EXIDE LIFE GROUP LOAN SURAKSHA (UIN: 114N084V01)

TERMS AND CONDITIONS

PART B
Important Terms and Definitions

B.1. DEFINITIONS

In this Policy, unless the context requires otherwise, the following words and expressions shall have the meaning ascribed to them respectively herein below:

Age means age of Eligible Member as at last birthday and is stated in the Policy Schedule issued to Master Policyholder and Certificate of Insurance issued to the Insured Member.

Amortization Schedule means the Amortization Schedules attached to the Certificate of Insurance issued to the Insured Member.

Authorization for the purpose of this policy means authorization given by the Insured Member to the Company allowing the Company to make claim payments in favour of Master Policyholder to the extent of outstanding loan balance.

Benefit means the benefit as mentioned in **Part C** of this Policy Document.

Certificate of Insurance in respect of an Insured Member, means the Certificate of Insurance issued by the Company under this Policy as per the IRDAI notification issued on Group Products under the (Non-Linked Insurance Products) Regulation, 2013, or on such terms as modified by the Regulator from time to time. The Certificate of Insurance shall be attached to and form part of this Policy. In the event of any inconsistency or contradiction between the Policy and the Certificate of Insurance, the terms and conditions contained in the Policy will prevail.

Claimant means Insured Member, Master Policyholder, nominee/s or the legal heir/s of the Insured Member or as the case may be.

Company means Exide Life Insurance Company Limited.

Coverage Term means the period specified in the Certificate of Insurance, during which the Insurance on the life of an Insured Member continues under this Policy;

Credit Account Statement means the statement provided by the Master Policyholder containing the loan amount and repayment balance details of the Insured Member.

Eligible Member means the Borrower or Co-Borrower, who has met the eligibility criteria as specified in this Policy, and who shall avail the insurance cover under this Policy

Eligible Person means the Policyholder, Insured Member or Claimant or proving executors of administration or other legal representatives, as per the applicable Law and Regulations

Endorsement means a written endorsement issued by the Company on the Policy Schedule to record any changes to the applicable terms and conditions of this Policy or the details contained in the Policy Schedule. Endorsements shall form a part of this Policy and the terms of an Endorsement shall supersede any conflicting provisions in this Policy Schedule.

Insurance Cover Expiry Date means the date specified in the Certificate Of Insurance issued to the Insured Members on which the Insurance Cover under this Policy will automatically cease in respect of that Insured Member.

Insurance Cover means the arrangement in terms of this Policy, under which the Company undertakes to pay to the Master Policyholder the outstanding loan amount on Death of the Insured Member, as per the Credit Account Statement provided by the Master Policyholder on the happening of Insured Event in this Policy. In the event the Sum Assured on Death is in excess of the outstanding loan balance amount as per the Credit Account Statement provided by the Master Policyholder, the undue amount would be paid to the nominee / legal heirs of the Insured Member.

Insured Event shall mean anything that triggers the benefit payment within the purview of this Policy.

Insured Member means an Eligible Member on whose life the Insurance Cover has been granted under this Policy and to whom, a Certificate of Insurance has been issued (singly or jointly with joint-borrower/s) by the Company.

Loan Term means the period specified as such in the Schedule of Insured Member and/or the Certificate of Insurance for which the loan is availed of by an Eligible Member.

Master Policy or Policy means the Policy Document, the Proposal Form, the Schedule of Insured Members, the Policy Schedule, the Certificates of Insurance and any additional information or documentation provided to the Company in relation to the Proposal Form, any Endorsements issued by the Company and attached to this Policy and any Riders attached to this Policy.

Master Proposal Form means the proposal form containing details about the Master Policyholder filled and submitted by the Master Policyholder to the Company, pursuant to and on the basis of which the Company has issued this Master Policy;

Membership Form means the form submitted by an Eligible Member to the Company through the Master Policyholder containing details of the Insured Member, on the basis of which the Company has provided Insurance Cover to such Insured Member under the Master Policy;

Moratorium Period means the period of part-disbursements of the original loan sanctioned amount at different intervals of time, where the loan repayment does not commence.

"Master Policy Holder" or "Policyholder" is the Policyholder as mentioned in the Master Proposal Form and referred to under the Policy Schedule and who is also the group administrator and whose members are insured under this Policy. Master Policyholder is generally specified as institutions

- Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks.
- NBFCs having Certificate of Registration from RBI.
- National Housing Bank (NHB) Regulated Housing Finance Companies

The master policy holder can consist of other entities as well

Policy Commencement Date / Date of Inception of the Policy means the Date as specified in the Policy Schedule on which this Policy comes into effect.

Policy Schedule means the policy schedule issued by the Company to the Master Policyholder that sets out the details of this Policy and is attached to and forming part of this Policy.

Premium means the contractual amount payable by the Policyholder for grant of Insurance Cover in respect of an Insured Member as set out in the Policy Schedule or Certificate of Insurance as the case may be to secure the benefits under this Policy.

Proportionate Cover means the Insurance Cover offered to and covering loan joint-borrowers in the proportion of loan borrowed, where the sum of arrangements under the Proportionate Cover equal the Insurance Cover against the loan.

