

<<Date (dd month year) >>  
<<Policyholder's Name>>  
<<Policyholder's Address>>  
<<Policyholder's contact number>>

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 documents:**

As an evidence of the insurance contract between HDFC Standard 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](http://www.hdfclife.com).

Thanking you once again for choosing HDFC Standard 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 Standard Life Insurance Company Limited, 11<sup>th</sup> Floor Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai-400011.

Registered Office: HDFC Standard Life Insurance Company Limited, Lodha Excelus, 13<sup>th</sup> Floor, Apollo Mills Compound, Mahalaxmi, Mumbai- 400 011.

**Policy Document - HDFC SL YoungStar Super Premium**

**Unique Identification Number: 101L068V02**

This Policy is the evidence of a contract between HDFC Standard Life Insurance Company Limited ('We', or 'the Company') and the Policyholder ('You', or 'Policyholder') as described in the Policy Schedule. This Policy is based on the Proposal made by the within named Policyholder and submitted to the Company along with the required documents, declarations, statements, << any response given to the Short Medical Questionnaire (SMQ) by the Life Assured >>, <<applicable medical information and documents>> and other information received by the Company from the Policyholder, Life Assured or on behalf of the Policyholder. This Policy is effective subject to receipt and realisation, by the Company, of the consideration payable as First Premium under the Policy. This Policy is written under and will be governed by the applicable laws in force in India and all Premiums and benefits are expressed and payable in Indian Rupees.

**POLICY SCHEDULE**

**Policy number: << >>**

**Client ID: << >>**

**Policyholder Details**

<b>Name</b>	<< >>
<b>Address</b>	<< >>

**Life Assured Details**

<b>Name</b>	<< >>
<b>Date of Birth</b>	<< dd/mm/yyyy >>
<b>Age on the Date of Risk Commencement</b>	<< >> years
<b>Age Admitted</b>	<<Yes/No>>

**Policy Details**

<b>Date of Risk Commencement</b>	<< Risk Commencement Date >>	
<b>Date of Issue</b>	<< Issue Date>>	
<b>Product Options chosen</b>	<< >>	
<b>Premium Due Date(s)</b>	<<dd /month>>	
<b>Sum Assured</b>	Rs. << >>	
<b>Annual Premium</b>	Rs. << >>	
<b>Instalment Premium</b>	Rs. << >>	
<b>Additional Benefits</b>	<< Benefit Name, Expiry Date, Sum Assured >>	
<b>Benefit payment preference for Future Premium Benefit</b>	<b>Percentage of the Future Premium Payable</b>	<b>Benefit Payment Preference chosen at inception</b>
<b>Save Benefit</b>	100% of the future Premiums is paid towards the Policy by us, as and when due.	< <Yes / No >>
<b>Save-n-Gain Benefit</b>	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.	< <Yes / No >>
<b>Policy Term</b>	<< >> years	
<b>Premium Paying Term</b>	<< >> years	
<b>Frequency</b>	Annual	
<b>Premium per Frequency</b>	Rs. << >>	
<b>Grace Period</b>	30 days	
<b>Fund</b>	<< Fund Name 1 - % Allocation>> << Fund Name 2 - % Allocation >> << Fund Name 3 - % Allocation >>	
<b>Expiry Date of Lock-in Period</b>	<< 5 years from RCD >>	
<b>Final Premium Due Date</b>	<< dd/mm/yyyy >>	
<b>Maturity Date</b>	<< dd/mm/yyyy >>	
<b>Policy issued on the basis of Short Medical Questionnaire (SMQ)</b>	<< Yes/No >>	

**Minimum Values Required#**

<b>Partial Withdrawal Amount</b>	Rs. 10,000
<b>Single Premium Top-Up Amount</b>	N.A.

