

Policy Document - Terms and Conditions of your policy

ICICI Pru iProtect Smart

(A Non-Linked Non-Par Life Individual pure risk premium product)

PART-B

Definitions

1. **Age** means age at last birthday. 2. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means. 3. **Accidental Death Benefit Term** means the period between the Policy Acceptance Date and the Date of Termination of Accidental Death Benefit Term specified in the Policy Schedule. 4. **Annualized Premium** shall be the premium amount payable in a year excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums. 5. **Appointee** means the person appointed by You to receive the benefits payable under the Policy till Your Nominee is a minor. 6. **Death Benefit** means the benefit, which is payable on death or diagnosis of Terminal Illness of the Life Assured as specified in the Policy Document. 7. **Death Benefit Payout Option** is the manner in which the Nominee receives the Death Benefit payable under the Policy. 8. **Claimant** means the person entitled to receive the Policy benefits and includes You, the nominee, the assignee, the legal heir, the legal representative(s) or the holder(s) of succession certificate as the case may be. 9. **Date of commencement of risk** is later of Policy Issue Date or Policy Acceptance Date. 10. **Date of Termination** is the date specified in the Policy Schedule on which the policy stands terminated with all right and benefits thereunder. 11. **Insured event** means occurrence of an event specified in this Policy on which the benefits shall become payable. 12. **Life Assured** means the person named in the Policy Schedule on whose life the Policy has been issued. 13. **Limited Pay** means premiums need to be paid regularly for a limited number of years of the Policy Term. 14. **Income Term** means a period as chosen by You at policy inception and as specified in the Policy Schedule during which the Death Benefit is paid out as monthly income to the Claimant. 15. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence The Medical Practitioner should neither be the insured person(s) himself nor related to the insured person(s) by blood or marriage. 16. **Nominee** means the person named in the Policy Schedule who has been nominated by You to receive benefits in respect of this Policy. 17. **Policy** means the contract of Insurance entered into between You and Us as evidenced by the "Policy document". 18. **Policy Acceptance Date** means the date as specified in the Policy Schedule, from which the policy was effected. 19. **Policy document** means this document, the Proposal Form, the Policy Schedule and any additional information/document(s) provided to Us in respect of the Proposal Form, and any endorsement issued by Us. 20. **Policy Issue Date** means the date as specified in the Policy Schedule. 21. **Policyholder or the Proposer or You or Your** means the owner of the Policy at any point of time. 22. **Policy Term** means the period between the Policy Acceptance Date and the Date of Termination specified in the Policy Schedule. 23. **Policy Schedule** means the policy schedule and any endorsements attached to and forming part of this Policy. 24. **Premium** means the instalment premium in case of Regular Pay and Limited Pay or single premium in case of Single Pay specified in the Policy Schedule which is payable/has been received under the Policy. 25. **Premium Payment Term** means the period specified in the Policy Schedule during which Premium is payable. 26. **Proposal Form** means a form to be filled in by the You in physical or electronic form, for furnishing the information including material information, if any, as required by Us in respect of a risk, in order to enable Us to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted. Explanation: (i) "Material Information" shall mean all important, essential and relevant information and documents explicitly sought by Us in the proposal form. (ii) The requirements of "disclosure of material information" regarding a proposal or policy, apply both to Us and You. 27. **Regulator** means the authority that has regulatory jurisdiction and powers over Us. Currently the Regulator is the Insurance Regulatory and Development Authority of India (IRDAI). 28. **Regular Pay** means premiums need to be paid regularly throughout the Policy term. 29. **Revival of a policy** means restoration of the policy, which was discontinued due to the nonpayment of premium, by Us with all the benefits mentioned in the Policy document, with or without rider benefits if any, upon the receipt of all the premiums due and other charges or late fee if any, during the revival period, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the insured or Policyholder on the basis of the information, documents and reports furnished by You, in accordance with Board approved underwriting Policy. 30. **Revival period** means the period of five consecutive years from the due date of the first unpaid premium and before the termination date of the Policy, during which period You are entitled to revive the policy. 31. **Single Pay** means premium needs to be paid only once at the inception of the Policy. 32. **Sum Assured** means the

amount specified in the Policy Schedule. 33. **Surrender** means complete withdrawal/ termination of the entire policy contract. 34. **Total Premiums Paid** means the total of all premiums paid under the base product excluding any extra premium and taxes, if collected explicitly. 35. **Unexpired risk premium value** means an amount, if any, that becomes payable in case of surrender or discontinuance of premium in single/ limited pay policies in accordance with the terms and conditions of the Policy. 36. **You or Your** means the Policyholder of the Policy at any point of time. 37. **We or Us or Our or Company** means ICICI Prudential Life Insurance Company Limited.

