

EK PLAN MEIN
ITNA TALENT.

#YeAkelaHiKaafiHai

ABSLI SUPER TERM PLAN

A Non-Linked Non-Participating
Life Individual Pure Risk Premium Plan

The most complete term plan yet.



ABSLI SUPER TERM PLAN – AN OVERVIEW

You’ve always put your family first, doing everything you can to give them a comfortable and secure life. Now, take that commitment further with the **ABSLI Super Term Plan** – a simple, flexible, and reliable protection plan designed to provide financial security to your family. This plan lets you customize your coverage to match your needs, giving you the confidence that your loved ones can continue living the life you’ve planned for them, whether it’s funding your child’s education, managing daily expenses, or maintaining their lifestyle even if you are not around.

With the **ABSLI Super Term Plan**, you become an even stronger shield for your family — ready to face life’s uncertainties. Give yourself peace of mind knowing their future is secure.

Choose an **All-in-One** term plan today and protect what matters most!

KEY FEATURES OF ABSLI SUPER TERM PLAN



Choose from 3 plan options – **Level Cover**, **Increasing Cover** and **Level Cover with Return of Premium**



Enhanced protection against **Death**, **Terminal Illness**, **Critical Illness** and **Disability**



Death Benefit payouts to choose for **Lumpsum** or **Monthly Incomes** or **Both**



Flexibility to pay the premiums for a **Limited Period** or **Throughout the policy term**



Special discounts for **Salaried customers** and **Female Lives**



Option to defer premiums by up to 12 months with **Cover Continuance Benefit**



Get 100% premiums back as **Early Exit Value***



Instant Payment on Claim for immediate support to family



Flexibility to **Change premium payment tenure**



Healthy living with inbuilt **Health Management Services**



Increase sum assured with **Enhanced Life stage protection**



Enhance your protection through our **Comprehensive Riders**

* as per the terms and conditions of the policy

ELIGIBILITY CRITERIA

| Coverage | All Individuals (Male Female Transgender) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------|---------------------|---------|--|---------|---------|-------------|------------|---------|--------------|---|---------------|----------|----|--------------------|---------------------|----------------|------------------|--|--|--|-------------|--|----|--|--|
| Age at Entry | Minimum/Maximum | | 18 Years / 65 Years | | | | | | | | | | | | | | | | | | | | | | | | |
| Age at Maturity | Minimum/Maximum | | 28 Years / 85 Years | | | | | | | | | | | | | | | | | | | | | | | | |
| Premium Payment Term (PPT) & Policy Term (PT) | <table><tr><th colspan="2">PPT</th><th>Minimum PT</th><th colspan="2">Maximum PT</th></tr><tr><td>Limited Pay</td><td>5, 7, 10, 12, 15, 20</td><td rowspan="2">PPT + 5 Years</td><td colspan="2" rowspan="2">55 Years</td></tr><tr><td>Plan Option 1 & 2:</td><td>Years and To age 60</td></tr><tr><td>Plan Option 3:</td><td>5, 10 & 15 years</td><td></td><td colspan="2"></td></tr><tr><td colspan="2">Regular Pay</td><td>10</td><td colspan="2"></td></tr></table> | | | | | PPT | | Minimum PT | Maximum PT | | Limited Pay | 5, 7, 10, 12, 15, 20 | PPT + 5 Years | 55 Years | | Plan Option 1 & 2: | Years and To age 60 | Plan Option 3: | 5, 10 & 15 years | | | | Regular Pay | | 10 | | |
| PPT | | Minimum PT | Maximum PT | | | | | | | | | | | | | | | | | | | | | | | | |
| Limited Pay | 5, 7, 10, 12, 15, 20 | PPT + 5 Years | 55 Years | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan Option 1 & 2: | Years and To age 60 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan Option 3: | 5, 10 & 15 years | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regular Pay | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Premium Payment Modes and Modal Factors | Annual Semi-Annual Quarterly Monthly <table><tr><th>Mode</th><th>Annual</th><th>Semi-annual</th><th>Quarterly</th><th>Monthly</th></tr><tr><td>Modal Factor</td><td>0%</td><td>2%</td><td>4%</td><td>6%</td></tr></table> | | | | | Mode | Annual | Semi-annual | Quarterly | Monthly | Modal Factor | 0% | 2% | 4% | 6% | | | | | | | | | | | | |
| Mode | Annual | Semi-annual | Quarterly | Monthly | | | | | | | | | | | | | | | | | | | | | | | |
| Modal Factor | 0% | 2% | 4% | 6% | | | | | | | | | | | | | | | | | | | | | | | |
| Sum Assured | <table><tr><th>Minimum</th><th colspan="4">Maximum</th></tr><tr><td>₹25,00,000</td><td colspan="4">No Limit (subject to Board Approved Underwriting Policy)</td></tr></table> | | | | | Minimum | Maximum | | | | ₹25,00,000 | No Limit (subject to Board Approved Underwriting Policy) | | | | | | | | | | | | | | | |
| Minimum | Maximum | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ₹25,00,000 | No Limit (subject to Board Approved Underwriting Policy) | | | | | | | | | | | | | | | | | | | | | | | | | | |

Any reference to age above is as on last birthday.

HOW TO CHOOSE YOUR PLAN?

Step 1: Choose your variant

| Plan Option | Death Benefit | Terminal Illness | WOP on TI & ATPD | Up to 200% Sum Assured | Return on maturity |
|------------------------------------|---------------|------------------|------------------|------------------------|--------------------|
| Level Cover | Yes | Yes | Yes | NA | NA |
| Increasing Cover | Yes | Yes | Yes | Yes | NA |
| Level Cover with Return of Premium | Yes | Yes | Yes | NA | Yes |

Acronyms used stand for: (i) TI – Terminal Illness (ii) ATPD – Accidental Total Permanent Disability (iii) WOP – Waiver of Premium
The plan option chosen at inception cannot be changed during the policy term

Step 2: Choose Your Death Benefit Option and Sum Assured

- Only as Lumpsum
- Only Monthly Income for 10/15/20 years
- Partly as Lumpsum and Partly as Monthly Income for 10/15/20 years

Step 3: Choose Your Policy Term and Premium Payment Term (as applicable)

- Select the period for which you want to get life insurance protection and the period for which you want to pay the premium with desired premium payment frequency

Your premium will be based on your current age, gender, sum assured, plan option, death benefit payout option, policy term, premium payment term, premium frequency and applicable discounts, if any.

