

Edelweiss Tokio Life Insurance Company Limited
Registered Office: Edelweiss House, Off C.S.T. Road, Kalina, Mumbai – 400 098
Corporate Office: 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kiroli Road, Kurla (W), Mumbai 400070

Edelweiss Tokio Life – Group Wealth Accumulation

(Non-Participating Unit Linked Plan)

UIN No: 147L014V02

MASTER POLICY CONTRACT

This Policy is a unit linked, non-participating life insurance Policy. This document is the evidence of a contract of insurance between Edelweiss Tokio Life Insurance Company Limited ('the Company') and the Policyholder as described in the Policy Schedule given below. This Policy is based on the Proposal made by the within named Policyholder and submitted to the Company along with the required documents, declarations, statements, applicable medical evidence and other information received by the Company from the Policyholder, Life Insured or on behalf of the Policyholder. This Policy is effective upon receipt and realisation, by the Company, of the consideration payable under the Policy. This Policy is written under and will be governed by the applicable laws in force in India and all Premiums and Benefits are expressed and payable in Indian Rupees.

Description of the Policy: Edelweiss Tokio Life - Group Wealth Accumulation plan is to provide wealth accumulation solution to employers for meeting obligations under various employee benefit schemes including Gratuity and Leave Encashment. Apart from the employment scheme benefits, every member will have a term insurance cover of Rs. 1,000/- payable on death, by the Company.

Group Master Policy No. _____

SCHEDULE

NAME OF MASTER POLICYHOLDER	
ADDRESS OF MASTER POLICYHOLDER	
NAME OF THE SCHEME	
NAME OF THE EMPLOYER	
NATURE OF SCHEME	
NORMAL RETIREMENT AGE	
EFFECTIVE DATE	
INITIAL PREMIUM	
AGE LIMITS	Minimum: Maximum:

"IN THIS POLICY, THE INVESTMENT RISK IN THE INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER"

Fundamental Features of the Policy: The fundamental features of the Policy are described briefly below for Your information and reference only. For the complete details on each of these features, please refer to the Clauses referenced alongside.

Fundamental Features of the Policy	Clause No
Eligibility Condition	1
Death Benefit: The benefit payable on the member's death.	2 (a)
Non Death benefit: The benefit payable on resignation and retirement of member	2 (b)
Surrender Benefit: The conditions under which the Policy can be surrendered and the benefits payable on surrender.	2 (c)
Guaranteed Loyalty Addition	2(d)
Options provided under the Plan	3
Fund & UNIT Provisions	4
Payment of premiums	5
General Conditions: The general terms and conditions governing the Policy.	6
Definitions: Important terms used under the Policy and the meanings ascribed to each.	7

TERMS & CONDITIONS

1) ELIGIBILITY CONDITIONS

a)	Eligible Members:
<p>A person is eligible to become an Insured if he/she satisfies all the following criteria:</p> <ul style="list-style-type: none"> i) The Person is a employee / member of the master policyholder; ii) The person is within the Age limits as mentioned in the Policy Schedule on the proposed Effective Date. 	
b)	Commencement of Insurance Coverage for Members:
<p>The insurance coverage under the Policy of a person who satisfies all the eligibility criteria at Clause 1(a) shall commence only if:</p> <ul style="list-style-type: none"> i) in Our sole and absolute discretion all the applicable eligibility conditions are fulfilled; ii) We have issued Policy to the Master Policy Holder covering the name of the insured or endorsement has been issued to that effect. <p>It is understood and agreed that in no event shall the insurance coverage of the Insured under the Policy commence before the Effective Date for that Insured.</p>	

2) **BENEFITS** (Any benefit amount payable is limited to the availability of funds in the scheme)

a) **Death Benefit:**

	When payable	Amount
(i)	On the death of the member and whilst the Policy is in force, then We will pay:	Rs. 1000 plus Benefits as per scheme rules

b) **Non Death Benefit:**

	When payable	Amount
(i)	On the Member retiring from the services, We will pay:	Benefits as per scheme rules
(ii)	On the Member resigning from the services, We will pay:	Benefits as per scheme rules, if any.

