

Policy No:  
FC/BDM/Name:  
FC/BDM/Code:

Name of Life Assured:  
Date of Birth:  
Branch Code/Name:  
Branch Ack. With Seal



## HDFC Standard Life Insurance Company Limited

Corporate Office: 11<sup>th</sup> Floor Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai-400011.

Regd. Office: Lodha Excelus, 13<sup>th</sup> Floor, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai-400011.

**(UIN101N069V02)**

HDFC Standard Life Insurance Company Ltd. hereby acknowledges the receipt of a premium of Rs. 200.

Name of the Life Assured (Policy holder): \_\_\_\_\_

Age at Entry \_\_\_\_\_ Age Admitted Yes/No

Date of Commencement \_\_/\_\_/\_\_\_\_ (dd/mm/yyyy) Date of Maturity \_\_/\_\_/\_\_\_\_ (dd/mm/yyyy)

Premium: The premium of Rs. 200, due on the date of commencement, has been received. There are no further premium/s due. This policy does not participate in profits.

Benefits on Maturity: On survival of the life assured to maturity of the plan which is 5 years after the inception date, we will pay Rs. 300.

Benefits on Death or Surrender:

On termination of this plan before maturity we will pay (in Rs.):

During Year	1	2	3	4	5
On Death	5000	5000	5000	5000	5000
On Surrender	200	200	200	200	200

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

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

Exclusions:

- 80% of premiums shall be payable if the death of the life assured is caused directly or indirectly by suicide within one year from the date of inception of the policy, provided the policy is in force.
- Higher of 80% of the premiums paid till the date of death or the surrender value shall be payable, if the death of the life assured is caused directly or indirectly by suicide within one year from the date of revival of the policy, provided the policy is in force.

Loans: We will not grant a loan against this policy.

Nominations: Any notice of change in nomination must be notified in writing to the Branch address given below.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 / \_\_\_\_\_

For HDFC Standard Life Insurance Company Limited

FC/SDM/BDM/ASM's Signature \_\_\_\_\_

FC/SDM/BDM/ASM's Name & Code \_\_\_\_\_

Authorized Signatory

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

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

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

Some benefits are guaranteed and some benefits are variable with returns based on the future performance of your life insurance company. If your policy offers guaranteed returns then these will be clearly marked "guaranteed" in the illustration table on this page. If your policy offers variable returns then the illustration on this page will show two different rates of assumed investment returns. These assumed rates of return are not guaranteed and they are not upper or lower limits of what you might get back as the value of your policy is dependent on a number of factors including future investment performance.

**All benefits provided by HDFC SL SarvGrameen Bachat Yojana are guaranteed.**

Address for all correspondence and queries
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**e**

To ensure effective redressal of Policyholder's grievances, the company has put in place a mechanism administered by the Grievance Redressal Officer who can be reached through the Branch Office, address of which is mentioned on the reverse of this Policy. Kindly note that in case you are not satisfied with the response from the Company, you can also approach the Insurance Ombudsman located in your region. (Insurance Ombudsman is currently located in the following 13 cities: Ahmedabad, Bhopal, Bhubaneswar, Chandigarh, Chennai, New Delhi, Guwahati, Hyderabad, Ernakulam, Kochi, Kolkata, Lucknow and Mumbai). Detailed addresses and areas of jurisdiction of the Insurance Ombudsman are available on our website [www.hdfclife.com](http://www.hdfclife.com) and can also be made available to the Policyholder on request.

**c**

Please note that in case you are not satisfied with any provision under the policy, you have the option of returning the Policy to us stating your reasons therefore, within 15 days from the date of receipt of the Policy. On receipt of your letter along with the original Policy documents we shall arrange to refund the premium paid by you, subject to deduction of the proportionate risk premium for the period on cover and stamp duty charges. A policy once withdrawn shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new policy.

**t**

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

Signature/ thumb impression of Claimant:

Name in Block Letters: \_\_\_\_\_

Address: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Witness:

Date: \_\_\_\_\_

Name in Block Letters: \_\_\_\_\_ Designation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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

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

Signature of Witness: