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: << >>**

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

<table>
<thead>
<tr>
<th>Life Assured Details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>&lt;&lt; &gt;&gt;</td>
</tr>
<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 Commencement</td>
<td>&lt;&lt; &gt;&gt; years</td>
</tr>
<tr>
<td>Age Admitted</td>
<td>&lt;&lt;Yes/No&gt;&gt;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy Details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Risk Commencement</td>
<td>&lt;&lt; Risk Commencement Date &gt;&gt;</td>
</tr>
<tr>
<td>Date of Issue</td>
<td>&lt;&lt; Issue Date &gt;&gt;</td>
</tr>
<tr>
<td>Product Options chosen</td>
<td>&lt;&lt; &gt;&gt;</td>
</tr>
<tr>
<td>Premium Due Date(s)</td>
<td>&lt;&lt;dd/month&gt;&gt;</td>
</tr>
<tr>
<td>Sum Assured</td>
<td>Rs. &lt;&lt; &gt;&gt;</td>
</tr>
<tr>
<td>Annual Premium</td>
<td>Rs. &lt;&lt; &gt;&gt;</td>
</tr>
<tr>
<td>Instalment Premium</td>
<td>Rs. &lt;&lt; &gt;&gt;</td>
</tr>
<tr>
<td>Additional Benefits</td>
<td>&lt;&lt; Benefit Name, Expiry Date, Sum Assured &gt;&gt;</td>
</tr>
</tbody>
</table>

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

## SCHEDULE OF CHARGES

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

**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>
<th>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</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>
<td>AP – Annualised Premium FV – Fund Value on the date of discontinuance</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>
<td></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>
<td></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>
<td></td>
</tr>
</tbody>
</table>

---

*Note: The content is a representation of the document in a readable format. Certain sections are marked as "SAMPLE" to indicate they are placeholders for real content.*
<table>
<thead>
<tr>
<th>Description</th>
<th>5 and onwards</th>
<th>Statutory Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium Redirection Charges</td>
<td>NIL</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>Switching Charge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial withdrawal Charge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment Guarantee Charge</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. Definitions
(a) Policyholder - the person who has entered into the contract of insurance.
(b) Insurer, Us, we, Our - means or refers to HDFC Life Assurance Company Limited.
(c) Cut-off time – 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.
(d) Premium - means each of the Funds earmarked by the Company for Unit Linked business and available to this product.
(e) Life Assured - the person whose life the contingent events have to occur for the Benefits to be payable. The Life Assured may be different from the Policyholder.
(f) Policy Schedule - means and includes all the documents, forms, instructions, and other documents as may be specified in the Policy Schedule.
(g) Policy Schedule - means and includes all the documents, forms, instructions, and other documents as may be specified in the Policy Schedule.
(h) Policy Discontinuance and Revival - means the provisions of Clause 6.
(i) Extra Health Benefit - 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.
(j) Future Premium Benefit - means the absolute amount of benefit which is guaranteed to become payable if and only if 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 the Policy has not been discontinued or surrendered or cancelled or terminated; and All relevant documents specified in the Policy Schedule have been provided to the Company.
(k) Settlement Option - means the right to choose one of the options available in respect of the Policy, including but not limited to: (i) surrender and receive the surrender value as specified in Clause 7; (ii) convert the policy to whole life and receive the settlement amount equal to the future Premiums that would have been due between the date of discontinuance and the date of death.
(l) Maturity Date - means the date of death of the Life Assured.
(m) Maturity Date - means the date of death of the Life Assured.

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

3. Benefits
(a) Maturity Benefit - upon survival of the Life Assured and subject to the Policy being in-force on the Maturity Date of this benefit, risk cover ceases and the Unit Fund Value is payable.
(b) 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.
(c) 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 net of charges.
(d) Unit Price - means the Net Asset Value (NAV) per Unit of the Investment Linked Fund.
(e) Policies - means and includes all the documents, forms, instructions, and other documents as may be specified in the Policy Schedule.
(f) Policy Schedule - means and includes all the documents, forms, instructions, and other documents as may be specified in the Policy Schedule.