Our liability under this Policy is limited to the Fund Value at all times.

c) **Surrender Benefit:**

	When payable	Amount Payable
(i)	Master policyholder can surrender the master policy at any time while the policy is In-force by giving Us a written request along with the Policy Contract and We will pay:	Fund Value
(ii)	If in case the total fund value in the policy falls below Rs. 100,000/- then master policy will be discontinued. Any change in the minimum fund value limit shall be subject to prior approval of the Authority.	Fund Value

d) **Guaranteed Loyalty Additions:**

Guaranteed loyalty addition amount as mentioned below will accrue at the end of every policy year and will be allocated on the next working day of each policy anniversary date.

Guaranteed Loyalty Addition Amount = Annual Average Fund Value x Loyalty Unit Allocation Rate

Where the Annual Average Fund Value is determined by taking simple average of the Fund Values on the last day of each of the 12 policy months immediately preceding such policy anniversary.

Loyalty Unit Allocation Rate will be determined based on the Average Fund Value as per the table given below:

Average Fund Value (in lakhs)	Loyalty Unit Allocation Rate
<25	0%
25 to <50	0.35%
50 to <200	0.60%
200 to <500	0.75%
500 to <2000	0.85%
2000 to <5000	0.95%
5000 & above	1.00%

“Loyalty Unit Allocation rate” is neither units nor monetary amount but a percentage number.

Guaranteed Loyalty Additions will be made in the form of additional units with unit prices remaining the same. These additional units will be added to the existing units based on the unit price for the day on which the guaranteed additions become due.

3) **OPTIONS**

a) **Switching**

Procedure for switching:	
(i)	Units can be switched between the Funds: (a) while the Policy is in force; (b) by giving Us a request for the switch
Condition for switching:	
(ii)	(a) the proposed amount to be switched should not be less than Rs. 5,000 (b) Switching facility is free and there is no cap on number of free switches

b) **Premium Re-direction**

Procedure for Premium Redirection i.e changing the Allocation Proportion for future premiums	
(i)	Allocation Proportion can be altered while the Policy is in force and by giving us written notice to the effect. We will allow the change in Allocation Proportion on future premiums.
Conditions for changing the Allocation Proportion:	
(ii)	(a) The premium redirection will apply to all new Premiums but will not affect the existing Units. (b) No charges would be levied on alteration of the Allocation Proportion.

c) **Partial Withdrawal**

Not Allowed

4) **FUND & UNIT PROVISIONS**

a)	Funds available:
<p>The Funds available under this Policy for You to invest in are listed in the Table of Funds. The description of these Funds and the objectives of each is also listed in the Table of Funds.</p> <p>You understand and agree that the underlying assets relating to the Funds shall remain Our absolute beneficial ownership.</p>	
b)	Premium Allocation:
The Premium received, after deduction of the Premium Allocation Charges, will be allocated to the Funds in the Allocation Proportion.	
c)	What are Units:
This is a portion or a part of the underlying segregated unit linked fund.	
d)	Determination of the Unit Price:
<p>The Unit Price of the Units of each Fund shall be determined daily (when the underlying markets are open for conducting business) in accordance with the regulations or circulars / guidelines issued by the IRDA from time to time.</p> <p>As per the present guidelines issued by the IRDA, the Unit Price will be determined in accordance with the following formula: Unit Price = Net Asset Value ("NAV") divided by the number of Units existing in the Fund at the valuation date (before any new Units are allocated or redeemed).</p> <p>The NAV calculation: The NAV of each Segregated fund shall be computed as set out below: [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</p>	

