

PART B

DEFINITIONS

“Age”

Age is defined as age as on last birthday.

“Allocation of units”

The premiums are applied to allocate units in one or more unit-linked funds in the proportions as specified. The number of units for allocation is determined using the applicable unit price as specified in the general terms and conditions.

“Annualized Premium”

Annualized Premium shall be the premium amount payable in a year excluding the taxes, rider premiums and underwriting extra premium on riders, if any.

“Assignee”

Assignee is defined as per provisions of section 38 of the Insurance Act, 1938 as amended from time to time.

“Claimant”

Claimant is the policy holder of the policy.

In case of assignment, the assignee would be the claimant to the extent of his interest in the policy.

If the Insured person is different from the policy holder, in case of death or critical illness of the insured person the claimant would be the policy holder.

If the Insured person is same as the policy holder, in case of critical illness of the insured person the insured person would be the claimant and in case of death of the insured person the nominee would be the claimant (where nomination has been effected) or the legal heir.

“Date of commencement of policy”

The date of commencement of policy is as mentioned in the policy schedule.

“Date of commencement of risk”

The date of commencement of risk is the same as the date of commencement of policy for all policies.

“Date of inception of Policy”

The date of inception of policy is the same as the date of commencement of policy

“Discontinuance” means the state of a policy that could arise on account of surrender of the policy or non-payment of the contractual premium due before the expiry of the grace period.

Provided that no policy shall be treated as discontinued on non-payment of the said premium if, within the grace period, the premium has not been paid due to the death of the insured or upon the happening of any other contingency covered under the policy.

“Discontinued policy fund”

Discontinued Policy Fund means the segregated fund of the insurer that is set aside and is constituted by the fund value, as applicable, of all the policies discontinued during lock-in period.

“Fund value”

Fund Value means the total value of the units at a point of time in a segregated fund i.e. total number of units under a policy multiplied by the Net Asset Value (NAV) per unit of that fund.

“Insured person”

It means the person on whose life the risk is undertaken as shown in the schedule.

“Lock-in-period”

It is the period of 5 consecutive years from the start date of the policy, during which, the proceeds of the discontinued policies will not be paid by us to the Policyholder or to the insured, as the case may be. During this period, if there is an instance of death of the insured person or at the event of any other contingency covered under the policy, the clause would not be applicable.

“Maturity date”

Maturity Date means the date of completion of the Policy Term as specified in the Policy Schedule.

“Nominee”

Nominee means the person named in the Policy Schedule who has been nominated by the Life Assured in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time to receive benefits in respect of this Policy.

“Policy document”

It is a comprehensive document inclusive of statement and warranties as per the proposal form along with the amendments. It also includes policy benefits, general terms & conditions, policy schedule, applicable funds and charges, account statement, premium receipt and grievances.

“Policy”

It means the contractual arrangement as established by the policy document.

“Policyholder”

It means the owner of the plan who is eligible to receive the benefits under the policy as shown in the schedule. It is also referred to as policyholder.

“Policy month”

It is the period of one month following the policy commencement date and every subsequent month.

“Policy term”

It is the number of years for which the policy has been taken.

“Policy year”

It is the first and every subsequent 12 months period from the policy commencement date.

“Premium paying frequency”

It is the frequency option available for making premium payments. Only Annual frequency is available in this plan.

“Premium payment term”

It is the number of years for which premium has to be paid under the policy by the Policyholder.

“Proceeds of the discontinued policy”

Proceeds of the discontinued policies” means the fund value as on the date the policy was discontinued, after addition of applicable interest.

“Revival of a policy”

Revival of a Policy means restoration of the policy, which was discontinued due to the non-payment of premium, by the insurer 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, 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 the policyholder, in accordance with Board approved Underwriting policy.

“Revival Period”

Revival Period means the period of three consecutive complete years from the date of first unpaid premium during which period the policyholder is entitled to revive the policy which was discontinued due to the non-payment of premium.

“Schedule”

It means the policy schedule issued by us for this policy containing all relevant details of the policy along with any amendments to the schedule which we may issue from time to time.

“Surrender”

Surrender has the meaning as explained in section D Policy terms and conditions

“We/Our/Us/The Company”

These refer to Ageas Federal Life Insurance Company Limited.

“You/Your”

These refer to the Policyholder named in the schedule or his/her legal personal representative.

PART C

POLICY BENEFITS

IN THIS PLAN, THE INVESTMENT RISK IN THE INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.

Linked insurance products do not offer any liquidity during the first 5 years of the contract. The policyholder will not be able to surrender/withdraw the monies invested in linked insurance products completely or partially until the end of the 5th year.

The policy benefit section is part C of your policy document. It includes detailed description of the following:

1. Maturity Benefit
2. Partial withdrawal
3. Death Benefit
4. Critical Illness Benefit
5. Premiums
6. Fund Management
7. Grace Period

1. Maturity benefit

On survival of the Life Insured till the date of maturity, Fund Value as on date of maturity will be paid, provided the policy is in force till that date.

On payment of Maturity benefit, the policy will terminate and all rights, benefits and interests under the policy will stand extinguished.

2. Partial withdrawals

Partial withdrawal lets you get access to your investment after the completion of 5 policy years. Terms and conditions applicable to partial withdrawals are mentioned under Part D Policy terms and conditions.

3. Death benefit

On death of insured person before maturity date and while the policy is in force, we will pay the claimant the highest of the 3 amounts given below:

- Death Sum Assured, or
- the Fund Value, or
- 105% of the total premiums received up to the date of death

Death Sum Assured is higher of

- 10 times the Annualized Premium or
- $0.5 \times \text{Policy Term} \times \text{Annualized Premium}$,

where, Annualized Premium shall be the premium amount payable in a year excluding the taxes, rider premiums and underwriting extra premium on riders, if any

Total Premiums received for this purpose shall be (Annualized Premium * Number of years for which premiums have been paid)

On payment of Death Benefit, the policy will terminate and all rights, benefits and interests under the policy will stand extinguished.

Reduction in death benefit following a partial withdrawal

The minimum Death Benefit of 105% of the Total Premiums Received till the date of death, will be reduced by partial withdrawal made during two-year period immediately preceding the death of the life assured. Death Sum Assured shall be reduced to the extent of partial withdrawals made during the two year period immediately preceding the death of the life assured. Mortality Charge would be reduced corresponding to the reduced Sum at Risk.

CI Sum Assured will not reduce due to partial withdrawal made during the Policy Term.