PLAN OPTIONS & WORKING

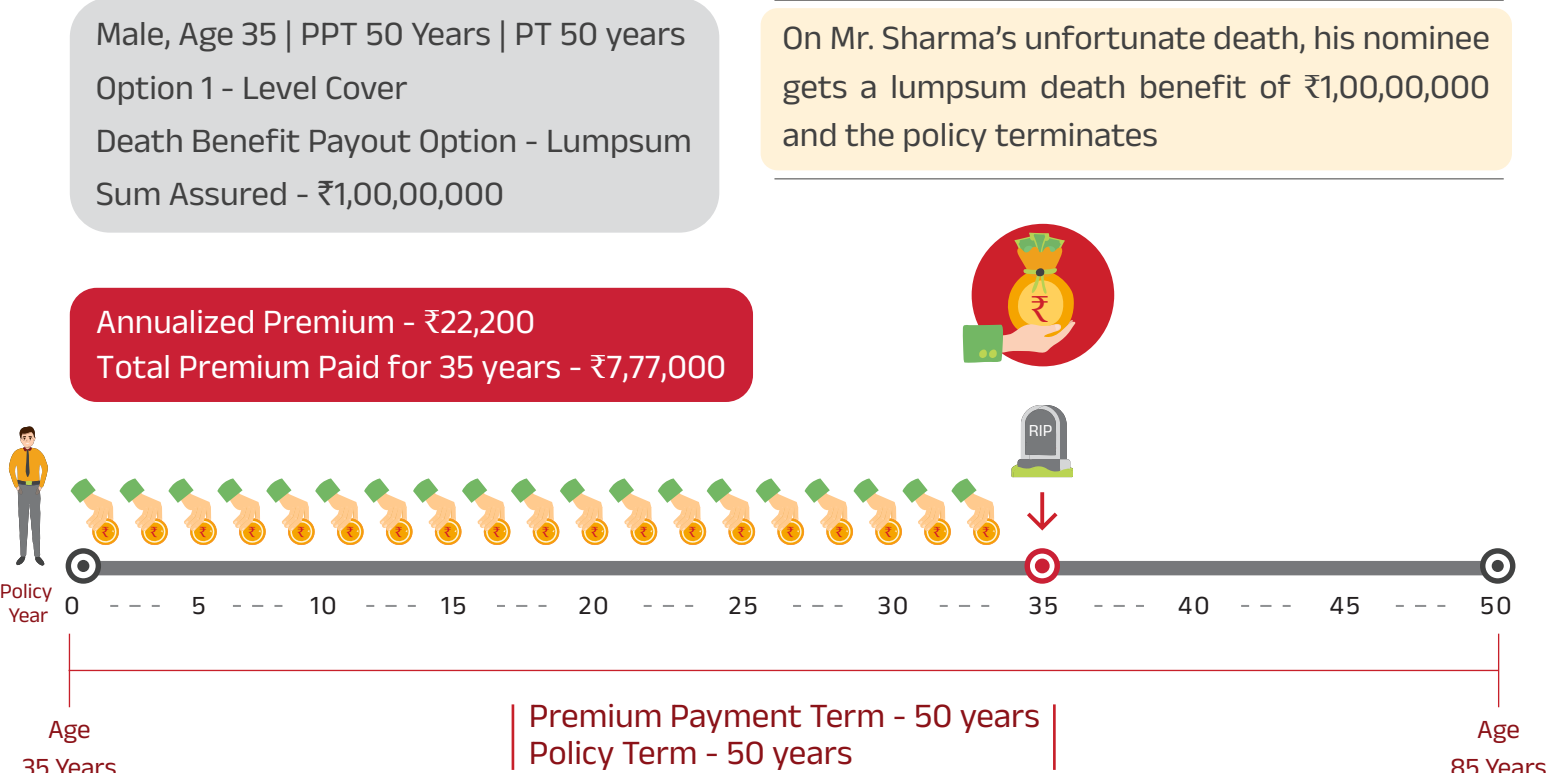
Option 1: Level Cover

Under this option, on death of the Life Insured, anytime during the Policy Term, the Nominee(s)/legal heir(s)/assignee will be paid an absolute amount as lumpsum or monthly income or as a combination of both depending on the death benefit payout option chosen by the policyholder at inception. The "absolute amount assured to be paid on death" is equal to Sum Assured at inception.

How does this Plan Option work?

Example: Mr. Sharma, 35 years old, who opts for **ABSLI Super Term Plan** with **Level Cover** till age 85 for a Sum Assured of ₹1,00,00,000. He chooses a Policy Term and Premium Payment Term of 50 years along with **death benefit payout option as Lumpsum**.

Unfortunately, he dies in the 35th policy year. His Nominee gets a lumpsum death benefit of ₹1,00,00,000 and the Policy terminate. The same is illustrated below:



Premiums are exclusive of taxes, discounts or any loadings.