Regulations mean the laws and Regulations in effect as amended from time to time and applicable to this Policy, including without limitation the Regulations and directions issued by the Insurance Regulatory and Development Authority of India (IRDAI) from time to time. The applicable Regulation shall form a part and parcel of the terms and conditions, and the terms and conditions shall be read along with the Regulation.

Risk Commencement Date in respect of an Insured Member, means the date from which the insurance coverage under this Policy commences and as specified in the Policy Schedule of the Insured Member and/or the Certificate of Insurance.

Rider means the Rider/s, if any, which provides additional cover issued by the Company, attached to and forming part of this Policy.

Rider Benefits means the amount of Benefit payable on a specified event offered under the Rider and is allowed as add-on benefit to the main benefit and is mentioned in the Rider Policy.

Schedule of Insured Members means the schedule of Insured Members attached to and forming part of this Policy mentioned under the coverage details on the Policy Schedule.

Sum Assured on Death means the amount which is guaranteed to be payable by the Company, on the occurrence of the insured event, in accordance with the terms and conditions of the Policy, as mentioned in the Certificate of Insurance

Surrender means complete withdrawal/termination of the Policy by the Insured Member in accordance with the terms of the Surrender.

Surrender Value means an amount, if any, that becomes payable in case of Surrender in accordance with the terms and conditions of the Policy. The Surrender Value for this Policy is defined in Part D of this document.

"We", "Us", "Our" and **"Company"** refers to Exide Life Insurance Company Limited.

"You" and **"Your"** refers to the Master Policyholder.

PART C
Product Core Benefits

BENEFITS PAYABLE UNDER THIS POLICY

C.1. Eligibility Criteria

C.1.1. A person shall be eligible to be a Member, if such person fulfills all the conditions specified below in addition to those specified in the Schedule:

i. is a natural person;

ii. is between 15 (Fifteen) years and 74 (Seventy four) years (both inclusive) of Age on the Risk Commencement Date and will not be more than 76 (Seventy six) years of Age on the Insurance Cover Expiry Date; and

iii. the proposed Coverage Term on the Risk Commencement Date is not less than 2 (Two) years.

C.1.2. If the loan is jointly availed, then, the Co-Borrowers must individually satisfy the eligibility conditions mentioned in this Section C.1.1. to become Eligible Member. Insurance cover shall be provided only to such members who shall satisfy the eligibility criteria stated above.

C.2. Participation Process

An Eligible Member may apply for insurance coverage to the Company through the Master Policyholder by completing the following procedure:

i. by submitting an Membership Form along with the satisfactory evidence of insurability. When considering such an application from the Policyholder, the Company may require the Policyholder to furnish a health declaration duly signed by the Eligible Member. Notwithstanding the aforesaid, the Company may, at its discretion, require medical and/or other additional information in respect of the Eligible Member.

ii. If the total proposed Sum Assured on Death, combined with amounts already insured or proposed to be insured under other policies issued by the Company exceeds the Free Cover Limit, as determined by the Company and specified in the Schedule, then it is required for the Insured Member to undergo medical examination and reports to be provided by the Master Policyholder to the Company.

iii. The Certificate of Insurance will specify whether insurance coverage under this Policy is on a co-borrower basis and if so, then the insurance coverage for the each co-borrower/s shall be based on their respective shares of the loan amount

iv. If any person that was previously covered as an Insured Member under this Policy wishes to re-apply for insurance coverage then the application shall be considered only if that person is an Eligible Member on the date of the new application and the application is accepted in accordance with the provisions set out above

v. If an Insured Member is sanctioned a new loan or the Insured Member's existing loan is increased, then the new loan or top-up loan will be deemed to be a new loan for the purposes of this Policy and a separate Certificate of Insurance will be issued to that Insured Member for new loan or increase to the existing loan provided that the Premium in respect of the new loan/ increased loan has been received.

vi. Notwithstanding anything to the contrary contained in this Policy, the Insurance Cover in respect of an Eligible Member shall commence only upon acceptance of the Insurance Cover in respect of an Eligible Member by the Company by way of written communication of such acceptance to the Policyholder in writing and issue of a Certificate of Insurance in respect of such Eligible Member.

In the application for grant of Insurance Cover in respect of an Eligible Member, the Policyholder is required to provide the true and correct information in respect of such Eligible Member, as is required by the Company from time to time. The application for grant of Insurance Cover and the information required to be furnished as above shall be in such pro forma as may be prescribed by or acceptable to the Company and the application shall state specifically that the Eligible Member has availed of the loan as of the date of application as above.

We reserve the right to refuse grant of Insurance Cover without assigning any reason in respect of Eligible Members that represent a sub-standard risk as determined by the Company based on evidence of health and other information received by the Company during the participation process.

C.3. Benefit on Death of the Insured Member:

Subject to the terms and conditions of this Policy, in the event of death of the Insured Member during the Coverage Term, the Sum Assured on Death shall become payable. The options available are as defined hereunder:

Types of Covers available

C.3.1. Level Cover (applicable for Interest Only Loans): Under this cover type, the death benefit payable would be the original loan amount sanctioned and will remain level throughout the term of the cover. Each individual Insured Member shall be issued Certificate of Insurance providing the details of Insurance Cover.

C.3.2. Reducing Cover: Under this type of cover, the death benefit payable would be basis the outstanding loan balance at the time of death as per the amortization schedule given in the Certificate of Insurance. The rate of interest used for the amortization is as specified at the time of inception of cover. The outstanding loan and hence the death benefit is reducing over the term of the cover.

C.3.2.1. Moratorium Option: Under this Policy, the moratorium option is available with option **C.3.2.** – Reducing Cover as the death benefit option.

If the moratorium option is chosen by the Insured Member, the Sum Assured on Death for an Insured Member shall increase as the interest gets accrued throughout the moratorium period. Upon the expiry of the moratorium period, the Sum Assured on Death will decrease during the remainder of the Coverage Term. Upon death of such an Insured Member during the moratorium period and on approval of the claim by the Company, the Company shall pay the Sum Assured on Death as specified in the Certificate of Insurance, irrespective of the actual loan outstanding.

In case of Insurance Cover issued on a joint borrower basis, the following options are available to the borrower:

C.3.3. Joint Life Coverage: This product allows for an option to cover up to 2 borrowers. The borrowers are jointly insured for 100% of the Sum Assured on Death as per the Certificate of Insurance. On the first death of any of the borrowers, the benefits as per the Certificate of Insurance will be paid and the coverage for the surviving borrower ceases thereafter.

C.3.4. Proportionate Coverage: This Plan also offers proportionate cover to the co-borrowers of a loan. Each of the co borrowers is covered for his/her share of the loan amount independently.

In case of death of any of the Insured Members, the death benefit paid will be his/her share of Sum Assured on Death as per the schedule in the Certificate of Insurance and the cover continues on the surviving borrowers. Each of the Insured Members is covered till the end of the cover tenure or death irrespective of the survivorship of the other Insured Members.

The co-borrowers can avail proportionate cover in the form of any of the options mentioned above except Joint Life cover. Once chosen, the options have to be same for all borrowers.

The upper limit of number of co-borrowers shall be subject to Board Approved Underwriting Policy of the Company prevailing from time to time.

C.4. General Conditions:

C.4.1. The type of Insurance Cover chosen at inception would remain unchanged throughout the Coverage Term.

C.4.2. The Sum Assured on Death at inception cannot be lesser than the loan amount sanctioned. In the case of a moratorium period, the Sum Assured on Death cannot be lesser than the sum of the sanctioned loan amount and the accrued interest during the moratorium period.

C.4.3. The death benefit shall be Sum Assured on Death as per the original loan schedule guaranteed at the inception of the policy contract irrespective of the actual loan outstanding with the loan provider.

In case Master Policyholder falls under any of the categories as below, any death benefit amount in excess of the outstanding loan balance amount, as per the Credit Account Statement provided by the Master Policyholder, is payable to the nominee / legal heir of the insured member.

- Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks.
- NBFCs having Certificate of Registration from RBI.
- National Housing Bank (NHB) Regulated Housing Finance Companies

In all other cases, the entire payment towards death benefit shall be paid to the nominee/ legal heir only.

C.4.4 The Coverage Term under this product will always be in whole numbers. In case the Loan Term is not a whole number the Coverage Term will be rounded up to the higher whole number.

C.4.5 In case the Moratorium Period is not a whole number, the Moratorium Period provided within the Coverage Term will be rounded up to the higher whole number.

C.4.6 In all cases, the Coverage Term shall not be more than loan tenure plus 11 months.

C.4.7 The interest rate p.a. used for the purpose of providing cover as per the amortization schedule in the COI shall be in multiples of 100 basis points(bps). In case the actual loan interest rate p.a. is not a multiple of 100 bps, the amortization schedule shall be drawn on interest rate rounded up to next higher multiple of 100 bps.

C.5. Benefit on Foreclosure of loan:

In the event the Insured Member(s) makes a prepayment for closure of the loan to the Policyholder or where the debtor-creditor relationship between an Insured Member and the Policyholder comes to an end prior to Insurance Cover Expiry Date, the Insurance Cover provided to the Insured Member shall continue till the end of the term mentioned in the Certificate of Insurance. The Insured Member has the option to discontinue the cover and the company shall pay the Insured member the Surrender Value on such discontinuance.

C.6. Mode of payment of benefits

C.6.1. All Benefits and other sums under this Policy shall be payable in the manner and currency allowed/permitted under the Regulations and shall be payable by permissible modes.

C.6.2. Apart from the benefits mentioned hereinabove in part C, the Company shall not be liable to pay any other benefits.

PART D
Policy Servicing Related Aspects

D.1. Free Look Provisions:
For the Master Policyholder:

The Master Policyholder shall have a period of 15 days (30 days if the Policy is sourced through Distance Marketing#) from the date of receipt of the Master Policy document to review the terms and conditions of this Policy and if the Master Policyholder disagrees with any of the terms and conditions, he/she has the option to return the Master Policy stating the reasons for the cancellation upon which the Company shall refund the premium paid subject to deduction of a proportionate risk Premium for the period of insurance cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges. All Benefits and rights under this Policy shall immediately stand terminated on the cancellation of the Policy.