4. Critical Illness Benefit

Critical Illness (CI) Benefit is an additional benefit which covers 9 pre-defined critical illnesses during the policy term at nominal charges.

Critical Illness benefit is the Critical Illness Sum Assured chosen by you at the inception of the policy.

If Life Insured is diagnosed with any of the pre-defined critical illness during the policy term, a lump sum amount will be paid out immediately to help with the treatment and other expenses.

Once the CI benefit is paid, plan will continue till Maturity with the Death Benefit and Maturity Benefit, provided it is in force and all premiums are continued to be paid in full. Subsequent to payment of CI Benefit, no further CI benefit shall be payable during the remaining policy term.

In case of Death during the policy term, Death Benefit will be paid. In case of survival till end of policy term, Maturity Benefit will be paid.

If the Life Insured dies during the period of reporting of Critical Illness claim till its settlement-

In case of admission of Critical Illness claim, CI Benefit and Death Benefit will be paid in full and policy will terminate and all rights, benefits and interests under the policy will stand extinguished.

In case of non admission of Critical Illness claim, only Death benefit shall be payable and the policy will terminate and all rights, benefits and interests under the policy will stand extinguished.

The 9 critical illnesses covered under this product are listed and defined below:

1. Cancer of Specified Severity

1.A malignant tumor 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.

2.The following are excluded:

1. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN -2 & CIN-3.
2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond,
3. Malignant melanoma that has not caused invasion beyond the Epidermis.
4. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
5. All thyroid cancers histologically classified as T1N0M0 (TNM classification) or below
6. Chronic lymphocytic leukaemia less than RAJ stage 3
7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
8. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Open Chest CABG (Coronary Artery Bypass Graft)

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary arteries, by coronary artery bypass graft (CABG) done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by cardiologist.

II. The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures

3. Myocardial Infarction ((First Heart Attack of specific severity)

I. The first occurrence of heart attack or 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 Myocardial Infarction will be evidenced by all of the following criteria:

1. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
 2. new characteristic electrocardiogram changes
 3. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
1. Other acute Coronary Syndromes
 2. Any type of angina pectoris.
 3. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

4. Stroke Resulting In Permanent Symptoms

- I. 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.
- II. The following are excluded:
1. Transient ischemic attacks (TIA)
 2. Traumatic injury of the brain
 3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

5. Kidney Failure requiring Regular Dialysis

- I. 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

6. Major Organ /Bone Marrow Transplant

- I. The actual undergoing of a transplant of:
 1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
 1. Other stem-cell transplants
 2. Where only islets of langerhans are transplanted

7. Multiple Sclerosis with Persisting Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 1. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 2. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. The following are excluded:
 1. Neurological damage due to SLE is excluded.

8. Coma of Specified Severity

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 1. no response to external stimuli continuously for at least 96 hours;
 2. life support measures are necessary to sustain life; and
 3. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded

9. Permanent Paralysis of Limbs

- I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

The CI benefit will not be payable for any covered critical illnesses under following circumstances:

1. If the insured is diagnosed with any of the covered Critical Illnesses within 90 days from the policy commencement date or from the date of any revival of this policy;
2. If the insured dies within 30 days of the diagnosis of the covered Critical Illness; only the death benefit will be paid. No additional benefit will be payable under Critical Illness benefit.
3. For any medical condition or medical procedure resulting directly or indirectly from self-inflicted injuries, attempted suicide, while sane or insane;
4. For any medical conditions suffered by the life insured or any medical procedure undergone by the life insured, if that medical condition or that medical procedure was caused directly or indirectly by any congenital anomaly or defect;
5. For any medical conditions suffered by the life insured or any medical procedure undergone by the life insured, if that medical condition or that medical procedure was caused directly or indirectly by alcohol or drug abuse.
6. Engaging in or taking part in *hazardous activities, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not; *Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not
7. Participation by the insured person in a criminal or unlawful act with criminal intent.
8. For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
9. For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time.
10. For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.

Other Terms Explained

1. Specialist Independent Medical practitioner:

A Specialist Independent 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 license.

2. Pre-existing disease:

Pre-existing Disease means any condition, ailment, injury or disease:

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

No claim shall be repudiated after 4 consecutive years of benefit coverage from policy inception or reinstatement on account of pre-existing diseases disclosed or discovered through medical examination at underwriting/revival.

5. Premiums

Payment of premiums under this policy will be by regular premiums.

Regular premiums

Payment of premiums under this policy will be by regular premiums. The amount and frequency of your regular premium is shown in the schedule.

6. Fund Management

This section includes detailed description of the following:

- a. Ageas Federal Investment Basket[®]: Tools for building your wealth
- b. Units
- c. Market Value
- d. Investment guidelines
- e. Account Statement

a. Ageas Federal Investment Basket[®]: Tools for building your wealth

This plan offers 6 unit linked funds. You may choose one or more unit linked funds based on your risk profile. Unit linked funds invest in equity and/or debt as per their investment objectives. The Net Asset Value (NAV) of each fund is published on a daily basis. You can invest your premiums into, switch into or switch out of any fund(s) at any time at the prevailing day's NAV. You can also switch and change your investment options, any number of times free of charge, as per your requirements. Information on available funds is provided on our website www.ageasfederal.com.

We offer a range of funds that invest in stocks, bonds and money market. However, the returns on these funds are dependent upon the market performance. Risk and returns vary from fund to fund too.

These unit-linked funds are open-ended funds which invest in equity and/or debt as per their investment objectives. The Net Asset Value (NAV) of each fund is published on a daily basis. You may invest your premiums into, switch into or switch out of any fund(s) at any time at the prevailing day's NAV. Your gain or loss is the difference between the value at which you invested and the value at which you exited. Remember, the NAV depends on the market value of the underlying investments. Nevertheless, the expected risk and returns vary from fund to fund. We offer the following funds:

i. Equity Growth Fund SFIN: ULIF04111/01/08EQOPP135

Investment Objective and Strategy	Asset Category	Allocation
Equity Growth Fund invests in listed stocks and aims to generate high returns by picking stocks that have growth prospects. It aims to diversify risk by investing in large-cap as well as mid-cap stocks and across multiple sectors. The fund will usually have a high proportion of investments in equities and equity-linked instruments other than in market conditions that warrant diversification into cash and money market.	Cash and Money Market	0 – 50%
	Equities and Equity-linked instruments	50 – 100%
	Returns and Risk The returns from the Equity Growth Fund are likely to be high but the risk is also high.	