4. Pre-requisites for Payment of Benefits:
(a) Maturity Benefit - to receive the Maturity Benefit, the Maturity Date must be equal to or after the Date of Risk Commencement or the Date of Issue or Date of Revival, whichever is later; and has occurred before the expiry of this benefit.
(b) Critical Illness Benefit - to receive the Critical Illness Benefit, the Critical Illness must have 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.
(c) Future Premium Benefit - to receive the Future Premium Benefit, the Date of Risk Commencement or the Date of Issue or Date of Revival, whichever is later; and has occurred before the expiry of this benefit.

5. Premiums
(a) The first Premium must be paid along with the submission of your completed application / Proposal. Subsequent Regular Premiums must be paid in full on the date due and in the frequency set out in your Policy Schedule.
(b) Premiums under the Policy can be paid only on an annual basis as set out in the Policy Schedule.
(c) A Grace Period of not more than 30 days is allowed for the payment of each renewal Premium after the first Premium. We will not accept part payment of the Premium.
(d) If any Premium remains unpaid after the expiry of Grace Period we will send you a Revival Letter. If we do not receive the Premiums due within the date specified in the Revival Letter, all risk covers will cease and your Policy will be discontinued as described under “Policy Discontinuance and Revival” clause.
(e) A Premium will be deemed to remain unpaid if the Premium amount has not been realised by us.
6. Premiums are payable by You without any obligation on us to issue a reminder notice to You.

7. Where the Premiums have been remitted otherwise than in cash, the application of the Premiums received shall be deemed to be in accordance with your written instructions to us. Those Units in each month shall be credited to Your Account.

8. The Premiums that fall due in the same financial year can be paid in advance. However, where the premium due in one financial year is paid in advance in earlier financial year, we may collect the same for a maximum period of three months in advance of the due date of the premium.

9. Any Regular Premiums paid before the Due Date will be deemed to have been received on the Due Date for that Regular Premium. No Units will be allocated before reaching the respective Due Dates, for the Premiums which are paid before the Due Date.

6. Policy Discontinuance and Revival

Discontinuance before the completion of five Policy years

(1) 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, or
- to completely withdraw from the Policy without any risk cover.

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:

**Option** | **Treatment**
---|---
Revival | • 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.  
          | At the time of revival:
          | a. We shall collect all due and unpaid Premiums without charging any interest or fee.
          | b. We shall levy Policy Administration Charge and Premium Allocation Charge as applicable during the discontinuance period.
          | c. We shall add back to the fund, the discontinuance charges deducted at the time of discontinuance of Policy.
          | d. Risk cover will be restored and Your Policy’s ‘Discontinued Policy Fund’ value shall be reallocated to investment funds as chosen by you at the then prevailing Unit Prices at the time of revival.

Withdrawal | • 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 paid out 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 revived, the treatment shall be as per “Withdrawal” options as specified above.

(3) The Funds in ‘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 4.5 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 is as specified in Clause 6(2).

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.

7. 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

(1) 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 Premises 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 above mentioned options as specified in Clause 6(7) above is specified below:

a. If You choose to revive the Policy, 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.

b. If You choose to completely withdraw from the Policy without any risk cover, the Policy shall be surrendered and surrender benefit as per Clause 7 shall be payable.

c. If You choose to convert the Policy into a paid-up Policy, the Sum Assured will reduce to Paid-Up Sum Assured. The Paid-Up Sum Assured shall be calculated as the original Sum Assured multiplied by the total number of Premiums paid divided by the original number of Premiums payable as per the terms and conditions of the Policy.

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 the Policy is not revived, the policy shall be deemed to be withdrawn and the proceeds shall be paid out to the Policyholder. If the Policyholder opts to revive the Policy, but does not revive before the completion of the revival period, the Policy shall get surrendered automatically upon the completion of the revival period and the surrender benefit as specified in Clause 7 (Surrender) shall become payable.

7. If the Policy is surrendered on or after the completion of five Policy years, the surrender value will be paid out.

8. Investment Linked Funds

(1) Fund descriptions of the Funds currently available under this Policy and investment pattern 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.

