

Policy Document - Terms and Conditions of your policy

ICICI Pru Pinnacle Super

In this Policy, the investment risk in investment portfolio is borne by the Policyholder.

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)

UIN number: ICICI Pru Pinnacle Super: 105L121V01

In this document, "you" or "your" will refer to the Policyholder i.e. the owner of this policy and "we", "us", "our", "insurer" or the "Company" will refer to ICICI Prudential Life Insurance Company Limited or any of its successors.

Freelook Period (15/30 days Refund Policy)

If you are not satisfied with the terms and conditions of this policy, please return the policy document to the Company for cancellation within • 15 days from the date you received it, if your policy is not sourced through Distance Marketing* • 30 days from the date you received it, if your policy is sourced through Distance Marketing* On cancellation of the policy during the freelook period, we will return the premium paid subject to the deduction of: **a)** Stamp duty under the policy **b)** Expenses borne by the Company on medical examination, if any. The policy will terminate on payment of this amount and all rights, benefits and interests under this policy will stand extinguished.

*For details of Distance Marketing, please refer to clause 8.12

1. Definitions: In the policy document, unless the context otherwise requires: **i. Allocation** is attachment of Units to your policy at the applicable NAV. **ii. Extended Period** On failure to pay a due premium within the grace period as described in clause 3(b), we will send you a notice within a period of 15 days from the date of expiry of grace period. A period of 30 days shall be given to you to intimate us of your choice from the following options: **a)** Revive the policy or **b)** Complete withdrawal from the policy without any risk cover. The Extended Period shall be co-terminous with this period of 30 days. In any case, if you do not exercise the option within 45 days of the end of the grace period, you shall be deemed to have discontinued the policy without any risk cover. This is applicable only when the Premium Payment Option chosen is Five Pay. **iii. Five Pay** means that premiums are payable for five policy years **iv. Fund** is the pool of assets hypothecated to the unit-linked liabilities and invested to achieve the Fund objective. The price of each Unit in the Fund depends on how the investments in the Fund perform. The Fund is managed by the Company. **v. Fund Value** is the value obtained by multiplying the number of Units allocated to your policy by their corresponding NAVs. **vi. Life Assured** is the person on whose life the policy contract has been issued. **vii. Minimum Death Benefit** is 105% of the total premiums (including top-up premiums) paid less (a) the amount of partial withdrawals made during the two years immediately preceding the date of death of Life Assured where death occurs before or at age 60 last birthday; (b) the amount of all partial withdrawals made after attaining age 58 last birthday where the death of Life Assured occurs after age 60 last birthday. **viii. Net Asset Value (NAV)** is the price of the Unit calculated in Rupees. **ix. One Pay** means that premium is payable once. **x. Policyholder** is the Proposer or the owner of the policy at any point of time. **xi. Regulator** is the authority that has regulatory jurisdiction and powers over the Company. **xii. Sum Assured** is the fixed amount payable on death of the Life Assured. **xiii. Unit** is a portion or a part of the Fund.

2. Benefits Payable

2.1 Death Benefit: **i.** In the event of death of Life Assured during the term of the policy and subject to the policy being in force, the Company shall pay: **a.** In case of One Pay, higher of the Sum Assured and Fund Value, including Top up Fund Value, if any subject to Minimum Death Benefit. **b.** In case of Five Pay, the sum of Sum Assured and Fund Value including Top up Fund Value, if any subject to Minimum Death Benefit. **ii.** Guaranteed NAV as described in Clause 2.2 (iii) will not be applicable in case of death. **iii.** On payment of Death benefit, the policy shall terminate and all rights, benefits and interests under this policy shall stand extinguished. **iv.** Death benefit may be taxable as per the prevailing tax laws.

2.2. Maturity Benefit: On survival of the Life Assured and subject to the policy being in force on the date of maturity, we shall pay: **i.** For Multi Cap Growth Fund, Multi Cap Balanced Fund, Maximiser V, Bluechip Fund, Opportunities Fund, Income Fund, Money Market Fund, Dynamic P/E Fund, maturity Fund Value which is equal to the Fund Value. **ii.** For Highest NAV Fund A, Highest NAV Fund B, Highest NAV Fund C and Return Guarantee Fund, maturity Fund Value which shall be higher of the Fund Value and Guaranteed Value, where • Fund Value = Prevailing NAV on the day of maturity X Units at maturity • Guaranteed Value = Applicable Guaranteed NAV X Units at maturity **iii.** The Guaranteed NAV will be as per the fund option chosen and is as given below: **a.** For each series of Units of Highest NAV Fund A, the Guaranteed NAV will be the highest NAV recorded within the first seven years of the launch of a series, subject to a minimum of Rs. 10/- **b.** For each series of Units of Highest NAV Fund B, the Guaranteed NAV shall be 110% of the highest NAV recorded within the first seven years of the launch of a series, subject to a minimum of Rs. 11/- **c.** For each series of Units of Highest NAV Fund C, the Guaranteed NAV shall be the highest NAV recorded within the first seven years of the launch of a series, subject to a minimum of Rs.15/- **d.** If Units are allocated in RGF, the Guaranteed NAV shall be as declared at the beginning of the subscription period of the applicable tranche. **e.** Only one of Highest NAV Fund A, Highest NAV Fund B or Highest NAV Fund C is available at inception of the policy. **f.** The renewal premiums under the policy can be allocated either to the Highest NAV Fund as chosen at the inception of the policy or to any other non Highest NAV Fund. **g.** The Units under the policy cannot be allocated to more than one Highest NAV Fund series. **h.** The first series of the Highest NAV Funds will not be numbered. Subsequent series will be suffixed as II, III, IV etc. **i.** Guaranteed NAV shall not apply on death of the Life Assured, surrender, premium discontinuance or partial withdrawals. **iv.** Maturity benefit is the applicable maturity Fund Value along with the Loyalty addition. Loyalty addition is described in Clause 2.3. **v.** On payment of maturity benefit, the policy shall terminate and all the rights, benefits and interest under the policy shall stand extinguished. **vi.** Maturity benefit may be taxable as per prevailing tax laws.

2.3. Loyalty Addition: On the date of maturity, there will be a loyalty addition to the policy. The loyalty addition will be calculated as 2% of the policy's Fund Value as on the date of maturity. For the purpose of loyalty additions, calculation of the Fund Value will be based on the prevailing NAV and not on the Guaranteed NAV, if any.

2.4. Surrender: **i.** Surrender means voluntary termination of the policy by you. **ii.** The policy can be surrendered only after completion of five policy years. **iii.** On surrender of the policy, the Fund Value including Top up Fund Value, if any shall be paid to you. Surrender value is payable at the time of surrender or after completion of five policy years, whichever is later. **iv.** No guarantee will be applicable on surrender. **v.** The policy shall terminate on payment of the surrender value. **vi.** The surrender shall extinguish all rights, benefits and interests under the policy. **vii.** Surrender value may be taxable as per prevailing tax laws.

2.5. To Whom are the Benefits Payable: To the Proposer or the assignee(s) where a valid assignment (in accordance with Section 38 of the Insurance Act, 1938) has been recorded by the Company or the nominee(s) where a valid nomination has been registered by the Company (in accordance with section 39 of the Insurance Act, 1938) or the executors, administrators or other legal representatives who shall obtain representation to the estate or to such person or persons as directed by a court of competent jurisdiction in India, limited at all times to the monies payable under this policy. The Company does hereby agree to pay the appropriate benefits on proof: **(i)** to the satisfaction of the Company of the benefits having become payable as set out in the Policy document **(ii)** of the title of the said person or persons claiming payment **(iii)** of the correctness of the age of the Life Assured stated in the proposal (if not previously admitted)

3. Premium Payment: **a.** This section is applicable only in case of Five Pay: **i.** You are required to pay premiums on the due dates and for the amount mentioned in the policy certificate. There is a grace period of 30 days for paying the premium from the premium due date. **ii.** Only annual frequency is allowed for payment of premiums. **iii.** Premiums are payable up to and including the due date of last premium payable as shown in the policy certificate. **iv.** Premiums are payable without any obligation on us to issue a notice for them, except as required by the applicable regulations. **v.** If you suspend payment of premium for any reason whatsoever, we shall not be held liable. In such an event, benefits, if any, will be available only in accordance with the policy terms and conditions. **vi.** You may pay premium through any of the following modes: **a.** Cash **b.** Cheque **c.** Demand Draft **d.** Pay Order **e.** Banker's cheque **f.** Internet facility as approved by the Company from time to time **g.** Electronic Clearing System / Direct Debit **h.** Credit or Debit cards held in your name. *Amount and modalities will be subject to our rules and relevant legislation or regulation.* **vii.** Premiums shall be construed to be received by us only when received at any of our offices. **viii.** Where premiums have been remitted otherwise than in cash, the application of the premiums received will be conditional upon the realization of the proceeds of the instrument of payment, including electronic mode.