ii. Midcap Fund SFIN: ULIF06824/11/09MIDCAP135

Investment Objective and Strategy	Asset Category	Allocation
Midcap Fund invests in midcap stocks with attractive growth prospects. It aims to diversify risk by investing in large cap as well as in cash and money market investments when required.	Cash and Money Market	0 – 50%
	Mid-cap Stocks	50 – 100%
	Large-cap Stocks	0 – 50%
	Returns and Risk The returns from the Midcap Fund are likely to be high and the risk is also high.	

iii. Pure Fund SFIN: ULIF07205/08/10PURE135

Investment Objective and Strategy	Asset Category	Allocation
<p>Pure Fund invests in Money Market, Equity and Equity linked instruments. The investments are made in those companies that do not belong to certain sectors engaged in activities which are considered harmful for society at large and aims to generate high returns by picking stocks with medium to long term growth prospects.</p> <p>Examples of activities considered harmful to the society include gambling, speculative investments, tobacco and alcohol.</p>	Cash and Money Market	0 – 20%
	Equities and Equity-linked instruments.	80 – 100%
Returns and Risk		
		The expected returns from the Pure Fund are high but the risk is high too.

iv. Aggressive Asset Allocator Fund SFIN: ULIF04811/01/08AGGRESSIVE135

Investment Objective and Strategy	Asset Category	Allocation
<p>Aggressive Asset Allocator fund aims to generate returns by taking asset allocation decisions between the money market, fixed income and equity within the specified range. Equity investments would be made with an aim to generate high returns by picking stocks that have growth prospects.</p>	Fixed Income	0 – 50%
	Money Market	0 – 50%
	Equity	50 – 100%
Returns and Risk		
		The possible returns from the Aggressive Asset Allocator Fund are high but the risk is high too.

v. Moderate Asset Allocator Fund SFIN: ULIF04911/01/08MODERATE135

Investment Objective and Strategy	Asset Category	Allocation
<p>Moderate Asset Allocator fund aims to generate returns by taking asset allocation decisions between money market, fixed income and equity within the specified range. Equity investments would be made with an aim to generate high returns by up picking stocks that have growth prospects.</p>	Fixed Income	50 – 100%
	Money Market	0 – 50%
	Equity	0 – 50%
Returns and Risk		
		The possible returns from the Moderate Asset Allocator Fund are high but the risk is high as well. However, the returns and risks may be lower than the Aggressive Asset Allocator fund in view of lower exposure to equity assets.

vi. Bond Fund II SFIN : ULIF07731/10/17BOND2135

Investment Objective and Strategy	Asset Category	Allocation
<p>Bond Fund II aims to generate returns by investing in a portfolio of fixed income securities and money markets. It aims of generating returns through coupon flows, capital appreciation through interest rate calls and credit spreads.</p>	Fixed Income	50– 100%
	Money Market	0 – 50%
	Investment	
Returns and Risk		
		The returns from the Bond Fund II are likely to be moderate and the risk is also moderate.

Note: Fixed Income Investments include Dated Central Government Securities, State Development Loans, miscellaneous GOI Paper like Oil Bonds, UTI bonds, Term Deposit with Banks, Bonds, Debentures, Infrastructure Debt Funds and Asset Backed Securities or any other instrument as notified by IRDAI from time to time.

Equity linked investments are investments in securities which are in the nature of equity instruments out of instruments listed under Section 27 A (1) of Insurance Act, 1938, or in Schedule I of IRDAI (Investments) Regulations, 2016 or as amended from time

to time. Currently such instruments are Preference shares, Equity Shares with differential voting rights (DVRs) and convertible debentures of less than 1 year maturity.

We may offer you new unit-linked funds and also modify the existing ones; subject to approval of IRDAI.

We may withdraw one or more unit-linked funds in future. However, you will be intimated in advance to select a new fund (or funds) for the redirection of your future premiums.

We may also withdraw unit-linked funds for current unit holdings. Nevertheless, you will be intimated in advance to select a new fund (or funds) to switch your holding from the withdrawn unit-linked funds.

We will inform you of changes to this range in our updated Investment Basket® published from time to time and also in our investment reports to the Policyholders.

b. Units

Each unit-linked fund is divided into number of units of equal value. The value of each unit is called the unit price which is determined on a daily basis. To create cash inflows to the fund, the new units are created at the prevailing unit price and to meet the cash outflows, existing units in the fund are realised.

Unit price (Net Asset Value) formula:

The Net Asset Value (NAV) will be determined using the market value of assets in accordance with the regulatory requirements.

$$\text{NAV} = \frac{\text{Market Value of investments held by the fund} + \text{Value of current assets} - \text{Value of current liabilities \& provisions, if any}}{\text{Number of Units existing on valuation date (before creation/redemption of units)}}$$

The NAV calculated as per the above formula shall be declared daily(except on days when it is not possible to value some or all of the assets of a unit linked fund due to Force Majeure conditions) in accordance with IRDAI regulations on our website.

c. Market value

We will determine the market value of assets in accordance with the regulatory requirements. We reserve the right to suspend unit pricing if it is not possible for us to value some or all of the assets of a unit linked fund due to Force Majeure conditions. Further the unit pricing will be resumed within 2 working days from the day markets resume or conditions return to normal, whichever is earlier.

The suspension of unit pricing will be only on external events to the company.

d. Investment guidelines

All segregated funds will be managed in compliance with applicable statutory regulations and guidelines. At present, investments in other than approved securities (including third-party mutual funds beyond 5% of fund) cannot exceed 25%. All funds will also trade in derivatives, invest in third-party funds or engage in short selling to the extent permitted by the applicable regulations.

e. Account Statement:

We will send you the account statement at each policy anniversary.

7. Grace Period:

Grace period is effective from the date of the first unpaid premium. You get a grace period of 30 days from the date of the first unpaid premium. The benefits of the policy remain in force during the grace period.

If premium is not paid beyond the grace period, the discontinuance provisions shall apply as described under section D of policy terms and conditions

PART D

POLICY TERMS AND CONDITIONS

This section includes detailed description of the following:

1. Alteration to the Death Sum Assured or Critical Illness Sum Assured
2. Alteration to the premium
3. Direction and redirection of premiums
4. Free Look
5. Switching
6. Partial withdrawals
7. Discontinuing your premiums
8. Surrender
9. Settlement option
10. Termination of your policy
11. Loans
12. Participation in profits
13. Changes in taxes

1. Alterations to the Death Sum Assured or Critical Illness Sum Assured

The Death Sum Assured or Critical Illness Sum Assured shall not be altered during the term of the policy.

