiums and benefits are expressed and payable in Indian Rupees.

**POLICY SCHEDULE**

**Policy number:** << >>

**Client ID:** << >>

---

**Policyholder Details**

<table>
<thead>
<tr>
<th>Name</th>
<th>&lt;&lt; &gt;&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>&lt;&lt; &gt;&gt;</td>
</tr>
</tbody>
</table>

**Life Assured Details**

<table>
<thead>
<tr>
<th>Name</th>
<th>&lt;&lt; &gt;&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>&lt;&lt; &gt;&gt;</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>&lt;&lt; dd/mm/yyyy &gt;&gt;</td>
</tr>
<tr>
<td>Age on the Date of Risk</td>
<td>&lt;&lt; &gt;&gt; years</td>
</tr>
<tr>
<td>Commencement</td>
<td></td>
</tr>
<tr>
<td>Age Admitted</td>
<td>&lt;&lt;Yes/No&gt;&gt;</td>
</tr>
</tbody>
</table>

---

**Policy Details**

| Date of Risk Commencement | << Risk Commencement Date >> |
| Date of Issue            | << Issue Date >> |
| Product Options chosen   | << >> |
| Premium Due Date(s)      | << dd/month >> |
| Sum Assured              | Rs. << >> |
| Annual Premium           | Rs. << >> |
| Instalment Premium       | Rs. << >> |
| Additional Benefits      | << Benefit Name, Expiry Date, Sum Assured >> |

**Benefit payment preference for Future Premium Benefit**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Percentage of the Future Premium Payable</th>
<th>Benefit Payment Preference chosen at inception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Save Benefit</td>
<td>100% of the future Premiums is paid towards the Policy by us, as and when due.</td>
<td>&lt;&lt;Yes/No&gt;&gt;</td>
</tr>
<tr>
<td>Save-n-Gain Benefit</td>
<td>50% of the future Premiums are paid towards the Policy and 50% of the future Premiums are paid out to the Beneficiary by us, as and when due.</td>
<td>&lt;&lt;Yes/No&gt;&gt;</td>
</tr>
</tbody>
</table>

| Policy Term                 | << >> years |
| Premium Paying Term         | << >> years |
| Frequency                   | Annual |
| Premium per Frequency       | Rs. << >> |
| Grace Period                | 30 days |
| Fund                        | << Fund Name 1 - % Allocation >> << Fund Name 2 - % Allocation >> << Fund Name 3 - % Allocation >> |
| Expiry Date of Lock-in Period| << 5 years from RCD >> |
| Final Premium Due Date      | << dd/mm/yyyy >> |
| Maturity Date               | << dd/mm/yyyy >> |
Minimum Values Required#

<table>
<thead>
<tr>
<th>Partial Withdrawal Amount</th>
<th>Rs. 10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Premium Top-Up Amount</td>
<td>N.A.</td>
</tr>
</tbody>
</table>

# To be read in conjunction with the terms & conditions in Standard Policy Provisions.

### BENEFICIARY / NOMINEE SCHEDULE

<table>
<thead>
<tr>
<th>Relationship of Beneficiary/ Nominee with the Life Assured</th>
<th>&lt;&lt;Beneficiary / Nominee-1&gt;&gt;</th>
<th>&lt;&lt;Beneficiary / Nominee-2&gt;&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth of Beneficiary / Nominee</td>
<td>&lt;&lt; dd/mm/yyyy &gt;&gt;</td>
<td>&lt;&lt; dd/mm/yyyy &gt;&gt;</td>
</tr>
<tr>
<td>Age of Beneficiary / Nominee</td>
<td>&lt;&lt; &gt;&gt; years</td>
<td>&lt;&lt; &gt;&gt; years</td>
</tr>
<tr>
<td>Percentage</td>
<td>&lt;&lt; &gt;&gt; %</td>
<td>&lt;&lt; &gt;&gt; %</td>
</tr>
<tr>
<td>Beneficiary’s / Nominee’s Address</td>
<td>&lt;&lt; &gt;&gt;</td>
<td>&lt;&lt; &gt;&gt;</td>
</tr>
<tr>
<td>Appointee’s Name</td>
<td>&lt;&lt; &gt;&gt;</td>
<td>&lt;&lt; &gt;&gt;</td>
</tr>
<tr>
<td>(Applicable where the Beneficiary/Nominee is a minor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth of Appointee</td>
<td>&lt;&lt; dd/mm/yyyy &gt;&gt;</td>
<td></td>
</tr>
<tr>
<td>Appointee’s Address</td>
<td>&lt;&lt; &gt;&gt;</td>
<td></td>
</tr>
</tbody>
</table>

### SCHEDULE OF CHARGES

<table>
<thead>
<tr>
<th>Policy Year</th>
<th>Premium Allocation Rate</th>
<th>Premium Allocation Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 7</td>
<td>96 %</td>
<td>4 %</td>
</tr>
<tr>
<td>8 and onwards</td>
<td>99 %</td>
<td>1 %</td>
</tr>
</tbody>
</table>

A proportion of the Premium (Premium Allocation Rate) will be used to buy Units in the Funds of your choice. The balance Premium that is not allocated is the Premium Allocation Charge. This charge is guaranteed.

