



We are ready for our second innings with the

IndiaFirst Life Saral Pension Plan

(Single Premium, Non-Linked, Non-Participating, Individual Immediate Annuity Plan)

Before You Start Reading

Important Note

IndiaFirst Life Saral Pension Plan is referred to as the Policy throughout the brochure.

How Will This Brochure Help You?

This brochure gives you details of how the policy works throughout its lifetime. It's an important document to refer to.

To Help Your Understanding

We've done our best to explain everything as simply as possible; however you may come across some terms you're unfamiliar with, which wherever possible, we've tried to explain.

We have used plain language that's easy to understand and believe this brochure is a good place to start when planning your future under this insurance policy.

Introduction

You save to support your life's growing aspirations. At the same time, you also want to save for retirement and secure your family against any life uncertainty. Retirement is an important milestone, financially as well as emotionally. You need to plan for your second innings where income stops but expenses won't.

Presenting, IndiaFirst Life Saral Pension Plan, an immediate annuity product, that aims to guarantee regular income for your lifetime.

Secure your Golden Years with our plan today!

Key Features

- Get the assurance of a lifetime income
Choose from 2 different annuity options as per your need

- Joint Life option to support your spouse even in your absence
- Option to surrender the policy in case of diagnosis of defined critical illness's
- Receive a regular monthly / quarterly / half-yearly / yearly income through your retirement years as per your choice

1. What is the IndiaFirst Life Saral Pension Plan?

IndiaFirst Life Saral Pension Plan is a single premium, non - linked, non - participating, individual immediate annuity policy. The plan provides you with 2 different options to choose from, to get a - regular income on a Monthly / Quarterly / Half-yearly / Yearly basis as chosen. This policy is designed to ensure financial well-being of your retirement years.

2. What is the basic eligibility criteria in this policy?

Criteria	Minimum	Maximum
Entry Age (as on last birthday)	40 years	80 years 70 years (for policies sourced through POSP-LI & CPSC-SPV channels)
Premium (Purchase Price) (Rs.)	Rs. 1,00,000; except where the proceeds are from the contract issued or administered by IndiaFirst Life where compulsory purchase of annuity is required and to the subscribers of the National Pension System regulated by the Pension Fund Regulatory and Development Authority (PFRDA).	No limit, subject to Board approved Underwriting policy.
Annuity Amount (Rs.)		
Monthly	1000	No limit, subject to Board approved Underwriting policy. Single Premium: One-time payment at policy inception
Quarterly	3000	
Half-Yearly	6000	
Yearly	12000	
Premium Paying Term (PPT)	Single Premium: One-time payment at policy inception	
Policy Term	This is a whole life product.	

Modal Factors	Annuity Payment Frequency	Factor to be applied with yearly annuity Rate
	Yearly	1
	Half-Yearly	0.49
	Quarterly	0.24
	Monthly	0.08

- In case of Joint life annuities, the age limits apply to both the lives.
- The minimum premium (Purchase Price) depends on Annuity Amount and should be such that minimum annuity installment criteria is fulfilled under both the annuity options available under this product from IndiaFirst Life, else premium will be refunded.
- The minimum annuity payouts shall be in accordance with IRDAI (Minimum Limits for Annuities and Other Benefits) Regulations, 2015, as amended from time to time
- Tax benefit may be available on premium (purchase price) paid as per prevailing tax laws. These are subject to change from time to time.

3. Who are the people involved in the policy?

This policy may include the 'Annuitant' and the 'Nominee(s)'.

Who is an Annuitant?

An Annuitant is person entitled to receive the payouts. In case of Joint Life, the Primary Annuitant will initially receive the annuities, while the Secondary Annuitant will receive the annuities, in the event of death of the Primary Annuitant, as opted.

An annuitant has to be -

	Minimum Age	Maximum Age
First Annuitant	40 years as on last birthday	80 years as on last birthday 70 years (for policies sourced through POSP-LI & CPSC-SPV channels)

- In case of Joint life annuities, the age limits apply to both the lives.

Who is a nominee(s)?

Nominee(s) is the person entitled to receive the purchase price under Return of Purchase Price option when the life assured has died.