2. Alterations to the premiums

The contractual premium payable by you shall not be altered during the term of the policy.

3. Direction and redirection of premiums

The direction of your premiums, which is the allocation of premium, to the unit-linked funds as selected by you at the policy commencement date is shown in the schedule.

At any time you may instruct us in writing to redirect all your future regular premiums in any proportion to the unit-linked funds on offer. Redirection will not affect the regular premiums that you have paid prior to the request made.

The minimum amount of premium direction or redirection to any fund must be at least 15% of the annualized regular premium.

4. Free Look

You are entitled to a free look period of 15 days from the date of receipt of the policy document to review the terms and conditions of the policy. In case you do not agree with any of the terms and conditions, you have the option to return the policy to us for cancellation by communicating the same in writing stating the reasons for objections. We will refund you amount which shall be equal to non-allocated premium plus charges levied by cancellation of units plus Fund Value at the date of cancellation less expenses i.e. medical and stamp duty incurred by us in respect of the policy. All the benefits under the policy will stand extinguished immediately on the cancellation of the Policy under the free look. The Company shall be entitled to repurchase the units at the price of the units on the date of cancellation. For electronic policies and the policies solicited through Distance Marketing mode*, free-look period of 30 days from the date of receipt of your policy document is applicable.

*Distance mode includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes:

- Voice mode, which includes telephone-calling
- Short Messaging Service (SMS)
- Electronic mode which includes e-mail and interactive television (DTH)
- Physical mode which includes direct postal mail, newspaper and magazine inserts

5. Switching

At any time during the policy term, you may instruct us to switch some or all of your units from one unit-linked fund to the other unit-linked fund(s). Such switching between funds can be done any number of times free of charge. Further to which, we shall cancel the units in the old fund and allocate units to the new fund(s) in order to activate the switch. Switches advised up to 3:00 pm will be processed at that day's NAV, while switches advised after 3:00 pm will be processed at the following day's NAV. There is no restriction on number of switches allowed in a policy year.

6. Partial withdrawals

Partial withdrawals can be made at any time during the policy term after the 5th policy anniversary.

The minimum amount of any partial withdrawal is Rs 10,000. The partial withdrawals will not be allowed which would result in termination of a contract. The maximum partial withdrawal allowed in a year is 20% of the fund value at the beginning of that year. The fund value after the partial withdrawal should not be less than one annualized premium. If the fund value after partial withdrawals falls below one annualized premium either because of a charge or due to a fall in NAV, the policy will continue whilst the fund value remains positive.

We will cancel units from the unit-linked funds to the value of each withdrawal according to the proportions that you specify.

7. Discontinuing your premiums

Discontinuing premiums after five years from the policy commencement date

After payment of all due premiums in the first five years, if the Policyholder fails to pay premium within the Grace Period, the policy shall be converted into a reduced paid up policy, Death Sum Assured and Critical Illness Sum Assured will be revised to Reduced Death Sum Assured and Reduced Critical Illness Sum Assured. The policy shall continue to be in reduced paid-up status without rider cover, if any. All charges as per terms and conditions of the policy shall be deducted during the revival period. However, the mortality/morbidity charges shall be deducted based on the reduced paid up sum assured only.

On such discontinuance, the Company shall communicate the status of the policy, within three months of the first unpaid premium, to the policyholder and provide the following options:

1. To revive the policy within the revival period of three years, or
2. Complete withdrawal of the policy.

In case the policyholder opts to revive the policy but does not revive the policy during the revival period, the fund value shall be paid to the policyholder at the end of the revival period.

In case the policyholder does not exercise any option as set out above, the policy shall continue to be in reduced paid up status. At the end of the revival period the proceeds of the policy fund shall be paid to the policyholder. Upon such payment the policy shall terminate and all rights, benefits and interests under the policy will stand extinguished.

However, the policyholder has an option to surrender the policy anytime and proceeds of the policy fund shall be payable.

Where,

Reduced Death Sum Assured = Death Sum Assured x (Total No. of Premiums Paid / Original No. of Premiums Payable)

Reduced Critical Illness Sum Assured = Critical Illness Sum Assured x (Total No. of Premiums Paid / Original No. of Premiums Payable)

At the beginning of each policy month the company will estimate the Fund Value at the end of the month after deducting all prospective charges. If the estimated Fund Value is less than the Annual Premium, the company will immediately terminate the policy and pay the Fund Value, subject to a minimum value of one Annual Premium.

Revival of a Discontinued Policy after the lock-in Period:

If the Policyholder revive the policy by payment of due premiums without any interest or fee within the revival period, the policy shall be revived restoring the insurance benefits. In that case, we will recover the premium allocation charge as applicable. No other charges shall be levied.

Discontinuing premiums within five years of the policy commencement date

In the first five years from the commencement date if the Policyholder fails to pay premium within the Grace Period, the fund value after deducting the applicable discontinuance charges, shall be credited to the discontinued policy fund and the risk cover and rider cover, if any, shall cease.

The Company shall communicate the status of the policy, within three months of the first unpaid premium, to the policyholder and provide the option to revive the policy within the revival period of three years.

In case the policyholder opts to revive but does not revive the policy during the revival period, the proceeds of the discontinued policy fund shall be paid to the policyholder at the end of the revival period or lock-in period whichever is later.

In respect of revival period ending after lock-in period, the policy will remain in discontinuance fund till the end of revival period. The Fund management charges of discontinued fund will be applicable during this period and no other charges will be applied.

In case the policyholder does not exercise the option to revive the policy, the policy shall continue without any risk cover and rider cover, if any, and the policy fund shall remain invested in the discontinuance fund. At the end of the lock-in period, the proceeds of the discontinuance fund shall be paid to the policyholder and the policy shall terminate.

However, the policyholder has an option to surrender the policy anytime and proceeds of the discontinued policy shall be payable at the end of lock-in period or date of surrender whichever is later.

Revival of a Discontinued Policy during the lock-in Period:

If the Policyholder revive the policy by payment of due premiums without any interest or fee within the revival period, the policy shall be revived restoring the insurance benefits along with the investments made in the segregated funds as chosen by the Policyholder, out of the Discontinuance Policy Fund, less applicable charges. In case the Policyholder revives his policy within the revival period, we will recover the outstanding policy administration charge and premium allocation charge as applicable during the discontinuance period. We will add back the Discontinuance Charges deducted at the time of discontinuance of the policy to the Fund Value and allot units of the segregated funds chosen at the NAV as on the date of revival.