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

**BENEFICIARY / NOMINEE SCHEDULE**

<b>Beneficiary's / Nominee's Name</b>	<<Beneficiary / Nominee-1 >>	<<Beneficiary / Nominee-2 >>
<b>Date of Birth of Beneficiary / Nominee</b>	<< dd/mm/yyyy >>	<< dd/mm/yyyy >>
<b>Percentage</b>	<< >> %	<< >> %
<b>Beneficiary's / Nominee's Address</b>	<< >>	<< >>
<b>Appointee's Name</b> (Applicable where the Beneficiary/Nominee is a minor)	<< >>	
<b>Date of Birth of Appointee</b>	<< dd/mm/yyyy >>	
<b>Appointee's Address</b>	<< >>	

SCHEDULE OF CHARGES		
Policy Year	Premium Allocation Rate	Premium Allocation Charge
1 to 7	96 %	4 %
8 and onwards	99 %	1 %

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

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

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

**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 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**

Policy Year	Annual Premium up to and including Rs.25,000/-	Annual Premium above Rs.25,000/-	
1	20% of AP or 20% of FV or Rs. 3,000/-, whichever is lowest.	6% of AP or 6% of FV or Rs. 6,000/-, whichever is lowest.	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 IRDA. AP – Annualised Premium FV – Fund Value on the date of discontinuance
2	15% of AP or 15% of FV or Rs. 2,000/-, whichever is lowest.	4% of AP or 4% of FV or Rs. 5,000/-, whichever is lowest.	
3	10% of AP or 10% of FV or Rs. 1,500/-, whichever is lowest.	3% of AP or 3% of FV or Rs. 4,000/-, whichever is lowest.	
4	5% of AP or 5% of FV or Rs. 1,000/-, whichever is lowest.	2% of AP or 2% of FV or Rs. 2,000/-, whichever is lowest.	
5 and onwards	NIL	NIL	

<b>Statutory Charges</b>	Service Tax, Education Cess and any other statutory tax, duty or levy on or in respect of this Policy	The tax will be taken at the same time and the same method as the charge on which the tax is being levied or as required by legislation. This Tax will be determined by the Government of India in accordance with legislation applicable at the time of providing service.
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<b>Premium Redirection Charges</b>	A premium redirection request initiated by the Policyholder will attract a charge of Rs 250 per request. However, if the request is executed through the Company's web portal the Policyholder will be charged Rs 25 per request.
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<b>Switching Charge</b>	A fund switch request from the Policyholder will attract a charge of Rs 250 per request. However, if the request is executed through the Company's web portal the Policyholder will be charged Rs 25 per request.
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<b>Partial withdrawal Charge</b>	A partial withdrawal request from the Policyholder will attract a charge of Rs 250 per request. However, if the request is executed through the Company's web portal the Policyholder will be charged Rs 25 per request.
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<b>Miscellaneous Charges</b>	Any Policy alteration request initiated by the Policyholder will attract a charge of Rs. 250 per request. Any administrative servicing that we may introduce at a later date would be chargeable subject to IRDA's approval.
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<b>Investment Guarantee Charge</b>	Not Applicable
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Signed << at Mumbai >> <<on>> <<01 September 2005>>  
For HDFC Standard Life Insurance Company Limited

Authorised Signatory

In case you notice any mistake, you may return the Policy document to us for necessary correction.
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## STANDARD POLICY PROVISIONS

Unique Identification Number: 101L068V02

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

### 1. General

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

### 2. Definitions

- (1) *Charges* - means or refers Premium Allocation Charge, Policy Administration Charge, Fund Management Charge, Mortality Charge, Service Tax & Education Cess Charge, Premium Redirection Charge, Switching Charge, Partial Withdrawal Charge, Investment Guarantee Charge, Miscellaneous charges and Discontinuance Charge.
- (2) *Company, company, Insurer, Us, us, We, we, Our, our* – means or refers to HDFC Standard Life Insurance Company Limited.
- (3) *Cut-off time* – is the time by which we must have accepted your instructions to invest in, or encash Units from a Fund, for us to invest in or encash Units at the associated valuation time. As per Regulations, the current Cut-off time is 3.00pm.
- (4) *Fund* - means each of the Funds earmarked by the Company for Unit Linked business and available to this product.
- (5) *Life Assured* - The Life Assured is the person on whose life the contingent events has to occur for the Benefits to be payable. The Life Assured may be different from the Policyholder.
- (6) *Policyholder, You, you, your* - means or refers to the Policyholder stated in the Policy Schedule.
- (7) *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.
- (8) *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.
- (9) *Unit Fund Value* - means the value obtained by multiplying the number of Units allocated to your Policy by the corresponding price of the Units.
- (10) *Unit Price* – means the Net Asset Value (NAV) per Unit of the Investment Linked Fund.