e)	Conditions for Unit encashment:	
	Timing of payment/request for payment:	Applicable NAV
1.	Premium received by Us by Cash or local cheque or demand draft payable at par where the premium is received before 3:00 pm on a working day	Closing NAV of the date of receipt of premiums OR the due date of that installment of premium, whichever is later
2.	Premium received by Us by Cash or local cheque or demand draft payable at par where the premium is received after 3:00 pm on a working day	Closing NAV of the next working day OR the due date of that installment of premium, whichever is later
3.	Premium received by Us by outstation cheque or demand draft other than payable at par at the place where the premium is received, Standing Instruction on Bank / Credit Card account. ECS facility	Closing NAV of the date on which payment is realized OR the due date of that installment of premium whichever is later
4.	Death intimation request received before 3:00pm on a working day	The closing NAV of the date on which claim is intimated.
5.	Death intimation request received after 3:00pm on a working day	The closing NAV of the next working date.
6.	All requests for switching or surrender, received before 3:00 pm on a working day	The closing NAV of the date of receipt of the request.
7.	All requests for switching or surrender, received after 3:00 pm on a working day	The closing NAV of the next working date.
8.	Free-look cancellation request received before 3:00 pm on a working day	The closing NAV of the date of receipt of the request.
9.	Free-look cancellation request received after 3:00 pm on a working day	The closing NAV of the next working date.
f)	Exceptional circumstances:	
<p>In exceptional circumstances, such as the following, We may defer the calculation of the NAV for up to 7 working days:</p> <p>(i) When one or more recognized exchanges which provides a basis for valuation of a substantial portion of assets of the fund are closed down otherwise than on ordinary holidays.</p> <p>(ii) When, as a result of political, economic and monetary or any circumstances beyond Company's control, the disposal of assets of the fund is not possible, profitable or practical.</p> <p>(iii) Those periods of extreme volatility of the markets.</p> <p>(iv) When there are natural calamities, strikes, wars, civil unrest, riots and "bandhs" or any other circumstances that affect Our normal functioning.</p> <p>(v) If so directed by the IRDA.</p> <p>In exceptional circumstances/unusual market conditions and in the interest of the master policyholders, We may limit the total number of Units withdrawn on any day to 25% of the total number of Units then outstanding in respective Funds.</p>		

g)	Unit statement:
	A Unit statement with the total number of Units under each of the Funds and the respective NAV showing the performance of the Fund will be issued to the Master Policyholder on each Policy Anniversary and also when a transaction is affected.

5) **PAYMENT OF PREMIUM**

Payment of Premium:
Premium under the Policy can be paid on a regular basis or intermittently based on the valuation of the schemes.
The minimum initial premium under the Policy is Rs 500,000/-
The minimum renewal premium under the Policy is Rs. 10,000/-.

6) **GENERAL CONDITIONS**

a)	Free Look Period:
	<p>The plan offers 15 days free look period. If you are not satisfied with the terms and conditions of the policy, and want to cancel the policy you can do so by returning the policy to the company along with a letter requesting for cancellation within 15 days from the date of receipt of policy. You will be entitled to an amount equal to: Fund Value plus (Policy administration charges, if any + premium allocation charges + proportionate mortality charges for the remaining policy month) already deducted</p> <p>Minus (Stamp duty + medical expenses if any)</p>
b)	Claims procedure:
	<p>We will pay the non-death benefit due to a Member under this policy provided Master Policyholder informs us in a format prescribed by us and furnishes evidence satisfactory to us that the benefit is due as per the Scheme.</p> <p>We will pay the death benefit due to a Member under this policy provided Master Policyholder informs us in a format prescribed by us and furnishes evidence of death satisfactory to us.</p> <p>You are requested to send the claim intimation at our Registered office mentioned below. Claims officer</p> <p>Edelweiss Tokio Life Insurance Company Ltd 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kiro Road, Kurla (W), Mumbai - 400070 Email Id: claims@edelweisstokio.in Phone no: 1800 2121 212</p>
c)	Loan under the Policy
	No loan will be granted under the policy.
d)	Nomination as per section 39 of Insurance Act 1938:
	<u>Details of Nomination</u> would be maintained by the Master Policyholder.
	<u>Validity:</u> We do not accept any responsibility or express any opinion as to the validity or legality of a nomination, when recording a nomination.