---

<table>
<thead>
<tr>
<th>FUND</th>
<th>OBJECTIVES</th>
<th>ASSET CLASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Fund</td>
<td>Higher potential returns due to higher duration and credit exposure.</td>
<td>Money Market instruments and Liquid Mutual Funds, Cash &amp; Deposits</td>
</tr>
<tr>
<td>Balanced Fund</td>
<td>Dynamic Equity exposure to enhance the returns while the Debt allocation reduces the volatility of return.</td>
<td>IncomeFund101</td>
</tr>
<tr>
<td>Blue Chip Fund</td>
<td>Exposure to large cap Equities &amp; Equity related securities.</td>
<td>IncomeFund101</td>
</tr>
<tr>
<td>Opportunities Fund</td>
<td>Exposure to mid cap Equities &amp; Equity related securities.</td>
<td>IncomeFund101</td>
</tr>
</tbody>
</table>

The investment in Liquid Mutual Funds will always be within the Mutual Fund limits as prescribed by IRDAI regulations and guidelines – IRDAI (Investment)(Fourth Amendment) Regulations, 2008, Annexure II. The current limit of approved investments in Liquid Mutual Funds is 5% of the fund. The allocation for the Discontinued Policy Fund (SF/IN/UR/05110/03/11/DiscontPF/101) shall be as per the prevailing regulatory requirements. Currently, the asset allocation is as follows:

(i) Money Market Instruments – 0% to 40%
(ii) Government securities: 60% to 100%
9. Outstation Cheque

Renewal Premiums received by way of

10. Miscellaneous

the quality of the Funds, their future prospects or the returns.

We may close, withdraw, modify, split or combine Funds or introduce new Funds with

Allegation of Unit Prices

Applicability of Unit Prices

The option for Single Premium Top-Ups is not available under this Policy

Table: Applicable Unit Prices

<table>
<thead>
<tr>
<th>Type of Transaction</th>
<th>Unit Price of the date of commencement of the Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Premium deposit received by way of local cheque or pay order or demand drafts payable at par</td>
<td></td>
</tr>
<tr>
<td>First Premium deposit received by way of outstation cheque</td>
<td>Unit Price of the date of commencement of the Policy</td>
</tr>
<tr>
<td>Renewal Premiums received by way of Direct Debit, ECS, credit card, etc</td>
<td>Unit Price of the Date of Premium payment or actual receipt of Premium whichever is later</td>
</tr>
<tr>
<td>Renewal Premiums received by way of local cheque</td>
<td>Unit Price at the date of receipt of instruction or the Due Date, whichever is later</td>
</tr>
<tr>
<td>Renewal Premiums received by way of outstation cheque</td>
<td>Unit Price at the date of receipt of instrument or the Due Date or the date of realisation of the amount by the Company, whichever is later</td>
</tr>
</tbody>
</table>

- Partial Withdrawal (if applicable)
- Free Look Cancellation
- Death Claim

The option for Premium Redirection:

- The Funds in which new Premiums are invested can be changed at any time.
- You can ask us to switch the Funds in which your Units are held.
- You can make the changes at any time, and we will transfer the Units to the new Funds.
- The changes will be effective from the next settlement date.

(2) If the transaction request is received after the Cut-off time, then Unit Prices of the next date or in case of prepayment of renewal Premium, Unit Price of the Due Date, shall be applicable.

(3) If the same day or the next day or the transaction due date is not a valuation date, then we shall apply the Unit Price of the next immediate valuation date.

(4) In the event of the new application or proposal received on the last day of the financial year, the Unit Price of that day would be applicable. The Cut-off time shall not be applicable for such transactions.

(5) The Units allocated shall be reversed in case of the non-realisation of the Premium amount.

We will follow norms stated above for any transactions which are not specifically mentioned herein but involve allocation and redemption of Units.

(1) Fund Sides

- a. You can ask us to switch the Funds in which your Units are held.
- b. 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 any investment linked Fund which is available to you and which we have not withdrawn or closed.
- We may levy a Charge as specified in the Schedule of Charges, for any Fund Switch request.
- We may delay switching Funds in line with Clause 15 (Force Majeure).