### 3. Benefits

- (1) *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.
- (2) The Policyholder has the following options in respect of Maturity Benefit:
  - to receive the entire Unit Fund Value as a lump sum amount; or
  - to receive the Unit Fund Value by way of Settlement Option as specified in Clause 10 (4) (Settlement Option).
- (3) Upon payment of Maturity Benefit, the Policy terminates and no further benefits are payable.
- (4) *Death Benefit* - If the Life Assured dies during the Policy Term (subject to Policy being in force), the Sum Assured and Future Premium Benefit (as specified in Clause 3 (5)) shall be payable. For a paid-up Policy, the Death Benefit payable shall be Paid-Up Sum Assured and Future Premium Benefit (as specified in Clause 3(6)). The Paid-Up Sum Assured is defined in Clause 6(8)(c).
- (5) *Future Premium Benefit*: In addition to the Death Benefit, an additional benefit called the Future Premium Benefit also becomes payable. This Future Premium Benefit is an amount equal to the future Premiums that

would have been due between the date of death and the Maturity Date of the Policy. The benefit is paid in periodical instalments at a level equal to the regular Premium. Depending on the Benefit Payment Preference chosen by you, a percentage of the Premium will be paid by us to the Beneficiary and/or a percentage of the Premium will be paid by us towards the Policy, as and when the Premiums would have been due, on an annual basis. The percentage applicable is specified in the Policy Schedule.

- (6) The Death Benefit payable shall be at least equal to 105% of the total Premiums paid till the date of death.
  - (7) The Death Benefit is subject to the exclusions set out in Clause 17(Exclusions).
  - (8) Upon the payment of Death Benefit, any other risk benefits will lapse without value. The Policy continues automatically and the Unit Fund continues to remain invested until the Maturity Date without any further cover. On Maturity, the Unit Fund Value will be payable. Clause 6 (Policy Discontinuance and Revival) will not apply.
  - (9) *Extra Health Benefit* - This section only applies if the Policyholder has selected the Extra Health Benefit and we have accepted it.
    - a. If the Life Assured becomes critically ill by suffering one of the illnesses defined under Clause 16 (Extra Health Benefit), where the Critical Illness has occurred after 6 months of the Date of Risk Commencement or the Date of Issue or Date of Revival, whichever is later; and has occurred before the expiry of this benefit, the Sum Assured (or Paid-Up Sum Assured, where applicable) shall be payable subject to Clause 16 (Exclusions) ;
    - b. In addition to the above benefit, the Future Premium Benefit as specified in Clause 3(5) shall also be payable.
    - c. The level of Extra Health Benefit including the Future Premium Benefit will be at least 105% of the Premiums paid.
    - d. Upon payment of this Benefit the risk cover terminates, the Death Benefit will lapse without value. The Policy continues automatically and the Unit Fund continues to remain invested until the Maturity Date without any further cover. On Maturity, the Unit Fund Value is payable. Clause 6 (Policy Discontinuance and Revival) will not apply.
  - (10) *Person entitled to Benefits*: The Beneficiary shall be solely entitled to receive the benefits and payments under the Policy except any refund payable on cancellation in the free-look period. In the event of the Beneficiary predeceasing you during the term of the Policy, the benefits of the Policy and the right to receive the proceeds thereunder shall revert to you as if the Beneficiary was not appointed and you have the option to:
    - Change the Beneficiary to another person, or
    - Require that the benefits revert to yourself, or
    - Surrender the Policy and receive the surrender value as specified in Clause 7.Under all circumstances, you are required to notify us immediately of the same.
  - (11) The Beneficiary will not have the right to request for any Policy Servicing, especially any fund related Policy Servicing, and in particular any Partial Withdrawal, Fund Switch or Premium Redirection. The Beneficiary will also not have the right to exercise any Settlement Option, Surrender, etc. The Beneficiary will only be entitled to receive the Maturity Benefit at the end of the Policy Term.
  - (12) If the Beneficiary is a minor, then the benefit amount including any payout payable to the Beneficiary under the Future Premium Benefit will be paid to the Appointee till such a time that the Beneficiary attains the age of 18 years and we are intimated of the same along with all the necessary documents.
- ### 4. Pre-requisites for payment of Benefits:
- (1) *Maturity Benefit*: The Maturity Benefit will be paid if and only if
    - The Policy has matured and the Life Assured is alive on the Maturity Date,
    - No claim has been made on the Policy,
    - The Policy has not been discontinued or surrendered or cancelled or terminated; and

- All relevant documents including the original Policy document in support of your claim have been provided to the Company.