For the Insured Member:

The Insured Member shall have a period of 15 days (30 days if the Policy is sourced through Distance Marketing#) from the date of receipt of the Certificate of Insurance to review the terms and conditions of this Policy and if the Insured Member disagrees with any of the terms and conditions, he/she has the option to return the Certificate of Insurance stating the reasons for the cancellation upon which the Company shall refund the premium paid subject to deduction of a proportionate risk Premium for the period of insurance cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges. All Benefits and rights under this Policy shall immediately stand terminated on the cancellation of the Policy.

#Distance Marketing includes solicitation through all modes other than in person.

D.2. Surrender Value

In the event that the Insured Member's Insurance Cover is terminated by the Policyholder including an event where the Insured Member makes a prepayment of the loan to the Policyholder or where the debtor creditor relationship between an Insured Member and the Policyholder comes to an end, the Insured Member will be eligible to receive a Surrender Value provided that Surrender request is not received in the last year of Coverage Term, which is calculated as below. Surrender Value shall only be payable subject to a minimum value of Rs. 100. The unpaid amount in the case of surrender value being not more than Rs. 100 shall be treated as per the directions, if any issued by IRDAI.

Surrender Value is payable as a percentage of Single Premium based on year of Surrender and Coverage Term.

Surrender Value = GSV Factor * Premium paid in respect of the Insured Member

The GSV Factor shall be determined in accordance with the table provided in the Annexure D.

D.3. Loan on Policy

No loan is admissible under this policy.

D.4. Obligations of the Policyholder

D.4.1. It shall be the responsibility of the Policyholder to ensure that it does not collect by way of premium from the Insured Member, any amount higher than the amount charged by or paid to the Company under this Policy. The Policyholder shall indemnify and keep the Company indemnified from and against any claims, suits, damages etc., arising on account of a breach by the Policyholder of this clause.

D.4.2. The Policyholder shall provide the Company with such information, data and evidence as the Company considers necessary and in such form as the Company requests. All documents furnished to the Policyholder by any Eligible Member/ Insured Member in connection with this Policy, and other records as may have a bearing on the Insurance Cover under this Policy, shall be open for inspection by the Company at all reasonable times.

D.4.3. In the event of any change in the name or other particulars of an Insured Member during the currency of the Insurance Cover in respect of such Insured Member, the Policyholder shall inform the Company of such change within 30 days of being informed of the same by the said Insured Member or on the Policyholder becoming aware of the same, whichever is earlier.

D.4.4. In the event of an Insured Member ceasing to remain eligible for the Insurance Cover or on the occurrence of any event leading to cessation of the Insurance Cover in terms of this Policy, the Policyholder shall inform the Company in writing of that event, within 30 days of that event, whereupon the Insurance Cover in respect of such person shall cease with effect from the date of such event and the Company shall cease to be liable for payment of any Benefits under this Policy. It is hereby clarified that the Company shall not be liable to pay any Benefits under this Policy in any case where the Insurance Cover has ceased in respect of any Insured Member in terms of this Policy, irrespective of whether the intimation as above has been received by the Company or not.

D.4.5. It shall be the responsibility of the Policyholder to ensure that the personal and other information provided to the Company in respect of an Eligible Member/Insured Member is accurate. The Policyholder shall indemnify and keep indemnified the Company against any and all losses, costs, expenses, actions, proceedings suffered by the Company as a result of the Policyholder's failure to observe or fulfill its obligations.

D.4.6. The Policyholder shall audit, or authorize the Company to audit the accuracy of the Credit Account Statements of the Insured Members in respect of which claims were settled: including but not limited to, on the completion of every financial year.

D.4.7. The Company shall not be liable for any loss of Benefit resulting from errors in or omissions from any information, data or evidence given to the Company.

D.4.8. The Company accepts a claim arising out of the death of an Insured Member under this Policy – on the Company receiving the information from the Policyholder about the death of the Insured Member along with the prescribed claim form accompanied by all the relevant documents and any additional information required by the Company as early as possible preferably within a period of 60 days from the date of death.

Delay in intimation of claim or submission of documents for the reasons beyond the control of the Claimant may be condoned by the Company.

D.5. Termination

In addition to the events described elsewhere in this Policy, the Insurance Cover in respect of any Insured Member under this Policy shall automatically cease on the earliest of the following dates:

a. On the date on which the death claim of the Member is admitted by Us; or

b. On the date of payment of Surrender Value to the Member.

c. On the Insurance Cover Expiry Date as set out in the Schedule of Insured Member and/or Certificate of Insurance.

D.6. Discontinuance of the Policy

This Policy may be discontinued for new Eligible Members at the option of either Master Policyholder or the Company by giving the other party at least three months prior notice in writing, or such shorter notice period or other terms and conditions as agreed between the parties in writing. During the notice period, both the parties will continue to be liable to fulfill their obligations under this Policy. Both the parties will also continue to be liable for fulfilling their obligations in respect of existing Insured Members even after discontinuance of the Policy till the cover is terminated.