Nomination should be in accordance with the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time is enclosed in Annexure (1) for reference].

e) Member List Register

The Master Policyholder is responsible to maintain a register of members covered under the Scheme/Policy. In addition, the master policyholder should ensure this register includes nomination details for each member. We reserve the right to inspect the register of members at any time.

f) Discharge Receipt

A receipt signed by the Master Policyholder or any person authorized in writing by the Master Policyholder shall be good, valid and sufficient discharge with respect to any payments made by us under this policy.

g) Assignment

Assignment is not allowed under this policy.

h) Fraud/Breach of Good Faith

(i) Section 41 of the Insurance Act, 1938:

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables or the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

(ii) Section 45 of the Insurance Act, 1938:

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

[A Leaflet containing the simplified version of the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time is enclosed in Annexure – (2) for reference].

i) Currency, Governing Law & Jurisdiction

(i) The Premiums and benefits payable under the Policy shall be payable in India and in Indian Rupees;

(ii) The Policy and any disputes or differences arising under or in relation to the Policy shall be construed in accordance with Indian law and by the Indian courts.

j) Taxation

The tax benefits under this policy would be as per the prevailing Income Tax laws in India and any amendment(s) made thereto from time to time. The master policyholder shall ensure compliance with tax laws prevailing from time to time in connection with this policy, withholding tax on the benefits payable under this policy and any other compliance.

We reserve the right to recover from the Master Policyholder all levies including but not limited to applicable taxes levied by the authorities on insurance transactions from time to time and if applicable.

k)	Duplicate Master Policy Document
<p>(i) If You lose or misplace the Policy Document You may request Us to issue You a duplicate Policy document by giving Us a written request and making payment of the fee which will be specified at the time of request.</p> <p>(ii) On issue of the duplicate Policy document, the original shall automatically cease to have any legal effect and You agree to indemnify and hold Us harmless from and against any and all claims, demands, costs, expenses, awards or judgments arising from or in connection with the original Policy document or the issue of a duplicate Policy document.</p>	
l)	Notices
<p>(i) All notices meant for Us shall be given to Us at Our address specified in the Policy Contract or at any of Our branch offices.</p> <p>(ii) All notices meant for You will be sent to Your address specified in the Schedule. If You do not notify Us of any changes to Your address, then notices or correspondence sent by Us to the last recorded address shall be valid and legally effective</p> <p>(iii) You would need to timely intimate us of any change in your address to enable us to provide important information pertaining to your Policy.</p>	
m)	Entire Contract
<p>(i) The Policy comprises the entire contract of insurance between You and Us. We shall not be bound or be deemed to be bound by any alterations or changes, unless such changes are made by Us in writing through an endorsement to the Schedule.</p> <p>(ii) Notwithstanding anything contained in this Policy Document, the provisions herein shall stand altered or superseded to such extent and in such manner as may be required by any change in applicable law including but not limited to any regulations made or circulars / guidelines issued by IRDA.</p>	

7) **DEFINITIONS**

Defined Term	Meaning
Age:	age of the Member at last birthday.
Benefits:	the benefits that is available to the Member under the policy.
Employer:	shall mean any individual or entity which employs people under express or implied contract of hire wherein such individual or entity has the right to control the details of work performance, wages, service conditions etc.
Employee:	a person who works in the service of the Employer under an express and or implied contract of hire under which the Employer has the right to control the details of work performance, wages, services conditions etc.
Effective Date:	shall mean the date from which this Scheme/Policy effective.
Funds:	Our investment funds which are established and managed by Us.
Fund Value:	the total value of the units in a segregated fund i.e. total number of Units held in the unit account multiplied by their respective NAV.
Group:	means a group of members accepted by the Company as constituting a Group for the purposes of the Policy.
IRDA:	Insurance Regulatory and Development Authority.