**Policy Administration Charge** - 0.25% of annual Premium will be deducted monthly. This charge will increase by 5% per annum on each Policy Anniversary, subject to a maximum charge of 0.4% of the annual Premium or Rs 500 per month, whichever is lower. The percentage charge each year will be rounded to 2 decimal places. This charge will be deducted monthly by cancellation of Units and is guaranteed for the duration of the Policy.

**Fund Management Charge** - 1.35% p.a. will be taken daily and is incorporated into the Unit Prices for each Fund. This charge can be changed by Us subject to the maximum cap allowed by IRDAI.

**Mortality and Other Risk Benefit Charges** - These charges are calculated as the Sum at Risk for the Benefits chosen multiplied by the respective charge rate based on the age of the Life Assured on the date of deduction of the charge and is deducted monthly by cancellation of Units.

The Sum at Risk for Death Benefit and Extra Health Benefit is the Sum Assured (or Paid-Up Sum Assured, where applicable) plus the value of the outstanding Premiums discounted at 6% per annum, subject to a minimum of 105% of the Premiums paid. The Mortality and Other Risk Benefit Charges are specified in the Appendix-1 to Schedule of Charges and are guaranteed for the duration of the Policy.

### Discontinuance Charge

<table>
<thead>
<tr>
<th>Policy Year</th>
<th>Annual Premium up to and including Rs.25,000/-</th>
<th>Annual Premium above Rs.25,000/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20% of AP or 20% of FV or Rs. 3,000/-, whichever is lowest.</td>
<td>6% of AP or 6% of FV or Rs. 6,000/-, whichever is lowest.</td>
</tr>
<tr>
<td>2</td>
<td>15% of AP or 15% of FV or Rs. 2,000/-, whichever is lowest.</td>
<td>4% of AP or 4% of FV or Rs. 5,000/-, whichever is lowest.</td>
</tr>
<tr>
<td>3</td>
<td>10% of AP or 10% of FV or Rs. 1,500/-, whichever is lowest.</td>
<td>3% of AP or 3% of FV or Rs. 4,000/-, whichever is lowest.</td>
</tr>
<tr>
<td>4</td>
<td>5% of AP or 5% of FV or Rs. 1,000/-, whichever is</td>
<td>2% of AP or 2% of FV or Rs. 2,000/-, whichever is lowest.</td>
</tr>
</tbody>
</table>

This charge will be deducted from your Policy by cancellation of Units. This Charge can be changed by Us subject to the maximum cap allowed by IRDAI.

AP – Annualised Premium
FV – Fund Value on the date of discontinuance
<table>
<thead>
<tr>
<th>5 and onwards</th>
<th>NIL</th>
<th>NIL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statutory Charges</strong></td>
<td>Taxes and levies as applicable</td>
<td>Taxes and levies as applicable will be charged and are payable by any method including by levy of an additional monetary amount in addition to Premium and/or charges.</td>
</tr>
<tr>
<td><strong>Premium Redirection Charges</strong></td>
<td>A premium redirection request initiated by the Policyholder will attract a charge of Rs 250 per request. However, if the request is executed through the Company’s web portal the Policyholder will be charged Rs 25 per request.</td>
<td></td>
</tr>
<tr>
<td><strong>Switching Charge</strong></td>
<td>A fund switch request from the Policyholder will attract a charge of Rs 250 per request. However, if the request is executed through the Company’s web portal the Policyholder will be charged Rs 25 per request.</td>
<td></td>
</tr>
<tr>
<td><strong>Partial withdrawal Charge</strong></td>
<td>A partial withdrawal request from the Policyholder will attract a charge of Rs 250 per request. However, if the request is executed through the Company’s web portal the Policyholder will be charged Rs 25 per request.</td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous Charges</strong></td>
<td>Any Policy alteration request initiated by the Policyholder will attract a charge of Rs. 250 per request. Any administrative servicing that we may introduce at a later date would be chargeable subject to IRDAI’s approval.</td>
<td></td>
</tr>
<tr>
<td><strong>Investment Guarantee Charge</strong></td>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

Signed << at Mumbai>> <<on>> <<01 September 2005>>
For HDFC Life Insurance Company Limited

Authorised Signatory
Note: Kindly note that name of the Company has changed from "HDFC Standard Life Insurance Company Limited" to "HDFC Life Insurance Company Limited".

In case you notice any mistake, you may return the Policy document to us for necessary correction.
STANDARD POLICY PROVISIONS
Unique Identification Number: 101L068V02

ALL UNIT LINKED POLICIES ARE DIFFERENT FROM TRADITIONAL INSURANCE POLICIES AND ARE SUBJECT TO DIFFERENT RISK FACTORS. IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.

