

Unique Reference No:

Key Feature Document Cum Proposal Form

IndiaFirst Life POS Cash Back Plan (UIN: 143N034V01)

KEY FEATURE DOCUMENT (KFD) - Shared in Digital Format

Type of the Plan	Non Linked Non Participating Limited premium, Money Back Insurance Plan		
Policy Term (years)	9	12	15
Premium Payment Term (years)	5	7	10
Survival Benefit payable Year and Percentage (as percentage of Sum Assured on Maturity)	3 yr - 20% 6 yr - 20%	4yr - 20% 8yr - 20%	5yr - 20% 10 yr - 20%
Guaranteed Additions (as percentage of Annualized Premium)	5%	6%	7%
Maturity Benefit	60% of Sum Assured on Maturity + accrued Guaranteed Additions		
Death Benefit	<p>Sum Assured on Death + Guaranteed Additions (till date of death)</p> <p>Sum Assured on Death is Highest of:</p> <ol style="list-style-type: none"> 10 times of annualized premium or 105% of all premiums paid as on date of death or Guaranteed Sum Assured on maturity (Any absolute amount assured to be paid on death) <p>Annualized premium is the annual premium excluding modal factor, extra premium and rider premium, if any. The guaranteed Sum Assured on maturity is Sum Assured on maturity; which is also the Basic Sum Assured.</p>		
Exclusions	<ol style="list-style-type: none"> 1. Suicide within 12 months from the date of inception of the policy - 80% of the total premium paid payable to the nominee(s)/ appointee/ legal heir. This is irrespective of whether the life assured, was sane or insane at the time death. 2. Suicide within 12 months from the date of revival/ re-instatement - Higher of surrender value or 80% of total premium paid is payable 		
Lapse	The policy lapses without acquiring any value, if you stop paying your premium before payment of two full years' premium for 9/12 years policy term and before payment of three full years' premium for policy term of 15 years. No benefits will be payable in case a policy lapses. You have an option to revive the policy within two years from the date of lapsation by paying the due premiums.		
Early Termination Value:	<ol style="list-style-type: none"> Early termination value will be paid when the policy is terminated by the policyholder or on the completion of revival period or on death whichever is earlier. Early termination value will be sum of total premiums paid multiplied by early termination factor applicable for total premium paid plus total guaranteed addition, if any multiplied by early termination factor applicable for total guaranteed addition. The early termination factors are given in the document below. 		
Paid Up	The policy acquires a guaranteed paid up value, provided at least two full years' premium have been paid for policy terms of 9/12 years and three full years' premium have been paid for policy terms of 15 years respectively. Survival Benefit and Guaranteed Additions will not be payable once the policy becomes paid up. You have an option to revive the policy from date of paid up by paying the due premiums.		
Surrender	Policyholder can surrender the policy any time during the policy term after acquiring paid up value. Surrender benefit is higher of guaranteed surrender value (GSV) or special surrender value (SSV). GSV factors are given in the document below.		
Policy Loan	Not Available		
Free Look Period	You can return your policy 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 your policy document, while stating your reasons for the same. We will refund your premium after deducting the pro rata risk premium, stamp duty and medical expenses if any.		

Early Termination factor applicable for total premiums paid			
No. of Years Premium paid at the time of Surrender	Policy Term: 9 Years	Policy Term: 12 Years	Policy Term: 15 Years
	Premium Paying Term: 5Years	Premium Paying Term: 7Years	Premium Paying Term: 10Years
1	15%	15%	7.50%
2	NA	NA	15%

Early Termination factor applicable for total Guaranteed Addition			
No. of Years Premium paid at the time of Surrender	Policy Term: 9 Years	Policy Term: 12 Years	Policy Term: 15 Years
	Premium Paying Term: 5Years	Premium Paying Term: 7Years	Premium Paying Term: 10Years
1	3%	2%	2%
2	NA	NA	4%