PART- C

1. Benefits available under the policy:

1.1 Death Benefit We shall pay the Death Benefit as per the Death Benefit Payout Option stated on Your Policy Schedule upon diagnosis of Terminal Illness or death of the Life Assured whichever is earlier during the policy term provided the Policy is in force as on the date of diagnosis of Terminal Illness or the date of death of the Life Assured. A Life Assured shall be regarded as "Terminally Ill" only if that Life Assured is diagnosed as suffering from a condition which, in the opinion of two independent Medical Practitioners, specializing in treatment of such illness, is highly likely to lead to death within 6 months. The terminal illness must be diagnosed and confirmed by Medical Practitioners registered with Indian Medical Association and approved by Us. We reserve the right for independent assessment of the Terminal Illness. Death Benefit would be as per the below table:

Premium Payment Option	Death Benefit
Single Pay	Higher of 125% of the single premium or the sum assured chosen by You, as stated on your policy schedule.
Regular Pay and Limited Pay	Higher of 7 times the annualized premium or 105% of the total premiums received up to the date of death or diagnosis of the terminal illness or the sum assured chosen by You ,as stated on your policy schedule.

a. Death Benefit shall be payable under this Policy only on the occurrence of the Insured Event during the Policy Term i.e before the Date of Termination. b. The Policy shall terminate on payment of the benefit and all rights, benefits and interests under the Policy shall stand extinguished. c. The Benefit amount may be taxable as per the prevailing tax laws.

1.2 Waiver of Premium on Permanent Disability due to accident a. Upon the diagnosis of Permanent Disability (as defined below) of the Life Insured which arises due to an Accident, We shall waive all future premiums payable for all benefits under the Policy during the remaining Premium Payment Term of the Policy provided the Policy is in force as on the date of diagnosis of Permanent Disability of the Life Assured. b. The Policy will continue for the Death Benefit and Accidental Death Benefit. For the purpose of this benefit, "Permanent Disability" means the inability of the Life Assured to perform at least 3 of the following 6 activities of daily work: • Mobility: The ability to walk a distance of 200 meters on flat ground. • Bending: The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again. • Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed. • Lifting: The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table. • Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard. • Blindness: The permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart. Provided that the disability should have lasted for at least 180 days without interruption from the date of disability and must be deemed permanent by a Company empanelled Medical Practitioner. In the event of death of the insured within the above period, the policy shall terminate on payment of applicable benefits and all rights, benefits and interests under the policy shall stand extinguished.

1.3 Accidental Death Benefit a. In the event of the Life Assured's death due to an Accident, where both Accident and death occurs during the Accidental Death Benefit Term, the Accidental Death Benefit as mentioned on the Policy Schedule will be payable by Us forthwith as a lump sum subject to the terms and conditions below. This is an additional benefit and will be paid in addition to the Death Benefit. b. The Accident shall result in bodily injury or injuries to the Life Assured independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the Accident, directly and independently of any other means cause the death of the Life Assured before the expiry of the Accidental Death Benefit cover. In the event of the death of the Life Assured after 180 days of the occurrence of the Accident, the Company shall not be liable to pay the Accidental Death Benefit. The benefit will be payable if the accident occurs within the Accidental Death Benefit Term even if the death occurs beyond the Accidental Death Benefit Term (however within 180 days of the accident). c. The Policy must be in full force at the time of Accident. d. The Company shall not be liable to pay this benefit in case the accident and subsequent death of the Life Assured occurs after the Accidental Death Benefit term. e. Accidental Death Benefit cannot be changed during the Policy

Term. f. Upon payment of the Accidental Death Benefit, the Policy will terminate and all rights, benefits and interests under the Policy will stand extinguished. g. In case no AD Benefit is triggered within the AD Benefit term, then AD Benefit will terminate and premiums corresponding to it will not be payable. However You would be required to pay premiums for all other Benefits to keep the policy in force. h. AD Benefit shall be payable under this Policy only on the occurrence of the Insured Event during the Accidental Death Benefit Term i.e before the Date of Termination of Accidental Death Benefit Term.

1.4 Life Stage Protection You can choose to increase the Sum Assured at the key milestones of Life Assured such as marriage and child birth/ adoption of child, provided no claim has been admitted for any benefits under the policy and the policy is in force. The Sum assured can be increased without any medicals on any one or all of the below events during the term of the policy. This feature is available only to a Life Assured underwritten as a standard life at the time of inception of the Policy per the Board Approved Underwriting Policy.

Event	Additional Death Benefit (percentage of original Sum Assured)	Subject to maximum additional Sum Assured
Marriage	50%	₹ 50,00,000
Birth / Legal adoption of 1st child	25%	₹ 25,00,000
Birth / Legal adoption of 2nd child	25%	₹ 25,00,000

On exercising the option, You will have to pay an additional premium for the additional Sum Assured for the outstanding term of the policy based on the Life Assured's then age. Hence the future premium payable by You on exercising this option will be the sum of original premium and additional premium. No fee is chargeable for this option. This feature is available only with Regular premium payment option. Such increase in sum assured is only applicable to base sum assured. The AD Benefit will remain unchanged. Premium shall be recalculated based on the increased Death Sum Assured and outstanding policy term. This is subject to: 1. Minimum policy term (which is 5 years) available at the time of exercising this feature. 2. The Life Assured being less than 50 years of age at the time of the event. 3. Total Sum assured after increase should not exceed the lower of the maximum permissible Sum Assured and that permitted as per the Board Approved Underwriting Policy. Such increase in Sum Assured needs to be exercised within 6 months of the event and will be effective with payment of additional premium from the next policy anniversary.

1.5 Death Benefit Payout Options: The Death Benefit will be payable to the Claimant as per one of the below options chosen by You at the inception of Your policy and mentioned in Your Policy Schedule. 1. Lump Sum Option—Entire Death Benefit amount is payable as lump sum. 2. Income Option—A percentage of the Death Benefit amount is payable every year throughout the Income term. This will be payable in equal monthly instalments in advance at a defined rate of death benefit amount given in the table below: The income term wise benefit amount payable is given below:

Income Term (in years)	% of Death Benefit payable every year	% of Death Benefit payable monthly in advance
10	10%	0.833333%
20	5%	0.41667%
30	3.33%	0.27778%

The Claimant can also advance the first year's income as lump sum. In such case, the monthly income payable to the claimant (in equal monthly instalments) shall be arrived at a different rate as mentioned below and payment shall commence from the subsequent month for the remaining Income Term (total income term less 1 year). The income term wise benefit amount payable is given below:

Income Term (in years)	% of Death Benefit payable monthly if year 1 benefit is taken as lumpsum
10	0.8%
20	0.4%
30	0.27%

3. Lump sum and Income – In this the Death Benefit will be paid as a combination of income and lump sum payout options. The part of the Death Benefit amount to be paid out as lump sum is chosen at inception. The balance Death Benefit amount will be paid out in equal monthly instalments in advance at a defined rate of death benefit for the Income Term chosen at inception given under Clause 1.6 (2) above.

4. Increasing Income Option – Benefit amount is payable in monthly instalments for 10 years starting with 10% of the benefit amount per annum in the first year. The income amount will increase at 10% p.a. simple interest every year thereafter. Sum of total monthly benefits payable over 10 years is equal to 145% of the death benefit. For options 2, 3, and 4, at the time of death claim approval or at any time after the start of monthly income, the Claimant will have the option to convert the outstanding monthly income into lump sum pay out. The Policy will terminate with

all rights and benefits after the lump sum payout has been released to the Claimant. The lump sum amount will be the present value of future payouts calculated at a discount rate as given below: At the time of death claim approval: 4% p.a. At any time after the payment of first monthly income: Higher of 4% and 10-year Government Securities yield, rounded to nearest 0.25%. The yield on 10-year Government Securities will be sourced from HYPERLINK "<http://www.bloomberg.com>" www.bloomberg.com. This discount rate will be reviewed twice every year on 1st of June and 1st of December.

1.6 Smart Exit Benefit You have an option to cancel the Policy and receive Smart Exit Benefit, equal to Total Premiums Paid under the Policy. No additional premium is payable to avail this option. The following conditions are applicable for availing Smart Exit benefit: • This option can be exercised in any policy year greater than 25 but not during the last 5 policy years, provided the age of the life assured is 60 years or more at the time of exercise. • The Policy is in-force with all due premiums paid at the time of exercising this option. • No claim for any of the underlying benefits has been registered and is under evaluation/ or accepted/ or paid/ being paid on the Policy. The Policy shall terminate on payment of this benefit (if exercised) and all rights, benefits and interests under this Policy will stand extinguished. You can either opt for Smart Exit Benefit or Unexpired Risk Premium Value as per Clause 3, Part D, i.e. you cannot avail both the benefits simultaneously. Where Life Stage Protection options has been exercised, Total Premiums Paid includes Premium paid for each tranche of additional sum assured purchased. In case the benefit term for additional benefit(s) (which are benefits other than as mentioned in Part C, Clause 1.1 and 1.2) has expired at the time of exercise of Smart Exit Benefit, then Total Premiums Paid shall exclude the Premium Paid towards such additional benefit(s).

2. Premium payment: i. You are required to pay Premiums on the due dates and for the amount mentioned in the Policy Schedule. ii. The grace period for payment of premium is 15 days for monthly frequency of premium payment and 30 days for other frequencies of premium payment. In case of occurrence of the covered events during the grace period, We will pay the benefits as per the terms and conditions of the Policy. iii. If any premium instalment is not paid within the grace period then the Policy shall lapse and all cover under the Policy will cease. iv. You are required to pay Premiums for the entire Premium Payment Term. v. If Single Pay option has been chosen by You, only one Premium is to be paid and no future Premiums are payable. vi. The loading based on premium paying modes are mentioned below:

Premium frequency	Loading as a % of Premium
Yearly	NA
Half-yearly	1.25%
Monthly	2.50%

vii. You may pay Premium through any of the following modes: a) Cheque b) Demand Draft c) Pay Order d) Banker's cheque e) Internet facility as approved by the Company from time to time f) Electronic Clearing System / Direct Debit g) Credit or Debit cards held in your name viii. Amount and modalities will be subject to our rules and relevant legislation or regulation ix. Any payment made towards first or renewal premium is deemed to be received by Us only when it is received at any of Our branch offices or authorized collection points and after an official printed receipt is issued by Us. x. No person or individual or entity is authorized to collect cash or self-cheque or bearer cheque on Our behalf. xi. Cheque or demand drafts must be drawn only in favour of ICICI Prudential Life Insurance Company Limited. xii. Please ensure that You mention the application number for the first premium deposit and the policy number for the renewal premiums on the cheque or demand draft. xiii. Where Premiums have been remitted otherwise than in cash, the application of the Premiums received will be conditional on the realization of the proceeds of the instrument of payment, including electronic mode. xiv. If You suspend payment of premium for any reason whatsoever, We will not be held liable. In such an event, benefits, if any, will be available only in accordance with the Policy terms and conditions. xv. Premiums need to be paid only for the chosen premium payment term. Once premiums have been paid for the premium payment term, the policy benefits will continue for the term of the policy.