1. General
Your Policy is a Regular Premium, non-participating Unit Linked Endowment Life Insurance Policy.

2. Definitions
   (1) Authority/ IRDAI – means Insurance Regulatory and Development Authority of India;
   (2) Charges - means or refers Premium Allocation Charge, Policy Administration Charge, Fund Management Charge, Mortality Charge, taxes and levies as applicable, Premium Redirection Charge, Switching Charge, Partial Withdrawal Charge, Investment Guarantee Charge, Miscellaneous charges and Discontinuance Charge.
   (3) Company, company, Insurer, Us, us, We, our, our – means or refers to HDFC Life Insurance Company Limited.
   (4) Cut-off time – is the time by which we must have accepted your instructions to invest in, or encash Units from a Fund, for us to invest in or encash Units at the associated valuation time. As per Regulations, the current cut-off time is 3.00pm.
   (5) Fund - means each of the Funds earmarked by the Company for Unit Linked business and available to this product.
   (6) Life Assured - The Life Assured is the person on whose life the contingent events has to occur for the Benefits to be payable. The Life Assured may be different from the Policyholder.
   (7) Policyholder, You, you - means or refers to the Policyholder stated in the Policy Schedule.
   (8) Sum Assured - means the absolute amount of benefit which is guaranteed to become payable on death of the Life Assured in accordance with terms and conditions of the Policy.
   (9) Units – means a specific portion or a part of the underlying segregated unit linked fund which is representative of the Policyholder’s entitlement in such Funds i.e. the number of Units that are allocated basis applicable Unit Prices and amount of Premium set.
   (10) Unit Fund Value - means the value obtained by multiplying the number of Units allocated to your Policy by the corresponding price of the Units.
   (11) Unit Price – means the Net Asset Value (NAV) per Unit of the Investment Linked Fund.
   (12) Benefit - (Maturity Benefit) The Maturity Benefit shall be paid if and only if
   a. The Policy has not been discontinued or surrendered or cancelled or terminated;
   b. No claim has been made on the Policy,
   c. The death of the Life Assured has occurred before the Maturity Date,
   d. The Standard Policy Provisions specified in Clause 17 (Exclusions) and Clause 18 (Incorrect Information and Non Disclosure) are not attracted.
   e. All relevant documents including the original Policy document in support of your claim have been provided to the Company.
   (13) Loyalty Reward - a Loyalty Reward is an additional amount that is a percentage of your annual Premium and is payable only if the Policy is in-force and all Premiums due and payable have been paid throughout the Policy Term. This benefit depends on the Policy Term chosen at inception and is as given below.

<table>
<thead>
<tr>
<th>Term</th>
<th>Loyalty Reward</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 years and above</td>
<td>70% of the Annual Premium</td>
</tr>
<tr>
<td>10 years</td>
<td>35% of the Annual Premium</td>
</tr>
</tbody>
</table>

(3) The Policyholder has the following options in respect of Maturity Benefit:
   • to receive the entire Unit Fund Value as a lump sum amount; or
   • to receive the Unit Fund Value by way of Settlement Option as specified in Clause 10 (4) (Settlement Option).
   (4) Upon payment of Maturity Benefit, the Policy terminates and no further benefits are payable.
   (5) Death Benefit - If the Life Assured dies during the Policy Term (subject to Policy being in force), the Sum Assured and Future Premium Benefit (as specified in Clause 3 (5)) shall be payable.
   For a paid-up policy, the Death Benefit payable shall be Paid-Up Sum Assured and Future Premium Benefit (as specified in Clause 3(6)). The Paid-Up Sum Assured is defined in Clause 6(5)(c).
   (6) Future Premium Benefit in addition to the Death Benefit, an additional benefit called the Future Premium Benefit also becomes payable. This Future Premium Benefit is an amount equal to the future Premiums that would have been due between the date of death and the Maturity Date of the Policy. The benefit is paid in periodic installments at a level equal to the regular Premium. Depending on the Benefit Payment Preference chosen by you, a percentage of the Premium will be paid by us to the Beneficiary and/or a percentage of the Premium will be paid by us towards the Policy, as and when the Premiums would have been due, on an annual basis. The percentage applicable is specified in the Policy Schedule.
   (7) The Death Benefit payable shall be at least equal to 105% of the total Premiums paid till the date of death.
   (8) The Death Benefit is subject to the exclusions set out in Clause 17(Exclusions).
   (9) Upon the payment of Death Benefit, any other risk benefits will lapse without value. The Policy continues automatically and the Unit Fund continues to remain invested until the Maturity Date without any further cover. On Maturity, the Unit Fund Value will be payable. Clause 6 (Policy Discontinuance and Revival) will not apply.
   (10) Extra Health Benefit - This section only applies if the Policyholder has selected the Extra Health Benefit and we have accepted it.

a. If the Life Assured becomes critically ill by suffering one of the illnesses defined under Clause 16 (Extra Health Benefit), where the Critical Illness has occurred after 6 months of the Date of Commencement or the Date of Issue or Date of Revival, whichever is later; and has occurred before the expiry of this benefit, the Sum Assured (or Paid-Up Sum Assured, where applicable) shall be payable subject to Clause 16 (Exclusions).
   b. In addition to the above benefit, the Future Premium Benefit as specified in Clause 3(5) shall also be payable.
   c. The level of Extra Health Benefit including the Future Premium Benefit will be at least 105% of the Premium paid till the date of death.
   d. Upon payment of this Benefit the risk cover terminates, the Death Benefit will lapse without value. The Policy continues automatically and the Unit Fund continues to remain invested until the Maturity Date without any further cover. On Maturity, the Unit Fund Value is payable. Clause 6 (Policy Discontinuance and Revival) will not apply.