PART E
All the applicable Charges, Fund Name, Fund Options etc. (Applicable especially for ULIP Policies)

E.1. Not applicable as this is a non-participating and non-linked group credit life insurance policy.

PART F
General Terms and Conditions

F.1. Fraud, Misrepresentation and forfeiture

In issuing this Master Policy and Certificates of Insurance hereunder, the Company has relied on the accuracy and completeness of information provided by the Master Policyholder and the Insured Member in the Master Proposal form and/or Membership Form and any other declarations or statements made or as may be made hereafter by the Master Policyholder or the Insured Member.

Fraud, Misrepresentation and forfeiture would be dealt in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed as Annexure B for reference]

F.2. Premium

F.2.1. The amount of Premium for each Eligible Member in respect of whom Insurance Cover is agreed to be granted by the Company under this Policy will be determined by the Company on the basis of rates established by the Company.

F.2.2. At the inception of this Policy, the Policyholder shall pay in advance the entire premium to the Company in respect of all Eligible Members in respect of whom Insurance Cover has been accepted by the Company and in any event prior to the Risk Commencement Date. In respect of any person who becomes an Eligible Member after the Policy Commencement Date, the Policyholder shall pay in advance the entire Premium for such person prior to the Risk Commencement Date in respect of such Eligible Member.

F.2.3. Notwithstanding the date of the Master Proposal and the Policy Commencement Date but subject to the terms of this Policy, the Insurance Cover under this Policy in respect of the Insured Members shall commence only on the respective Risk Commencement Date as shown in the Schedule of Insured Members against the name of each Insured Member and/or the Certificate of Insurance.

The Company is not under any obligation to see whether the Policyholder has recovered the Premium, in whole or in part, from the Insured Member. Further, the Company is not under any obligation to see application or use of the Benefits paid under this Policy.

F.3. Premium Rates

The Company reserves the right to revise the Premium Rate(s) with the prior approval of the IRDAI, in which case the revision shall take effect after expiry of a period of not less than 30 days from the date of receipt of a written notice from the Company in this regard, to the Policyholder. The revised premium rates will be applicable to Eligible Members in respect of whom Insurance Cover is to be granted by the Company after the effective date of such revision.

F.4. Requirements for processing of claims

F.4.1. Within 60 days of the Policyholder becoming entitled to receive Benefits under this Policy in respect of an Insured Member, the Master Policyholder shall intimate the claim to the Company and the following documents be provided to the Company to enable the Company to process the claim along with a Credit Account Statement in respect of the Insured Member to whom/whose nominee / legal heirs or beneficiary the claim monies are payable with inter alia, the following details:

a) Name of the Group Master Policyholder.

b) Group Master Policy Number.

c) Name of Insured Member.

d) Date of Commencement of Risk.

e) Sum Assured on Death for the Member of the Group Insurance Policy as per Certificate of Insurance.

f) Original Amount of Loan.

g) Particulars of the recoveries made by the Master Policyholder towards the Loan.

h) Outstanding loan amount as on the date of happening on the contingent event covered.

i) Excess claim amount (difference between the Sum Assured on Death referred under (e) above and outstanding loan amount referred under (h) above) payable to the Nominee / legal heirs of the deceased member in case of death claims.

- Declaration / Undertaking of the Master Policyholder that the information / details furnished in the credit account statement are verified for accuracy

F.4.2. In case of death claims, except death claims arising out of accidents or unnatural death

a. Certificate of Insurance;

b. Claim Form;

c. Attested copy of Original Death Certificate issued by the competent authority; and

d. Hospitalization documents (discharge summary along with all investigation reports) if Insured Member has taken treatment for illness leading to his death.

e. Bank account details and know-your-customer (KYC) documents of the Claimant

F.4.3. In case of death claims arising out of accidents or unnatural deaths, apart from the documents mentioned in above:

f. Copies of the First Information Report and the Final Investigation Report thereof, duly attested by the concerned police officials; and

g. Copy of post-mortem report duly attested by the concerned officials.

F.4.4. Notwithstanding anything contained in above, depending upon the cause or nature of the claim, the Company reserves the right to call for other and/or additional documents or information to the satisfaction of the Company, for processing the claim.

Delay in intimation of claim or submission of documents for the reasons beyond the control of the Claimant may be condoned by the Company.

F.4.5. Additional Provisions applicable to Lender-Borrower Scheme in which the Master Policy Holder is an entity that is governed by the institutions as defined in Section B1 under point 22 only are as under

(i) The member must give authorization at entry date or at a later date through the Master Policyholder to the Company to make the payment of outstanding loan amount to the Master policyholder by deducting the same from the claim proceeds.

(ii) Master Policyholder shall submit a certified Credit Account Statement in respect of the concerned member to the Company at the time of lodging claim.

(iii) Where the Claim Discharge Form of the member / nominee/ legal heir/ beneficiary is obtained through the Master Policyholder the Company shall take a Certification from the Master policyholder that the Nominee / legal heir who had submitted the claim discharge form is the same person who has been registered by the Master Policyholder as the nominee / legal heir under this policy.