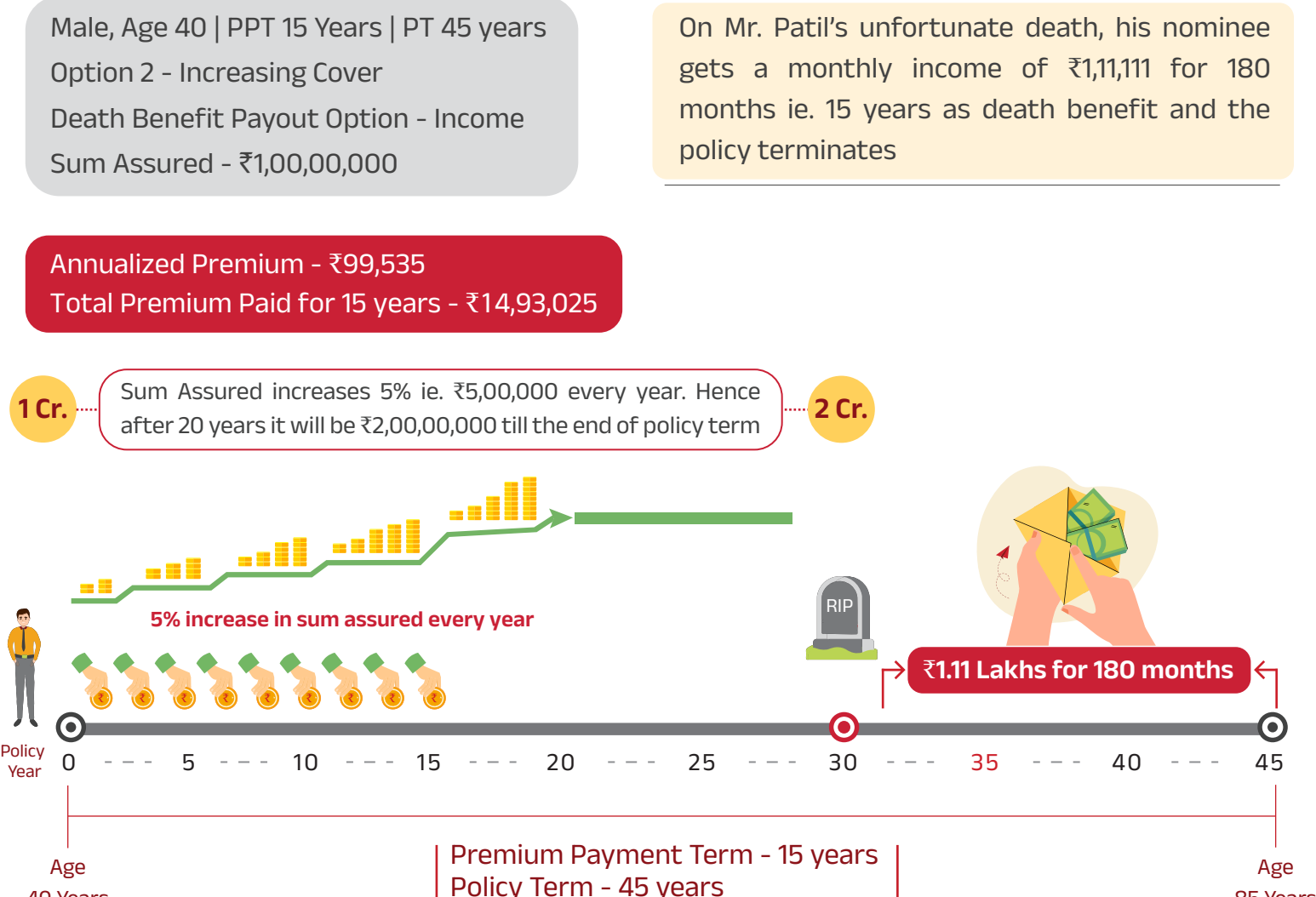
Option 2: Increasing Cover

Under this option, on death of the Life Insured, anytime during the Policy Term, the Nominee(s)/legal heir(s)/assignee will be paid an absolute amount as lumpsum or monthly income or as a combination of both depending on the death benefit payout option chosen by the policyholder at inception. The “absolute amount assured to be paid on death” is arrived at by increasing the Sum Assured at inception by 5% per annum simple at each policy anniversary subject to a cap of 200% of the Sum Assured at inception.

How does this Plan Option work?

Example: Mr. Patil, 40 years old, who opts for **ABSLI Super Term Plan – Increasing Cover option** till age 85 for a Sum Assured of ₹1,00,00,000. He chooses a Policy Term of 45 years and Premium Payment Term of 15 years and **death benefit payout option as Income** for 15 years.

Unfortunately, he dies during the 30th Policy year. His nominee is paid an income ₹1,11,111 for 180 months i.e. 15 years and the policy terminate. The same is illustrated below:



Premiums are exclusive of taxes, discounts or any loadings.

Option 3: Level Cover with Return of Premium

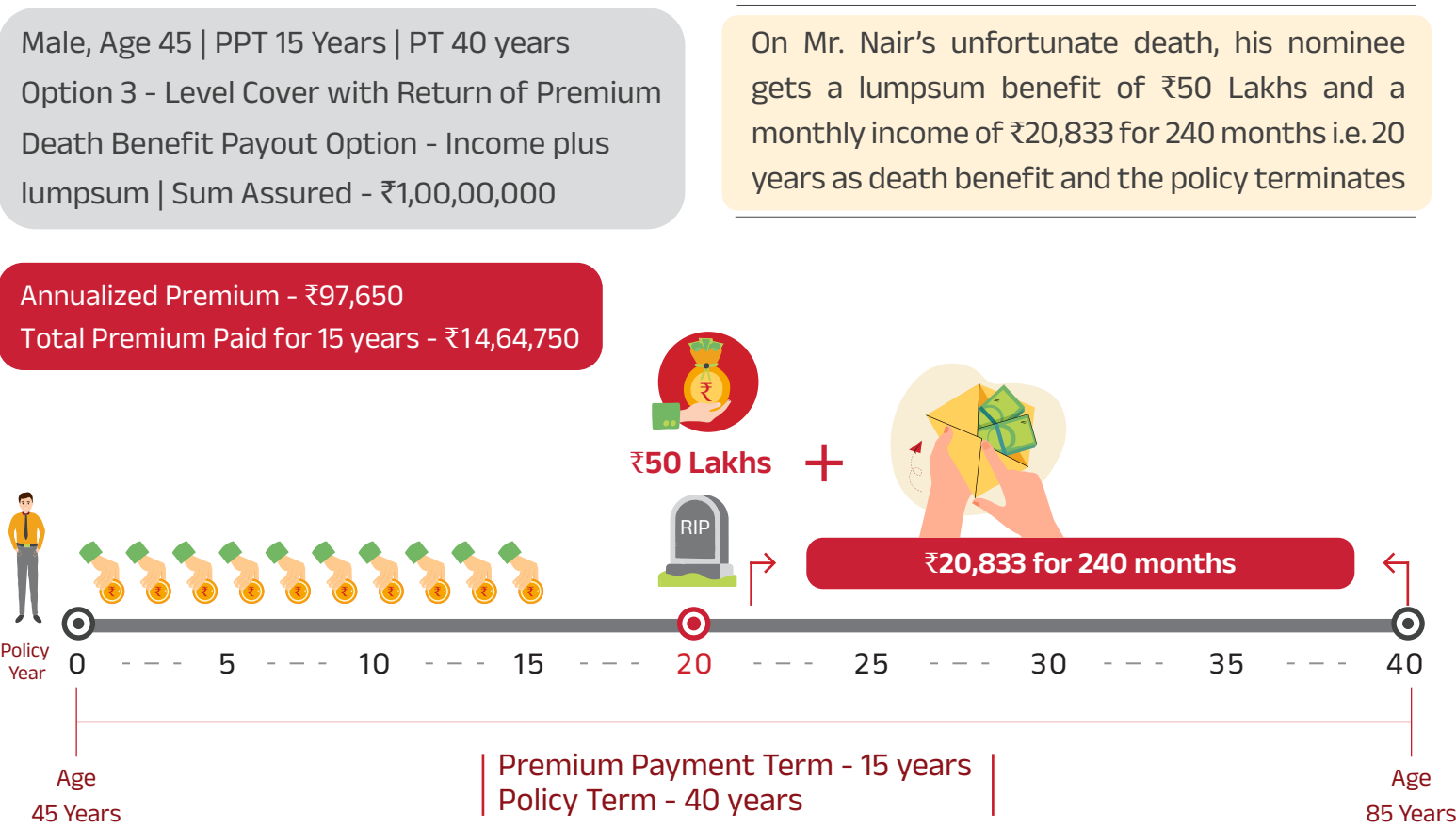
Under this option, on death of the Life Insured, anytime during the Policy Term, the Nominee(s)/legal heir(s)/assignee will be paid an absolute amount as lumpsum or monthly income or as a combination of both depending on the death benefit payout option chosen at inception. The “absolute amount assured to be paid on death” is equal to Sum Assured at inception.