Discontinued policy fund

The Discontinued Policy Fund is available only upon discontinuance of the policy within the first 5 years of the policy.

Discontinuance Policy Fund ULIF07301/07/10DISCON135

Investment Objective and Strategy	Asset Category	Allocation
The objective of the fund is to invest in a portfolio of money market and Government Securities, in order to generate minimum returns as prescribed by IRDAI from time to time. To keep the volatility of returns low, the fund invests in instruments with minimal market risk, and to minimize the credit risk, the fund invests in money market and highly quality fixed income instruments.	Money Market instruments	0 to 40%
	Government Securities	60 to 100%
	Returns and Risk	
	The expected returns from the fund would be low and the risk is low as well.	

The discontinued policy fund is a segregated fund that aims to generate a return by seeking to invest primarily in money market instruments and Government securities. We will provide a minimum guaranteed interest rate of 4% p.a. from the date of discontinuance or as per prevailing regulations. The excess income earned in the discontinued policy fund over and above the minimum guaranteed interest rate shall also be apportioned to the discontinued policy fund in arriving at the proceeds of the discontinued policies and shall not be made available to the shareholders. We will recover the fund management charge levied on the discontinued policy fund after ensuring the guaranteed return.

8. Surrender

Your policy will have a lock-in period of 5 years from the date of inception. If the policy is surrendered within the lock in period, a discontinuance charge will be applicable as mentioned under part E - 'Charges for Premium Discontinuance'. We will credit the fund value less the discontinuance charge, to the discontinued policy fund and the insurance benefit will cease. At the end of the lock-in period, we will terminate your policy and refund the proceeds of the discontinued policy.

After completion of the 5 year lock-in period you may also surrender your policy at any time with no discontinuance charges and we will pay you the entire fund value as on date of the surrender. However, once the policy is surrendered, it cannot be revived.

9. Settlement option

At least 3 months before the maturity date you may opt for a settlement option up to a maximum of 5 years. This means that you have the option to take maturity proceeds in periodic instalments within a maximum period of 5 years from the date of maturity. The first intallment will be paid at maturity.

During the settlement period, in case of death of the life assured, higher of available Fund Value or 105% of Total Premiums Received till the date of death shall be paid and applicable mortality charges shall be deducted. Further, the policy shall

participate in the performance of funds and investment risk is borne by the recipient of Maturity Benefit. Throughout the settlement period, funds shall continue to remain invested as on maturity date unless switching has been exercised by the policyholder. FMC shall be continued to be levied. No other charges shall be levied. Switching shall be allowed during this period. Partial withdrawal shall not be allowed during this period. The recipient of Maturity Benefit has the option to take the remaining fund value as a lump sum payment at any time during the settlement period (in such a scenario the policy will terminate and all rights, benefits and interests under the policy will stand extinguished). You may choose from any of the settlement option listed below:

Choice of Settlement period (in years)	Installment paid (expressed as a percentage of Fund Value available at the time of settlement)				
	Year 1	Year 2	Year 3	Year 4	Year 5
2	50%	100%	-	-	-
3	33%	50%	100%	-	-
4	25%	33%	50%	100%	-
5	20%	25%	33%	50%	100%

Once the policy matures, at the option of the Policyholder the entire fund value could be withdrawn by the Policyholder at any given point of time, during the settlement period, without levying any charge. Thus by paying the entire fund value to the Policyholder; as duly accrued under the policy; the Company is fully discharged and absolved from all the liability that arose under the policy.

10. Termination of your policy

This policy will terminate in the event of the occurrence any of the following, whichever is earliest:

- upon discontinuance of your policy and payment of the proceeds of the discontinued policy;
- upon payment of the surrender value;
- upon payment of the death benefit;
- On Free Look cancellation of the policy;
- upon payment of the maturity benefit at the maturity date or by periodical payments under the settlement option;
- upon discontinuance of premiums after payment of five premiums if on any monthly policy anniversary the surrender value is estimated to fall below the annualized premium;
- In the case of fraud or misrepresentation, where the policy shall be cancelled immediately by paying the fund value, subject to the fraud or misrepresentation being established by us in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.
- The company will monitor the fund value of the paid up policy and terminate the policy if required in order to pay a minimum of one annualized premium.

11. Loans

No policy loans are available under this policy.

12. Participation in profits

Since this is a unit linked plan, participation in profits is not applicable.

13. Changes in taxes

In the event that any government or authority introduces or changes any form of tax, surcharge, cess, levy, duty, or impost on the premiums, charges, benefits investment returns of your policy, then, we may pass the same on to you directly or by adjusting the premiums, charges, fees or benefits payable under your policy.

PART E

CHARGES

This section includes detailed description of the following:

- a) Premium Allocation charge
- b) Policy Administration charge
- c) Mortality charge
- d) Critical Illness charge
- e) Fund Management charges
- f) Switching charge, if any
- g) Partial Withdrawal charge, if any
- h) Premium Discontinuance charge

a. Premium Allocation charge

<In case of non staff policy

We deduct the premium allocation charge and subsequent goods and services tax and cess as applicable from the premium paid and the balance is proportionately invested in funds that you opt for.

Premium allocation charge as a percentage of premiums is given below:>

Premium Allocation Charge as % of Annualized Premium	Year 1	Year 2 -5	Year 6+
	4.00% p.a.	3% p.a.	Nil>

<In case of Staff policy and online sales

NO premium allocation charge will be deducted from the premiums paid by you.>

b. Policy Administration charge

<In case of non staff policy

We deduct the policy administration charge as percentage of annualized premium which is 3.60% p.a. during the first 5 years of the policy term and Nil from 6th policy year onwards. The charge will be subject to a maximum of Rs. 500 per month. It will be deducted in advance on a monthly basis of 1/12th of the annual charge by cancellation of units.>

<In case of staff policy and online sales

We deduct the policy administration charge as percentage of annualized premium which is 1.50% p.a. during the first 5 years of the policy term and Nil from 6th policy year onwards. The charge will be subject to a maximum of Rs. 500 per month. It will be deducted in advance on a monthly basis of 1/12th of the annual charge by cancellation of units.>

c. Mortality charge

At the beginning of each policy month we will calculate the mortality charge for your policy.

$$\text{The mortality charge} = \frac{\text{One-twelfth of the mortality charge X sum at risk*}}{1,000}$$

The mortality charge is determined as per the age (in years) and gender of the life insured at the beginning of the month for which the mortality charge is being calculated.