4. (a) Premium Discontinuance is applicable from the date on which you intimate us about discontinuance of the Policy or on the completion of the Extended Period or 45 days from the end of the grace period, whichever is earliest. **Premium discontinuance is applicable only in case of Five Pay. (i)** If the policy is not revived within the period described above, the life insurance cover and rider cover, if any, shall cease. At the end of the period, the Fund Value including Top-up Fund Value, if any shall be transferred to the discontinued policy fund (SFIN: ULIF 100 01/07/10 LDiscount 105) after deduction of applicable premium discontinuance charge. Thereafter, no other charges shall be deducted other than the fund management charge of 0.5% p.a. of the discontinued policy fund or such other charges that the Regulator may permit. **(ii)** In case of death of the Life Assured before the end of the fifth policy year, the discontinued policy fund value shall be paid to the nominee and the policy will terminate. **(iii)** At the end of the fifth policy year, the discontinued policy fund value shall be paid to you, **(iv)** The interest credited during the discontinued period after deduction of applicable fund management charges shall be subject to a minimum guarantee of the interest applicable to savings bank accounts of State Bank of India, or any such rate as may be prescribed by the Regulator from time to time. **(v)** The premium discontinuance charge shall be applicable as per the table given below:

Year in Which Premium is Discontinued	Premium Discontinuance Charge
2	4% of lower of (AP or FV), subject to a maximum of Rs. 5,000
3	3% of lower of (AP or FV), subject to a maximum of Rs. 4,000
4	2% of lower of (AP or FV), subject to a maximum of Rs. 2,000
5 and onwards	NIL

Note: "AP" stands for Annual premium and "FV" stands for Fund Value as on the date of premium discontinuance. Premium discontinuance charge is not applicable for One Pay.

(b) Policy Revival: You may revive the policy within two years from the date of discontinuance but not later than the expiry of any lock-in period prescribed by the Regulator. Currently the lock-in period is five years. In case of revival of policy, premium discontinuance charges, if any, deducted at the time of policy discontinuance, will be added to the Fund Value of the discontinued policy fund. This total amount will be invested in the same funds and in the same proportion as it were at the time of discontinuance of the policy. The guarantee on the investments held in Return Guarantee Fund (RGF) ceases on discontinuance of the policy. The Company may however, at its own discretion, provide guarantee on the investments held in Return Guarantee Fund (RGF) on revival of the policy. The NAV as on the date of revival shall be applicable.

5. Fund

5.1 Investment Objectives of the Fund and Portfolio Allocation:

Fund Name, Objective & SFIN	Portfolio Allocation	% (Min)	% (Max)	Risk-Reward Profile
Highest NAV Fund A The investment objective for the Fund is to generate optimal returns through equity exposure while using debt instruments to manage the guarantee. Investments will be in fixed income instruments as well as equity in appropriate proportions depending on market conditions prevalent from time to time SFIN : ULIF 115 15/03/11 LHighNavA 105	Equity & equity related securities Debt instruments and derivatives Money market & cash	0% 0% 0%	100% 100% 100%	Moderate

*Source: Based on prices and consensus earnings estimates from Bloomberg.

Equity and fixed income derivatives will be used as permitted by the Regulator. The investment strategy is designed to ensure that the guaranteed unit value is achieved at maturity irrespective of market movements, by dynamically allocating the portfolio between risk-free and risky assets. This is ensured through at least daily monitoring of the unit value and the present value of the guarantee. The higher the distance between the two (assuming that the unit value is greater than the present value of the guarantee), the higher is the ability to take exposure to risky assets. As the distance decreases, investments will be switched into debt of suitable duration to ensure that the NAV on maturity is the guaranteed value. At some stage, it is possible that the entire Fund gets invested in debt. To ensure smooth execution for movement between equity and debt assets, the investments would be made in a well diversified mix of highly liquid assets. **Highest NAV Fund B** (SFIN: ULIF 116 15/03/11 LHighNavB 105) Same as Highest NAV Fund A as defined above in clause 5.1 (i). **Highest NAV Fund C** (SFIN: ULIF 117 15/03/11 LHighNavC 105) Same as Highest NAV Fund A as defined above in clause 5.1 (i). The Highest NAV Fund A, Highest NAV Fund B and Highest NAV Fund C will consist of a number of close ended series and will be offered for new business sales for a limited period of time. Each series will continue to accept the renewal premiums of any business that has already contributed to it.

Fund Name, Objective & SFIN	Indicative Portfolio Allocation	% (Max)	% (Min)	Potential Risk-Reward Profile
Multi Cap Growth Fund: To generate superior long-term returns from a diversified portfolio of equity and equity related instruments of large, mid and small cap companies. SFIN: ULIF 085 24/11/09 LMCapGro 105	Equity & equity related securities Debt, Money Market & Cash	100% 20%	80% 0%	High
Opportunities Fund: To generate superior long-term returns from a diversified portfolio of equity and equity related instruments of companies operating in four important types of industries viz., Resources, Investment-related, Consumption-related and Human Capital leveraged industries. SFIN: ULIF 086 24/11/09 LOpport 105	Equity & equity related securities Debt, Money Market & Cash	100% 20%	80% 0%	High
Bluechip Fund To provide long-term capital appreciation from equity portfolio predominantly invested in NIFTY scrips. SFIN: ULIF 087 24/11/09 LBluChip 105	Equity & equity related securities Debt, Money market & Cash	100% 20%	80% 0%	High
Maximiser V To achieve long-term capital appreciation through investments primarily in equity and equity-related instruments. SFIN: ULIF 114 15/03/11 LMaximis5 105	Equity & equity related securities Debt, Money market & Cash	100% 25%	75% 0%	High
Multi Cap Balanced Fund: To achieve a balance between capital appreciation and stable returns by investing in a mix of equity and equity related instruments of large, mid and small cap companies and debt related instruments. SFIN: ULIF 088 24/11/09 LMCapBal 105	Equity & equity related securities Debt, Money market & Cash	60% 100%	0% 40%	Moderate
Income Fund To provide accumulation of income through investment in various fixed income securities. The Fund seeks to provide capital appreciation while maintaining a suitable balance between return, safety and liquidity. SFIN: ULIF 089 24/11/09 LIncome 105	Debt Instruments Money market & Cash	100%	100%	Low

Fund Name, Objective & SFIN	Indicative Portfolio Allocation	% (Max)	% (Min)	Potential Risk-Reward Profile
Money Market Fund To provide suitable returns through low risk investments in debt and money market instruments while attempting to protect the capital deployed in the Fund. SFIN: ULIF 090 24/11/09 LMoneyMkt 105	Debt Instruments Money market & Cash	50% 100%	0% 50%	Low
*Return Guarantee Fund (RGF) To provide guaranteed returns through investment in a diversified portfolio of high quality fixed income instruments. SFIN: 5 year tranche: ULIF 123 10/09/11 LRGF(T12) 105 10 year tranche: ULIF 124 10/09/11 LRGF(S5) 105	Debt Instruments Money market & Cash	100%	100%	Low
Smart Trigger Equity Fund* To generate superior long-term returns from a diversified portfolio of equity and equity related instruments of large, mid and small cap companies. SFIN: ULIF 118 15/03/11 LSTEquity 105	Equity & equity related securities Debt, Money market & Cash	100% 20%	80% 0%	High
Smart Trigger Debt Fund* To provide accumulation of income through investment in various fixed income securities. The fund seeks to provide capital appreciation while maintaining a suitable balance between return, safety and liquidity. SFIN: ULIF 119 15/03/11 LSTDebt 105	Debt Instruments Money market & Cash	100%	100%	Low
Discontinued Policy Fund: To provide the minimum guarantee as declared by the Regulator from time to time.* SFIN: ULIF 100 01/07/10 LDIscont 105	Equity & Equity Related Securities Debt, Money Market & Cash	0% 100%	0% 0%	Low

* Investment pattern as prescribed by Executive Investment Committee.