Member:	shall mean a person who is an eligible Employee and on whose life an Assurance has been effected.
Net Asset Value:	the price per unit of the segregated fund.
Policy:	the policy which is issued by the Company.
Premium:	the premium which is payable in accordance with the terms of this Policy.
Premium Redirection	option to modify the allocation of amount of renewal premium to various segregated funds.
Switches:	Facility to change the investment pattern by moving from one segregated fund to other segregated fund(s).
Surrender:	complete withdrawal or termination of the Policy.
Unit:	a notional and proportionate part of the unit account created solely for the purpose of determining the benefits payable under the Policy.
We/Our/Us	Edelweiss Tokio Life Insurance Company Limited.
You/ Your:	the Master Policyholder under the Policy.

Interpretation: In this Policy document, where appropriate, references to the singular will include references to the plural and references to one gender will include references to the other.

Grievance Redressal Mechanism:

We have established a Grievance Redressal Mechanism to assist in the resolution of any complaint, grievance or dispute in respect of the Policy. You are requested to submit your written complaint at any of the below mentioned touch points:

Step 1

- Toll free customer care number: 1-800-2121-212 (24 hours a day, 7 days a week)
- Email us at : complaints@edelweisstokio.in / care@edelweisstokio.in
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Ltd, 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kiro Road, Kurla (W), Mumbai 400070

Step 2

If you do not receive any resolution to your complaint within a period of 2 weeks or if the response is not as per your expectations, please feel free to contact our Grievance Redressal Officer, at any of the below touch points.

- +91 22-71013322 (Between 10 am to 7 pm on Monday to Friday, except public holidays).
- GRO@edelweisstokio.in
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Limited, 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kiro Road, Kurla (W), Mumbai – 400070.

Step 3

If you are not satisfied with the response of the GRO, you may write to the Chief Grievance Redressal Officer at cgro@edelweisstokio.in or send a communication to:

Chief Grievance Redressal Officer
Edelweiss Tokio Life Insurance Company Limited
3rd & 4th Floor, Tower 3, Wing 'B',
Kohinoor City, Kiro Road, Kurla (W)
Mumbai - 400070.

If you are not satisfied with the response or do not receive a response from us within 14 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

- IRDAI Grievance Call Centre (IGCC) Toll Free No: 155255
- Email ID: complaints@irda.gov.in
- Register online at: <http://www.igms.irda.gov.in/>

Address for communication for complaints by fax/paper:

Consumer Affairs Department
Insurance Regulatory and Development Authority of India
9th floor, United India Towers, Basheerbagh
Hyderabad 500 029, Telangana
Fax No: 91-40-6678 9768

If the complaint/grievance has still not been resolved, you may at any time approach the Office of the Insurance Ombudsman established by the Central Government of India as per Rule 13 and 14 of the Insurance Ombudsman Rules, 2017 ('Insurance Ombudsman Rules').

Powers of Insurance Ombudsman under Rule 13 of the Insurance Ombudsman Rules:

The Ombudsman shall receive and consider the following complaints or disputes relating to:

- delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999;
- any partial or total repudiation of claims by the Company;
- disputes over premium paid or payable in terms of insurance policy;
- misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
- legal construction of insurance policies in so far as the dispute relates to claim;
- policy servicing related grievances against the Company and their agents and intermediaries;
- issuance of life insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
- non-issuance of insurance policy after receipt of premium in life insurance including health insurance; and
- any other matter resulting from the violation of provisions of the Insurance Act, 1938 as amended from time to time or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f) as mentioned above.

Manner in which complaint is to be made in accordance with Rule 14 of the Insurance Ombudsman Rules:

- Any person who has a grievance against the Insurer/Company/Us, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose territorial jurisdiction the branch or office of the Company, complaint against or the residential address or place of residence of the complainant is located.
- The complaint shall be in writing duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to complaint supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.
- No complaint to the Insurance Ombudsman shall lie unless:
 - the complainant makes a written representation to the Company named in the complaint and—
 - either the Company had rejected the complaint; or
 - the complainant had not received any reply within a period of one month after the Company received the complainant's representation; or
 - the complainant is not satisfied with the reply given to him by the Company;
 - The complaint is made within one year—
 - after the order of the Company rejecting the representation is received; or
 - after receipt of decision of the Company which is not to the satisfaction of the complainant;