(2) **Death Benefit:** The Death Benefit will be paid if and only if

- The death of the Life Assured has occurred before the Maturity Date,
- The Standard Policy Provisions specified in Clause 17 (Exclusions) and Clause 18 (Incorrect Information and Non Disclosure) are not attracted,
- The Policy has not been discontinued or surrendered or cancelled or terminated; and
- All relevant documents in support of the claim have been provided to the Company. These would normally include the following:
  - fully completed claim form; and
  - original Policy document; and
  - original death registration certificate or certified extract from the death register; and
  - original certificate or certified copies of doctor certifying death; and
  - original certificate or certified copies of cremation or burial; and
  - originals or certified copies of any medical reports that we consider relevant to the death;
- Depending on the circumstances of the death, further documents may be called for as we deem fit.
- The claim is required to be intimated to us within a period of three years from the date of death. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant.

(3) **Extra Health Benefit:** The Extra Health Benefit will be paid if and only if

- The Critical Illness (as defined in Clause 16) has not occurred within 6 months of the date of commencement or the date of issue or date of revival, whichever is later; and has occurred before the expiry of this benefit,
- The Standard Policy Provisions specified in Clause 17 (Exclusions) and Clause 18 (Incorrect Information and Non Disclosure) are not attracted,
- The Policy has not been discontinued or surrendered or cancelled or terminated; and
- You have produced to us a duly completed claim form within 3 years of the illness, disability, operation or other circumstance giving rise to the claim
- All relevant documents in support of the claim have been provided to the Company. These would normally include the following:
  - fully completed claim form; and
  - original Policy document; and
  - originals or certified true copies of any medical reports by the family physician on the Critical Illness and its treatment; and
  - any medical report the doctor may have on the Life Assured that we consider relevant to the Critical Illness; and
  - originals or certified copies of any medical reports from hospitals, specialists and other doctors that we consider relevant to the Critical Illness
- Depending on the circumstances of the illness, disability, operation or other circumstance giving rise to the claim, further documents may have to be provided as we might reasonably require.
- We may condone the delay in claim intimation if the delay is proved to be for reasons beyond the control of the claimant.

## 5. Premiums

- (1) The first Premium must be paid along with the submission of your completed application / Proposal. Subsequent Regular Premiums are due in full on the date and at the frequency set out in your Policy Schedule.
- (2) Premiums under the Policy can be paid only on an annual basis as set out in the Policy Schedule.
- (3) 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.
- (4) 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.

- (5) 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 is conditional upon the realization of the proceeds of the instrument of payment, including electronic mode.

- (8) If you have chosen more than one Fund, we will split the allocation in accordance with your instructions before we allocate Units in each Fund.

- (9) 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.

- (10) 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	<ul style="list-style-type: none"> <li>• 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.</li> <li>• At the time of revival:               <ol style="list-style-type: none"> <li>a. We shall collect all due and unpaid Premiums without charging any interest or fee.</li> <li>b. We shall levy Policy Administration Charge and Premium Allocation Charge as applicable during the discontinuance period.</li> <li>c. We shall add back to the fund, the discontinuance charges deducted at the time of discontinuance of Policy</li> <li>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.</li> </ol> </li> </ul>
Withdrawal	<ul style="list-style-type: none"> <li>• The risk cover will cease immediately and your Policy will be discontinued.</li> <li>• 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'.</li> <li>• The proceeds from the 'Discontinued Policy Fund' for your Policy will be refunded only on the completion of the lock-in period.</li> </ul>

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" option as specified above.