However, on survival of Life Insured till the end of the Policy term, 100% of the total premiums paid will be payable to the policyholder.

How does this Plan Option work?

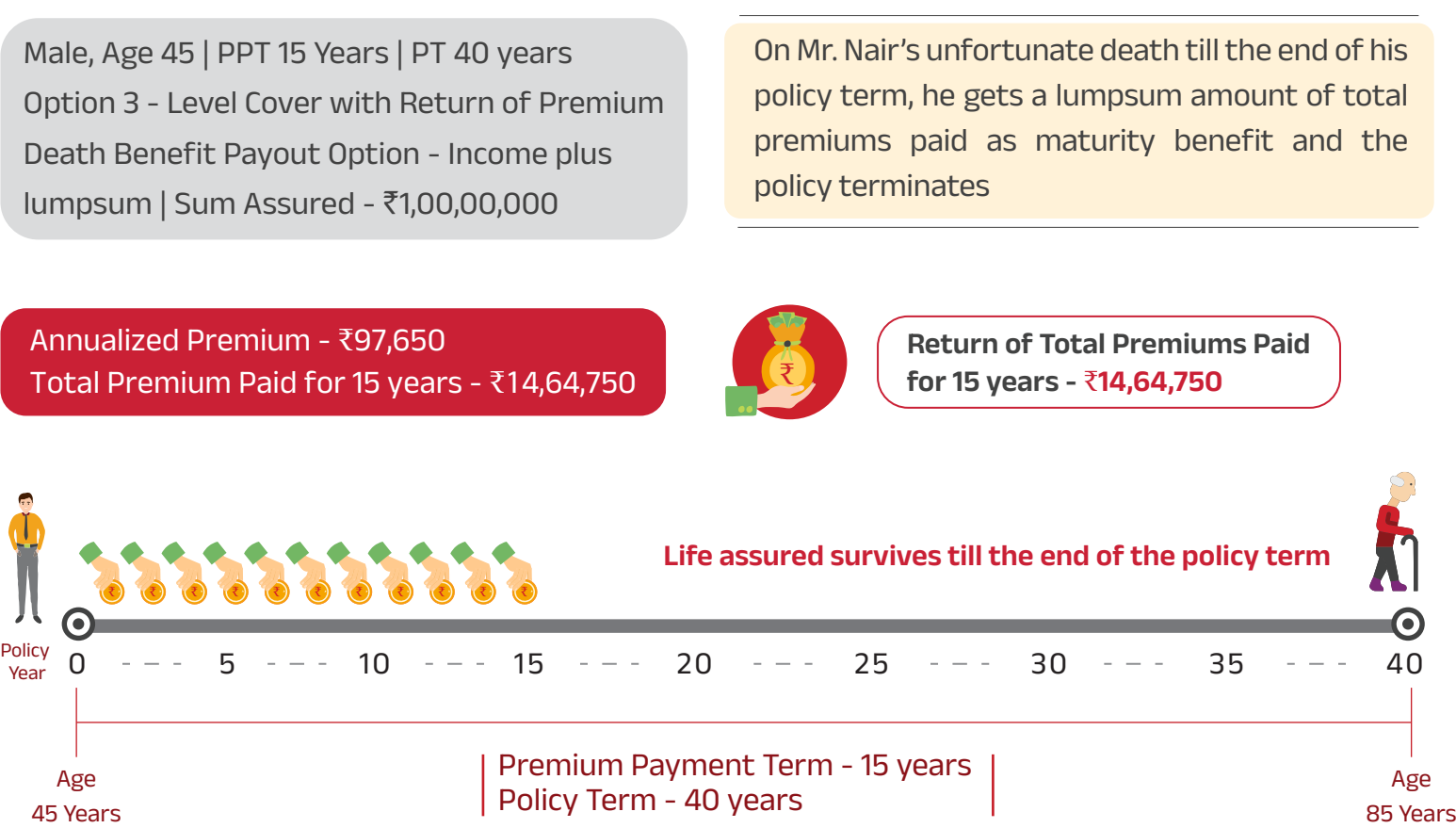
Example: Mr. Nair, 45 years old, who opts for **ABSLI Super Term Plan – Level Cover with Return of Premium option** for a Sum Assured of ₹1,00,00,000. He chooses a Policy Term of 40 years and Premium Payment Term of 15 years and **death benefit payout option as Income plus Lumpsum**, with 50% of the sum assured as lumpsum component and 50% as income for 20 years.

Unfortunately, he dies during the 20th Policy year. His nominee is paid a lumpsum equal to ₹50,00,000 and ₹20,833 as monthly income for 240 months i.e. 20 years and the policy terminate. The same is illustrated below:



Premiums are exclusive of taxes, discounts or any loadings.

In case of his survival till the end of the Policy Term, he will be paid Maturity Benefit of ₹14,64,750 (₹97,650 x 15 years).



Premiums are exclusive of taxes, discounts or any loadings.

SAMPLE PREMIUMS

For Male Life (standard life, non-smoker) | Sum Assured ₹1,00,00,000 | Cover till Age 85 years | Regular Pay | Annual Premium frequency | Premium excluding taxes and first year discount, if any.

Death Benefit: Lumpsum

| Age at Entry /Plan Options | Level Cover | Increasing Cover | Level Cover with Return of Premium |
|----------------------------|-------------|------------------|------------------------------------|
| 30 years | 18,500 | 42,300 | 27,800 |
| 35 years | 22,200 | 58,200 | 37,200 |
| 40 years | 31,700 | 73,300 | 52,100 |
| 45 years | 44,500 | 87,500 | 74,800 |

Death Benefit: Income for 20 years

| Age at Entry / Plan Options | Level Cover | Increasing Cover | Level Cover with Return of Premium |
|-----------------------------|-------------|------------------|------------------------------------|
| 30 years | 14,800 | 33,840 | 22,240 |
| 35 years | 17,760 | 46,560 | 29,760 |
| 40 years | 25,360 | 58,640 | 41,680 |
| 45 years | 35,600 | 70,000 | 59,840 |

OTHER KEY BENEFITS

A) Death Benefit

In case of death of the Life Insured during the Policy Term, Death Benefit will be paid to the Nominee as per the Plan Option chosen (as explained in the below-mentioned section).

For Plan Option 1, 2 & 3: Death Benefit will be the Sum Assured on Death payable as Lumpsum, Income or Income plus Lumpsum depending upon the death benefit payout option chosen at inception.

Sum Assured on Death is highest of:

- 11 times the Annualized premium
- 105% of the Total Premiums Paid as on the date of death
- The Absolute amount assured to be paid on death

Where,

- 1. Annualized premium** shall be the premium amount payable in a year chosen by the policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any. Any extra premium on account of ACI Benefit, if any, is also excluded. Any discount on the first year premium, is also excluded.
- 2. Total Premiums Paid** means total of all the premiums received, excluding any underwriting extra premiums, any loadings for modal premiums, any rider premium and taxes. Any extra premium on account of ACI Benefit if any, is also excluded. Any discount on the first year premium if any, is also excluded.
- 3. The Absolute amount assured to be paid on death** is the Effective Sum Assured as on the date of death. The Effective Sum Assured changes to reflect any change in Sum Assured arising from the exercise of the Enhanced Life Stage Protection option, if any. The Effective Sum Assured is:
 - For Option 1 (Level Cover), the Sum Assured chosen at inception.
 - For Option 2 (Increasing Cover), the Sum Assured at inception increases at 5% per annum simple at each policy anniversary subject to a cap of 200% of the Sum Assured at inception.
 - For Option 3 (Level Cover with Return of Premium), the Sum Assured chosen at inception.

B) Death Benefit Payout Option

Under this option, the policyholder at inception can choose the death benefit payout mode as either of the following:

- i. Lumpsum** – The Sum Assured on Death is payable as lumpsum immediately.
- ii. Income** – The Sum Assured on Death is payable in equal monthly instalments throughout the Income Benefit Period, as chosen at inception of the policy. The monthly income will commence from the date of death and it will continue for each policy monthiversary till the end of Income Benefit Period.
- iii. Income plus Lumpsum** – A percentage between the range of 10% to 90% in multiples of 10% can be selected as the income benefit component of the Sum Assured on Death which shall be payable in equal monthly instalments throughout the Income Benefit Period. The remaining percentage of the Sum Assured on Death shall be payable as lumpsum. The monthly income will commence from the date of death and it will continue for each policy monthiversary till the end of Income Benefit Period.

In case of Terminal Illness claim and/or Accelerated Critical Illness (ACI) Benefit claim and/or Instant claim benefit has been paid, the Sum Assured on Death shall be reduced to the extent of the claim paid out on account of Terminal Illness and/or ACI Benefit and/or Instant claim benefit.

Once the death benefit payout option is chosen by the policyholder at inception, it cannot be changed till the date of death

Income Benefit Period is the number of years during which the Nominee will receive monthly income after the death of the Life Insured. The Policyholder has an option to select either 10 years, 15 years or 20 years of Income Benefit Period. The Income Benefit Period cannot be changed during the term of the policy.

C) Terminal Illness Benefit

In the event of the Life Insured, aged up to 80 years, being diagnosed with a Terminal Illness during the term of the policy, provided the policy is in-force, the Terminal Illness Benefit shall be payable in lump-sum and all future premiums shall be waived off. The Terminal Illness Benefit is 50% of the Sum Assured on death as applicable at the time of diagnosis of Terminal Illness, or ₹1,00,00,000, whichever is lower. Where a Terminal Illness claim has been paid, in the event of subsequent death of the Life Insured during the policy term, the Sum Assured on Death shall be reduced by the amount of Terminal Illness Benefit previously paid. Terminal Illness Benefit shall only be payable on the first diagnosis of any Terminal Illness of the Life Insured during the policy term. The Terminal Illness benefit is inbuilt into the policy and will be available to all policies.

D) Waiver of Premium on Accidental Total and Permanent Disability (ATPD)

In the event of the Life Insured, aged up to 70 years, resulting in Total and Permanent Disability caused by an accident (a sudden unforeseen and involuntary event caused by external and visible means) during the term of the policy, provided the policy is in-force, the future premiums shall be waived off. The Waiver of Premium on Accidental Total and Permanent Disability is inbuilt into the policy and will be available to all eligible policies

E) Accelerated Critical Illness (ACI) Benefit

Under this option, Accelerated Critical Illness (ACI) benefit is payable on the diagnosis of any of the critical illnesses, as mentioned in the table below, during the ACI Benefit Cover Period, provided the Policy is in-force and meets the required ACI terms and conditions. This option needs to be chosen at the inception of the policy.

Once the ACI Sum Assured is paid on the first occurrence of any of the specified critical illness during the ACI Term, the ACI benefit will terminate.

Policyholder will need to choose the ACI Sum Assured in steps of Rs. 5 lacs subject to boundary conditions as mentioned below:

| Minimum ACI Sum Assured | Maximum ACI Sum Assured |
|-------------------------|---|
| ₹5,00,000 | 50% of the Sum Assured at Policy inception date, subject to a maximum of ₹50,00,000 |

The ACI Sum Assured is fixed and will not change even if the Sum Assured under the base Policy changes during the Policy Term.

Benefits Payable are:

- ACI Sum Assured is payable if the Life Insured is diagnosed with any of the Critical Illness, as specified in the table below. The ACI Benefit is paid only on the first occurrence of any of the specified Critical Illness during the Cover Period i.e., the ACI benefit will terminate on payment of the ACI Sum Assured.
- The ACI Benefit is accelerated and not an additional benefit i.e., the policy will continue till maturity after the ACI benefit is paid, provided the policy is in-force and all premiums are paid in full. On subsequent death of the Life Insured the death benefit payable is reduced by the extent of ACI Sum Assured.