(11) Person entitled to Benefits: The Beneficiary shall be solely entitled to receive the benefits and payments under the Policy except any refund payable on cancellation in the free-lock period. In the event of the Beneficiary predeceasing you during the term of the Policy, the benefits of the Policy and the right to receive the proceeds thereunder shall revert to you as if the Beneficiary was not appointed and you have the option to:
   • Change the Beneficiary to another person, or
   • Require that the benefits revert to yourself, or
   • Surrender the Policy and receive the surrender value as specified in Clause 7.

(12) The Beneficiary will not have the right to request for any Policy Servicing, especially any fund related Policy Servicing, and in particular any Partial Withdrawal, Fund Switch or Premium Redirection. The Beneficiary will also not have the right to exercise any Settlement Option, Surrender, etc. The Beneficiary will only be entitled to receive the Maturity Benefit at the end of the Policy Term.

(13) If the Beneficiary is a minor, then the benefit amount including any payout payable to the Beneficiary under the Future Premium Benefit will be paid to the Appointee till such a time that the Beneficiary attains the age of 18 years and we are intimated of the same along with all the necessary documents.

4. Pre-requisites for payment of Benefits
   (1) Maturity Benefit: The Maturity Benefit will be paid if and only if
   • The Policy has matured and the Life Assured is alive on the Maturity Date,
   • No claim has been made on the Policy,
   • The Policy has not been discontinued or surrendered or cancelled or terminated;
   • All relevant documents including the original Policy document in support of your claim have been provided to the Company.
   (2) Death Benefit: The Death Benefit will be paid if and only if
   • The death of the Life Assured has occurred before the Maturity Date,
   • The Standard Policy Provisions specified in Clause 17 (Exclusions) and Clause 18 (Incorrect Information and Non Disclosure) are not attracted,
   • The Policy has not been discontinued or surrendered or cancelled or terminated; and
   • All relevant documents in support of the claim have been provided to the Company.

   These would normally include the following:
   • fully completed claim form;
   • original Policy document; and
   • original death registration certificate or certified extract from the death register; and
   • original certificate or certified copies of doctor certifying death; and
   • original certificate or certified copies of cremation or burial; and
   • original or certified copies of any medical reports that we consider relevant to the death;
   • Depending on the circumstances of the death, further documents may be called for as we deem fit.
   • The claim is required to be intimated to us within a period of three years from the date of death. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant.

(3) Extra Health Benefit: The Extra Health Benefit will be paid if and only if
   • The Critical Illness (as defined in Clause 16) has not occurred within 6 months of the date of commencement or the date of issue or date of revival, whichever is later; and has occurred before the expiry of this benefit,
   • The Standard Policy Provisions specified in Clause 17 (Exclusions) and Clause 18 (Incorrect Information and Non Disclosure) are not attracted,
   • The Policy has not been discontinued or surrendered or cancelled or terminated; and
   • You have produced to us a duly completed claim form within 3 years of the illness, disability, operation or other circumstance giving rise to the claim.

   All relevant documents in support of the claim have been provided to the Company.

   These would normally include the following:
   • fully completed claim form; and
   • original Policy document; and
   • originals or certified true copies of any medical reports by the family physician on the Critical Illness and its treatment; and
   • any medical report the doctor may have on the Life Assured that we consider relevant to the Critical Illness; and
   • originals or certified copies of any medical reports from hospitals, specialists or other doctors that we consider relevant to the Critical Illness

   Depending on the circumstances of the illness, disability, operation or other circumstance giving rise to the claim, further documents may have to be provided as we might reasonably require.
The treatment for the options mentioned in Clause 6(4) above is specified below:

- a. If you choose to revive the Policy, the treatment for revival as specified in Clause 6(2) shall apply.
- b. If you choose to completely withdraw from the Policy without any risk cover, the treatment shall be as specified in Clause 6(2).
- c. If you choose to receive the proceeds at the end of the Lock-in Period or revival period whichever is later, the treatment shall be as per (a) above.

Upon payment of the proceeds from Discontinued Policy Fund, your Policy shall terminate and no further Benefits shall be payable under your Policy.

Discontinuance on or after the completion of five Policy years

If the Premiums due on your Policy are not paid before the expiry of the Grace Period, a notice will be issued to you within 15 days from the expiry of the Grace Period containing the following options:

- to revive the Policy within a period of 2 years from the date of discontinuance of Premiums,
- to completely withdraw from the Policy without any risk cover,
- to convert the Policy into a paid-up Policy.

The option chosen by You should be communicated to us within 30 days of receipt of such notice. During this period the Policy is deemed to be in-force with risk cover as per terms and conditions of the Policy and all Charges as specified in the Schedule of Charges will continue to be deducted on the Policy during this period.