(2) Partial Withdrawals:

- You have the option of taking Partial Withdrawals at any time after the first 5 years, subject to the following conditions:
  - The Partial Withdrawal amount is not less than the minimum amount specified in the Policy Schedule.
  - 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.
  - The maximum Partial Withdrawal that can be done during the Policy term is 30% of the annual Premium.

- 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 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 Unit 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 date of the Partial Withdrawal request or calculation. We may change this margin at any time without prior notification or approval from you.

- We shall levy a Charge as specified in the Schedule of Charges, for any Partial Withdrawal request.

(3) Single Premium Top-Up:

The option for Single Premium Top-Ups is not available under this Policy

(4) Settlement Option:

This is an option available to the Policyholder to receive the Maturity Benefit in periodical installments over a period which may extend to 5 years after the Maturity Date.

- The Policyholder may exercise the Settlement Option before the Maturity Date of the Policy. The Settlement Option is subject to any terms and conditions we may specify from time to time. These terms will include a minimum instalment amount, which may be determined by us at our sole discretion from time to time.
- The current minimum instalment amount is specified in the Policy Schedule.
- The cover ceases and the Fund continues to be invested during the settlement period. The continuing investment risk on the Unit Fund will be borne by the Policyholder.
- We shall levy only Fund Management Charge during the settlement period and no other charges will be levied.
- No Fund Switch or Partial Withdrawal will be allowed during the settlement period. However, the Policyholder may anytime during the settlement period withdraw the entire Unit Fund Value.
- Any Unit Fund Value remaining after 5 years from the Maturity Date will be payable immediately.
- f. No further benefits will be payable after this payment.

(5) Premium Redirection:

a. The Funds in which new Premiums are invested can be changed at any time. You can ask for some or all of your future Premiums to be allocated to Units in different Funds that are available to this product. Premiums will only be applied as per the revised instructions if we accept those instructions before the Cut-off time for that Premium.

b. We will only act on those instructions to change the Fund choice for future Premiums when we have all necessary information to allow the change of Fund choice to be processed and we are satisfied that the information received is correct.

c. We may levy a Charge as specified in the Schedule of Charges, for any Premium Redirection 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 so admitted ("Correct Age") during the Policy term is found to be different from the age declared in the Proposal, without

### Type of Transaction and Applicable Unit Prices

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<tr>
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<td>Unit Price of the date of commencement of the Policy or the date of finalisation of the amount by the Company, whichever is later</td>
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<tr>
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<tr>
<td>Renewal Premiums received by way of local cheque</td>
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</tr>
<tr>
<td>Renewal Premiums received by way of outstation cheque</td>
<td>Unit Price at the date of receipt of instrument or the Due Date or the date of realisation of the amount by the Company, whichever is later</td>
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<tr>
<td>Partial Withdrawal (if applicable)</td>
<td>Unit Price of the date of receipt of request</td>
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<td>Free Look Cancellation</td>
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<td>Death Claim</td>
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<td>Surrender</td>
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<tr>
<td>Single Premium Top-Up (if applicable)</td>
<td>Unit Price of date of realisation of monies</td>
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<td>Transfer to the Discontinued Policy Fund</td>
<td>Unit Price of the date of Policy discontinuance</td>
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<tr>
<td>Charges</td>
<td>Unit Prices of the effective date the Charges are deducted</td>
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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 could 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 Policy-holder can nominate a person/persons 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 a 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 Unit Prices 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:

- When one or more stock exchanges which provide a basis for valuation for a substantial portion of the assets of the Fund are closed other than for ordinary holidays.
- Where a result of an economic, monetary or any circumstances outside of our control, the disposal or valuation of the assets of the Unit Fund are not reasonable or would not reasonably be practicable without being detrimental to the interests of the remaining Unit holders.
- During periods of extreme volatility of markets during which surrenders 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.

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 leukemia, lymphoma and sarcoma. The following are excluded:

- Tumors showing the malignant changes of carcinoma in situ & tumors which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least Clinical TNM classification TNM6.
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter.
- Chronic lymphocytic leukaemia less than RAJ stage 3.
- Microcancerina of the bladder.
- All tumours in the presence of HIV infection.

b) Coronary Artery By Pass Graft Surgery (CABG).