Fund Name, Objective & SFIN	P/E Range	Allocation in Equity and Equity related securities	Risk-Reward Profile
Dynamic P/E Fund: To provide long term capital appreciation through dynamic asset allocation between equity and debt. The allocation in equity and equity related securities is determined by reference to the P/E multiple of a basket of 50 large cap stocks; the remainder is to be invested in debt instruments, money market and cash. SFIN: ULIF 097 11/01/10 LDynamicPE 105	<14 14 to 16 16 to 18 18 to 20 >20	90% to 100% 80% to 100% 60% to 100% 40% to 80% 0% to 40%	High

¹Source: Based on prices and consensus earnings estimates from Bloomberg.

²The SFIN for subsequent tranches shall be determined at the time of seeking Authority's approval for launch of each new RGF tranche and shall be represented as:

For 5 year tranche: ULIF XXX dd/mm/yy LRGF(TX) 105

For 10 year tranche: ULIF XXX dd/mm/yy LRGF(SX) 105

³These funds can only be invested in by selecting Smart Trigger Strategy as stated in clause 6.8(a)

*The Return Guarantee Fund consists of closed ended tranches of terms 5 and 10 years. They are intended to provide a return over a specified period, subject to a guarantee. The Fund is offered in tranches, each of which is open for subscription for a brief period of time and terminates on a specified date. The NAV applicable at the termination of each tranche is higher of the guaranteed NAV and the then prevailing NAV. The guaranteed NAV is declared at the beginning of the subscription period. We shall guarantee the NAV only at termination of each tranche. Units may be withdrawn or switched from a tranche before its termination at the then prevailing NAV by redemption of units. The guaranteed NAV will continue to apply on the remaining units, if any, in the Fund. In case the policy is surrendered before termination of a tranche of the RGF that you are invested in, the Units will be redeemed at the prevailing NAV. If you opt for RGF at inception only the first instalment premium will be directed to the Fund. Subsequent premiums are allocated to the other Funds in a proportion specified by you at the time of inception. You have an option to switch into RGF in case a tranche is open for subscription at that time. In case the remaining term of the policy is less than the term of the RGF tranche open for subscription at that time, you cannot invest in the RGF. On termination of the RGF tranche, the proceeds will be allocated into the other Funds either in the proportion as chosen by you at inception or in the proportion of the Fund portfolio at that time. In the exceptional case of the entire Fund being invested in RGF, at the time of termination, the proceeds would be allocated to the Funds opted for at inception.

5.2. Units: The nominal value of the Units is Rs.10 each. The Units are allocated in the manner described below and such allocations may be made up to 1/1000th of a Unit or such other fraction as the Company may, in its sole discretion, decide.

5.3. NAV: The NAV of each Segregated fund shall be computed as set out below, or by any other method as may be prescribed by regulation. [Market Value of investment held by the fund plus Value of Current Assets less Value of Current Liabilities and provisions] Divided by, Number of units existing under the Fund at valuation date, before any new units are created or redeemed

5.4. Risks of Investment in the Funds: Investment in the Funds is subject to the following risks, amongst others: **i.** The investment risk in the investment portfolio is borne by you. **ii.** ICICI Pru Pinnacle Super is only the name of the policy and does not in any way indicate the quality of the policy, its future prospects or returns. **iii.** Name of the Funds mentioned above do not in any manner indicate the quality of the Funds, their future prospects or returns.

iv. The investments in the Funds are subject to market and other risks and there can be no assurance that the objectives of the Funds will be achieved. **v.** The past performance of our Funds is not necessarily indicative of the future performance of the Funds available under this policy.

5.5. Valuation Date: Valuation date is any date when NAV is declared by us. The NAV for different Funds shall be declared by the Company on a daily basis except on days on which banks or exchanges are closed or on account of political or economic "Force Majeure" conditions. NAV computation will be as per unit linked guidelines issued by the Regulator from time to time.

5.6. Valuation of the Funds: Valuation of Funds is the determination of the value of the underlying assets of the Funds. The valuation of the assets shall be made as per the valuation norms prescribed by the Regulator and implemented by us.

5.7. Investment of the Fund: We shall select the investments, including derivatives and units of mutual funds, for each Fund at our sole discretion subject to the investment objectives of the respective Funds and the applicable regulations.

5.8. Your Rights with Respect to the Fund: The policy enables you to participate only in the investment performance of the Funds, to the extent of allocated units. It does not in any way confer any right whatsoever on you or on the Life Assured to share in the profits or surplus of the business of the Company in any manner whatsoever or make any claim in relation to the assets of the Company. All assets relating to the Fund shall be and shall remain in the absolute beneficial ownership and control of the Company. There is no trust created, whether express or implied, by the Company in respect of the investments in favour of the Policyholder or assignee or nominee of the policy or any other person.

5.9. Fund Closure: Although the Funds (other than the Return Guarantee Fund, Highest NAV Fund A, Highest NAV Fund B, and Highest NAV Fund C) are open ended, the Company may at its sole discretion and subject to prior approval from the Regulator, completely close any of the Funds on the happening of any event, which in the sole opinion of the Company requires the said Fund to be closed. The Policyholder shall be given at least three months' prior written notice of the Company's intention to close any of the Funds completely or partially except in "Force Majeure" conditions as stated in clause 8.2, where the Company may give a shorter notice. In case of complete closure of a Fund, on and from the date of such closure, the Company shall cease to issue and cancel units of the said Fund and cease to carry on activities in respect of the said Fund, except such acts as are required to complete the closure. In such an event if the units are not switched to another Fund by the Policyholder, the Company will switch the said units to any other Fund at its sole discretion and subject to prior approval from the Regulator. However, no fee would be charged by the Company for switching to another Fund or exiting from the Policy in the event of complete closure of Funds.

6. Options Available:

6.1. Partial Withdrawal: You shall have an option to withdraw Units by either specifying the number of Units to be withdrawn or the amount to be withdrawn, subject to the conditions mentioned below: **i.** Partial withdrawal shall be allowed once every year after completion of five policy years. **ii.** The maximum amount that can be withdrawn shall be up to 20% of the Fund Value as on the date of partial withdrawal. **iii.** There would be no charge for this withdrawal. **iv.** Currently, the minimum withdrawal amount is Rs. 2,000. We reserve the right to change the minimum and maximum amount from time to time subject to prior approval of the Regulator. **v.** Partial Withdrawal will reduce the Minimum Death Benefit as stated in clause 1(vii). **vi.** For policies issued on minor lives, partial withdrawals will be allowed only after the Life Assured has completed 18 years of age. **vii.** Any unused partial withdrawal cannot be carried forward. **viii.** No guarantee will be applicable on partial withdrawals.