3. Maturity/Survival No benefit will be payable upon survival of the Life Assured at the completion of the policy term. On the Date of Termination, the Policy will automatically stand terminated with all rights, benefits and interests thereunder.

4. Grace Period: If you are unable to pay an instalment premium by the due date, you will be given a grace period of 15 days for payment of due instalment premium if You have chosen monthly frequency, and 30 days for payment of due instalment premium if You have chosen any other frequency, commencing from the premium due date. The life cover continues during the grace period. In case of death or diagnosis of terminal illness of Life Assured during the grace period, We will pay the applicable Death Benefit. In case of death of Life Assured due to accident during the grace period, applicable Accidental Death Benefit will be payable. Grace period is applicable for Regular Pay and Limited Pay only.

PART - D

1. Free look Period (30 days refund policy)

On receipt of the policy document whether received electronically or otherwise, You have an option to review the policy terms and conditions. If You are not satisfied or have any disagreement with the terms and conditions of the policy or otherwise and has not made any claim, the policy document needs to be returned to the Company with reasons for cancellation within 30 days from the date of receipt of the policy document. On cancellation of the Policy during the free look period, We will return the premium paid subject to the following deductions: i) Proportionate risk premium for the period of cover ii) Stamp duty under the Policy iii) Expenses borne by the Company on medical examination, if any The Policy shall terminate on payment of this amount and all rights, benefits and interests under this Policy will stand extinguished.

2. Paid-up Value There is no paid-up value under this Policy.

3. Surrender i. For Single Pay policies: Surrender value equal to Unexpired risk premium value, if any, will be payable if the policyholder voluntarily Surrenders the policy during the policy term. Unexpired risk premium value = (Unexpired risk premium value factor/100) X Single Premium Unexpired risk premium value factors are given in Annexure I **ii. Limited Pay:** Surrender value equal to Unexpired risk premium value, if any, will be payable if the policy holder voluntarily Surrenders the policy during the policy term Or for lapsed policies on earlier of: Death or diagnosis of terminal illness of the Life Assured within the revival period, or At the end of the revival period. Unexpired risk premium value = (Unexpired risk premium value Factor/100) X Annual Premium. Unexpired risk premium value Factors are given in Annexure I **iii. Regular Pay:** No Surrender value/unexpired risk premium value is payable for Regular Pay policies. **iv.** The Policy will terminate on payment of this amount and all the rights / title and interest under the Policy shall stand extinguished. **v.** Unexpired risk premium value may be taxable as per the prevailing tax laws.

4. Exclusions

4.1. For Waiver of Premium on Permanent Disability the following exclusions shall apply:

i. We will not be liable to provide the Waiver of Premium on Permanent Disability benefit if the Permanent Disability is directly or indirectly due to or caused, occasioned, accelerated or aggravated by, any one of the following: • Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor; except under the direction of a medical practitioner or • Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or • The Life Assured with criminal intent committing any breach of law; or • Due to war, whether declared or not or civil commotion; or • Engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport. • PD due to accident must be caused by violent, external and visible means. **i.** The accident shall result in bodily injury or injuries to the Life Assured independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the PD of the Life Assured. In the event of PD of the Life Assured after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit. **ii.** The Company shall not be liable to pay this benefit in case PD of the Life Assured occurs after the date of termination of the policy.

4.2. For Accidental Death Benefit the following exclusions apply: We will not be liable to pay the Accidental Death Benefit if the Accident is directly or indirectly due to or caused, occasioned, accelerated or aggravated by, any one of the following: **a)** Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor; except under the direction of medical practitioner or **b)** Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or **c)** The Life Assured with criminal intent, committing any breach of law; or **d)** Due to war, whether declared or not or civil commotion; or **e)** Engaging in hazardous sports or pastimes, e.g. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

5. Loan

We will not provide loans under this Policy.

6. Riders

Riders may be offered but only subject to prior approval of the Regulator.

7. Revival

A Policy which has lapsed for non-payment of premium within the grace period may be revived subject to underwriting and the following conditions: **a)** The application for revival is made within 5 years from the due date of the first unpaid premium and before the termination date of the Policy. Revival will be based on the prevailing

Board approved underwriting policy. **b)** You furnish, at your own expense, satisfactory evidence of health as required by Us. **c)** The arrears of Premiums together with interest at such rate as We may charge for late payment of premiums are paid. Revival interest rates will be set monthly and is equal to 1.50% plus the prevailing yield on 10 year Government Securities. The yield on 10 year Government Securities will be sourced from www.bloomberg.com. The interest rate applicable in April 2024 is 8.68% p.a. compounded half yearly. **d)** The revival interest rate will be reviewed on the 15th day of every month by the Company based on the 10-year G-Sec yield of one day prior to such review. **e)** The revival of the Policy may be on terms different from those applicable to the Policy before it lapsed for example, extra mortality premiums or charges may be applicable subject to our Board approved underwriting policy. **f)** We reserve the right to not revive the Policy. In that case, only the premiums paid towards the revival of the policy shall be refunded without any interest. **g)** The revival will take effect only if it is specifically communicated by Us to You. **h)** On revival of a lapse policy, the lower of the Sum Assured as applicable on the date of premium discontinuance or as approved during revival (following Board Approved Underwriting policy) shall be restored.