List of Critical Illness covered under ACI benefit

| Sr.No | List of Critical Illnesses | Sr.No | List of Critical Illnesses |
|-------|---|-------|--|
| 1 | Cancer of Specified Severity | 22 | Alzheimer's Disease |
| 2 | Myocardial Infarction (First Heart Attack of Specific Severity) | 23 | Aplastic Anaemia |
| 3 | Open Chest CABG | 24 | Medullary Cystic Disease |
| 4 | Open Heart Replacement or Repair of Heart Valves | 25 | Parkinson's Disease |
| 5 | Coma of Specified Severity | 26 | Systemic Lupus Erythematosus - with Lupus Nephritis |
| 6 | Kidney Failure Requiring Regular Dialysis | 27 | Apallic Syndrome |
| 7 | Stroke Resulting in Permanent Symptoms | 28 | Major Surgery of the Aorta |
| 8 | Major Organ /Bone Marrow Transplant | 29 | Fulminant Viral Hepatitis - resulting in acute liver failure |
| 9 | Permanent Paralysis of Limbs | 30 | Primary Cardiomyopathy |
| 10 | Motor Neuron Disease with Permanent Symptoms | 31 | Muscular Dystrophy - resulting in permanent loss of physical abilities |
| 11 | Multiple Sclerosis with Persisting Symptoms | 32 | Poliomyelitis - resulting in paralysis |
| 12 | Benign Brain Tumor | 33 | Sporadic Creutzfeldt-Jakob Disease (sCJD) |
| 13 | Blindness | 34 | Chronic Recurring Pancreatitis |
| 14 | Deafness | 35 | Bacterial Meningitis - resulting in persistent symptoms |
| 15 | End Stage Lung Failure | 36 | Chronic Adrenocortical Insufficiency (Addison's Disease) |
| 16 | End Stage Liver Failure | 37 | Loss of Independent Existence |
| 17 | Loss of Speech | 38 | Encephalitis |
| 18 | Loss of Limbs | 39 | Progressive supranuclear palsy |
| 19 | Major Head Trauma | 40 | Severe Rheumatoid arthritis |
| 20 | Primary (Idiopathic) Pulmonary Hypertension | 41 | Scleroderma |
| 21 | Third Degree Burns | 42 | Systematic lupus Erythematosus with Renal Involvement |

ACI terms and conditions:

- This option is available with all Plan Options.
- The maximum maturity age for ACI Benefit is 70 years (age last birthday).
- The ACI Cover Period cannot exceed the Premium Paying Term of the Policy. Hence, the ACI Cover Period is ACI Cover Period = Minimum [Premium Paying Term, 70 – Entry Age]
- The ACI Sum Assured will always be paid as a lumpsum benefit.
- The ACI benefit will cease on payment of the ACI Sum Assured.
- Premium payment on account of ACI Benefit will cease after payment of ACI Sum Assured. Additionally, future premiums payable under the base policy will reduce proportionately as below:
 - (Premium of Base Policy including Enhanced Stage Life Protection, if any.) X [1 – (ACI Sum Assured) / (Sum Assured, including Enhanced Life Stage Protection, if any, at the time of ACI Benefit payment)]
- A waiting period of 90 days is applicable for ACI Benefit from the policy effective date or the effective date the policy is revived, whichever is the later, during which time no ACI Benefit will be payable.
- Only one ACI Benefit is payable during the ACI Cover Period.
- The premium applicable for ACI Benefit is guaranteed during the whole Premium Payment Term.
- The Policyholder can discontinue the ACI Benefit at any time during the Policy Term. Upon discontinuance of ACI Benefit, the Base Policy will continue as is.
- This option cannot be selected along with ABSLI Critical Illness Rider.

Termination

The ACI Benefit will terminate immediately upon the occurrence of any of the following events, whichever is earliest

- At the end of ACI Cover Period; or
- The date on which the ACI Benefit becomes payable; or
- On death of the Life Insured; or
- If the policy has not acquired a surrender value for Plan Option 3 or Unexpired Risk Premium Value for Plan Options 1 and 2, the date on which the revival period ends; or
- the date of payment of the Surrender Benefit or the date of payment of the Early Exit Value, if any; or
- The date on which we receive a free look cancellation request; or
- The date on which the Policyholder chooses to opt out or discontinue the ACI Benefit.
- On attainment of age 70 years of the Life Insured.

Exclusions:

The Life Insured shall not be entitled to any ACI Benefits if the covered Critical Illness results either directly or indirectly from any of the following causes:

- Any Pre-Existing Disease. “Pre-existing Disease” means any condition, ailment, injury or disease:
- That is/are diagnosed by a physician within 36 months prior to the effective date of the Policy issued by the insurer or its latest revival date, whichever is later; OR
- For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the Policy or its latest revival date, whichever is later.
 - This exclusion shall not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by insurer at inception;
- Any sickness-related condition manifesting itself within 90 days from the Policy commencement date or its latest revival date, whichever is later;
- Any sexually transmitted diseases;
- Any congenital condition
- Suicide or attempted suicide or self-inflicted injury, irrespective of mental condition;
- Participation in a criminal, unlawful or illegal activity;
- Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a registered medical practitioner acceptable to us;
- Nuclear contamination, the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
- Taking part in any naval, military or air force operation during peace time.
- Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.

F) Staggered Death Benefit

The nominee has an option to take the amount of Death Benefit in monthly installments, over a period of 5 years as opposed to the lumpsum death benefit. This can be availed for both Lumpsum and Income plus Lumpsum death benefit payout options

| Death Benefit Details | Instalment (Monthly) |
|---|----------------------|
| Instalment (as % of Death Benefit) | 1.8534% |
| Total payments made (as % of Death Benefit) | 111.20% |

The instalment is determined such that its present value is close to the lump-sum death benefit at an interest rate of 4.50% p.a. Given that the pricing interest rate reflects the prevailing market conditions, the Company may revise the instalment, subject to prior IRDAI approval, based on the then prevailing market conditions. Any change in the methodology/formula for calculating the instalment shall also be subject to IRDAI approval.

G) Commutation of Income Benefit

If the policyholder has opted death benefit payout option as Income or Income plus Lumpsum, and if the nominee at any time during the Income Benefit Period would like to get a lumpsum instead of the monthly instalments, the commuted value of the outstanding benefits shall be paid as a lump sum.

Monthly commutation factors are provided on the company website (www.lifeinsurance.adityabirlacapital.com).

where,
The Commutation Factors, represent the discounted value of future benefits at the time of commutation. The factors supplied have been determined using a discount rate of 8.5%. Any change in the methodology/formula for calculating the factors shall be subject to IRDAI approval.