(2) The treatment under the two above mentioned options is specified below:

<table>
<thead>
<tr>
<th>Option</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revival</td>
<td>The revival shall be subject to the terms and conditions that we may specify from time to time including payment of all due and unpaid Premiums and underwriting approval.</td>
</tr>
<tr>
<td></td>
<td>At the time of revival:</td>
</tr>
<tr>
<td></td>
<td>a. We shall collect all due and unpaid Premiums without charging any interest or fee.</td>
</tr>
<tr>
<td></td>
<td>b. We shall levy Policy Administration Charge and Premium Allocation Charge as applicable during the discontinuance period.</td>
</tr>
<tr>
<td></td>
<td>c. We shall add back to the fund, the discontinuance charges deducted at the time of discontinuance of Policy.</td>
</tr>
<tr>
<td></td>
<td>d. Risk cover will be restored and Your Policy’s ‘Discontinued Policy Fund’ value shall be re-allocated to investment funds as chosen by you at the then prevailing Unit Prices at the time of revival.</td>
</tr>
</tbody>
</table>

| Withdraw | The risk cover will cease immediately and your Policy will be discontinued. |
|          | The Unit Fund Value as on the Date of Discontinuance less the Discontinuance Charge (as specified in the Policy Schedule) will be moved to ‘Discontinued Policy Fund’. |
|          | The proceeds from the ‘Discontinued Policy Fund’ for your Policy will be refunded only on the completion of the lock-in period. |

If you do not revert to us within 30 days of receipt of the notice or 35 days from the expiry of the Grace Period or if the Policy is not revoked, the treatment shall be as per “Withdrawal” option as specified above.

(3) The Funds in the ‘Discontinued Policy Fund’ will earn a minimum guaranteed interest rate as specified by the IRDAI. The current applicable minimum guaranteed rate of interest specified by the IRDAI is 4% p.a. A Fund Management Charge of 0.50% p.a. charged daily, will be levied on the ‘Discontinued Policy Fund’. This may be subject to change as notified by IRDAI from time to time.

(4) In the instances where the revival period is not completed at the end of the Lock-in Period, the notice issued to You within 15 days from the expiry of the Grace Period will contain the options as specified in Clause 6(1) as well as an additional option of receiving the proceeds at the end of the Lock-in Period or revival period, whichever is later.

(5) The treatment for the options mentioned in Clause 6(4) above is specified below:

a. If you choose to revive the Policy, the treatment for revival as specified in Clause 6(2).

The Fund Value shall continue to remain in the ‘Discontinued Policy Fund’ until the Policy is revived or until the end of the revival period, whichever is earlier. If the Policy is not revived within two years of the revival period, the proceeds of the Discontinued Policy Fund shall be paid out at the end of the revival period.

b. If you choose to completely withdraw from the Policy without any risk cover, the treatment shall be as specified in Clause 6(2).

c. If you choose to receive the proceeds at the end of the Lock-in Period or revival period whichever is later, the treatment shall be as per (a) above.

The Fund will be settled on the 6th day of the month following the expiry of the Grace Period or revival period, whichever is later. If the Policy is not revived within 2 years of the revival period, the proceeds of the Discontinued Policy Fund shall be paid out at the end of the revival period.

8. Investment Linked Funds

(1) Fund descriptions of the Funds currently available under this Policy and investment patterns are listed below, the same may be revised in future.

- Income Fund - The Income Fund aims to provide superior returns through investments in high credit quality Debt instruments while maintaining an optimal level of interest rate risk.
- Balanced Fund - The Balanced Fund aims to generate high returns through a dynamic allocation of investments in Debt and Equity Instruments so as to combine the stability of Debt instruments with the long term capital appreciation potential of equities.
- Blue Chip Fund - The Blue Chip Fund aims to provide medium to long term capital appreciation by investing in a portfolio of predominantly large cap companies which can perform through economic and market cycles.
- Opportunities Fund - The Fund aims to generate long term capital appreciation by investing predominantly in mid cap stocks which are likely to be the blue chips of tomorrow.
### FUND OBJECTIVES

#### Asset Class
- Money Market Instruments and Liquid Mutual Funds (0 to 20%)
- Govt. Securities & Liquid Mutual Fund* (80 to 100%)
- Fixed Income Securities (0 to 20%)
- Equity (40 to 80%)
- Others

#### Risk & return Rating
- Moderate
- High
- Very High

### FUND COMPOSITION

- **Income Fund** (SFN: ULIF03401/01/01IncomeFund101)
  - Higher potential returns due to higher duration fund credit exposure
  - 0 to 20%
  - 80 to 100%
  - --
  - Moderate

- **Balanced Fund** (SFN: ULIF03901/01/01BalancedFund101)
  - Dynamic Equity exposure to enhance capital returns while the Debt allocation reduces the volatility of returns
  - 0 to 20%
  - 0 to 60%
  - 40 to 80%
  - Moderate to High

- **Blue Chip Fund** (SFN: ULIF03501/01/01BlueChipFund101)
  - Exposure to large-cap Equities & Equity related securities
  - 0 to 20%
  - --
  - 80 to 100%
  - Very High