8. Renewal Premium in Advance

a) Collection of renewal premium in advance shall be allowed within the same financial year for the premium due in that financial year. Provided, the premium due in one financial year may be collected in advance in earlier financial year for a maximum period of three months in advance of the due date of the premium. **b)** The renewal premium so collected in advance shall only be adjusted on the due date of the premium.

9. To whom benefits are payable

Benefits are payable to the Policyholder or to the Assignee(s), nominee where an endorsement has been recorded in accordance with Section 38 and Section 39 of the Insurance Act, 1938 as may be applicable. If the Policyholder and the Life Assured are different, then in the event of death of the Policyholder and upon subsequent intimation of the death with the Company, the policy shall vest on the Life Assured. Thereafter, the Life Assured shall become the Policyholder and will be entitled to all benefits and subject to all liabilities as per the terms and conditions of the policy. The Life Assured cum Policyholder can register due nomination as per Section 39 of the Insurance Act, 1938 as amended from time to time. We hereby agree to pay the appropriate benefits under the Policy subject to: **a)** Our satisfaction of the benefits having become payable on the happening of an event as per the Policy terms and conditions, **b)** The title of the said person or persons claiming payment.

PART E – Not Applicable

PART-F

General Conditions

- 1. Age:** We have calculated the premiums under the Policy on the basis of the Age of the Life Assured as declared by You in the Proposal Form. In case if the age proof of the Life Assured was not submitted at the time of Proposal, You will be required to submit such an Age proof of the Life Assured acceptable to Us, and have the Age admitted. If the Age of the life assured has been misstated, We will take one of the following actions: **a)** If the Correct Age of the Life Assured makes him ineligible for this product, We will offer a 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, We will cancel the Policy and refund the premiums paid (without interest) under the Policy after adjustment against the paid benefits. The Policy will terminate on the said payment. **b)** If the Correct Age of the Life Assured makes him eligible for this Policy, revised Premium depending upon the Correct Age will be payable. Difference of premium from inception will be collected with interest, if age declared is higher and excess premium collected will be refunded without interest, if age is found to be lower. The provisions of Section 45 of the Insurance Act, 1938 as amended from time to time shall be applicable.
- 2. Nomination:** Nomination under the Policy will be governed by Section 39 of the Insurance Act, 1938 as amended from time to time. Please refer to Annexure II for details on this section.
- 3. Assignment:** Assignment of the Policy will be governed by Section 38 of the Insurance Act, 1938 as amended from time to time. Please refer to Annexure III for details on this section.
- 4. Incontestability:** Incontestability will be as per Section 45 of the Insurance Act, 1938 as amended from time to time. Please refer to Annexure IV for details on this section.
- 5. Misstatement & Fraud:** Misstatement and Fraud will be as per Section 45 of the Insurance Act, 1938 as amended from time to time. Please refer to Annexure IV for details on this section. The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the Laws of India.
- 6. Communication address:** Our communication address is: Address: **Customer Service Desk** ICICI Prudential Life Insurance Company Limited, Ground Floor & Upper Basement, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400097 Maharashtra. Telephone: 1860 266 7766 Facsimile: 022 4205 8222. E-mail: lifeline@iciciprulife.com We expect You to immediately inform Us about any change in Your address or contact details.

- 7. Electronic transactions:** All transactions carried out by You through Internet, electronic, call centres, tele-service operations, computer, automated machines network or through other means of communication will be valid and legally binding on Us as well as You. This will be subject to the relevant guidelines and terms and conditions as may be specified by Us.
- 8. Jurisdiction:** The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the laws of India. Indian courts shall have exclusive jurisdiction over all differences or disputes arising in relation to this Policy.
- 9. Legislative changes:** All benefits payable under the Policy are subject to the tax laws and other financial enactments as they exist from time to time. The Policy terms and conditions may be altered based on any future legislative or regulatory changes.
- 10. Payment of claim:** For processing a death claim under this Policy, We will require the following documents (as may be relevant): For natural deaths: a) Claimant's Statement b) Original Policy Document c) Death Certificate of the Life Assured issued by the local municipal authority d) Cancelled Cheque for processing electronic payment e) Claimant's Photo Identity proof and address proof f) Medical cause of the death certificate issued by the last treating/ last attending doctor, if any g) Medical records (Admission notes, Discharge Summary/Death summary, test reports etc., if any h) Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the death. For unnatural deaths: a) Claimant's Statement b) Original Policy Document c) Death Certificate of the Life Assured issued by the local municipal authority d) Cancelled Cheque for processing electronic payment e) Claimant's Photo Identity proof & address proof f) Post Mortem report & viscera/ chemical analysis report g) FIR report, final police investigation report, police panchnama/ Inquest report, driving license h) Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the death. Claim payments are made only in Indian currency in accordance with the prevailing Exchange control regulations and other relevant laws and regulations in India. In case the Claimant is unable to provide any or all of the above documents, in exceptional circumstances such as a natural calamity, the Company may at its own discretion conduct an investigation and may subsequently settle the claim.
- 11. Suicide:** If the Life Assured, whether sane or insane, commits suicide within 12 months from the date of commencement of risk of this Policy, We will refund higher of 80% of the total premiums paid if any till the date of death or unexpired risk premium value as available on date of death, provided the policy is in force. In the case of a revived Policy, if the Life Assured, whether sane or insane, commits suicide within 12 months of the date of revival of the Policy, higher of 80% of the total premiums paid if any till date of death or unexpired risk premium value as available on date of death will be payable by Us. The Policy will terminate on making such a payment and all rights, benefits and interests under the Policy will stand extinguished.
- 12. Issue of duplicate policy:** We shall issue a duplicate of Policy document, on receipt of a written request for the same from You along with the necessary documents as may be required by Us and at such charges as may be applicable from time to time. The current charges for issuance of duplicate policy is Rs. 200. Freelook option is not available on issue of duplicate Policy document.
- 13. Amendment to policy document** Any variations, modifications or amendment of any terms of the Policy document shall be communicated to you in writing.