6.2. Top Ups: i. The Policyholder can pay top up premiums to his Fund Value, subject to underwriting, at any time during the term of the policy, except as stated below, provided all due premiums have been paid till date. **ii.** Top up premiums cannot be paid in the last 5 years before the date of maturity. **iii.** Currently the minimum top up premium is Rs. 2,000/- and shall be subject to change as per the rules of the Company from time to time. **iv.** There will be an increase in Sum Assured on payment of Top up premium. Increase in Sum Assured will depend on the age of the Life Assured at the time of payment of top up premium as shown in Annexure I. **v.** There is a lock in period of 5 years for each Top-up premium from the date of its payment for the purpose of partial withdrawals only. The lock in period may change from time to time as prescribed by the Regulator. **vi.** Top up premium cannot be allocated to the guaranteed funds namely Highest NAV Fund A, Highest NAV Fund B, Highest NAV Fund C and RGF.

6.3. Switches: i. You have an option to switch Units from one Fund to another by redeeming Units in the first Fund and allocation of Units in the second Fund, based on the NAV of the relevant Funds. **ii.** This feature will be available to the Policyholder only if he has all his Funds in Fixed Portfolio Strategy as stated in clause 6.8(b) at the time of switching. **iii.** You are allowed four free switches in each policy year. **iv.** Currently, for any non-free switch, a switching charge of Rs.100/- shall be applicable except in case of complete or partial closure of the Funds. This charge is subject to change, as per the rules of the Company from time to time and subject to Regulator's approval. **v.** Currently, the minimum amount per switch is Rs. 2,000/- and shall be subject to change as per the rules of the Company from time to time. **vi.** Switches into the RGF will not be allowed if subscription to the Fund is not open at the time of request or if the remaining term of the policy is less than the term of the RGF tranche open for subscription at that time. **vii.** Switches into the Highest NAV Fund A, Highest NAV Fund B and Highest NAV Fund C will not be allowed. **viii.** Any unutilized free switch cannot be carried forward.

6.4. Increase of Sum Assured: a. For Five Pay: i. Increase in Sum Assured will be allowed during the policy term provided all due premiums till date have been paid. **ii.** An increase in the Sum Assured will be allowed only in multiples of Rs. 1,000/-, subject to the maximum Sum Assured limit applicable as specified in Annexure II. This multiple of Rs. 1000/- may be changed from time to time as per the rules of the Company. **b. For One Pay, the Sum Assured may be increased from 125% to 500% of the single premium paid. c.** Any increase in the Sum Assured will be allowed only on the policy anniversary and shall be subject to underwriting. **d.** No increase in Sum Assured will be allowed if the Life Assured has attained age 60 last birthday. **e.** The cost of medical report(s) and tests, if any, shall be borne by you. **f.** You shall have to pay increased mortality charges, if any, as a result of this increase. **g.** All costs and increased mortality charges shall be recovered through cancellation of Units. **h.** Clause (c) to (g) as stated above is applicable for both the Premium Payment Option.

6.5. Decrease of Sum Assured: i. For One Pay, the Sum Assured may be decreased from 1000% to 125% of the single premium paid. **ii.** For Five Pay, decrease in Sum Assured shall be in multiples of Rs.500/- subject to the minimum Sum Assured as applicable for the plan of insurance under which this policy has been issued. This multiple of Rs. 1000/- may change from time to time as per the rules of the Company. **iii.** Decrease in Sum Assured will be allowed only on a policy anniversary during the policy term. **iv.** Once you opt for decrease in the Sum Assured, any subsequent request for increase in the Sum Assured will be subject to the conditions as mentioned in Clause 6.4 above.

6.6. Automatic Transfer Strategy: i. This option is available only with Fixed Portfolio Strategy. **ii.** You may choose to automatically transfer on monthly basis a pre-defined amount from your investments in the Money Market Fund into any one of the following Funds: **a.** Bluechip Fund **b.** Multi Cap Growth Fund **c.** Opportunities Fund **d.** Maximiser V **e.** Dynamic P/E Fund **iii.** You may opt for a transfer date of either 1st or 15th of every month. **iv.** If you have not specified the transfer date, then the transfer will occur on the 1st of every month. **v.** If the 1st or 15th of the month is a non-valuation date then the next working day's NAV will be applicable. **vi.** At the time of transfer, the required number of Units will be redeemed from Money Market Fund, at the applicable unit value and new Units will be created in the chosen destination Fund. **vii.** The minimum transfer amount is Rs. 2,000. This value is subject to change from time to time as per rules of the Company and subject to prior approval of the Regulator from time to time. **viii.** The Automatic transfer strategy request will be regularly processed till you notify us to discontinue it through a written communication. **ix.** The Automatic transfer strategy will not be applicable if the source Fund Value is less than the amount nominated for transfer.

6.7. Premium Redirection: i. This option will be available only with Fixed Portfolio Strategy. **ii.** You have an option to specify the manner in which the future premiums are to be invested at the inception of the policy by specifying the proportion that is to be invested in Smart Trigger portfolio strategy and Fixed Portfolio strategy. **iii.** If the future premiums are to be invested in fixed portfolio strategy, you must specify the name of the Funds and the corresponding proportion to be invested in each of the Funds. **iv.** Premium Redirection will not be allowed into any of the guarantee Funds namely Highest NAV Fund A, Highest NAV Fund B, Highest NAV Fund C and Return Guarantee Fund. **v.** At the time of payment of subsequent premiums, the split may be changed without any charge. This option is available without any charge and it will not be counted as a switch. This benefit will not be applicable for the One Pay.

6.8. Portfolio Strategy: At the outset, a choice of two asset allocation strategies is available to the Policyholders, viz. Smart Trigger Portfolio Strategy and Fixed Portfolio Strategy. You may opt into or out of a Portfolio Strategy during the policy term. The Policyholder may distribute his investments between the two portfolio strategies in the proportion of his choice. **a. Smart Trigger Portfolio Strategy** Under this strategy, the Policyholder's investments will initially be distributed between two Funds – Smart Trigger Equity Fund, an equity oriented Fund, and Smart Trigger Debt Fund, a debt oriented Fund - in 75%: 25% proportion. This allocation may subsequently change on account of market movements. The portfolio will be rebalanced on the occurrence of a trigger event. A trigger event is defined as a 10% upward or downward movement in NAV of Smart Trigger Equity Fund since the previous rebalancing. For determining the first trigger event, the movement of 10% in NAV of Smart Trigger Equity Fund will be measured vis-à-vis the NAV on the date of allocation of units at inception as the reference. On the occurrence of the trigger event, any value of units in Smart Trigger Equity Fund which is in excess of three times the value of units in Smart Trigger Debt Fund is considered as gains and will be redeemed and invested as per the reinvestment option selected by the Policyholder. This is done to ensure that the ratio between Smart Trigger Equity Fund and Smart Trigger Debt Fund is reset to a 75%:25% proportion. In case there are no such gains to be capitalized, units in Smart Trigger Equity Fund and Smart Trigger Debt Fund are redistributed to re-establish a 75%:25% proportion. The Policyholder can choose either to invest those gains back into the Smart Trigger Portfolio Strategy under the reinvestment option or in any one of the Funds available with the Fixed Portfolio Strategy; except the Highest NAV Fund A, Highest NAV Fund B, Highest NAV Fund C and Return Guarantee Fund. **b. Fixed Portfolio Strategy** The Policyholder may choose to invest his money in any of the Funds offered and in proportions of his choice. These Funds have been described in Clause 5.

6.9. Change in Reinvestment Option i. You have the flexibility to change the reinvestment option selected for Smart Trigger Portfolio Strategy. ii. This option can be exercised once every policy year and there shall be no charge for the same.

6.10. Transfer in Portfolio Strategy (TIPS) i. The Policyholder has the flexibility to transfer part or all of his Funds from one portfolio strategy to the other. ii. This facility is provided once every Policy year and is free of cost. iii. Any unutilized TIPS cannot be carried forward to the next Policy year.