- **Opportunities Fund** (SFN: ULIF03601/01/01OpportunitiesFund101)
  - Exposure to mid-cap Equities & Equity related securities
  - 0 to 20%
  - --
  - 80 to 100%
  - Very High

### Investment in Liquid Mutual Funds
- The investment in Liquid Mutual Funds will always be within the Mutual Fund limits as prescribed by IRDAI regulations and guidelines – IRDA (Investment)(Fourth Amendment) Regulations, 2008, Annexure II. The current limit of approved investments in Liquid Mutual Funds is 5% of the fund.
- The asset allocation for the Discontinued Policy Fund (SFN: ULIF05110/31IDiscPolicyFund101) shall be as per the prevailing regulatory requirements. Currently, the asset allocation is as follows:
  1. Money Market Instruments – 6% to 40%
  2. Government securities: 60% to 100%

### Unit Prices
- Surrender
  - Unit Price of the date of receipt of the request.
- Single Premium Top-Up (if applicable)
  - Unit Price of date of realisation of money.
- Transfer to the Discontinued Policy Fund
  - Unit Price of the date of Policy discontinuance.
- Miscellaneous
  1. **Fund Switches**
     - a. You can ask us to switch the Funds in which your Units are held. To do this, we will first cancel all of your existing Units. We will then use the proceeds from the cancelled Units, after deducting the applicable charge, to buy Units in your chosen Fund or Funds.
     - b. You may choose any investment linked Fund which is available to this product and which we have not withdrawn or closed.
     - c. We may levy a Charge as specified in the Schedule of Charges, for any Fund Switch request.
     - d. We may delay switching Funds in line with Clause 15 (Force Majeure).
- **Partial Withdrawals**
  - a. You have the option of making Partial Withdrawals at any time after the first 5 years, subject to the following conditions:
     - o The Partial Withdrawal amount is not less than the minimum amount specified in the Policy Schedule.
     - o The Unit Fund Value after the Partial Withdrawal, the Partial Withdrawal Charge and taxes and levies as applicable is not less than 150% of the annual Premium.
     - o The maximum Partial Withdrawal that can be done throughout the Policy term is 20% of the annual Premium.
  - b. When we determine the eligibility of a Partial Withdrawal or determine the maximum Partial Withdrawal Amount, we will use the latest known Unit Price. As this price is not known at the time of the estimate of Partial Withdrawal eligibility or the Partial Withdrawal request, a small margin over and above the minimum Fund Value is kept to ensure that the Unit Fund Value requirement after the Partial Withdrawal is not violated. Currently this margin is 5% of your Fund Value on the

### Unit Prices

- **First Premium received by way of local cheque or pay order or demand drafts payable at par**
  - Unit Price of the date of commencement of the Policy
- **First Premium received by way of outstation cheque**
  - Unit Price of the date of commencement of the Policy or date of realisation of the amount by the Company, whichever is later.
- **Renewal Premiums received by way of Direct Debit, ECS, credit card, etc.**
  - Unit Price of the Due Date, if applicable for such transactions.
- **Renewal Premiums received by way of Instruction or the Due Date, whichever is later.**
  - Unit Price of the due date or in case of prepayment of renewal Premium, Unit Price of the Due Date, shall be applicable.
- **Renewal Premiums received by way of instigation of claim. (Intimation for the purpose of claim must be in writing or any other manner as decided by the Company from time to time).**
  - Unit Price of the date of receipt of the request.
- **Partial Withdrawal (if applicable)**
  - Unit Price of the date of receipt of the request.
- **Fund Switch (if applicable)**
  - Unit Price of the date of receipt of the request.
- **Free Look Cancellation**
  - Unit Price of the date of receipt of the request.
- **Death Claim**
  - Unit Price of the date of receipt of the request.

### Miscellaneous
- The allocation and redemption of Units for various transactions would be at the Unit Prices as described below:

### Partial Withdrawals

1. **First Premium deposited by way of local cheque or pay order or demand drafts payable at par**
   - Unit Price of the date of commencement of the Policy
2. **First Premium deposited by way of outstation cheque**
   - Unit Price of the date of commencement of the Policy or date of realisation of the amount by the Company, whichever is later.
3. **Renewal Premiums received by way of Direct Debit, ECS, credit card, etc.**
   - Unit Price of the Due Date, if applicable for such transactions.
4. **Renewal Premiums received by way of instruction or the Due Date, whichever is later.**
   - Unit Price of the due date or in case of prepayment of renewal Premium, Unit Price of the Due Date, shall be applicable.
5. **Renewal Premiums received by way of instigation of claim. (Intimation for the purpose of claim must be in writing or any other manner as decided by the Company from time to time).**
   - Unit Price of the date of receipt of the request.
6. **Partial Withdrawal (if applicable)**
   - Unit Price of the date of receipt of the request.
7. **Fund Switch (if applicable)**
   - Unit Price of the date of receipt of the request.
8. **Free Look Cancellation**
   - Unit Price of the date of receipt of the request.
9. **Death Claim**
   - Unit Price of the date of receipt of the request.
11. Alterations