(iv) The Company shall settle the claim on the happening of contingent event covered under this policy towards the Master Policyholder to the extent of outstanding loan amount. The balance claim amount, if any, after deduction of outstanding loan amount shall be credited directly in favor of nominee / legal heir of this policy, as the case may be.

(v) The Company may audit or cause an audit into the accuracy of the Credit Account Statements of the members/ deceased member in respect of which claims were settled on the completion of every financial year.

(vi) Notwithstanding the above clause, the Company may also delegate the responsibility of the audit and require the Master Policyholder to conduct audit or cause an audit into the accuracy of the Credit Account Statements of the members / deceased member in respect of which claims were settled on the completion of every financial year and shall obtain a certification from their respective internal / statutory auditors that the outstanding loan amount is being shown in the credit account statement / claim discharge form is correct and reflecting the balance as the conditions governing the credit account / loan account .

F.5. Taxes, Duties and Levies, and Disclosure of Information

All taxes, duties or levies (collectively the "Taxes") applicable to this Policy or the amounts received under this Policy by the Company or the Benefits payable under this Policy, shall be borne and payable by the Policyholder.

This Policy and the Benefits under this Policy shall be subject to the applicable laws and regulations, including taxation laws in effect from time to time. The persons receiving the Benefits shall be solely liable for complying with all the applicable provisions of the Regulations, including taxation laws, and payment of all applicable Taxes. Except as otherwise required by law, the Company shall not be responsible for any Tax liability arising in relation to this Policy or the Benefits payable in terms of this Policy. In any case where the Company is obliged to account to the revenue authorities for any Taxes applicable to this Policy or the Benefits payable under this Policy, the Company shall be entitled to deduct such Taxes from any sum payable under this Policy, and deposit the amount so deducted with the appropriate governmental or regulatory authorities.

In any case where the Company is obliged to disclose to the revenue or other regulatory authorities any information concerning the Policy, including information concerning the Insured Members, Premium and the Benefits under this Policy, the Company shall be entitled to disclose the required information to appropriate governmental or regulatory authorities.

F.6. Assignment

No part of the Benefits available under this Policy shall be subject to assignment.

F.7. Nomination

Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. This is a Group Insurance policy and the Insured Member shall appoint the nominee, therefore reference to Policyholder in the Annexure C to be read as Insured Member. MWP Act shall not be applicable to this Policy.

[A Leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure C for reference]

F.8. Review, revision

The Company reserves the right to review, revise, delete and/ or alter any of the terms and conditions of this Policy, including without limitation the Benefits, the Premiums with the prior approval of the IRDAI.

F.9. Release and discharge

The Policy will terminate automatically on payment of the Surrender Value, Benefit, or on the happening of the events that the Policy states specifically that the Policy shall terminate, as the case may be, and the Company will be relieved and discharged from all obligations under this Policy thereafter.

F.10. Notice by the Company under the Policy

Any of the notices required to be issued in terms of this Policy may be issued, either by issuing individual notices to the Policyholder, including by electronic mail and/or facsimile, or by issuing a general notice, including by publishing such notices in newspapers and/or on the Company's website.

F.11. Entire Contract

This Master Policy comprising of the terms and conditions set forth herein, the Master Policy Schedule and the Endorsements, if any, made on or applicable to this Master Policy , the Master Proposal Form and Membership Forms shall form an integral part and the entire contract, evidenced by this Master Policy. The liability of the Company is at all times subject to the terms and conditions of this Master Policy and the Endorsements made from time to time.

In the event of any inconsistency between the terms and conditions set forth in this Policy document and the terms and conditions set forth in any of the schedules or documents attached to this Policy, the terms and conditions set forth in this Policy shall prevail.

F.12. Risk Factors

This is a non-linked, non-participating Group Life Insurance Policy.

Exide Life Insurance Company Limited is only the name of the Insurance Company and the name of the product does not in any way indicate the quality of the product, its future prospects or returns.

F.13. Governing Law and Jurisdiction

This Policy shall be governed by and interpreted in accordance with the laws of India. All actions, suits and proceedings under this Policy shall be subject to the exclusive jurisdiction of the courts in India. No action in law or equity shall be brought against the Company to enforce any claim under this Policy, unless the Policyholder has filed with the Company a claim together with all the required documents, in accordance with the requirements of this Policy and complied with the requirements of the Company

F.14. Suicide

In case of death due to suicide within 12 months from the risk commencement date as given in the Certificate of Insurance, the nominee / legal heir or beneficiary of the life insured shall be entitled to at least 80% of the premiums paid, provided the policy is in force.

F.15. Issuance of Duplicate Policy

In the event if the Insured Member loses/misplaces /destroys the original Certificate of Insurance, the Insured Member shall immediately inform the Company; the Company after obtaining satisfactory evidence shall issue a duplicate Certificate of Insurance by collecting necessary charges up to a maximum of Rs.250 and on such conditions as decided by the Company on completing procedural compliances.

F.16. Participation in Surplus

This is a non-participating Policy and therefore, no bonuses will accrue under this Policy.