GSV Factor applicable for Total Premium paid			
No. of Years Premium paid at the time of Surrender	Policy Term: 9 Years	Policy Term: 12 Years	Policy Term: 15 Years
	Premium Paying Term: 5 Years	Premium Paying Term: 7 Years	Premium Paying Term: 10 Years
1	NA	NA	NA
2	30%	30%	NA
3	30%	30%	30%
4	50%	50%	50%
5	50%	50%	50%
6	50%	50%	50%
7	50%	50%	50%
8	90%	60%	56%
9	90%	70%	61%
10	NA	80%	67%
11	NA	90%	73%
12	NA	90%	79%
13	NA	NA	84%
14	NA	NA	90%
15	NA	NA	90%

GSV Factor applicable for Guaranteed Addition paid			
No. of Years Premium paid at the time of Surrender	Policy Term: 9 Years	Policy Term: 12 Years	Policy Term: 15 Years
	Premium Paying Term: 5Years	Premium Paying Term: 7Years	Premium Paying Term: 10Years
1	NA	NA	NA
2	6%	4%	NA
3	9%	7%	5%
4	12%	9%	7%
5	16%	12%	9%
6	19%	14%	11%
7	23%	17%	13%
8	26%	19%	15%
9	30%	22%	17%
10	NA	24%	19%
11	NA	27%	21%
12	NA	30%	23%
13	NA	NA	26%
14	NA	NA	28%
15	NA	NA	30%

6. Benefit Payment Mode (Choose any one mode only)

Mode selected will be used by the Company to pay the proposer according to the terms of the plan. If none of the below electronic payout option is chosen, the Company reserves the right to use any alternative payout option.

ECS Direct Credit (Bank of Baroda) NEFT Bank Name: _____
 Account Type Current Savings Branch Name: _____ Bank Account No.: _____
 MICR: _____ (Mandatory for ECS mode) IFSC Code: _____ (Mandatory for NEFT mode)
 Customer's Name as per the Bank Account: _____

Please provide a cancelled copy of your cheque if any of the above option is selected

Disclaimer: In case of non credit to my bank account with/without assigning any reasons thereof or if the transaction is delayed or not credited at all for reasons of incomplete/incorrect information, I will not hold IndiaFirst Life Insurance Co. Ltd. responsible. Further, the Company reserves the right to use any alternative payout option including demand draft/payable at par cheque in spite of opting for the direct credit option.

7. Insurance Repository

Existing e - Insurance Account (e-IA) holder, please provide the e IA and IR name

E IA Number	_____
IR Name	_____

Open New e - Insurance Account - Please choose the repository from the below

IR Code	IR Name	IR Code	IR Name
01.	NSDL Database Management Limited <input type="checkbox"/>	04.	Karvy Insurance Repository Limited <input type="checkbox"/>
02.	Central Insurance Repository Limited <input type="checkbox"/>	05.	CAMS Repository Service Limited <input type="checkbox"/>

8. Declaration by the Life to be Assured - To be confirmed via OTP

I declare that I am in good health and I do not have any physical defect, deformity or disability. I further declare that I perform all my routine activities independently, that I do not have any history of, have never suffered from, am not currently suffering from, nor have I received, nor am I currently receiving, nor been hospitalized, nor have been recommended by doctor to be hospitalized for any ailment or disease like Cancer, Heart ailment, Stroke, Paralysis, Epilepsy, Diabetes, Tuberculosis, HIV/AIDS, Asthama, Hypertension, any disease of liver, digestive system (stomach, pancreas, gall bladder, intestines), kidney. I further confirm that I have not had any application for life, accident, health or critical illness insurance on my life ever been declined, postponed or accepted at other than normal terms. I agree that if any of the statements, answers or declarations made herein are found to be untrue or if any material fact has been found to be suppressed, IndiaFirst Life Insurance Company Limited (Hereafter called the "Company") shall be entitled to cancel the Policy or repudiate the claim, if any and I also understand that the insurer can decline my claim within first 3 yrs from the date of issue if its confirmed that I had wrongly represented my health conditions through the above statements in accordance with the Sec 45 of Insurance Act,1938 as amended from time to time.