The Policy Term, Sum Assured (other than the Policy becoming paid-up) and the level of Premium as specified in the Policy Schedule cannot be changed at any time. In case you have not provided proof of age of the Life Assured with the Proposal, you will be required to furnish such proof of age of the Life Assured as is acceptable to us and have the age admitted. In the event the age is admitted ("Correct Age") during the Policy term is found to be different from the age declared in the Proposal, without prejudice to our rights and remedies including those under the Insurance Act, 1938, we shall take one of the following actions: (i) if the Correct Age makes the Life Assured ineligible for this Policy, we will offer him suitable plan as per our underwriting norms. If you do not wish to opt for the alternative plan or if it is not possible for us to grant any other plan, the Policy will stand cancelled from the date of issuance and the Fund Value will be returned and the Policy will terminate thereafter; or (ii) if the Correct Age makes the Life Assured eligible for the Policy, the revised mortality charges as per the Correct Age will be recoverable. There would be a revision in the Sum Assured also depending on the Correct Age of the Life Assured. The provisions of Section 45 of the Insurance Act, 1938 shall be applicable.

12. Loans

There is no facility of loan available from us under this Policy.

13. Nomination

The Policyholder can nominate a person/person in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. Simplified version of the provisions of Section 39 is enclosed in Annexure I for reference.

14. Assignment

The Policyholder can assign or transfer the policy in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. Simplified version of the provisions of Section 38 is enclosed in Annexure II for reference.

15. Force Majeure

(1) We may delay switching Funds/making a payment from the Funds if it is necessary to do so in order to maintain fairness and equity between Unit holders remaining in and Unit holders leaving a Fund. Where this applies, we may delay switching/encashing all or part of your Funds for up to 30 days. If we delay the switch/encashing, we will use the interest rates that apply on the day on which the switch/encashment of Units actually takes place.

(2) We may defer the valuation of assets until normality returns or delay switches/encashment of Units in the following circumstances:

- During periods of extreme volatility of markets due to surges and switches and encashment would, in our opinion, be detrimental to the interests of the existing/remaining Unit holders of the Fund.
- In the case of natural calamities, strikes, war, civil unrest, riots and bandhs.
- In the event of any force majeure or disaster that affects our normal functioning.
- If so directed by the IRDAI.

16. Extra Health Benefit

(1) Description: The Critical Illnesses, which are covered, are:

a) Cancer - A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukaemia, lymphoma and sarcoma. The following are excluded:-

- Any skin cancer other than invasive malignant melanoma.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 (having progressed to at least clinical TNM classification T2N0M0).
- Papillary micro-carcinoma of the thyroid less than 1 cm in diameter.
- Chronic lymphocytic leukaemia less than RAI stage 3.
- Microcarcinoma of the bladder.
- Microsurgical presence of a malignancy.
- Coronary Artery By Pass Graft Surgery (CABGS) - The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is a result of inadequate blood supply to the relevant area. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

b) Major Organ Transplant - The actual undergoing of a transplant of:-

- Any type of heart transplantation.
- Any kidney transplant.
- Any type of liver transplantation.
- Any type of lung transplantation.
- Any type of pancreas transplantation.
- Any type of stem cell transplantation.

(2) Pre-existing Conditions

We shall not accept a claim of Extra Health Benefit if the Life Assured does not undertake a medical examination(s) or test(s), which we have asked a medical practitioner to provide.

(3) Medical Evidence

We may request the Life Assured to undertake a medical examination(s) or test(s), which is/are used to determine or establish the Critical Illness. We will not accept a claim of Extra Health Benefit if the Life Assured does not undergo a medical examination(s) or test(s) which we consider reasonable or necessary. Such medical examination(s) or test(s) shall be taken at the centre as specified by us. We will not pay for any fees or expenses in connection with the production of medical evidence except for the fees and expenses for any medical examination(s) or test(s) which we have asked a medical practitioner to provide.

17. Exclusion

(1) In case of death of Life Assured due to suicide within 12 months from the Date of Risk Commencement or Date of Revival of the Policy, the Death Benefit shall be equal to the Unit Fund Value as available on the date of intimation of death. Any Charges recovered subsequent to the date of death shall be paid back to the nominee along with the death benefit.

(2) We shall not be liable to pay the Extra Health Benefit if the Critical Illness is caused directly or indirectly by any of the following:
20. Notice

Any notice, direction or instruction given to Us, under the Policy, shall be in writing and delivered by hand, post, facsimile or from registered electronic mail ID to:
HDFC Life Insurance Company Limited, 11th Floor, Lodha Exclus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400011.
Registered Office: Lodha Exclus, 13th Floor, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400011.
Helpline number: 18602679999 (Local charges apply)
E-mail: service@hdfclife.com
Or such other address as may be informed by Us.
Similarly, any notice, direction or instruction to be given by Us, under the Policy, shall be in writing and delivered by hand, post, facsimile or from registered electronic mail ID to the registered address in the records of the Company.
You are requested to communicate any change in address, to the Company supported by the required address proofs to enable the Company to carry out the change of address in its systems. The onus of intimation of change of address lies with the Policyholder. An updated contact detail of the Policyholder will ensure that correspondences from the Company are correctly addressed to the Policyholder at the latest updated address.