6.11. Loans No Loans are allowed under this plan.

6.12. Riders / Supplementary Benefits Riders under this plan shall be offered subject to Regulator's prior approval.

6.13. Premium Alteration Increase or decrease in premium is not allowed under this plan.

6.14. Applicability of NAV i. The allocation and redemption of Units for various transactions will be at the applicable NAV as discussed below:

Type of Transaction	Applicable NAV (Where transaction is received before cut-off time)
First premium deposit received by way of local cheque or pay order or demand draft payable at par	NAV of the date of commencement of the policy
First premium deposit received by way of outstation cheque or pay order or demand draft	NAV of the date of commencement of policy or date of realization of the amount by the Company, whichever is later
Renewal premiums received by way of direct debit, ECS, credit card, etc.	NAV of the date of receipt of instruction or the due date, whichever is later
Renewal premiums received by way of local Cheque or pay order or demand draft payable at par	NAV of the date of receipt of instrument or the due date, whichever is later
Renewal premiums received by way of outstation cheque or pay order or demand draft	NAV of the date of receipt of instrument or the due date or date of realization of the amount by the Company, whichever is later
Partial withdrawal Switch	NAV of the date of receipt of the request
• Free Look cancellation • Death claim	NAV of the date of receipt of the request or intimation of claim (Intimation for the purpose of claim must be in writing. For Free Look cancellation, request must be in writing or in any other manner as decided by the Company from time to time)
Surrender	NAV of the date of receipt of the request
Top-up	NAV of the date of realisation of monies
Loyalty additions	NAV of the date of allocation
Transfer to the premium discontinued policy Fund	NAV of the date of policy discontinuance

ii. Currently, the cut-off time is 3.00 p.m. The cut-off time may be changed as per the Regulator's prevailing guidelines. iii. If the transaction request is received after the cut-off time, then NAV of the next date or in case of prepayment of renewal premium, NAV of the due date, shall be applicable. iv. If the same day or the next day or the transaction due date is not a valuation date, then we shall apply the NAV of the next immediate valuation date. v. In the event of the new applications or proposals received on the last day of the financial year, the NAV of that day would be applicable. The cut-off time shall not be applicable for such transactions. vi. The Units allocated shall be reversed in case of non realization of the premium amount. vii. We shall follow the norms stated above for any transactions, which are not specifically mentioned herein but involve allocation and redemption of Units.

6.15. Foreclosure: If the Fund Value under the policy is not sufficient to meet the applicable charges the Policy shall stand terminated and all benefits there under shall cease to exist.

7. Charges:

7.1. Premium Allocation Charge: Premiums are allocated to the Fund after deducting the premium allocation charge as shown below: For One Pay

Single Premium (Rs.)	Premium allocation charge (% of single premium)
<= 5,00,000	5%
> = 5,00,000	4%

For Five Pay

Year1	Year 2	Year 3	Year 4	Year 5
6%	5%	3%	3%	3%

7.2. Top-up Allocation Charge: A 2% allocation charge will apply to all top up premiums.

7.3. Mortality Charge: Mortality charge will be calculated on the Sum at Risk described below.

For One Pay: Sum at Risk = Max {Sum Assured, Fund Value, Minimum Death Benefit} – Fund Value
For Five Pay: Sum at Risk = Max {Sum Assured + Fund Value, Minimum Death Benefit} – Fund Value. Mortality charge will be deducted on a monthly basis by redemption of Units. The mortality charge rates are given in Annexure I. Service tax and cesses on mortality and rider charges, as applicable, will be recovered by redemption of Units.

7.4. Fund Management Charge:

Fund Name	FMC as % Per Annum of the Net Assets
Highest NAV Fund A	1.35%*
Highest NAV Fund B	1.35%*
Highest NAV Fund C	1.35%*
Smart Trigger Equity Fund	1.35%
Smart Trigger Debt Fund	1.35%
Multi Cap Growth Fund	1.35%
Multi Cap Balanced Fund	1.35%
Maximiser V	1.35%
Bluechip Fund	1.35%
Opportunities Fund	1.35%
Income Fund	1.35%
Dynamic P/E Fund	1.35%
Money Market Fund	0.75%
Return Guarantee Fund	1.25%*

These will be charged by adjustment to NAV. *There will be an additional charge for the investment guarantee made by adjustment to the NAV for the funds below: Highest NAV Fund A: 0.50% p.a. Highest NAV Fund B: 0.50% p.a. Highest NAV Fund C: 0.50% p.a. Return Guarantee Fund: 0.25% p.a.

Additional charge of 0.5% per annum shall be levied on the discontinued policy fund

7.5. Policy Administration Charge: The policy administration charge as set out below shall be applicable. This charge is subject to a maximum amount of Rs. 500/- per month. One Pay:

Policy Administration	Charge Per Month (% of Single Premium)
Policy year 1 to 5	0.12 %
Thereafter	0%

Five Pay:

Policy Administration	Charge Per Month (% of Annual Premium)
Policy year 1 to 5	0.25 %
Policy year 6 to 10	0.10%

This charge will be deducted by cancellation of Units.

7.6. Miscellaneous Charge: If there are any policy alterations during the policy term, they shall be subject to a miscellaneous charge of Rs. 250.

7.7. Nature of Charges: i. The Fund management charge and the charge for the investment guarantee will be recovered by adjustment to the NAV. ii. Premium allocation charge will be recovered by way of deduction from premium. iii. All other charges will be deducted by redemption of Units. In the event that the Units are held in more than one Fund, the redemption of Units in respect of charges will be effected in same proportion as the Fund Value held in each Fund.

7.8. Revision of Charges: i. We reserve the right to revise the following charges at any time during the term of the policy. ii. Any revision will be with prospective effect subject to the Regulator's prior approval and if so permitted by the then prevailing regulations, after giving notice to the Policyholders. iii. The following limits are applicable:

Charge	Limit
Fund management charge	Maximum of 2.50% per annum of the net assets for each of the plans
Policy administration charge	Maximum of 1.50% of annual premium per month
Switching charge	Maximum of Rs. 200/- per switch
Miscellaneous charge	Maximum of Rs. 500/- per alteration

iv. In case you do not agree with the revision in charges, you can withdraw the Units in the Fund at the then prevailing NAV. The policy shall terminate upon this payment. v. The Premium discontinuance charge, mortality charge and premium allocation charge are guaranteed for the term of the policy.

8. General Conditions:

8.1. Legislative Changes: This policy including the premiums and the benefits under the policy will be subject to the taxes and other statutory levies as may be applicable from time to time. You shall be required to pay service tax, education cess or any other form of taxes or charges or levies as per prevailing laws, regulations and other financial enactments as may exist from time to time, wherever applicable. These will be deducted by redemption of Units, wherever applicable. All benefits payable under the policy are subject to the tax laws and other financial enactments as they exist from time to time. All provisions stated in this Policy are subject to the current guidelines issued by the Regulator as on date. All future guidelines that may be issued by the Regulator from time to time will also be applicable to this Policy.

8.2. Force Majeure: i. We may, in the general interest of the holders of unit linked policies and keeping in view unforeseen circumstances or unusual market conditions, limit the total number of Units that can be withdrawn on any day to 5% of the total number of Units then outstanding. ii. In exceptional circumstances such as unusually high volume of sale of investments within a short period, exceptional redemption, market conditions or political or economic force majeure, we may, at our sole discretion, defer the partial withdrawal of Units and the surrender of the policy for a period not exceeding one month from the date of receipt of application. iii. If the performance by the Company of any of its obligations herein shall be in any way prevented or hindered in consequence of any act of God or State, strike, lock out, legislation or restriction of any Government or other authority or on account of market conditions or political or economic "Force Majeure" conditions, the performance of this contract shall be wholly or partially suspended during the continuance of the contract. iv. Force majeure consists of: a. When one or more stock exchanges which provide a basis for valuation for a substantial portion of the assets of the Fund are closed other than for ordinary holidays b. When as a result of political, economic, monetary or any circumstances out of our control, the disposal of the assets of the unit Fund are not reasonable or would not reasonably be practicable without being detrimental to the interests of the remaining unit holders. c. During periods of extreme volatility of markets during which surrenders and switches would, in our opinion, be detrimental to the interests of the existing unit holders of the Fund. d. In the case of natural calamities, strikes, war, civil unrest, riots and bands e. In the event of any disaster that affects our normal functioning f. If so directed by the Regulator