F.17. Riders

There are no riders available to be attached with Exide Life Group Loan Suraksha.

F.18. Certificate of Insurance

The Company shall issue the Certificate of Insurance as per the IRDAI notification issued on Group Products under the (Non-Linked Insurance Products) Regulation, 2013, or on such terms as modified by the Regulator from time to time.

In the event of any inconsistency or contradiction between the Policy and the Certificate of Insurance, the terms and conditions contained in the Policy will prevail.

PART G
GRIEVANCE REDRESSAL MECHANISM, LIST OF OMBUDSMAN AND OTHER ANNEXURES

G.1. Contact Information for Policy Servicing, Feedback, Complaints & Grievance Redressal

In case Eligible Person has any query or complaint/grievance, please feel free to approach Our office through any of the following channels:

Level 1

Call Us	Contact Us
+91 80 67995205	• Write to group.business@exidelife.in • At your nearest branch office

Level 2

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

The Complaints Officer
Exide Life Insurance Company Limited
3rd Floor, JP Techno Park, No. 3/1,
Millers Road, Bengaluru 560 001.
Email: complaintscell@exidelife.in
Toll Free Number: 1800 419 8228
Tel No: +91-80-4134 5134

Please quote the reference number provided to you along with Policy/contract number.

Level 3

Head Customer Service
In case the Eligible Person is not satisfied with the decision of the above, the Eligible Person can write to:

Head Customer Service at group.business@exidelife.in

If you are not satisfactory with the response or do not receive a response from us within 14 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (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 of India
9th floor, United India Towers, Basheerbagh,
Hyderabad - 500 029, Telangana
Fax No: 91- 40 - 6678 9768

Level 4

In case the Eligible Person is not satisfied with the decision/resolution of the Company, the Eligible Person may approach the nearest Insurance Ombudsman as per the address mentioned in Ombudsmen List if Your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy
- Delay in settlement of claim
- Dispute with regard to Premium
- Non-receipt of Your insurance document

The complaint should be made in writing duly signed by the complainant or by his legal representative with full details of the complaint and the contact information of complainant.

As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made

- Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
- Within a period of one year from the date of rejection by the insurer
- If it is not simultaneously under any litigation.

List of Insurance Ombudsman Centers

CONTACT DETAILS	JURISDICTION
AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg. JP Nagar, 1st Phase, Bengaluru – 560025. Tel No: 080-22222049/22222048 Email: bimalokpal.bengaluru@gbic.co.in	State of Karnataka
BHOPAL Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal (M.P.)-462 003. Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in	States of Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneshwar-751009. Tel.:- 0674-2596455/2596003 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	State of Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.:- 0172-2706468/2705861 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai-600 018. Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
NEW DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi-110 002. Tel.:- 011-23237539/23232481 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in	States of Delhi.

ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
GUWAHATI Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, Guwahati-781 001 (ASSAM). Tel.: 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam and a part of the Union Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, Jaipur – 302005 Tel : 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in	State of Rajasthan
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, Kolkata - 700 072. Tel : 033-22124339/22124340 Fax : 033-22124341 Email: bimalokpal.kolkata@gbic.co.in	States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, Lucknow-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in	States of Uttar Pradesh and Uttaranchal.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai-400 054. Tel : 022-26106928/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in	States of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai & Thane
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida Email: bimalokpal.noida@gbic.co.in	States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur

PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Email: bimalokpal.patna@gbic.co.in	States of Bihar and Jharkhand
PUNE 2nd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet, Pune – 411030. Tel: 020-32341320 Email: bimalokpal.pune@gbic.co.in	State of Maharashtra, Area of Navi Mumbai & Thane but excluding Mumbai Metropolitan Region

Note: For current ombudsman list please visit http://www.irda.gov.in

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ANNEXURE - A - SCHEDULE OF INSURED MEMBERS
(Forming part of the Exide Life Group Loan Suraksha Policy No. _____)

S. No.	Name of Insured Member	Date of Birth	Gender	Loan Account No.	Loan (Rs.)	Loan Term (Yrs)	Rate of Interest (%)	Risk Com-mencement Date	Type of Cover (Level Cover/ Reducing Cover)	Cov-erage Term	Moratorium Period	Insurance Cover Expiry Date

EXIDE Life Insurance

ANNEXURE - B

Section 45 – Policy shall not be called in question on the ground of misstatement 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:

01. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 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.

02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
    a. the date of issuance of policy or
    b. the date of commencement of risk or
    c. the date of revival of policy or
    d. the date of rider to the policy
    whichever is later.

    For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
    a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
    b. The active concealment of a fact by the insured having knowledge or belief of the fact;
    c. Any other act fitted to deceive; and
    d. Any such act or omission as the law specifically declares to be fraudulent.

04. 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.

05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / claimant 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 misstatement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or claimant.

06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

07. In case repudiation is on ground of misstatement 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.

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

09. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].

EXIDE Life Insurance

ANNEXURE - C

Section 39 – Nomination by Policyholder

Provisions regarding nomination of a Policy in terms of Section 39 of the Insurance Act, 1938, as amended from time to time are as follows:

01. 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.