H) Enhanced Life Stage Protection

Under this option, the Life Insured may choose to increase the Sum Assured upon the occurrence of the following identified events without undergoing any medical examination.

| Event | Enhanced Protection (% of Sum Assured of the Policy) |
|--|---|
| First Marriage | 50% subject to a maximum of ₹50,00,000 |
| Child Birth (Two Children) | 25% subject to a maximum of ₹25,00,000 per child |
| House Loan (Once during the Policy Term) | 50%, subject to a maximum increase of ₹50,00,000 |

Future premiums shall be increased in proportion of the increase in the Sum Assured and will be reflected from the subsequent Policy anniversary. Premium will be increased in accordance to the Plan Option opted, Life Insured's attained age, Gender, outstanding Policy Term and Premium Payment Term and Smoker/ Non-smoker status.

This option:

- must be exercised within one year of the relevant event;
- can only be exercised if all due instalment premiums are paid;
- is only available to applicants accepted at standard rates at policy issuance;
- can only be exercised while the policyholder is aged 50 (age last birthday) or younger;
- can only be exercised if one of Plan Options 1 and 3 is chosen;
- can only be exercised if no rider benefit or Terminal Illness Benefit or Waiver of Premium on Accidental Total and Permanent Disability (ATPD) or ACI Benefit has been claimed.
- must be opted at policy inception with the option to exercise at a later date of the specified event happening.
- can only be exercised if the outstanding PPT is greater than or equal to 5 years
- can only be exercised if the outstanding PPT and outstanding PT are available under the Plan Option basis the attained age of the Life Insured when the option is exercised.

The increase in sum assured will be effective from the policy anniversary falling immediately after the date of exercising the option. Premium will be increased in line with the applicable premium rate based on the Plan Option, Life Insured's attained age, gender, death benefit payout option, outstanding PPT, outstanding PT and Smoker/ Non-smoker status. For increase in sum assured of less than ₹25 lacs, the premium rate for sum assured of ₹25 lacs will apply. The increase in premium and sum assured will be applicable from the policy anniversary falling immediately after the date of exercising the option.

Any sum assured increases elected under this option cannot be subsequently removed.

I) Early Exit Value

Under this option, the Policyholder can exit his/her policy with an Early Exit Value, where the policyholder shall be returned the Total Premiums Paid as a lumpsum benefit. No additional premium is payable to avail this option.

Please note the following conditions for Early Exit Value:

- The policy must be in-force at the time of availing this value.
- This option shall only be available with Plan Option 1 and 2.
- This option can be exercised at any time during the period when the policyholder's attained age falls between 60 years and 70 years, both inclusive.
- This option can be exercised only after the completion of 30th policy year, but not during the last 5 policy years..
- The maturity age of Life Insured is greater than or equal to 70 years (age last birthday).
- The policy shall be terminated after payment of the Early Exit Value.

J) Cover Continuance Benefit

Under this option, the Policyholder is allowed to defer the due premium for the base policy (including premium for ACI benefit, if any) for a period of up to 12 months from the due date, while maintaining the full risk cover under the base plan. Upon the exercise of this option, the policyholder can defer a maximum of 1 annual premium, 2 half-yearly premiums, 4 quarterly premiums or 12 monthly premiums, as applicable.

In the event of a claim during this period, the Company will pay the claims as applicable after deducting the due unpaid premiums, if any, as on date of death or other insured event covered under base product.

The conditions for Cover Continuance Benefit are as follows:

- This option is applicable for Plan Options 1 and 2.
- This option is allowed to be exercised after completion of 5 policy years provided all due premiums have been paid and the policy is in-force.
- The duration of Cover Continuance Benefit shall be 12 consecutive months from the date of first unpaid premium.
- The Cover Continuance Benefit can be availed thrice during the policy term with a gap of at least 5 policy years from the expiry date of the previous Cover Continuance Benefit.
- The policyholder is required to provide a written requirement at least 60 days before the upcoming policy anniversary/premium payment due date to avail the benefit.

There is no additional premium applicable for this feature.

The customer can terminate or surrender the policy anytime even during the Cover Continuance Benefit period.

At the end of Cover Continuance Benefit period, the policyholder is required to pay the due premiums, applicable.

If the policyholder exercises this option, the riders (if any) will get lapsed or will get converted to reduced paid-up based on terms and conditions of the riders.

If the outstanding premium and the next due premium by the end of the grace period (for the next due premium) are not paid, the policy will be converted into a lapsed/paid-up policy, as applicable.

K) Change of Premium Payment Term

This option is applicable for Regular Pay policies of all Plan Option 1 and 2.

The Policyholder can choose to convert a regular pay policy to a limited pay policy provided the policy is in-force and provided that the reduction is subject to boundary conditions and as per Board Approved Underwriting Policy.

The policyholder can avail this option by pre-payment of the total outstanding premium over the new outstanding premium payment term. The policyholder will receive a discount on the outstanding premium based on the conversion factors. To know the conversion factors for Your Policy You can get in touch with Your advisor, or the nearest Branch Office.

The premium payment mode once chosen at inception (i.e. Monthly, Semi-Annually, Quarterly, Annually) cannot be changed.

The policyholder can avail this option under the following conditions:

- This option is exercised at policy anniversary
- The policy has completed at least one policy year
- The policyholder has to provide a written notice at least 30 days before the policy anniversary to avail this option

There are no changes in policyholder benefits after availing this option.

If the policyholder exercises this option, the riders (if any) will get lapsed or will get converted to reduced paid-up based on terms and conditions of the riders.

L) Health management Services

Health Management Services are complimentary services in the areas of prevention, diagnosis, treatment or recovery which may include services such as medical consultation, coaching, second opinion, personal medical case management with the objective of health management and improvement.

These services are subject to:

- the availability of a suitable service provider/s;
- primary diagnosis (wherever applicable) has been done by a registered medical practitioner as may be authorized by a competent statutory authority;
- the eligibility conditions of the Life assured will be determined as per the Company's extant Underwriting Policy;
- the eligibility will be reviewed periodically, and changes shall apply without any discrimination to all existing and new customers of the product.
- In case of any change, the eligibility details will be displayed on Our website (lifeinsurance.adityabirlacapital.com), before using the services;
- Whenever the eligibility criteria changes or the service is withdrawn, the same shall be communicated to all the policyholders. Prior to effecting any changes, we shall inform the same to IRDAI; and Note:
- These services are aimed at improving policyholder engagement for policyholders with a Sum Assured of one crore rupees and higher at inception.
- These Value-added Services are completely optional for the eligible Life Insured only.
- These Value-added Services shall be available to the life insured after completion of the freelook period of the policy.
- For Life Assured availing such services, they are offered at no additional cost.
- The Premiums charged shall not depend on whether such a service(s) is offered or availed.
- The Life assured may exercise his/her own discretion to avail the services.
- These services shall be directly provided by the service provider(s).
- These services shall be provided for a period of 20 initial policy years or policy term whichever is lower.
- The services can be availed only where the Policy is in-force (i.e. the policy is either premium paying or fully paid-up) .
- We reserve the right to change the service provider(s) at any time.
- The services are being provided by third party service provider(s) and We will not be liable for any liability.