8.3. Age: i. We have calculated the mortality charge on the basis of the age of the Life Assured as declared in the Proposal. In case you have not provided proof of age of the Life Assured with the proposal, you shall furnish such proof of age of the Life Assured as is acceptable to us and have the age admitted. ii. In the event the age so admitted (the "Correct Age") during the policy term is found to be different from the age declared in the proposal, without prejudice to our rights and remedies including those under the Insurance Act, 1938, we shall take one of the following actions: a. If the correct age of the Life Assured makes him ineligible for this product, we shall offer a suitable plan as per our underwriting norms. If you do not wish to opt for the alternative plan or if it is not possible for us to grant any other plan, the policy shall stand cancelled from the date of issuance and the Fund Value less premium discontinuance charge shall be returned and the policy shall terminate thereafter. b. If the correct age of the Life Assured makes him eligible for this Policy, the revised mortality charges as per the correct age will be recovered from the next Policy anniversary date. For the purpose of a and b clauses, the Fund Value less premium discontinuance charge shall be calculated by using the NAV of the date of cancellation or termination of the policy. The provisions of Section 45 of the Insurance Act, 1938 shall be applicable. The policy shall be terminated if the Fund Value under the policy is insufficient to recover the charges.

8.4. Assignment and Nomination: i. An assignment of this policy may be made by an endorsement upon the policy itself or by a separate instrument signed in either case by the assignor specifically stating the fact of assignment and duly attested. The first assignment may be only made by the Proposer. Such assignment shall be effective, as against the Company, from and upon the service of a written notice upon the Company and the Company's recording the assignment in its books. Assignment will not be permitted where policy is under the Married Women's Property Act, 1874. Section 38 of the Insurance Act, 1938 may be referred to for the complete provision. ii. The Life Assured, where he is the holder of the policy, may, at any time during the tenure of the policy, make a nomination for the purpose of payment of the monies secured by the policy in the event of his death. Where the nominee is a minor, the Life Assured may also appoint a person to receive the money during the minority of the nominee. Nomination may be made by an endorsement on the policy and by communicating the same in writing to the Company. Any change of nomination, which may be effected before the termination of the policy shall also be communicated to the Company. Section 39 of the Insurance Act, 1938 may be referred to for the complete provision. The Company does not express itself upon the validity or accept any responsibility on the assignment or nomination in recording the assignment or registering the nomination or change in nomination.

8.5. Suicide: If the Life Assured, whether sane or insane, commits suicide within one year from date of issuance of this policy, then the policy shall be void and only the Fund Value including Top up Fund Value, if any shall become payable. All rights, benefits and interests under this policy will stand extinguished. If the Life Assured, whether sane or insane, commits suicide within one year from the effective date of increase in the Sum Assured, then the amount of increase shall not be considered in the calculation of the Death Benefit.

8.6. Policy Alterations: Policy alterations would be allowed after payment of at least one full year's premium subject to the rules of the Company and the applicable guidelines at that point in time.

8.7. Incontestability: a. Section 45 of the Insurance Act, 1938: No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance shall after the expiry of two years from the date on which it was effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that a statement made in the proposal of insurance or any report of a medical officer, or a referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statements were on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in the 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. b. We rely upon the information given by you in the proposal form and in any other document(s) submitted in support of the proposal form. We also rely upon your certification that the document(s) provided in support of the proposal form is or are genuine and bona fide. The policy is subject to the terms and conditions as mentioned in the policy document and is governed by the laws of India.

8.8. Notices: Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, facsimile or e-mail: In case of the Policy holder or nominee: As per the details specified by the Policy holder or nominee in the proposal form or change of address intimation submitted to the Company

In case of the Company: Address Customer Service Desk ICICI Prudential Life Insurance Company Limited, Vinod Silk Mills Compound, Chakravathy Ashok Nagar, Ashok Road, Kandivali (East), Mumbai- 400 101. Facsimile: 022 67100803 / 805 E-mail : lifeline@iciciprulife.com Notice and instructions sent by us to the Policyholders will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail. It is very important that you immediately inform us about any change in the address or the nominee particulars.

8.9. Payment of Claim: i. Before payment of any claim under the policy, the Company will require the delivery of the original of this policy document along with written intimation and the following documents establishing the right of the claimant or claimants to receive payment. **a.** Claimant's Statement **b.** Death Certificate of the Life Assured issued by the local and medical authority **c.** Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim. **ii.** Claim payments are made only in Indian rupees. **iii.** The Company will repudiate the claim if there is any discrepancy found in the age of the Life Assured as declared in the proposal form submitted to the Company and as admitted under the policy.

8.10. Electronic Transactions: The Company provides certain facilities and may provide additional facilities from time to time for carrying out transactions through Internet, World Wide Web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication. All such transactions carried out by the Policyholder subject to the relevant guidelines and terms and conditions as may be made applicable by the Company shall be valid and legally binding on the Company as well as the Policyholder. The Company further reserves the sole right to terminate, stop or do away with all or any of the said facilities without any prior intimation to the Policyholder.

8.11. Jurisdiction: The policy is subject to the terms and conditions as mentioned in the policy document and is governed by the laws of India. Only the Courts, Judicial, Quasi Judicial and Regulatory bodies created under laws or regulations prevailing in India for the time being in force shall have the jurisdiction to consider or adjudicate dispute, if any, under this policy.

8.12 Distance Marketing: 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.

8.13 Revival of the Policy: This clause is applicable only for the policies where the premiums are discontinued during the first five policy years. **a.** the application for revival is made within 2 years from the date of the discontinuance and not later than the expiry of lock in period; **b.** the Policyholder, at his own expense, furnishes satisfactory evidence of health of the Life Assured, if required; **c.** the receipt of arrears of premiums **d.** the revival of the policy may be on terms different from those applicable to the policy before it lapsed; and **e.** the revival will take effect only on it being specifically communicated by the Company to the Policyholder.

8.14. Customer Service: (a) For any clarification or assistance, the Policyholder may contact our advisor or call our Customer Service Representative (between 9.00 a.m. to 9.00 p.m, Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy Folder or on our website: www.icicilife.com. Alternatively the Policyholder may communicate with us at the Customer Service Desk details mentioned earlier. The Company's website must be checked for the updated contact details. **(b) Grievance Redressal Officer:** If the Policyholder does not receive any resolution or the resolution provided is not satisfactory, the Policyholder may get in touch with our designated Grievance Redressal Officer (GRO). For GRO contact details please refer to the "Grievance Redressal" section on www.icicilife.com. **(c) Senior Grievance Redressal Officer:** If the Policyholder does not receive any resolution or the resolution provided by the GRO is not satisfactory, the Policyholder may write to our Senior Grievance Redressal Officer (SGRO). For SGRO contact details please refer to the "Grievance Redressal" section on www.icicilife.com. **(d) Grievance Redressal Committee:** In the event that any complaint / grievance addressed to the SGRO is not resolved, the Policyholder may escalate the same to the Grievance Redressal Committee at the following address: ICICI Prudential Life Insurance Company Limited, Vinod Silk Mills Compound, Chakravathy Ashok Road, Ashok Nagar, Kandivali (East), Mumbai - 400 101.

(e) Insurance Ombudsman: i. The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. **ii.** As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made only if: **(1)** The grievance has been rejected by the Grievance Redressal Machinery of the Insurance Company **(2)** Within a period of one year from the date of rejection by the Insurance Company **(3)** If any other Judicial authority has not been approached **iii.** In case if the Policyholder is not satisfied with the decision / resolution of the Company, the Policyholder may approach the Insurance Ombudsman at the address given below if the grievance pertains to • any partial or total repudiation of claims or • the premium paid or payable in terms of the policy • any claim related dispute on the legal construction of the policies in so far as such dispute relate to claims or • delay in settlement of claims • non-issue of policy document to customers after receipt of premiums **iv.** The complaint to the office of the Insurance Ombudsman should be made in writing duly signed by the complainant (Policyholder) or by his legal heirs with full details of the complaint and the contact information of complainant. Given below are details of the ombudsman office considering address of the Policyholder mentioned in the application form. The Insurance Regulatory and Development Authority's or the Company's website must be checked for the updated contact details.