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An annuitant has to be -

S. No.	Annuity Option	Benefits
1.	Life Annuity with Return of 100% of Purchase Price (ROP)	<ul style="list-style-type: none">• The annuity will be payable in arrears for the life of the annuitant immediately after the commencement of the policy as per annuity payment frequency chosen by the annuitant.• On the death of the annuitant, the annuity payments will cease and 100% of purchase price will be payable to the nominee(s) / legal heir(s) of the annuitant. Policy ceases on payment of the death benefit.
2.	Joint Life Last Survivor Annuity for Life with Return of 100% of Purchase Price (ROP) on death of the last survivor	<ul style="list-style-type: none">• The annuity will be payable in arrears for the life of the annuitant immediately after the commencement of the policy as per annuity payment frequency chosen by the annuitant.• The annuity will be payable in arrears for the life of the last surviving annuitant.• On the death of the either annuitant, the annuity payment continues for the other annuitant.• On the death of the last surviving annuitant, the annuity payments will cease and 100% of the purchase price will be payable to the nominee(s) / legal heir(s) of the annuitant. Policy ceases on payment of death benefit.

The annuity rate is level and guaranteed for life in absolute terms at the time of purchasing/vesting.

5. What happens in case of demise of the life assured in this policy?

On death of the Annuitant/s, the Death Benefit payable is as follows:-

S. No.	Annuity Option	Death Benefit
1.	Life Annuity with Return of 100% of Purchase Price (ROP)	On the death of the annuitant, the annuity payments will cease and 100% of purchase price will be payable to the nominee(s) / legal heir(s) of the annuitant. Policy ceases on payment of the death benefit.
2.	Joint Life Last Survivor Annuity for Life with Return of 100% of Purchase Price (ROP) on death of the last survivor	<ul style="list-style-type: none">• On the death of the either annuitant, the annuity payment continues for the other annuitant.• On the death of the last surviving annuitant, the annuity payments will cease and 100% of the purchase price will be payable to the nominee(s) / legal heir(s) of the annuitant. Policy ceases on payment of death benefit.

6. What is the annuity amount receivable in the policy?

We have provided below some sample annual annuity amounts for a purchase price of Rs. 5,00,000 (without taxes) for your ready reference –

Age	Annual Annuity Amount* (Rs.)	
	Life Annuity with Return of 100% of Purchase Price (ROP)	Joint Life Last Survivor Annuity with Return of 100% of Purchase Price (ROP) on death of last survivor
40	24,325	24,350
50	24,925	25,035
60	25,555	25,975
70	25,950	27,250

Same age has been considered for Joint Life Option, for both annuitants.

* exclusive of applicable taxes

7. What is maturity benefit in this policy?

There is no maturity benefit applicable in this policy as this is an immediate annuity policy.

8. What are the tax[#] benefits in this policy?

Tax[#] benefits (if any) may be available on premiums paid and benefits receivable as per prevailing Income Tax[#] Laws. These are subject to change from time to time as per the Government Tax[#] laws. Please consult your tax[#] consultant before purchasing an annuity.

9. Can I get a loan in this policy?

Loan can be availed any time after six months from the date of commencement of the policy. Maximum amount of loan that can be granted under the policy shall be such that the effective annual interest amount payable on loan does not exceed 50% of the annual annuity amount payable under the policy.

Under joint life option, the loan can be availed by the primary annuitant and on the death of the primary annuitant, it can be availed by the secondary annuitant.

The interest on loan shall be at 10-year G-Sec rate per annum as at 1st April, of the relevant financial year, as published by M/s. FBIL, plus 2% rounded to the integer value and shall be applicable for all loans granted during the period of twelve months, beginning 1st May of the relevant financial year. The current loan interest rate is 8.80%.

The loan interest, if any will be recovered from the annuity amount payable under the policy. The loan interest will accrue as per the frequency of annuity payment under the policy and it will be due on the date of annuity. The loan outstanding, if any shall be

recovered from the claim proceeds under the policy. However, the annuitant has the flexibility to repay the loan principal at any time during the currency of the annuity payments.

10. Can you surrender this policy?

It is advisable to continue your policy to enjoy full benefits of your policy. However, we understand that in certain circumstances you may want to surrender your policy.

The policy can be surrendered any time after six months from the date of the commencement of the policy, if the annuitant or the spouse or any of the children of the annuitant is diagnosed as suffering from any of the critical illnesses as specified below.

On surrender, 95% of the Purchase Price shall be paid to the annuitant, subject to deduction of outstanding loan amount and loan interest, if any. Upon payment of the surrender value, the policy terminates.

For the purpose of computing the surrender benefits, the purchase price excludes taxes and levies as applicable.

List of Critical Illness's covered

1. CANCER OF SPECIFIED SEVERITY

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- i. 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 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. 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 T2NOMO
- v. All Thyroid cancers histologically classified as T1NOMO (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1NOMO (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumors in the presence of HIV infection.

2. MYOCARDIAL INFARCTION

(First Heart Attack of specific severity)

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 should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. OPEN CHEST CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting 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 a cardiologist.