APPENDIX – 1 TO THE SCHEDULE OF CHARGES
Mortality and Other Risk Benefit Charges
Effective Date: <RCD>

Mortality and Other Risk Benefit Charges
Mortality and Other Risk Benefit Charges are calculated every month based on the Benefits insured and the age of the Life Assured, on the date the charge is due. These charges are calculated as specified in Schedule of Charges
Current Annual Mortality and Other Risk Benefit Charge Rates
All rates are per Rs. 1,000 of Benefits insured
1. Mortality Charge Rates for Death Benefit
2. Risk Benefit Charge Rates for Extra Health Benefit

Age | 1 | 2 | Age | 1 | 2
--- | --- | --- | --- | --- | ---
18 | 1.5847 | 1.0470 | 47 | 3.9556 | 4.6800
19 | 1.5974 | 1.0470 | 48 | 4.3106 | 5.1000
20 | 1.6227 | 1.0470 | 49 | 4.7290 | 5.5410
21 | 1.6481 | 1.0575 | 50 | 5.1855 | 6.0660
22 | 1.6734 | 1.0785 | 51 | 5.6799 | 6.6330
23 | 1.7114 | 1.1095 | 52 | 6.2505 | 7.2525
24 | 1.7369 | 1.1205 | 53 | 6.8844 | 7.9245
25 | 1.7748 | 1.1415 | 54 | 7.5691 | 8.6700
26 | 1.8189 | 1.1625 | 55 | 8.3485 | 9.2805
27 | 1.8509 | 1.1835 | 56 | 9.1920 | 10.4340
28 | 1.8762 | 1.2045 | 57 | 10.0287 | 11.3895
29 | 1.8890 | 1.2255 | 58 | 10.9416 | 12.3660
30 | 1.9017 | 1.2855 | 59 | 12.0447 | 13.3740
31 | 1.9270 | 1.3305 | 60 | 13.3506 | 14.4135
32 | 1.9524 | 1.4040 | 61 | 14.8847 | 15.4530
33 | 1.9904 | 1.4775 | 62 | 16.6957 | 16.4925
34 | 2.0411 | 1.5720 | 63 | 18.6757 | 17.5320
35 | 2.0919 | 1.6690 | 64 | 20.9234 | 18.5610
36 | 2.1852 | 1.7550 | 65 | 22.6694 | 19.6535
37 | 2.3231 | 2.0025 | 66 | 24.6200 | 20.7000
38 | 2.3200 | 2.1810 | 67 | 25.7563 | 21.7563
39 | 2.4215 | 2.3910 | 68 | 30.8345 | 22.8345
40 | 2.5483 | 2.6010 | 69 | 34.4353 | 23.9533
41 | 2.6877 | 2.8425 | 70 | 38.4165 | 24.1065
42 | 2.8019 | 3.0830 | 71 | 42.7906 | 25.3065
43 | 2.9540 | 3.3455 | 72 | 47.6212 | 26.6212
44 | 3.1441 | 3.6300 | 73 | 52.9083 | 28.0830
45 | 3.3850 | 3.9450 | 74 | 58.7278 | 29.5278
46 | 3.6513 | 4.3020 | 75 | 65.1052 |

Maximum Mortality and Other Risk Benefit Charge Rates
All Risk Benefit Charges Rates stated above are guaranteed for the term of your Policy.
The applicable rate for the current age of the Life Assured will be used at the time of each charge deduction for each of the risk benefit charges.

Annexure I
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 Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. 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.
(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.
Assignment or Transfer of Insurance Policies

Section 38 - Assignment or 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 Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The provisions of Section 38 are not applicable to life insurance policies to which the provisions of Section 6 of the Married Women's Property Act, 1874 apply or has at any time applied except where before or after Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children on or before the date on which the notice of assignment or transfer is delivered to the insurer; where the nomination is not in the interest of the nominee or not in the interest of the policyholder or not bona fide or in public interest or d. is for the purpose of fraud or concealment of material fact.

An Assignment may be made in a policy by an endorsement upon the policy itself or in a separate instrument and attested by at least one witness. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.

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.

An Assignment may be transferred, assigned, wholly or in part, with or without consideration.

No assignee or transferee of a life insurance policy under assignment or transfer is subject to all liabilities and equities to which the policyholder, the proceeds are payable to policyholder or his heirs or legal representative or holder of succession certificate of such policyholder.

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 the policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may institute any proceedings in relation to the policy e. obtain loan under the policy or surrender the policy without obtaining the consent of the assigner or assignee or making him a party to the proceedings.

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 Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.

Annexure III

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after issue or reissue of a policy of life insurance policy after 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 of the fact; c. Any other act limited to deceive; and d. Any such act committed as the law specifically declares to be fraudulent.

4. More 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 or Insurer 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 or suppression of fact material to expectancy of life was made in the proposal or other document basis which policy was issued or revised 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.

6. 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.

7. Facts shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The insurer is onus on insurer to show that the insured had been aware of the said fact, no life insurance policy would have been issued to the insured.

8. 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 or submitted subsequently.

Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.