- iii. after expiry of a period of one month from the date of sending the written representation to the Company if the Company named in the complaint fails to furnish reply to the complainant.
4. The Insurance Ombudsman shall be empowered to condone the delay in filing a complaint as mentioned above under (3) (b), as he may consider necessary, after calling for objections of the Company against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under the Insurance Ombudsman Rules.
5. No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

The list of the Ombudsman with their addresses given below:

Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, <u>AHMEDABAD-380 001.</u> Tel.: 079-25501201/02/05/06 Fax: 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Office of the Insurance Ombudsman, 2 nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, <u>BHOPAL-462 003.</u> Tel.: 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in
Office of the Insurance Ombudsman 62, Forest Park, <u>BHUBANESHWAR-751 009.</u> Tel.: 0674-2596455/2596461 Fax: 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Office of the Insurance Ombudsman, SCO No.101-103, 2nd Floor, Batra Building, Sector 17-D, <u>CHANDIGARH-160 017.</u> Tel.: 0172-2706196/2706468 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4 th Floor, 453 Anna Salai, Teynampet, <u>CHENNAI-600 018.</u> Tel.: 044-24333668/24335284 Fax: 044-24333664 Email: bimalokpal.chennai@gbic.co.in	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <u>NEW DELHI-110 002.</u> Tel.: 011-23239633 / 23237532 Fax: 011-23230858 Email: bimalokpal.delhi@gbic.co.in
Office of the Insurance Ombudsman, Jeevan Nivesh, 5 th Floor, Nr. Panbazar over bridge, S.S. Road, <u>GUWAHATI-781 001 (ASSAM).</u> Tel.: 0361-2132204/05 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in	Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004.</u> Tel.: 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <u>ERNAKULAM-682 015.</u> Tel: 0484-2358759/2359338 Fax.: 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in	Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4 th Floor, 4, C.R.Avenue, <u>KOLKATA - 700072</u> Tel: 033-22124339/22124340 Fax: 22124341 Email: bimalokpal.kolkata@gbic.co.in

<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, <u>LUCKNOW-226 001.</u> Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <u>MUMBAI-400 054.</u> Tel: 022-26106960/26106552 Fax: 022-26106052 Email: bimalokpal.mumbai@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, Gr. Floor, Jeevan Nidhi - II, Bhawani Singh Marg, <u>JAIPUR – 302005.</u> Tel: 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth <u>PUNE - 411030.</u> Tel: 020-41312555 Email: Bimalokpal.pune@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, <u>BENGALURU – 560 078.</u> Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road Naya Bans, Sector 15, Distt: Gautam Buddh Nagar <u>NOIDA – 201301.</u> Tel: 0120-2514250/52/53 Email: bimalokpal.noida@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, <u>PATNA – 800006</u> Tel No: 0612-2680952 Email id : bimalokpal.patna@gbic.co.in</p>	

You may refer to the list of Ombudsman with their addresses on <http://www.gbic.co.in/ombudsman.html>

Signed for and on behalf of “Edelweiss Tokio Life Insurance Company Ltd” at Head Office, Mumbai on

Authorized Signatory

TABLE OF FUNDS

The objectives of the various Funds available under this Policy are given below:

1. Group Growth Fund (SFIN No: ULGF00105/09/11GFGrowth147):

Objective: to provide equity exposure targeting higher returns in the long term. To provide blend of capital appreciation by predominantly investing in equities of blue chip companies and fixed return by investing in debt & money market instruments.

Assets	Minimum	Maximum	Risk Profile
Equity	20%	60%	High
Debt and Money Market Instruments	40%	80%	

2. Group Balancer Fund (SFIN No: ULGF00205/09/11GFBalancer147):

Objective: To provide a balanced investment choice through a large part of funds into debt investments & a small part going to equities to enhance returns on a long term basis.

Assets	Minimum	Maximum	Risk Profile
Equity	NIL	30%	Medium to High
Debt and Money Market Instruments	70%	100%	

3. Group Bond Fund (SFIN No: ULGF00305/09/11GFBond147):

Objective: To provide relatively safer and less volatile investment option mainly through debt instruments and accumulation of income through investment in fixed income securities. The Fund seeks to minimize risk by maintaining a suitable balance between return, safety and liquidity.