PART - G

Policy Servicing and Grievance Handling Mechanism

1. Customer service

For any clarification or assistance You may contact Our advisor or call Our customer service representative (between 10.00 a.m. to 7.00 p.m, Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy folder or on Our website: www.iciciprulife.com.

Alternatively, You may communicate with Us at any of our branches or the customer service desk whose details are mentioned in the Welcome Letter.

For updated contact details, We request You to regularly check Our website.

i. Grievance Redressal Officer: If You do not receive any resolution from Us or if You are not satisfied with Our resolution, You may get in touch with Our designated grievance redressal officer (GRO) at gro@iciciprulife.com or 1860 266 7766.

Address: ICICI Prudential Life Insurance Company Limited,
Ground Floor & Upper Basement,
Unit No. 1A & 2A, Raheja Tipco Plaza,
Rani Sati Marg,
Malad (East),
Mumbai-400097.

For more details please refer to the "Grievance Redressal" section on www.iciciprulife.com.

ii. Grievance Redressal Committee: If You do not receive any resolution or if You

are not satisfied with the resolution provided by the GRO, You may escalate the matter to Our internal grievance redressal committee at the address mentioned below:

ICICI Prudential Life Insurance Co. Ltd.
Ground Floor & Upper Basement,
Unit No. 1A & 2A, Raheja Tipco Plaza,
Rani Sati Marg, Malad (East),
Mumbai- 400097. Maharashtra.

iii. Policyholders' Protection and Grievance Redressal Department: If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach Policyholders' Protection and Grievance Redressal Department, the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (BIMA BHAROSA SHIKAYAT NIVARAN KENDRA): 155255 (or) 1800 4254 732

Email ID: complaints@irdai.gov.in

You can also register your complaint online at bimabharosa.irdai.gov.in

Address for communication for complaints by fax/paper:

Policyholders' Protection and Grievance Redressal Department – Grievance Redressal Cell
Insurance Regulatory and Development Authority of India
Survey No. 115/1, Financial District,
Nanakramguda, Gachibowli,
Hyderabad, Telangana State – 500032.

Insurance Ombudsman: The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. As per Insurance Ombudsman Rules, 2017 and Insurance Ombudsman (Amendment) Rules, 2021, the Ombudsman shall receive and consider complaints or alleging deficiency in performance required of an insurer (including its agents and intermediaries) or an insurance broker, on any of the following grounds: a. delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999; b. any partial or total repudiation of claims by the life insurer, General insurer or the health insurer; c. disputes over premium paid or payable in terms of insurance policy; d. misrepresentation of policy terms and conditions at any time in the policy document or policy contract; e. legal construction of insurance policies in so far as the dispute relates to claim; f. policy servicing related grievances against insurers and their agents and intermediaries; g. issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer; h. non-issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance; and i. any other matter arising from non-observance of or non-adherence to the provisions of any regulations made by the Authority with regard to protection of policyholders' interests or otherwise, or of any circular, guideline or instruction issued by the Authority, or of the terms and conditions of the policy contract, in so far as such matter relates to issues referred to in clauses (a) to (h).

Manner in which complaint to be made: 1. Any person who has a grievance against an insurer or insurance broker, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer or the insurance broker, as the case may be complained against or the residential address or place of residence of the complainant is located. 2. The complaint shall be in writing, duly signed or made by way of electronic mail or online through the website of the Council for Insurance Ombudsmen by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. 3. No complaint to the Insurance Ombudsman shall lie unless— a) the complainant has made a representation in writing or through electronic mail or online through website of the insurer or insurance broker concerned or the insurer named in the complaint and— i. either the insurer or insurance broker, as the case may be had rejected the complaint; or ii. the complainant had not received any reply within a period of one month after the insurer or insurance broker, as the case may be received his representation; or iii. the complainant is not satisfied with the reply given to him by the insurer or insurance broker, as the case may be; b) The complaint is made within one year— i. after the order of the insurer rejecting the representation is received; or ii. after receipt of decision of the insurer or insurance broker, as the case may be which is not to the satisfaction of the complainant; iii. after expiry of a period of one month from the date of sending the written representation to the insurer or insurance broker, as the case may be if the insurer or insurance broker, as the case may be named fails to furnish reply to the complainant. 4. The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer or insurance broker, as the case may be against the proposed condonation and after recording reasons for condoning the