The following are excluded:

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

4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. COMA OF SPECIFIED SEVERITY

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:

- i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. 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.

6. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. STROKE RESULTING IN PERMANENT SYMPTOMS

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and aneurysm from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. MAJOR ORGAN / BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

Other stem-cell transplants

Where only islets of Langerhans are transplanted

9. PERMANENT PARALYSIS OF LIMBS

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.

10. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

12. BENIGN BRAIN TUMOR

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. BLINDNESS

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or;
- ii. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. END STAGE LUNG FAILURE

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and
- iv. Dyspnea at rest.

15. END STAGE LIVER FAILURE

Permanent and irreversible failure of liver function that has resulted in all three of the following:

Permanent jaundice; and

Ascites; and

Hepatic encephalopathy

Liver failure secondary to drug or alcohol abuse is excluded.

16. LOSS OF SPEECH

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

17. LOSS OF LIMBS

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction.

Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

18. MAJOR HEAD TRAUMA

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or

other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

- i. Spinal cord injury;

19. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

20. THIRD DEGREE BURNS

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

13. Can you cancel this policy (Free-look)?

If you disagree with any of the terms and conditions within the first 15 days for all channels, except Distance Marketing or electronic mode where it is 30 days from receipt of the policy document, you may return the policy to the Company, while stating reasons for the same.

You are required to send us the original Policy document and a written request stating the reasons for cancellation, post which we will refund your Premium after deducting annuity paid, if any and stamp duty paid.

If the policy is a standalone immediate annuity policy, then the proceeds from cancellation shall be returned to the policyholder.

If the policy is purchased from the contract issued or administered by IndiaFirst Life where compulsory purchase of annuity is required and to the subscribers of the National Pension System regulated by the Pension Fund Regulatory and Development Authority (PFRDA), then proceeds from freeloop will be transferred back to the respective account from where purchase price was received.

If this policy is purchased out of proceeds of a deferred pension plan of any other insurance company, then the proceeds from cancellation will be transferred back to that insurance company.

Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone calling; (ii) Short Messaging service (SMS); (iii) Electronic mode which includes e-mail, internet and interactive television (DTH); (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts; and, (v) Solicitation through any means of communication other than in person.

14. What are your options to revive the policy?

Revival is not applicable under this policy.

15. What is the Suicide Exclusion in the policy?

Suicide exclusion is not applicable under this policy

16. Nomination

Allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. For more details on the nomination, please refer to our website www.indiafirstlife.com

17. Assignment

Allowed as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. For more details on the assignment, please refer to our website www.indiafirstlife.com

18. Prohibition of Rebate: As per provisions of Section 41 of the Insurance Act, 1938 as amended from time to time.

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person, to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.
For more details please refer to our website www.indiafirstlife.com

19. What happens in case of submission of information which is false or incorrect?

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

Section 45 of the Insurance Act 1938, as amended from time to time states

1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. 3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or

assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.

20. About IndiaFirst Life Insurance

We've had Bank of Baroda, Andhra Bank (now, Union Bank of India) and Legal & General as our founding partners. After journeying with us through our years of growth, Legal & General sold its stake in Feb 2019 to Carmel Point Investments India Private Limited, a body corporate incorporated under the laws of Mauritius and owned by private equity funds managed by Warburg Pincus LLC. In April 2020, Andhra Bank was amalgamated into The Union Bank of India. Our shareholding pattern of the company now stands at: Bank of Baroda - 44.00%, Union Bank of India - 30.00%, and Carmel Point Investments India Private Limited - 26.00%.

[#]Tax exemptions are as per applicable tax laws as amended from time to time.

Disclaimer: IndiaFirst Life Insurance Company Limited, IRDAI Regn No.143, CIN: U66010MH2008PLC183679, Address: 12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai - 400 063. Toll free No - 18002098700. Product name: IndiaFirst Life Saral Pension Plan UIN: 143N062V01. IndiaFirst Life Insurance Company Limited is only the name of the Life Insurance Company and IndiaFirst Life Saral Pension Plan is only the name of the Life Insurance Product and does not in any way indicate the quality of the contract, its future prospects, or returns. For more details on risk factors and terms and conditions, please read the sales brochure carefully before concluding the sale. Trade logo of Promoters displayed belongs to IndiaFirst Life Insurance Co. Ltd. under license. Adv. Ref. No. : IndiaFirst Life Saral Pension Plan /Brochure

BEWARE OF SPURIOUS / FRAUD PHONE CALLS

- IRDAI is not involved in activities like selling of insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.