Assets	Minimum	Maximum	Risk Profile
Equity	Nil	Nil	Low to medium
Debt and Money Market Instruments	100%	100%	

4. Group Money Market Fund (SFIN No: ULGF00405/09/11GFMoneymarket147):

Objective: To provide an option to deploy the funds in liquid and safe instruments so as to avoid market risk on a temporary basis. To provide protection of the invested capital and accumulation of income through investments in safe liquid money market and short-term instruments.

Assets	Minimum	Maximum	Risk Profile
Equity	Nil	Nil	Low
Debt and Money Market Instruments	100%	100%	

We may, with the prior approval of the IRDA, add new Funds or close existing Funds. If We are closing or amending a Fund then We will send You prior notice of the closure/amendment.

An investment in any of the Investment Funds is subject to market and other risks. Other than the explicit guarantees provided by us, there is no assurance that the objectives of any Investment Fund will be achieved.

The Unit Price of any Investment Fund may increase or decrease as per the performance of the financial markets. The past performance of these or other Investment Funds offered by the company do not indicate the future performance of these Investment Funds. The names of the Investment Funds and that of the policy do not in any way indicate the quality of the returns that can be expected from the Investment Funds.

TABLE OF CHARGES

Clause	Charges		When and how applicable	If the charges can be changed in future
Policy Administration Charges:	Not Applicable		Not Applicable	Not Applicable
Fund Management Charges (FMC):	Fund	Annual FMC	FMC are levied for the management of the Funds as a percentage of the value of assets. FMC shall be recovered on a daily basis before the calculation of the NAV of each corresponding Fund Fund Management Charges will attract service tax	May be changed with prior IRDA approval.
	Group Growth Fund (SFIN No: ULGF00105/09/11GFGrowth147)	1.35%		
	Group Balancer Fund (SFIN No: ULGF00205/09/11GFBalancer147)	1.35%		
	Group Bond Fund (SFIN No: ULGF00305/09/11GFBond147)	1.35%		
	Group Money Market Fund (SFIN No: ULGF00405/09/11GFMoneymarket147)	1.35%		
Surrender Charges	Not Applicable		Not Applicable	Not Applicable
Switching Charges	Not Applicable		Not Applicable	Not Applicable
Premium Allocation Charges	Type	Rates	Premium Allocation Charges are levied when We are in receipt of Basic/Renewal Premium Premium Allocation Charges will attract service tax.	Cannot be changed
	Direct Business	Nil		
	Other Channels	0.5%		
Premium Re-direction Charges	Not Applicable		Not Applicable	Not Applicable
Mortality Charges	Sum at Risk *Mortality Charge Rate Where, the Mortality charge rate based on the average age of the group members		Mortality Charges are levied on the 1st working day of each policy month after the Commencement Date by cancellation of appropriate number of Units. Mortality Charges will attract service tax.	Cannot be changed
Taxes	18%		Applicable taxes	Subject to change in accordance with applicable law.

Section 39 - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

01. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
02. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
03. Nomination can be made at any time before the maturity of the policy.
04. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
05. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his:
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of them
 - the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all policies maturing for payment on the commencement of The Insurance Act, 1938.
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of this Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 ('MWP Act') applies or has at any time applied except where, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is a simplified version of Section 39 of the Insurance Act, 1938 as amended from time to time. The Policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details.]

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938 as amended from time to time are as follows:

1. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 years from
 - a. the date of issuance of policy; or
 - b. the date of commencement of risk; or
 - c. the date of revival of policy; or
 - d. the date of rider to the policy

- whichever is later.

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

- whichever is later.

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

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- b. The active concealment of a fact by the insured having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specifically declares to be fraudulent.

4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

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

7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

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

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

[Disclaimer: This is a simplified version of Section 45 of the Insurance Act, 1938 as amended from time to time. The Policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details.]