Signature authentication: An OTP authentication number has been sent on your registered mobile number. By feeding in the said number in the system, you hereby unconditionally and absolutely acknowledge and accept the Health Declaration as stated above in its entirety and the same would create a legally binding agreement between the Company and You.

Note: The product will be available without medicals and on the basis of declaration of good health.

9. General Declaration - To be confirmed via OTP

I / we have understood the questions in the proposal form and I / we have answered them truthfully, completely and correctly. I / we further declare that the information provided by me / us in the proposal form, the supplementary documents and information provided to the medical examiner in case of being medically examined will form the basis of the contract between me/us and the Company. I / we hereby authorize and direct any doctor, hospital, or employer (past and present) to disclose to the Company any information relating to my present state of health, past health history and nature of work performed by me / us. I / we undertake to undergo all medicals as may be required by the Company to assess the risk and grant the insurance. I / we further agree that if after the date of submission of the proposal but before the issuance of policy (i) there is an adverse change in my / us occupation, financial condition, health condition which will affect the decision of the Company in underwriting risk or (ii) if a proposal for assurance or an application for revival of the policy on my / our life or the life to be assured made to any insurer is withdrawn or dropped, deferred, declined or accepted at an increased premium or subject to a lien or on terms other than as proposed, I / we shall forthwith intimate the same to the Company in writing. Failure to do this on my / our part may render this assurance invalid and the policy will be dealt in accordance with section 45 of the Insurance Act, 1938 as amended from time to time. I / we understand that the cover applied for under this application will commence after approval of my application and receipt of the required premium by the Company. I / we, hereby declare that the premium have not been generated from proceeds of any criminal activities / offences listed in the Prevention of Money Laundering Act 2002 or under any other applicable law.

I/we hereby declare that the Date of Birth, Health related questions and Financial status of Life to be Assured mentioned in proposal form is correct and true to my knowledge. In case the information disclosed found to be incorrect or misrepresented claim will be treated in accordance with the Sec 45 of Insurance Act 1938 as amended from time to time.

AML-eKYC declaration: I hereby give my unconditional consent to the Company to carry out due diligence in respect of information as provided by me in the proposal form

Signature or Thumb Impression of the Life to be Insured

Name: _____ Place: _____ Date: _____

Witness's Signature or Thumb Impression _____ Name: _____

Address: _____

Signature authentication (Single factor authentication): An OTP authentication number has been sent on your registered mobile number. By feeding in the said number in the system, you hereby unconditionally and absolutely acknowledge and accept the product features in its entirety and the same would create a legally binding agreement between the Company and You.

Agent Code/ Company Representative ID _____ Agent / Company Representative Signature. _____

10. Declaration For Signing In Vernacular Or For Uneducated Persons

1. Vernacular Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form)
"I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer."

Name of the Declarant : _____ Signature: _____ Date: _____

Address of the Declarant : _____

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs.: _____
and I have understood the significance of the proposed contract.

Signature or thumb impression of the person whose life is proposed to be assured :

2. In case the Life Insured is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer and this declaration should be made by him.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the Life Insured in _____ language, and that the Life Insured has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant: _____ Signature: _____ Date: _____

Address of the Declarant: _____

Extract of Section 45 of the Insurance Act, 1938, as amended from time to time: No policy of life insurance shall be called into question on any ground whatsoever after the expiry of three years from the date of policy. A policy of life insurance may be called into question at anytime within three years from the date of policy, on the ground of fraud or 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. The insurer shall have to communicate in writing to the insured or legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement or suppression of 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 misstatement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid. 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. For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

11. Intermediary details

Name of the Intermediary _____ License Number. _____

(Applicable for all channels except Individual Agents)

Signature of the Agent / Specified Agents

Stamp of the Intermediary

Name of the Agent / Specified Agents _____ License Code _____