*Sum at risk is the amount by which the Death benefit (reduced by applicable partial withdrawals)exceeds the fund value. If the total fund value is higher than Death benefit, then Sum at risk will be nil and no mortality charges will be deducted.

We will deduct the mortality charge from the total fund value by cancelling units.

We will also deduct goods and services tax and cess as applicable to the mortality charge.

The mortality charge are as given in the following table:

Age	Male	Female	Age	Male	Female	Age	Male	Female
18	0.75	0.59	38	1.46	1.20	58	9.40	7.48
19	0.79	0.65	39	1.58	1.28	59	10.12	8.08
20	0.82	0.70	40	1.71	1.36	60	10.90	8.72
21	0.85	0.75	41	1.87	1.46	61	11.76	9.40
22	0.87	0.79	42	2.04	1.58	62	12.70	10.12
23	0.88	0.82	43	2.25	1.71	63	13.74	10.90
24	0.89	0.85	44	2.49	1.87	64	14.88	11.76
25	0.90	0.87	45	2.76	2.04	65	16.14	12.70
26	0.91	0.88	46	3.08	2.25	66	17.53	13.74
27	0.92	0.89	47	3.43	2.49	67	19.06	14.88
28	0.93	0.90	48	3.83	2.76	68	20.73	16.14
29	0.95	0.91	49	4.27	3.08	69	22.57	17.53
30	0.97	0.92	50	4.74	3.43	70	24.58	19.06
31	1.00	0.93	51	5.25	3.83	71	26.77	20.73
32	1.04	0.95	52	5.78	4.27	72	29.16	22.57
33	1.08	0.97	53	6.32	4.74	73	31.76	24.58
34	1.14	1.00	54	6.89	5.25	74	34.59	26.77
35	1.20	1.04	55	7.48	5.78	75	37.67	29.16
36	1.28	1.08	56	8.08	6.32			
37	1.36	1.14	57	8.72	6.89			

d. Critical Illness charge

At the beginning of each policy month we will calculate the critical illness charges for the policy.

$$\text{The critical illness charge} = \frac{\text{One-twelfth of the critical illness charge X Critical Illness Sum Assured}}{1,000}$$

The critical Illness charge is determined as per the age (in years) and gender of the life insured at the beginning of the month for which the critical illness charge is being calculated.

We will also deduct goods and service tax and cess as applicable to the critical illness charge. We will deduct the critical illness charge from the total fund value by cancelling units.

On the payment of Critical Illness claim, no further critical illness charge will be deducted from the policy.

Critical Illness charges will be guaranteed for the first 5 years from the date of the commencement of policy and reviewable thereafter on prior approval from the IRDAI.

The critical illness charges are as under:

Age	Male	Female	Age	Male	Female	Age	Male	Female
18	0.47	0.47	36	1.57	1.95	54	11.42	8.98
19	0.47	0.47	37	1.77	2.15	55	12.51	9.63
20	0.47	0.47	38	2.03	2.37	56	13.78	10.38
21	0.48	0.50	39	2.31	2.58	57	15.05	11.12
22	0.54	0.54	40	2.62	2.81	58	16.57	11.98
23	0.57	0.58	41	2.91	3.06	59	18.15	13.05
24	0.61	0.64	42	3.31	3.31	60	19.72	14.13
25	0.64	0.69	43	3.61	3.62	61	21.37	15.15
26	0.66	0.77	44	3.94	3.95	62	22.97	16.26
27	0.69	0.80	45	4.41	4.31	63	24.89	17.21
28	0.75	0.91	46	4.87	4.70	64	26.88	18.12
29	0.79	1.02	47	5.31	5.09	65	28.75	19.07
30	0.84	1.10	48	6.06	5.59	66	27.06	16.39
31	0.94	1.19	49	6.86	6.13	67	28.65	17.00
32	1.03	1.32	50	7.67	6.62	68	30.47	17.92
33	1.14	1.45	51	8.43	7.14	69	32.23	18.83

34	1.27	1.61	52	9.26	7.75	70	34.22	19.84
35	1.41	1.77	53	10.36	8.39			

e. Fund Management charge

We deduct a fund management charge which is a percentage of the total value of assets held in each unit-linked fund. We will determine the charge for each day by dividing the annual rate by 365 and will deduct this amount from the assets of the unit-linked fund before we calculate the unit price.

Fund management charge for each investment fund available will be applied as given below. Also, we will deduct from your investment amount taxes, duties or surcharges of whatever description levied or that may be levied by any statutory authority.

Funds	Fund management charge
Equity growth fund	1.35% p.a.
Midcap fund	
Pure Fund	
Aggressive asset allocator fund	
Moderate asset allocator fund	
Bond Fund II	1.25% p.a.
Discontinued policy fund	0.50% p.a.

This charge is levied as a percentage of the value of assets and will be appropriated by adjusting the NAV on a daily basis.

f. Switching charge

There are currently no charges for switching between funds.

g. Partial withdrawal charge

There are currently no charges for partial withdrawals.

h. Premium discontinuance charge

In case, you discontinue your policy within 5 years from the start of the policy, we will credit the fund value less the discontinuance charge to the discontinued policy fund. The premium discontinuance charge will be decided based on the policy year in which the policy is discontinued.

Policy year in which the policy is discontinued	Maximum Discontinuance charge
1	Lower of 6% (*AP or FV) or Rs 6,000
2	Lower of 4% (*AP or FV) or Rs 5,000
3	Lower of 3% (* AP or FV) or Rs 4,000
4	Lower of 2% (* AP or FV) or Rs 2,000
5 onwards	Nil

**In the above table AP- denotes annualized premium and FV – denotes fund value on the date of discontinuance. We will also deduct goods and services tax and cess as applicable to the premium discontinuance charge.*

Risk Factors and Disclaimers: This policy is underwritten by Ageas Federal Life Insurance Company Limited. This is a Non-Participating Unit Linked Life Insurance Plan. Ageas Federal Life Insurance Company Limited and Ageas Federal Life Insurance Wealth Plus Critical Protection Insurance Plan are only the names of the insurance company and linked insurance plan respectively and do not in any way indicate the quality of the plan, its future prospects or returns. The charges mentioned above are applicable to all the unit-linked funds offered at present. We can modify the fund management charge subject to the specified limits and approval of the IRDAI. The value of the unit-linked fund reflects the value of the underlying investments. These investments are subject to market risks and change in fundamentals such as economic conditions tax rates, etc. affecting the investment portfolio.