- (3) The Funds in 'Discontinued Policy Fund' will earn a minimum guaranteed interest rate as specified by the IRDA. The current applicable minimum guaranteed rate of interest specified by the IRDA is 4% p.a. A Fund Management Charge of 0.50% p.a., charged daily, will be levied on the 'Discontinued Policy Fund'. This may be subject to change as notified by IRDA 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:
- If You choose to revive the Policy, the treatment for revival is as specified in Clause 6(2). The Fund Value shall continue to remain in the 'Discontinued Policy Fund' until the Policy is revived or until the end of the revival period, whichever is earlier. If the Policy is not revived within two years of the revival period, the proceeds of the Discontinued Policy Fund shall be paid out at the end of the revival period.
  - If You choose to completely withdraw from the Policy without any risk cover, the treatment shall be as specified in Clause 6(2).
  - 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.
- (6) 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

- (7) If the Premiums due on your Policy are not paid before the expiry of the Grace Period, a notice will be issued to you within 15 days from the expiry of the Grace Period containing the following options:
- to revive the Policy within a period of 2 years from the date of discontinuance of Premiums, or
  - to completely withdraw from the Policy without any risk cover, or
  - to convert the Policy into a paid-up Policy.

The option chosen by You should be communicated to us within 30 days of receipt of such notice. During this notice period as well as the revival 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.

- (8) The treatment under the above mentioned options mentioned in Clause 6(7) above is specified below:
- 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.
  - 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.
  - 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. Surrender

- (1) Policy may be surrendered at any time. The amount payable on surrender will be the Unit Fund Value on surrender less the Discontinuance Charge as specified in the Schedule of Charges.
- (2) If the Policy is surrendered before the completion of five Policy years, the amount will be moved to the Discontinued Policy Fund. The amount

allocated to the Discontinued Policy Fund, with accrued interest, will be paid out on completion of the Lock-in Period.

- (3) If the Policy is surrendered on or after the completion of the five Policy years, the surrender value will be paid out.
- (4) If You die before the surrender payment has been made We will make the surrender payment immediately on receipt of all relevant documents in support of the claim.
- (5) Once any surrender payment has been made, the Policy terminates and no further Benefits are payable.

#### 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.

FUND	OBJECTIVES	ASSET CLASS			Risk & return Rating
		Money Market Instruments and Liquid Mutual Fund*, Cash & Deposits	Govt. Securities & Fixed Income Securities	Equity	
FUND COMPOSITION					
<b>Income Fund</b> SFIN: ULIF03401/01 /10IncomeFun d101	• Higher potential returns due to higher duration and credit exposure.	0 to 20%	80 to 100%	--	Moderate
<b>Balanced Fund</b> SFIN: ULIF03901/09 /10BalancedFd 101	• Dynamic Equity exposure to enhance the returns while the Debt allocation reduces the volatility of returns	0 to 20%	0 to 60%	40 to 80%	Moderate to High
<b>Blue Chip Fund</b> SFIN: ULIF03501/01 /10BlueChipFd 101	• Exposure to large-cap Equities & Equity related securities.	0 to 20%	--	80 to 100%	Very High
<b>Opportunities Fund</b> SFIN: ULIF03601/01 /10OpprtntyFd 101	• Exposure to mid-cap Equities & Equity related securities.	0 to 20%	--	80 to 100%	Very High

\* The investment in Liquid Mutual Funds will always be within the Mutual Fund limits as prescribed by IRDA regulations and guidelines – IRDA (Investment)(Fourth Amendment) Regulations, 2008, Annexure II. The current limit of approved investments in Liquid Mutual Funds is 5% of the fund.

The asset allocation for the Discontinued Policy Fund (SFIN:ULIF05110/03/11DiscontdPF101) shall be as per the prevailing regulatory requirements. Currently, the asset allocation is as follows:

- Money Market Instruments – 0% to 40%
  - Government securities: 60% to 100%.
- (2) Unit Prices will be published on our Company's website, on the Life Insurance Council's Website and in leading national dailies.
- (3) The Unit Price of a unit linked fund shall be computed as:

- Market Value of investment held by the Fund plus the value of any current assets less the value of any current liabilities & provisions, if any
  - Divided by the number of Units existing at the valuation date (before any Units are redeemed or created)
- The resulting price will be rounded to the nearest Re. 0.0001.