1. Ahmedabad: Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. **Jurisdiction:** State of Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu. Tel: 079-27546840, Fax: 079-27546142, E-mail: ins.omb@rediffmail.com

2. Bhopal: Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd floor, 6 Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 023. **Jurisdiction:** States of Madhya Pradesh & Chhattisgarh. Tel: 0755-2569201, Fax: 0755-2769203, E-mail: bimalokpalbhopal@airtelmail.in

3. Bhubaneswar: Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. **Jurisdiction:** State of Orissa. Tel: 0674-2596455, Fax: 0674-2596429, E-mail: ioobbsr@dataone.in

4. Chandigarh: Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. **Jurisdiction:** State of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh. Tel: 0172-2706468, Fax: 0172-2708274, E-mail: ombchd@yahoo.co.in

5. Chennai: Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. **Jurisdiction:** State of Tamil Nadu, UT—Pondicherry Town and Karaikal (which are part of UT of Pondicherry) Tel: 044-24333668 /5284, Fax: 044-24333664, E-mail: insombud@md4.vsnl.net.in

6. New Delhi: Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. **Jurisdiction:** States of Delhi & Rajasthan. Tel: 011-23239633, Fax: 011-23230858, E-mail: iobdelraj@rediffmail.com

7. Guwahati: Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). **Jurisdiction:** States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. Tel: 0361-2132204/5, Fax: 0361-2732937, E-mail: ombudsmananghy@rediffmail.com

8. Hyderabad: Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. **Jurisdiction:** States of Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry. Tel: 040-65504123, Fax: 040-23376599, E-mail: insombudhyd@gmail.com

9. Kochi: Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulina Bldg., Opp. Kochi Shipyard, M.G. Road, ERNAKULAM-682 015. **Jurisdiction:** State of Kerala, UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry. Tel: 0484-2358759, Fax: 0484-2359336, E-mail: iokochi@asianetindia.com

10. Kolkata: Insurance Ombudsman, Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road, 4th Floor, KOLKATA-700 001. **Jurisdiction:** States of West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim. Tel: 033-22134866, Fax: 033-22134868, E-mail: iombkol@vsnl.net

11. Lucknow: Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Naval Kishore Road, Hazaratganj, LUCKNOW-226 001. **Jurisdiction:** State of Uttar Pradesh and Uttaranchal. Tel: 0522-2231331, Fax: 0522-2231310, E-mail: insombudsman@rediffmail.com

12. Mumbai: Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. **Jurisdiction:** States of Maharashtra, Goa. Tel: 022-26106928, Fax: 022-26106052, E-mail: ombudsmanmumbai@gmail.com

Policy Certificate, terms and conditions of the policy and all the endorsements by the Company, if any, shall form integral part of this contract and shall be binding on the parties (Ver 4.0 : U84)

Annexure I

Sum Assured

Minimum Sum Assured

Premium payment option	Age at entry in complete years	Minimum Sum Assured
One Pay Premium	All ages	125% of Single Premium
Five Pay Premium	< 45 years	10 times Annual Premium
	≥ 45 years	7 times Annual Premium

Maximum Sum Assured

Premium payment option	Age at entry in complete years	Minimum Sum Assured
One Pay Premium	≤ 60 years	500% of Single Premium
	≥ 60 years	125% of Single Premium
Five Pay Premium	All ages	Subject only to Maximum Sum Assured multiples in Annexure I

Standard Mortality Charges per thousand Sum at Risk (For Male Life Assured)

Age completed birthday	Basic Mortality Charges	Age completed birthday	Basic Mortality Charges	Age completed birthday	Basic Mortality Charges	Age completed birthday	Basic Mortality Charges
8	0.72	25	1.43	42	2.82	59	12.93
9	0.75	26	1.45	43	3.04	60	14.21
10	0.77	27	1.45	44	3.31	61	15.69
11	0.85	28	1.46	45	3.62	62	17.37
12	0.96	29	1.46	46	3.98	63	19.25
13	1.02	30	1.46	47	4.39	64	21.32
14	1.08	31	1.49	48	4.85	65	22.42
15	1.13	32	1.53	49	5.35	66	25.3
16	1.17	33	1.59	50	5.91	67	28.51
17	1.22	34	1.66	51	6.51	68	32.09
18	1.26	35	1.75	52	7.15	69	36.08
19	1.29	36	1.86	53	7.85	70	40.51
20	1.33	37	1.98	54	8.6	71	45.44
21	1.35	38	2.12	55	9.39	72	50.92
22	1.38	39	2.3	56	10.23	73	57
23	1.40	40	2.48	57	10.93	74	63.75
24	1.42	41	2.65	58	11.83	75	71.25

Notes: • For female Life Assured, the Mortality charges will be those applicable to a male Life Assured two year's younger.

Annexure II

Sustainability Matrix

Allowed Maximum Sum Assured Multiples

Age band	Upto 20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65
Maximum Multiple	85	75	65	50	30	20	15	10	7	7

Note: The above multiples are of the yearly premium

ICICI Pru Waiver of Premium on Critical Illness Rider

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)

UIN: ICICI Pru Waiver of Premium on Critical Illness Rider: 105C024V01

- Benefits:** **a.** The benefit under this rider shall become payable only if this rider is specifically opted for and premiums for it are duly paid. **b.** In the event the life assured is diagnosed with or undergoes any of the Critical Illnesses' covered under this rider during the term of the policy and subject to the rider being in force, the Company shall waive all future premiums payable during the remaining term of the base policy. **c.** The regular premiums to be waived under this rider will be restricted to the premium applicable for the base policy. In case the premium amount under the base policy changes due to change in the premium payment mode, the amount to be waived under this rider and the rider premium will change accordingly, subject to the adjustment of the rider premium. **d.** The premiums will be waived by the Company till the death of the Life Assured or end of the premium paying term, whichever is earlier. **e.** In the event of acceptance of claim, no further premiums shall be required to be paid for this rider. **f.** No benefits under this rider shall become payable in the event of surrender or during lapsation or on death of the Life Assured. (For the purpose of this rider, Critical Illnesses are the diseases/ illnesses and procedures/ surgeries specifically listed in clause 13(b))
- Waiting Period:** **a.** There is a waiting period of six months from the date of issuance of this rider. **b.** The Company shall refund the premiums paid (without interest and excluding any extra premiums paid, if any) under this rider in respect of any of the specified Critical Illnesses, the symptoms of which have occurred or which have been diagnosed or for which the Life Assured received treatment, during the first six months from the rider issuance date. **c.** The rider shall terminate on this payment and no other benefit shall become payable under it.
- Addition of Rider:** **a.** This rider can be taken at inception of the policy or on any policy anniversary, subject to underwriting. **b.** This rider cannot be added during the last five policy years. **c.** On addition of this rider at a later date, the rider term should be equal to the remaining premium paying term of the base policy, subject to **(i)** maximum cover ceasing age of 75 years, **(ii)** minimum rider term of 5 years and **(iii)** maximum rider term of 30 years.
- Deletion of Rider:** The policyholder can choose to discontinue the rider any time during the term of the rider.
- Premium Review:** The premium is guaranteed for the first five policy years. The premium is reviewable after the first five policy years subject to prior approval from the Regulator. The Company will give notice in writing about the change. The rider shall lapse in case you do not accept such change.
- Termination of Rider:** The rider shall stand automatically terminated on the survival of the Life Assured to the date of maturity as mentioned in the policy certificate. No benefit shall be payable under this policy on the date of maturity.
- Loans:** No loans are available under this rider.
- Premium Payment:** Premium payment frequency will be same as that of the base policy.
- Others:** **a.** Written notice of any claim for the rider benefit should be sent to the Company within 60 days from the date of diagnosis or surgery as the case may be. **b.** In the event of any doubt regarding the appropriateness or correctness of the diagnosis, the Company shall have the right to call for an examination of the Life Assured on the evidence used in arriving at such diagnosis, by a Medical Specialist appointed by the Company and the opinion of such specialist as to such diagnosis shall be considered binding on both the policyholder and the Company.
- Suicide Claim Provisions:** Not applicable.
- Surrender:** This rider has no surrender value. No benefit shall become payable in the event of discontinuation of this rider by the Policyholder.
- Exclusions:** The Company will not be liable to pay any benefit in respect of any Critical Illness as stated in clause 13 (b) arising directly or indirectly from, through, in consequence of or aggravated by any of the following: **a.** Pre-Existing conditions or conditions connected to a Pre-Existing condition unless such Pre-Existing condition is stated in the proposal form and specifically accepted by the Company and endorsed thereon **b.** Existence of any Sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV) **c.** Self inflicted injury **d.** Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner **e.** War – whether declared or not, civil commotion, breach of law, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or willful participation in acts of violence **f.** Treatment for injury or illness caused by avocations or activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hang-gliding, ballooning, deliberate exposure to exceptional danger **g.** Aviation other than as a fare paying passenger in a commercial licensed aircraft **h.** Taking part in any act of