The Policyholder is responsible for his or her decisions. We reserve the right to recover levies such as goods and services tax and cess as applicable levied by the authorities on insurance transactions. If there be any additional levies, they too will be recovered from you. The various funds offered under this plan are the names of the funds and do not in any way

indicate the quality of these plans, their future prospectus and returns. The premiums paid in these policies are subject to investment risks associated with capital markets and the NAVs of the units may go up or down based on the performance of fund and factors influencing the capital market. Life insurance cover is available under this product. The past performance of the funds is not indicative of the future performance. Please know the associated risks and the applicable charges from your Insurance Agent or the Intermediary or from this policy document issued by us. UIN: 135L069V02

SAMPLE

PART F

GENERAL TERMS AND CONDITIONS

This policy is subject to our general terms and conditions for conducting business with our Policyholders. These are binding on you, and us. We may amend the general terms and conditions with the approval of the IRDAI, where required, for the sake of compliance, good governance, the security of our Policyholders, and administrative efficiency. We may also be required by law, rule, regulations, and statute to change the general terms and conditions. We will advise you of any changes to the general terms and conditions which are also available on request at any of our official branches and offices.

1. Suicide exclusion

In case of death due to suicide within 12 months from the date of commencement of the policy or from the date of revival of the policy, as applicable, the nominee or the beneficiary of the policyholder shall be entitled to the fund value, as available on the date of intimation of death.

Further any charges other than FMC recovered subsequent to the date of death shall be added back to the fund value as available on the date of intimation of death.

2. Claims requirements

For Death Claim and Maturity

Claims are payable to the policyholder in case of maturity/ survival claims and to the beneficiary (nominee/legal heir) in case of death claim. The following need to be produced in case of a claim:

- The original policy document
- Death Certificate in case of a death claim
- A claim discharge form signed by the party to whom the benefits are payable
- Any further documentation or information that we may need before we can process the claim

For Critical Illness Claim

- Specialist Independent Medical Practitioner certificate
- Critical Illness claim form for CI Claim
- Any further documentation or information that we may need before we can process the claim

In exceptional circumstances, we may waive any or all of the above requirements. We may conduct any investigation that we consider necessary for this purpose.

Any Death or Critical Illness claim should be notified to us within 90 days from the date of the insured event. If the delay occurs due to events beyond the control of the claimant we may overlook the delay.

We urge you to ensure the safe storage of this policy document for smooth claim settlement.

3. Assignment

Assignment and transfer of insurance policies will be allowed as per provisions of section 38 of the Insurance Act, 1938 as amended from time to time. Please refer Annexure A for further details.

4. Nomination

Nomination will be allowed as per provisions of section 39 of the Insurance Act, 1938 as amended from time to time. Please refer Annexure B for further details.

5. Endorsements

The terms and conditions of this policy cannot be waived or changed except by an endorsement approved and signed by our authorised officials.

6. Travel, residence and occupation

This policy is free from all restrictions as to travel, residence and occupation unless specifically restricted in the schedule.

7. Procedures for unit-linked policies

The cut off times for determining the applicable unit price for processing transactions as specified by regulation are described in the following table:

Transaction type	Time of transaction advice	Applicable unit price
Allocations:		
New business premiums	Policy start date after completion of the proposal	As on policy start date
Renewal premiums: <ul style="list-style-type: none"> ○ Outstation cheque ○ Outstation demand draft 	Day of realisation of cheque or demand draft	Same day
Switches in and associated switch charges	Upto 3:00 pm	Same day
	After 3:00 pm	Next business day
Redemptions:		
Receipt of valid notification and instructions at our designated office: <ul style="list-style-type: none"> ○ Switches out ○ Partial withdrawals ○ Surrenders ○ Death ○ Critical Illness ○ Associated charges 	Upto 3:00 pm	Same day
	After 3:00 pm	Next business day
Maturities	Maturity date	Same day
Cancellation of units for <ul style="list-style-type: none"> ○ Mortality charges ○ Critical Illness charges ○ Policy administration charge ○ Miscellaneous charges 	Due date of charge	Same day

To meet our charges as they fall due, we will cancel units of aggregate value equal to each charge from among the funds in which you hold the units. Our current procedure is that charges are recovered proportionately from all the funds in which you hold the units. The value of units cancelled in a particular fund will be in the same proportion to the total charge as the value of units you hold in that fund is to the total value of units that you hold across all specified funds from which charges are to be recovered.

8. Force Majeure Condition

Force Majeure: Means an event beyond the control of the Company. Under Force Majeure events we may suspend unit pricing in the general interest of the holders of unit linked policies with prior approval of IRDAI.

- a) Ageas Federal Life Insurance Co. Ltd., will value the Funds (SFIN) on each day for which the financial markets are open. However, Ageas Federal Life Insurance Co. Ltd., may value the SFIN less frequently in extreme circumstances external to Ageas Federal Life Insurance Co. Ltd., i.e. in force majeure events, where the value of the assets is too uncertain. In such circumstances, Ageas Federal Life Insurance Co. Ltd., may defer the valuation of assets for up to 30 days until Ageas Federal Life Insurance Co. Ltd., is certain that valuation of SFIN can be resumed.
- b) Ageas Federal Life Insurance Co. Ltd., shall inform IRDAI of such deferment in the valuation of assets. During the continuance of the force majeure events, all request for servicing the policy including policy related payment shall be kept in abeyance.
- c) Ageas Federal Life Insurance Co. Ltd., shall continue to invest as per the fund mandates given in Section 8.1 above. However, Ageas Federal Life Insurance Co. Ltd., shall reserve its right to change the exposure of all or any part of the Fund to Money Market Instruments (as defined under Regulations 2(j) of IRDAI (Investment) Regulations, 2016) in circumstances mentioned Sub-Section a) and Sub-Section b) above. The exposure of the fund as per the fund mandates submitted in Section 8.1 above shall be reinstated within reasonable timelines once the force majeure situation ends.
- d) Few examples of circumstances as mentioned in Sub-Section a) & Sub-Section b) above are:
 - ◆ When one or more stock exchanges which provide a basis for valuation of the assets of the Fund are closed otherwise than for ordinary holidays.