- (4) Your instruction for allocation of Premium net of all the relevant allocation Charges is utilized to purchase Units of investment linked Funds for the Policy. In any investment linked Fund, all Units are of equal value. You will not hold the Units directly and the assets of each Fund will belong to us.
- (5) The assets that the Funds invest in will be selected by us at our sole discretion at all times.
- (6) We may close, withdraw, modify, split or combine Funds or introduce new Funds with prior approval from the Insurance Regulatory and Development Authority, if required. 'Withdraw' means no further payments will be accepted into the Fund, while any existing Units held in the Fund will continue to be allocated. 'Close' means We will encash all the Units, which exist for a Fund and terminate the Fund.
- (7) Where We close or withdraw a Fund, We will notify You, three months in advance that, We will switch any existing units in that Fund ('original fund') and / or apply any future Premiums which would have been applied to that original Fund to another Fund that has, in our opinion, the closest investment objectives to the original Fund. During the three month notice period, You can switch to any other available Fund.
- (8) We will not allocate Units in any investment-linked Fund unless assets equivalent to those Units are added at the same time to the Fund. We will also not withdraw assets from any such Fund (except to meet the deductions described below in this Clause) unless units equivalent to those assets are cancelled at the same time. Units will only be cancelled in any such Fund under the terms as specified in the Schedule of Charges, and assets equivalent to the cancelled units will be withdrawn from the same Fund at the same time.
- (9) We will add the income from the assets of an investment linked Fund to that Fund.
- (10) We can deduct from the assets of an investment linked Fund the amounts that are required to cover:
- o expenses, taxes and statutory duties in respect of or due to the buying and selling of assets;
  - o part or all of any tax, statutory levy or other statutory/regulatory charge on us allocated to the Fund; and
  - o the Fund Management Charges described in the Schedule of Charges.
- (11) Risks of Investment in the Funds:
- o The Premiums paid in the Linked Insurance Policies are subject to investment risks associated with capital markets and the Unit Prices may go up or down based on the performance of the Fund and factors influencing the capital market and You are responsible for the decisions made.
  - o HDFC Standard Life Insurance Company Limited is only the name of the Insurance Company and HDFC SL YoungStar Super Premium is only the name of the linked insurance product and does not, in any way, indicate the quality of the product or its future prospects or the returns.
  - o The various Funds offered under this Policy and the names of the Funds and do not in any way indicate the quality of the Funds, their future prospects or the returns.
  - o There is no assurance that the objectives of any of the Funds will be achieved.
  - o The past performance of any of the Funds does not indicate the future performance of these Funds.

## 9. Applicability of Unit Prices

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

Type of Transaction	Applicable Unit Prices (Where transaction is received before Cut-off time)
---------------------	-------------------------------------------------------------------------------

Type of Transaction	Applicable Unit Prices (Where transaction is received before Cut-off time)
First Premium deposit received by way of local cheque or pay order or demand drafts payable at par	Unit Price of the date of commencement of the Policy
First Premium deposit received by way of outstation cheque	Unit Price of the date of commencement of the Policy or date of realisation of the amount by the Company, whichever is later.
Renewal Premiums received by way of Direct Debit, ECS, credit card, etc	Unit Price of the Due Date of Premium payment or actual receipt of Premium whichever is later.
Renewal Premiums received by way of local cheque	Unit Price at the date of receipt of instruction or the Due Date, whichever is later.
Renewal Premiums received by way of outstation cheque	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.
<ul style="list-style-type: none"> <li>• Partial Withdrawal (if applicable)</li> <li>• Fund Switch (if applicable)</li> </ul>	Unit Price of the date of receipt of the request.
<ul style="list-style-type: none"> <li>• Free Look Cancellation</li> <li>• Death Claim</li> </ul>	Unit Price of the date of receipt of the request or intimation of claim. (Intimation for the purpose of claim must be in writing or any other manner as decided by the Company from time to time).
Surrender	Unit Price of date of receipt of the request.
Single Premium Top-Up (if applicable)	Unit Price of date of realisation of monies.
Transfer to the Discontinued Policy Fund	Unit Price of the date of Policy discontinuance.
Charges	Unit Prices of the effective date the Charges are deducted.

- (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.
- (6) We shall follow norms stated above for any transactions which are not specifically mentioned herein but involve allocation and redemption of Units.