02. Where the Nominee is a minor, the Policyholder may appoint any person to receive the money secured by the Policy in the event of Policyholder's death during the minority of the Nominee. The manner of appointment is to be laid down by the insurer.

03. Nomination can be made at any time before the maturity of the Policy.

04. Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the insurer and can be registered by the insurer in the records relating to the Policy.

05. 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.

06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such Nominee. Otherwise, insurer will not be liable if a bona fide payment is made to the person named in the text of the Policy or in the registered records of the insurer.

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

08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.

09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the Policy. The nomination will get revived on repayment of the loan.

10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.

11. In case of nomination by Policyholder whose life is insured, if the Nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.

12. In case Nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).

13. Where the Policyholder whose life is insured nominates his
    a. Parents, or
    b. Spouse, or
    c. Children, or
    d. Spouse, and children
    e. or any of them

the Nominees are beneficially entitled to the amount payable by the insurer to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the Nominee having regard to the nature of his title.

14. If Nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired Nominee(s) shall be payable to the heirs or legal representative of the Nominee or holder of succession certificate of such Nominee(s).

15. 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 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.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 39 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].

Annexure D - GSV Factors

GSV Factors as a %age of Single Premium Policy Year of Surrender

Cov-erage Term	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
2	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	13%	3%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	18%	8%	2%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5	21%	13%	6%	2%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6	24%	16%	10%	5%	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	26%	19%	13%	8%	4%	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8	28%	22%	16%	11%	7%	3%	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9	30%	24%	19%	14%	9%	6%	3%	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10	32%	26%	21%	17%	12%	8%	5%	2%	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11	33%	28%	23%	19%	15%	11%	8%	5%	2%	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12	34%	30%	26%	21%	17%	14%	10%	7%	4%	2%	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13	35%	31%	27%	24%	20%	16%	13%	9%	7%	4%	2%	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14	37%	33%	29%	26%	22%	19%	15%	12%	9%	6%	4%	2%	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15	38%	34%	31%	28%	24%	21%	18%	15%	12%	9%	6%	4%	2%	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16	39%	36%	32%	29%	26%	23%	20%	17%	14%	11%	8%	6%	4%	2%	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17	40%	37%	34%	31%	28%	25%	22%	20%	17%	14%	11%	8%	6%	4%	2%	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18	41%	38%	35%	33%	30%	27%	25%	22%	19%	16%	14%	11%	8%	6%	4%	2%	1%	-	-	-	-	-	-	-	-	-	-	-	-	-
19	41%	39%	37%	34%	32%	29%	27%	24%	22%	19%	16%	13%	11%	8%	6%	4%	2%	1%	-	-	-	-	-	-	-	-	-	-	-	-
20	42%	40%	38%	36%	34%	31%	29%	27%	24%	22%	19%	16%	14%	11%	8%	6%	4%	2%	1%	-	-	-	-	-	-	-	-	-	-	-
21	43%	41%	39%	37%	35%	33%	31%	29%	27%	24%	22%	19%	16%	14%	11%	8%	6%	4%	2%	1%	-	-	-	-	-	-	-	-	-	-
22	44%	42%	41%	39%	37%	35%	33%	31%	29%	27%	24%	22%	19%	17%	14%	11%	9%	6%	4%	2%	1%	-	-	-	-	-	-	-	-	-
23	45%	43%	42%	40%	39%	37%	35%	33%	31%	29%	27%	25%	22%	20%	17%	14%	11%	9%	6%	4%	2%	1%	-	-	-	-	-	-	-	-
24	45%	44%	43%	42%	40%	39%	37%	35%	34%	32%	30%	27%	25%	23%	20%	17%	14%	12%	9%	6%	4%	2%	1%	-	-	-	-	-	-	-
25	46%	45%	44%	43%	42%	40%	39%	37%	36%	34%	32%	30%	28%	26%	23%	20%	18%	15%	12%	9%	6%	4%	2%	1%	-	-	-	-	-	-
26	47%	46%	45%	44%	43%	42%	41%	39%	38%	36%	35%	33%	31%	29%	26%	24%	21%	18%	15%	12%	9%	6%	4%	2%	1%	-	-	-	-	-
27	48%	47%	46%	45%	44%	43%	42%	41%	40%	39%	37%	35%	34%	32%	29%	27%	24%	21%	18%	15%	12%	9%	6%	4%	2%	1%	-	-	-	-
28	48%	48%	47%	46%	46%	45%	44%	43%	42%	41%	39%	38%	36%	34%	32%	30%	28%	25%	22%	19%	16%	12%	9%	6%	4%	2%	1%	-	-	-
29	49%	48%	48%	47%	47%	46%	46%	45%	44%	43%	42%	40%	39%	37%	35%	33%	31%	28%	25%	22%	19%	16%	13%	9%	6%	4%	2%	1%	-	-
30	50%	49%	49%	49%	48%	48%	47%	47%	46%	45%	44%	43%	42%	40%	38%	36%	34%	32%	29%	26%	23%	19%	16%	13%	9%	7%	4%	2%	1%	-

Surrender value shall only be payable subject to a minimum value of ₹100.