6.9 60 – Age at entry option: Age 54-55

Policy Year \ Benefit Term	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
3	-	10	10	10	10	10	25	25	25	25	25	35	35	35	35	35	45	45	45	45	45	50
4	15	50	50	50	50	50	65	65	65	65	65	80	80	80	80	80	90	90	90	90	90	95
5	50	85	85	85	85	85	105	105	105	105	105	120	120	120	120	120	130	130	130	130	130	140
6	40	80	80	80	80	80	100	100	100	100	100	115	115	115	115	115	130	130	130	130	130	140
7	35	70	70	70	70	70	95	95	95	95	95	115	115	115	115	115	125	125	125	125	125	135
8	25	65	65	65	65	65	90	90	90	90	90	110	110	110	110	110	125	125	125	125	125	135
9	10	60	60	60	60	60	90	90	90	90	90	110	110	110	110	110	120	120	120	120	120	135
10	-	50	50	50	50	50	85	85	85	85	85	105	105	105	105	105	120	120	120	120	120	135
11	-		40	40	40	40	75	75	75	75	75	100	100	100	100	100	120	120	120	120	120	130
12	-			30	30	30	70	70	70	70	70	100	100	100	100	100	115	115	115	115	115	130
13	-				25	25	65	65	65	65	65	95	95	95	95	95	110	110	110	110	110	130
14	-					10	60	60	60	60	60	90	90	90	90	90	110	110	110	110	110	125
15	-	-	-	-	-	-	50	50	50	50	50	85	85	85	85	85	105	105	105	105	105	125
16	-	-	-	-	-	-		40	40	40	40	80	80	80	80	80	105	105	105	105	105	120
17	-	-	-	-	-	-			35	35	35	75	75	75	75	75	100	100	100	100	100	120
18	-	-	-	-	-	-				25	25	65	65	65	65	65	95	95	95	95	95	115
19	-	-	-	-	-	-					10	60	60	60	60	60	90	90	90	90	90	110
20	-	-	-	-	-	-	-	-	-	-	-	50	50	50	50	50	85	85	85	85	85	110
21	-	-	-	-	-	-	-	-	-	-	-		45	45	45	45	80	80	80	80	80	105
22	-	-	-	-	-	-	-	-	-	-	-			35	35	35	70	70	70	70	70	100
23	-	-	-	-	-	-	-	-	-	-	-				25	25	65	65	65	65	65	95
24	-	-	-	-	-	-	-	-	-	-	-					10	60	60	60	60	60	90
25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50	50	50	50	50	85
26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		40	40	40	40	80
27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			30	30	30	70
28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				20	20	65
29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					10	55
30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						50
31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
36	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
39	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
41	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
42	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
48	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
49	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
51	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
52	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
54	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
55	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
59	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
61	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
64	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						

7. Whole Life (60 - Age at entry)

Policy Year\ Benefit Term	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
2	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3	60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
4	110	40	40	40	40	40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5	155	80	80	80	80	80	10	10	10	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
6	155	120	120	120	120	120	40	40	40	40	40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
7	155	160	160	160	160	160	75	75	75	75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
8	155	200	200	200	200	200	110	110	110	110	30	30	30	30	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9	155	240	240	240	240	240	140	140	140	140	60	60	60	60	60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
10	150	280	280	280	280	280	175	175	175	175	85	85	85	85	85	15	15	15	15	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
11	150	275	275	275	275	275	205	205	205	205	205	110	110	110	110	35	35	35	35	35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
12	150	275	275	275	275	275	235	235	235	235	135	135	135	135	135	60	60	60	60	60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
13	150	275	275	275	275	275	270	270	270	270	165	165	165	165	165	80	80	80	80	80	15	15	15	15	15	-	-	-	-	-	-	-	-	-	-	-	-	-	
14	150	275	275	275	275	275	305	305	305	305	190	190	190	190	190	100	100	100	100	100	35	35	35	35	35	-	-	-	-	-	-	-	-	-	-	-	-	-	
15	150	275	275	275	275	275	335	335	335	335	215	215	215	215	215	120	120	120	120	120	50	50	50	50	50	-	-	-	-	-	-	-	-	-	-	-	-	-	
16	145	270	270	270	270	270	335	335	335	335	240	240	240	240	240	140	140	140	140	140	70	70	70	70	70	15	15	15	15	15	15	15	15	15	15	15	15	15	
17	145	270	270	270	270	270	335	335	335	335	265	265	265	265	265	160	160	160	160	160	85	85	85	85	85	30	30	30	30	30	30	30	30	30	30	30	30	30	
18	145	270	270	270	270	270	335	335	335	335	295	295	295	295	295	180	180	180	180	180	100	100	100	100	100	45	45	45	45	45	45	45	45	45	45	45	45	45	
19	145	270	270	270	270	270	330	330	330	330	320	320	320	320	320	205	205	205	205	205	115	115	115	115	115	55	55	55	55	55	55	55	55	55	55	55	55	55	
20	140	265	265	265	265	265	330	330	330	330	350	350	350	350	350	225	225	225	225	225	135	135	135	135	135	70	70	70	70	70	70	70	70	70	70	70	70		
21	140	265	265	265	265	265	330	330	330	330	350	350	350	350	350	245	245	245	245	245	150	150	150	150	150	80	80	80	80	80	80	80	80	80	80	80	80		
22	140	265	265	265	265	265	325	325	325	325	345	345	345	345	345	265	265	265	265	265	165	165	165	165	165	95	95	95	95	95	95	95	95	95	95	95	95		
23	135	260	260	260	260	260	325	325	325	325	345	345	345	345	345	290	290	290	290	290	180	180	180	180	180	105	105	105	105	105	105	105	105	105	105	105	105		
24	135	260	260	260	260	260	325	325	325	325	345	345	345	345	345	310	310	310	310	310	195	195	195	195	195	115	115	115	115	115	115	115	115	115	115	115	115		
25	135	255	255	255	255	255	320	320	320	320	345	345	345	345	345	335	335	335	335	335	215	215	215	215	215	130	130	130	130	130	130	130	130	130	130	130	130		
26	130	255	255	255	255	255	320	320	320	320	340	340	340	340	340	335	335	335	335	335	230	230	230	230	230	140	140	140	140	140	140	140	140	140	140	140	140		
27	130	250	250	250	250	250	320	320	320	320	340	340	340	340	340	330	330	330	330	330	245	245	245	245	245	155	155	155	155	155	155	155	155	155	155	155	155		
28	125	250	250	250	250	250	315	315	315	315	340	340	340	340	340	330	330	330	330	330	265	265	265	265	265	165	165	165	165	165	165	165	165	165	165	165	165	165	
29	120	245	245	245	245	245	315	315	315	315	335	335	335	335	335	330	330	330	330	330	285	285	285	285	285	180	180	180	180	180	180	180	180	180	180	180	180	180	
30	120	240	240	240	240	240	310	310	310	310	335	335	335	335	335	330	330	330	330	330	305	305	305	305	305	190	190	190	190	190	190	190	190	190	190	190	190	190	
31	115	235	235	235	235	235	310	310	310	310	335	335	335	335	335	325	325	325	325	325	300	300	300	300	300	205	205	205	205	205	205	205	205	205	205	205	205	205	
32	110	230	230	230	230	230	305	305	305	305	330	330	330	330	330	325	325	325	325	325	300	300	300	300	300	220	220	220	220	220	220	220	220	220	220	220	220	220	
33	105	225	225	225	225	225	300	300	300	300	330	330	330	330	330	325	325	325	325	325	300	300	300	300	300	235	235	235	235	235	235	235	235	235	235	235	235	235	
34	100	220	220	220	220	220	295	295	295	295	325	325	325	325	325	320	320	320	320	320	300	300	300	300	300	250	250	250	250	250	250	250	250	250	250	250	250	250	
35	90	215	215	215	215	215	290	290	290	290	325	325	325	325	325	320	320	320	320	320	295	295	295	295	295	265	265	265	265	265	265	265	265	265	265	265	265	265	
36	85	205	205	205	205	205	285	285	285	285	320	320	320	320	320	320	320	320	320	320	295	295	295	295	295	265	265	265	265	265	265	265	265	265	265	265	265	265	
37	75	195	195	195	195	195	280	280	280	280	315	315	315	315	315	315	315	315	315	315	295	295	295	295	295	260	260	260	260	260	260	260	260	260	260	260	260	260	
38	70	190	190	190	190	190	275	275	275	275	310	310	310	310	310	315	315	315	315	315	295	295	295	295	295	260	260	260	260	260	260	260	260	260	260	260	260	260	
39	60	175	175	175	175	175	265	265	265	265	310	310	310	310	310	310	310	310	310	310	290	290	290	290	290	260	260	260	260	260	260	260	260	260	260	260	260	260	260
40	50	165	165	165	165	165	260	260	260	260	305	305	305	305	305	305	305	305	305	305	290	290	290	290	290	260	260	260	260	260	260	260	260	260	260	260	260	260	260
41	40	155	155	155	155	155	250	250	250	250	295	295	295	295	295	295	295	295	295	295	305	305	305	305	305	260	260	260	260	260	260	260	260	260	260	260	260	260	260
42	25	140	140	140	140	140	240	240	240	240	290	290	290	290	290	300	300	300	300	300	285	285	285	285	285	255	255	255	255	255	255	255	255	255	255	255	255	255	
43	15	125	125	125	125	125	225																																

Annexure II – 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 from time to time. 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. **11.** In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate. **12.** In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s). **13.** Where the policyholder whose life is insured nominates his a. parents or b. spouse or c. children or d. spouse and children e. or any of them the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title. **14.** If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s). **15.** If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy. **16.** The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply. Disclaimer: This is a simplified version of Section 39 of the Insurance Act, 1938 as amended from time to time. The policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details.

Annexure III – Section 38 – Assignment and Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows: **1.** This policy may be transferred/assigned, wholly or in part, with or without consideration. **2.** An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer. **3.** 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. **4.** The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness. **5.** The transfer of assignment shall not 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 certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer. **6.** Fee to be paid for assignment or transfer can be specified by the Authority through Regulations. **7.** On receipt of notice with fee, the insurer should Grant a written acknowledgment of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice. **8.** If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced. **9.** The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is a. not bonafide or b. not in the interest of the policyholder or c. not in public interest or d. is for the purpose of trading of the insurance policy. **10.** 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. **11.** 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. **12.** 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. **13.** 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 i. 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. **14.** 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 d. the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings Disclaimer: This is a simplified version of Section 38 of the Insurance Act, 1938 as amended from time to time. The policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details

Annexure IV – Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938 as amended from time to time 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) 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 or belief of the fact; c) Any other act fitted to deceive; and d) Any such act or omission as the law specifically declares to be fraudulent. **4.** 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. **5.** No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / 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 of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries. **6.** Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived 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. **7.** 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. **8.** 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. **9.** 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.