## 10. Miscellaneous

- (1) **Fund Switches:**
- You can ask us to switch the Funds in which your Units are held. To do this, we will first cancel all of your existing Units. We will then use the proceeds from the cancelled Units, after deducting the applicable charge, to buy Units in your chosen Fund or Funds.
  - You may choose any investment linked Fund which is available to this product 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:**

- a) You have the option of making Partial Withdrawals at any time after the first 5 years, subject to the following conditions:
  - o The Partial Withdrawal amount is not less than the minimum amount specified in the Policy Schedule.
  - o The Unit Fund Value after the Partial Withdrawal, the Partial Withdrawal Charge and any applicable Service Tax & Education Cess is not less than the 150% of the annual Premium.
  - o The maximum Partial Withdrawal that can be done throughout the Policy term is 300% of the annual Premium.
- b) When we determine the eligibility of a Partial Withdrawal or determine the maximum Partial Withdrawal Amount, we will use the latest known Unit Price. As this price is not known at the time of the estimate of Partial Withdrawal eligibility or the Partial Withdrawal request, a small margin over and above the minimum Fund Value is kept to ensure that the Unit Fund Value requirement after the Partial Withdrawal is not violated. Currently this margin is 5% of your Fund Value on the date of the Partial Withdrawal request or calculation. We may change this margin at any time without prior notification or approval from you.
- c) Following a Partial Withdrawal, the Policy continues to be in-force and all benefits under Clause 3 and conditions remain unaltered.
- d) We will deduct any tax and/or levies from payments if we are required to do so by the relevant authorities.
- e) We may levy a Charge as specified in the Schedule of Charges, for any Partial Withdrawal request.
- f) We may delay making a payment from the Funds in line with Clause 15 (Force Majeure).

(3) **Single Premium Top-Up:**

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

(4) **Settlement Option:**

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

- a) 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.
- b) The risk 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.
- c) We shall levy only Fund Management Charge during the settlement period and no other charges will be levied.
- d) 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.
- e) 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 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**

- (1) Under this Policy, the Policyholder can nominate a person as its Nominee to receive the death benefits under this Policy in accordance with Section 39 of the Insurance Act, 1938.
- (2) Any change in nomination can be made by the Policyholder at any time during the Policy Term by sending a written notice to the Company and by registering the same with the Company.
- (3) Where the Nominee is a minor, the Policyholder is required to appoint an appointee to receive the benefits under this Policy during the minority of the Nominee.
- (4) The Company does not accept any responsibility and/or express any opinion on the validity or legality of the nomination made by the Policyholder.
- (5) If the Nominee is not alive on the date of death of the Life Insured, then, the Policyholder's heirs/ estate shall be deemed to be the Nominee for receiving the death benefits under this Policy.

**14. Assignment**

- (1) The Policyholder can assign this Policy by an endorsement upon the Policy itself or by a separate instrument in accordance with Section 38 of the Insurance Act. For assigning this Policy, the Policyholder should submit a written request to the Company and upon receipt of such written request, the Company shall record the assignment.
- (2) Any assignment shall automatically cancel any nomination.
- (3) Assignment will not be permitted if the Policy is issued under the Married Women's Property Act, 1874.
- (4) The Company does not accept any responsibility and/or express any opinion on the validity or legality of any assignment made by the Policyholder.
- (5) Upon the receipt of the notice of assignment in writing, the Company shall record the information in relation to such assignment and shall, on the request of the person by whom the notice was given, or of the assignee, grant a written acknowledgment of the receipt of such notice.

**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.
  - When, as a result of political, economic, monetary or any circumstances out 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.
- If so directed by the IRDA.

## 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:-
    - Tumours showing the malignant changes of carcinoma in situ & tumours 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 T2N0M0.
    - Papillary micro - carcinoma of the thyroid less than 1 cm in diameter.
    - Chronic lymphocytic leukaemia less than RAI stage 3.
    - Microcarcinoma of the bladder.
    - All tumours in the presence of HIV infection.
  - b) **Coronary Artery By Pass Graft Surgery (CABGS)** - The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/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 intra-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 characteristic electrocardiogram 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 (hemodialysis 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 sequelae. 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 request 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 examination(s) or test(s) shall be taken at the centre as specified by us. We will not pay for any fees or expenses in connection with the production of medical evidence except for the fees and expenses for any medical examination(s) or test(s) which we have asked a medical practitioner to provide.

## 17. 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 intimation of death. Any Charges recovered subsequent to the date of death shall be paid back to the nominee along with the death benefit.
- (2) We shall not be liable to pay the Extra Health Benefit if the Critical Illness is caused directly or indirectly by any of the following:
  - 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 act with a criminal nature.
  - 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

- (1) Your Policy is based on the application and declaration which you have made to us and other information provided by you/on your behalf. In case of fraud or misrepresentation including non-disclosure of any material facts, the Policy shall be cancelled immediately and the Surrender Value shall be payable, subject to the fraud or misrepresentation being established in accordance with Section 45 of the Insurance Act, 1938.