a criminal nature **i.** Pregnancy or childbirth or complications arising there from **j.** Radioactive contamination due to nuclear accident **k.** Any treatment of a donor for the replacement of an organ **l.** Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy or western medicines **m.** Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Australia, Brunei, Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, UAE, USA, and countries of the European Union. The Company may review the above list of accepted foreign countries from time to time with approval of the Regulator. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated

13. Coverage Details: a. Critical Illnesses: i. For the purpose of this rider, Critical Illnesses are the diseases/illnesses and procedures/ surgeries specifically listed in clause 13(b) **ii.** The benefit under this rider shall be payable only in respect of the Critical Illnesses as stated in clause 13(b) **iii.** In the event the Life Assured is diagnosed to be suffering from any of the Critical Illnesses as defined in clause 13(b)(i) or where the Life Assured actually undergoes any of the surgeries as specified in clause 13(b)(ii), the benefit payable shall be subject to the fulfilment of the conditions specified for each Critical Illness and subject to the policy being in force on the date of diagnosis or surgery, as the case may be **b. Benefit Under this Rider Shall Become Payable: i.** On diagnosis of the following diseases/illnesses:

Sr. No.	Diseases/illnesses	Sr. No.	Diseases/illnesses
1	Apallic syndrome	9	First heart attack of specified severity
2	Benign brain tumour	10	Loss of independent existence
3	Blindness	11	Loss of limbs
4	Cancer of specified severity	12	Major burns
5	Chronic lung disease	13	Major head trauma
6	Coma of specified severity	14	Paralysis
7	End stage liver disease	15	Stroke resulting in permanent symptoms
8	Kidney failure requiring regular dialysis		

ii. Only upon the Life Assured actually undergoing any one of the following procedures and not on diagnosis:

Sr. No.	Procedures/Surgeries
16	Brain Surgery
17	Open chest Coronary Artery Bypass Surgery (CABG)
18	Open heart replacement or repair of heart valves
19	Major organ / bone marrow transplant
20	Surgery to aorta

Detailed description of each of the Critical Illnesses is given below: **i) Apallic Syndrome:** Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a Neurologist and condition must be documented for at least one month. **ii) Benign Brain Tumour:** A Benign Tumour in the brain where all of the following conditions are met: **a.** It is life threatening; **b.** It has caused damage to the brain; **c.** It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as but not restricted to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment; and **d.** Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques **Exclusions: i.** Cysts **ii.** Granulomas; **iii.** Vascular malformations; **iv.** Haematomas; **v.** Calcification **vi.** Meningiomas **vii.** Tumours of the pituitary gland or spinal cord; and **viii.** Tumours of acoustic nerve (acoustic neuroma). **iii) Blindness:** Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an Ophthalmologist. **iv) Brain Surgery:** The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out. **Exclusions:** Burr hole and brain surgery as a result of an accident is excluded. **v) Cancer of specified severity:** A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy and confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded: **a.** Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as pre-malignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3. **b.** Any skin cancer other than invasive malignant melanoma **c.** All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO. **d.** Papillary micro - carcinoma of the thyroid less than 1 cm in diameter **e.** Chronic lymphocytic leukaemia less than Rai stage 3 **f.** Microcarcinoma of the bladder **g.** All tumours in the presence of HIV infection. **vi) Chronic Lung Disease:** End Stage Respiratory Failure including Chronic Interstitial Lung Disease. The following criteria must be met: **a.** Requirement of permanent oxygen therapy as a result of a consistent FEV1 test value of less than one litre.(Forced Expiratory Volume during the first second of a forced exhalation) **b.** Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less **c.** Dyspnoea at rest **d.** This diagnosis must be confirmed by a chest physician. **vii) 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: **a.** No response to external stimuli continuously for at least 96 hours; **b.** Life support measures are necessary to sustain life; and **c.** Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. **d.** The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded. **viii) Open Chest CABG:** The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner. The following are excluded: **a.** Angioplasty and/or any other intra-arterial procedures **b.** Any key-hole or laser surgery **ix) End Stage Liver Disease:** End Stage Liver Disease means chronic end stage liver failure evidenced by all of the following: **a.** Uncontrollable Ascites **b.** Permanent Jaundice **c.** Oesophageal or Gastric Varices and Portal Hypertension **d.** Hepatic Encephalopathy **Exclusion:** Liver disease arising out of or secondary to alcohol or drug abuse is excluded. **x) First heart attack of specified severity:** The first occurrence of 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 this will be evidenced by all of the following criteria: **a.** A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) **b.** New characteristic electrocardiogram changes **c.** Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. The following are excluded: **a.** Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T; **b.** Other acute Coronary Syndromes **c.** Any type of angina pectoris **xi) Open heart replacement or repair of heart valves:** The actual undergoing of open-heart valve surgery 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. **Exclusions:** Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded. **xii) 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner. **xiii) Loss of Independent Existence:** Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three 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. **a.** Activities of Daily Living: **b.** 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; **c.** Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; **d.** Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; **e.** Mobility: the ability to move indoors from room to room on level surfaces; **f.** Toileting: the ability to

use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; **g.** Feeding: the ability to feed oneself, once food has been prepared and made available. **xiv) Loss of Limbs:** The loss by severance of two or more limbs, at or above the wrist or ankle. **Exclusions:** Loss of Limbs resulting directly or indirectly from self inflicted injury, alcohol or drug abuse is excluded. **xv) Major Burns:** Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body. The condition should be confirmed by a Consultant Physician. **Exclusions:** Burns arising due to self infliction are excluded. **xvi) Major Head Trauma:** Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant Neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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. **a.** 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. **b.** 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. **c.** The following are excluded: **i)** Spinal cord injury; and **ii)** Head injury due to any other causes. **xvii) Major organ/ bone marrow transplant:** The actual undergoing of a transplant of: **a.** One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or **b.** 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: **a.** Other stem-cell transplants **b.** Where only islets of langerhans are transplanted **xviii) 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. **xix) Stroke resulting in permanent symptoms:** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. The following are excluded: **a.** Transient ischemic attacks (TIA) **b.** Traumatic injury of the brain **c.** Vascular disease affecting only the eye or optic nerve or vestibular functions. **xx) Surgery to Aorta:** The actual undergoing of surgery via thoractomy or laparotomy for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. The term 'Aorta' means the Thoracic and Abdominal Aorta but not its branches. This document should be treated as part and parcel of the main (base) policy terms and conditions. The terms and conditions applicable for the base plan shall also be applicable for the rider.