- ◆ When, as a result of political, economic, monetary or any circumstances out of the control of Ageas Federal Life Insurance Co. Ltd., the disposal of the assets of the Fund would be detrimental to the interests of the continuing Policyholders.
 - ◆ In the event of natural calamities, strikes, war, civil unrest, riots and bandhs.
 - ◆ In the event of any force majeure or disaster that affects the normal functioning of Ageas Federal Life Insurance Co. Ltd.,
- e) In such an event, an intimation of such force majeure event shall be uploaded on the Ageas Federal Life Insurance Co. Ltd.,’s website for information.

9. Changes in applicable law

Notwithstanding anything contained in this policy, the provisions herein shall stand altered, amended, modified or superceded to such extent and in such a manner as may be required by any change in the applicable law (including but not limited to any regulations made or directions or instructions or guidelines issued by the IRDAI or any other statutory bodies) or as may be necessary under a judgment or order of a court of law.

10. Fraud, Misrepresentation and forfeiture

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time. Please refer Annexure C for further details.

11. Currency and place of payment

Indian Rupee is the currency of this policy.

We will make or accept payments at any of our offices in India or such other locations as determined by us from time to time.

12. Loss of policy document

If the policy document is lost then we will, pursuant to a written request duly signed by you addressed to our registered office and upon being satisfied as to the fact and cause of the loss, provide a duplicate copy of the policy document. If a duplicate copy is issued, the original policy document will cease to be of any legal effect. You agree to keep us indemnified and hold us harmless from any costs, expenses, claims, awards or judgments arising out of or howsoever connected with the original policy document. We do not levy any charges for providing a duplicate copy of the policy document.

13. Governing law and jurisdiction

Indian law shall govern this policy and the relationship between you and us. The Parties shall be subject to the exclusive jurisdiction of the courts in India for all matters and disputes arising from, relating to or concerning the policy.

14. Renewal Premium in advance:

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.

The renewal premium so collected in advance shall only be adjusted on the due date of the premium.

PART G

GRIEVANCES

1. Notices

All notices meant for us whether under this policy or otherwise must be in writing and delivered to us at the address mentioned below, or such other address as we may notify to you from time to time.

All notices meant for you will be in writing and we will send the same to the most recent address registered with us. If you change address, you must notify us immediately.

Please notify us immediately in case of any change in postal/permanent address/contact details along with relevant KYC documents. This will enable the Company to send you regular updates on your policy.

2. Grievances

In case you have any query, request or complaint/grievance, you may approach our head office office at the following address or any of our branches:

Head Office Address:

Manager-Customer & Sales Support

Ageas Federal Life Insurance Company Limited (Formerly known as IDBI Federal Life Insurance Company Limited)

22nd Floor, A Wing, Marathon Futurex

N. M. Joshi Marg, Lower Parel – East,

Mumbai - 400 013.

Toll free No.: 1800 209 0502 (From Monday to Saturday, 8 am to 8 pm)

Email ID: support@ageasfederal.com

For the list of branches and their address, please visit www.ageasfederal.com

2.1 In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official for resolution:

Chief Operations Officer

Ageas Federal Life Insurance Company Limited

22nd Floor, A Wing, Marathon Futurex,

N. M. Joshi Marg, Lower Parel – East,

Mumbai 400 013.

Contact No.: 022 23029200

Email ID: grievance@ageasfederal.com

2.2 If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of IRDAI on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO:155255

Email ID: complaints@irda.gov.in

You can also register your complaint online at <http://www.igms.irda.gov.in/>

Address for communication for complaints by fax/paper:

Consumer Affairs Department

Insurance Regulatory and Development Authority

Sy No. 115/1, Financial District,

Nanakramguda, Gachibowli

Hyderabad – 500 032, Telangana

Ph No: 91- 40 – 20204000

2.3 In case you are not satisfied with the decision/resolution of IRDAI, you may approach the Insurance Ombudsman at the address given below.

Address of Insurance Ombudsman

OFFICE DETAILS	JURISDICTION
<p>AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chhattisgarh.</p>
<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Odisha.</p>
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh</p>
<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>
<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh..</p>
<p>GUWAHATI Office of the Insurance Ombudsman,</p>	<p>Assam, Meghalaya,</p>

<p>Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>
<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Pondicherry.</p>
<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW . Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).</p>
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad,</p>

<p>Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).</p>

2.4 The Ombudsman shall receive and consider complaints or disputes relating to—

- (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;
- (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, 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
- (i) any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f).

2.5 Any person who has a grievance against an insurer, 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 complained against or the residential address or place of residence of the complainant is located.

2.6 The complaint shall be in writing, duly signed 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.

2.7 No complaint to the Insurance Ombudsman shall lie unless—

- (a) the complainant makes a written representation to the insurer named in the complaint and—
 - (i) either the insurer had rejected the complaint; or
 - (ii) the complainant had not received any reply within a period of one month after the insurer received his representation; or
 - (iii) the complainant is not satisfied with the reply given to him by the insurer;
- (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 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 if the insurer named fails to furnish reply to the complainant .

2.8 No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

SAMPLE

Annexure A

A. Section 38 - Assignment and Transfer of Insurance Policies

Assignment or transfer of a policy will 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 Company
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 the company until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the Company
6. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
7. On receipt of notice with fee, we will grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the Company of duly receiving the notice.
8. The policyholder may send such notice to our office address as mentioned in the policy document where the policy is being serviced.
9. We 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, we will 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 Company, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Company
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 Company; 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 shall 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 policySuch 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, we will, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a) shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b) may institute any proceedings in relation to the policy
 - c) obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

Please note: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 Gazette Notification dated March 23, 2015 for complete and accurate details.

Annexure B

B. 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.
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 company and can be registered by the company 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 Company for the Company to be liable to such nominee. Otherwise, we will not be liable if a bonafide payment is made to the person named in the policy or in the registered records of the company.
7. Fee to be paid to the Company for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
8. On receipt of notice with fee, we will 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 Company 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 the Company'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 Company 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. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015.
16. 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.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 (MWP Act) applies or has at any time applied except where before or after Insurance Laws (Amendment) Act, 2015 a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. 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

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Annexure C

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, we will 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 Company or to induce the Company 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. We will not 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 Company. 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 Company will 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 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 Company. The onus is on the Company to show that if the Company 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 it 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.

Please note: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 Gazette Notification dated March 23, 2015 for complete and accurate details.