- The actual undergoing of open heart surgery for construction of one or more coronary arteries, which are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner. The following are excluded:

- Angioplasty and/or any other ultra-arterial procedures.
- Any key-hole or laser surgery.

c) Heart Attack - The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
- New or crescendo electrocardiograph changes.
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T.
- Other acute Coronary Syndromes.
- Any type of angina pectoris.

d) Kidney Failure - End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

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

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants and
- Where only islets of langerhans are transplanted.

f) Stroke - Any cerebrovascular incident producing permanent neurological sequela. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA).
- Traumatic injury of the brain and
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

(2) Medical Evidence
We may require the Life Assured to undertake a medical examination(s) or test(s), which in our opinion is reasonable to determine or establish the Critical Illness. We will not accept a claim of Extra Health Benefit if the Life Assured does not undertake any medical examination(s) or test(s) which we consider reasonable or necessary. Such medical evidence or test(s) shall be at the cost of the Policyholder. 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. Exclusions
(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 Death of the Life Assured. 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:

- Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
- Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner.
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- Taking part in any sport with a criminal record.
- Any of the listed dread disease conditions where death occurs within 30 days of the diagnosis.
- Pregnancy or childbirth or complications arising there from.

18. Incorrect information and non-disclosure
Final, misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. Simplified version of the provisions of Section 45 is enclosed in Annexure III for reference.

19. Non-negative Claw-back Additions
Upon the exit from a Policy at any time on or after the completion of five Policy years, we will calculate the gross yield, the net yield and the reduction in yield based on the actual returns. If the reduction in yield is greater than as required under the regulations, we will add non-negative Claw-back Additions to the Fund before payment of Benefits to ensure compliance with the reduction in yield requirements as specified in Regulation 37(d) of IRDAI (Linked Insurance Products) Regulations, 2013. Exit from the Policy would mean Death or Surrender or Maturity, whichever is earliest.

20. Modification, Amendment, Re-enactment of or to the Insurance laws and rules, regulations, guidelines, clarifications, circulars etc thereunder
(1) This Policy is subject to:

- Other relevant Regulations, Rules, Laws, Guidelines, Circulars, Enactments etc as may be introduced thereunder from time to time.
- We reserve the right to change any of these Policy Provisions / terms and conditions in accordance with changes in applicable Regulations or Laws or if it becomes impossible or impractical to enact the provision / terms and conditions.

(3) We are required to obtain prior approval from the IRDAI or any successor body before making any material changes to these provisions, except for changes of regulatory / statutory nature.

(4) We reserve the right to require submission of such documents and proof at all stages of claim other than the policy or claim forms. Failure to do so shall result in the failure to meet the requirements under Anti- money Laundering Know Your Customer norms and as may be laid down by IRDAI and other regulators from time to time.

21. Notices
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 to:

HDFC Life Insurance Company Limited, 11th Floor, Lodha Excellus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400011.
Registered Office: Lodha Excellus, 13th Floor, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400011.
Helpline number: 18602679999 (Local charges apply)
E-mail service@hdclife.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, courier, facsimile or registered electronic mail to the updated address in the records of the Company.

We 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 orms of intimation of change 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.

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

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Maximum Mortality and Other Risk Benefit Charge Rates
All Risk Benefit Charges Rates stated above are specified 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 extent provisions in this regard are as follows:

1. The policyholder of a life insurance on his own life may appoint a person or persons to whom secured by the policy shall be paid by 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 make payment 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. In case nomination by policyholder whose life is insured, the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.

Annexure II 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 this Section 38 are not applicable to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015 (23.03.2015)

The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.

Assignment or transfer of a policy shall be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof of certified to be correct by both transferee and transference or their duly authorized agents have been delivered to the insurer.

Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.

On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.

If the insurer maintains one or more places of business, such notices shall be delivered at any of the places of business to which the insurer is sending the notice.

Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.

Fee to be paid for registering change or cancellation of a nomination can be specified by the Authority through Regulations.

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.
In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.

Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR b. where the transfer or assignment is made upon condition that the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR ii. the insured surviving the term of the policy

Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and b. may institute any proceedings in relation to the policy c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor 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 expiry of 3 yrs 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.

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. Mere 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.

4. 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.

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

6. 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 submitted subsequently.

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