- (2) For your benefit, Section 45 of the Insurance Act, 1938 is reproduced below:

No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that statement made in the proposal or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

**Provided** that nothing in this section shall prevent the insurer from calling 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 that the age of the life insured was incorrectly stated in the proposal.

## 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 IRDA (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
  - The Insurance Act 1938, as amended by the Insurance Regulatory and Development Authority Act, 1999.
  - Amendments, modifications (including re-enactment) as may be made from time to time, and
  - Other such relevant Regulations, Rules, Laws, Guidelines, Circulars, Enactments etc as may be introduced thereunder from time to time.
- (2) 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 Insurance Regulatory and Development Authority (IRDA) 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 life stages of the Policy including at the time of payment of Benefits as may be necessary to meet the requirements under Anti-money Laundering/Know Your Customer norms and as may be laid down by IRDA 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 ID to:

HDFC Standard Life Insurance Company Limited, 11th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400011.

Registered Office: Lodha Excelus, 13th Floor, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400011.

Helpline number: 18602679999 (Local charges apply)

E-mail: service@hdfclife.com

Or such other address as may be informed by Us.

Similarly, any notice, direction or instruction to be given by Us, under the Policy, shall be in writing and delivered by hand, post, courier, facsimile or registered electronic mail ID to the updated address in the records of the Company.

You are requested to communicate any change in address, to the Company supported by the required address proofs to enable the Company to carry out the change of address in its systems. The onus of intimation of change of address lies with the Policyholder. An updated contact detail of the Policyholder will ensure that correspondences from the Company are correctly addressed to the Policyholder at the latest updated address.

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

**Mortality and Other Risk Benefit Charges**

Mortality and Other Risk Benefit Charges are calculated every month based on the Benefits Insured and the age of the Life Assured, on the date the charge is due. These charges are calculated as specified in Schedule of Charges

**Current Annual Mortality and Other Risk Benefit Charge Rates**

All rates are per Rs. 1,000 of Benefits Insured

1. Mortality Charge Rates for Death Benefit
2. Risk Benefit Charge Rates for Extra Health Benefit

Age	1	2	Age	1	2
18	1.5847	1.0470	47	3.9556	4.6800
19	1.5974	1.0470	48	4.3106	5.1000
20	1.6227	1.0470	49	4.7290	5.5410
21	1.6481	1.0575	50	5.1855	6.0660
22	1.6734	1.0785	51	5.6799	6.6330
23	1.7114	1.0995	52	6.2505	7.2525
24	1.7369	1.1205	53	6.8844	7.9245
25	1.7748	1.1415	54	7.5691	8.6700
26	1.8129	1.1625	55	8.3425	9.5205
27	1.8509	1.1835	56	9.1920	10.4340
28	1.8762	1.2045	57	10.0287	11.3895
29	1.8890	1.2465	58	10.9416	12.3660
30	1.9017	1.2885	59	12.0447	13.3740
31	1.9270	1.3305	60	13.3506	14.4135
32	1.9524	1.4040	61	14.8847	15.4530
33	1.9904	1.4775	62	16.6597	16.4925
34	2.0411	1.5720	63	18.6757	17.5320
35	2.0919	1.6980	64	20.9324	18.5610
36	2.1552	1.8450	65	22.6694	19.6536
37	2.2312	2.0025	66	24.6220	
38	2.3200	2.1810	67	27.5634	
39	2.4215	2.3910	68	30.8345	
40	2.5483	2.6010	69	34.4353	
41	2.6877	2.8425	70	38.4165	
42	2.8019	3.0840	71	42.7906	
43	2.9540	3.3465	72	47.6212	
44	3.1441	3.6300	73	52.9083	
45	3.3850	3.9450	74	58.7278	
46	3.6513	4.3020	75	65.1052	

**Maximum Mortality and Other Risk Benefit Charge Rates**

All Risk Benefit Charges Rates stated above are guaranteed for the term of your Policy.

The applicable rate for the current age of the Life Assured will be used at the time of each charge deduction for each of the risk benefit charges.