M) Instant Payment on Claim

In case of death of the Life Insured, an accelerated benefit in the form of Instant Payment shall be payable out of base sum assured within 1 working day from claim registration date provided mandatory documents are submitted and the subsequent pay out shall be made after the claim is approved. The company reserves the right to recover any instant payment in case the claim is repudiated after investigation.

The Instant Payment is defined as follows:

- ₹1,00,000 for Sum Assured at inception between ₹50,00,000 and ₹1,00,00,000
- ₹2,00,000 for Sum Assured at inception greater than ₹1,00,00,000

The instant payment of claim is paid out under the following conditions:

- The policy is in-force
- The policy has completed three policy years, from the policy inception or Revival of the Policy

N) Survival Benefit

There is no Survival Benefit payable for Plan Options 1, 2 and 3.

O) Maturity Benefit

There is no Maturity Benefit payable for Plan Options 1 & 2.

If Plan Option 3 has been chosen, The Sum Assured on Maturity is total premiums payable excluding underwriting extra premiums and loadings for modal premiums, if any, rider premiums if any and applicable taxes. Any extra premium on account of ACI Benefit, if any, is also excluded. Any discount on the first year premium, if any, is also excluded.

Important Definations

Terminal Illness

In the event that the Life Insured is diagnosed with a Terminal Illness during the term of the policy, provided the policy is in-force, the benefit payable shall be the Terminal Illness Benefit applicable at that time in lump-sum. The Terminal Illness Benefit shall be payable to the policyholder. Terminal Illness benefit is applicable for all Plan Options.

Terminal Illness is defined as an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two independent Medical Practitioners appointed by ABSLI, is highly likely to lead to death within 6 months. Further, the Life Insured must not be receiving any form of treatment other than palliative medication for symptomatic relief.

Medical Practitioner means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

Such Medical Practitioner is not the policyholder's spouse, father (including stepfather) or mother (including stepmother), son (including stepson), son's wife, daughter, daughter's husband, brother (including stepbrother) and sister (including stepsister) or Life Insured / policyholder under this policy and would be independent of the insurer.

Terminal Illness will not be applicable for keyman/partnership insurance.

Note: We confirm that terminal illness definition is adopted as per medical ethics point of view and medico-legal opinion has been taken in this regard.

Waiver of Premium on Accidental Total & Permanent Disability (ATPD)

In the event of the Life Insured, aged up to 70 years, resulting in Total and Permanent Disability caused by an accident (a sudden unforeseen and involuntary event caused by external and visible means) during the term of the policy, provided the policy is in-force, the future premiums shall be waived off.

Waiver of Premium on ATPD will not be applicable for keyman/partnership insurance.

Note: We confirm that those definitions that are non-standard are adopted as per medical ethics point of view and medico-legal opinion has been taken in this regard.

Riders

For added protection, you can enhance your insurance coverage during the Policy Term by adding following riders for a nominal extra cost.

- **ABSLI Accidental Death and Disability Rider (UIN: 109B018V03)** provides 100% of Rider Sum Assured as an additional lump sum amount in case of death due to accident of Life Insured or in the event of disability due to accident.
- **ABSLI Critical Illness Rider (UIN: 109B019V03)** provides lump sum on survival of 30 days from the date of diagnosis of any of the specified critical illnesses.
- **ABSLI Surgical Care Rider (UIN: 109B015V03)** provides lump sum benefit in case of hospitalization for a minimum period of 24 hours for undergoing medically necessary surgery in India.
- **ABSLI Hospital Care Rider (UIN: 109B016V03)** provides lump sum benefit in case of hospitalization for a minimum period of 24 hours for undergoing medically necessary surgery in India.
- **ABSLI Accidental Death Benefit Rider Plus (UIN:109B023V02)** provides 100% of Rider Sum Assured as an additional lump sum amount in case of death due to accident of Life Insured. Additionally, the rider premiums collected after the date of Accident till date of death, shall be refunded with interest, along with death benefit payable.
- **ABSLI Waiver of Premium (UIN: 109B017V03)** waives off all future premiums of the base plan and the attached riders throughout the rest of the premium payment in case of diagnosis of Critical Illness or Disability.

Policyholder can only opt for either ABSLI Accidental Death and Disability Rider or ABSLI Accidental Death Benefit Rider Plus.

Cover under any selected rider is limited to the outstanding term or premium payment term, as per the cover limits applicable for the rider(s). All the above riders would provide cover independent to each other (including the base product) and in case any incidence of covered event qualifies for the benefit under more than one rider (including the base product), the Policyholder will be entitled for the rider benefits under each of those riders (including the base product)

Please refer to detailed brochures on riders, consult your financial advisor or visit our website for further details.

SURRENDER / PREMIUM DISCONTINUANCE / POLICY REVIVAL TERMS

1. What happens if you surrender the Policy?

The surrender benefit available under the product varies by the Option chosen. The policy will terminate upon payment of this benefit. You can surrender the Policy any time during the Policy Term after the Policy has acquired a Surrender Value.

For Plan Options 1 and 2:

For Regular Pay Policies, unexpired risk premium value will be zero.

For Limited Pay policies, a Unexpired Risk Premium Value is available upon receipt of all premiums under the policy.

Where applicable, the Unexpired Risk Premium Value is calculated as under:

Unexpired Risk Premium Value Factor X Total Premiums Paid X

Outstanding Term (in months)

Policy Term (in months)

- The Outstanding Term (in months) is calculated as the number of whole months from the date of surrender to the end of the Policy Term.
- Unexpired Risk Premium Value Factor is 35%

Plan Option 3:

A Surrender Value is available upon receipt of all premiums due in the first Policy year. The Policyholder can Surrender the Policy any time before the end of Policy Term.

Where One Full Year Premium for the first Policy Year has been received by Us and the Policyholder opts to surrender the Policy, the Surrender Value payable will be equal to the Special Surrender Value. The Surrender Value will be payable only at the end of the first Policy Year.

However, where all the due Instalment Premiums for the first two Policy Years have been received by Us, the Surrender Value payable will be equal to the higher of Guaranteed Surrender Value and Special Surrender Value.

Where,

Guaranteed Surrender Value (GSV) is defined as a percentage of Total Premiums Paid already paid.

Special Surrender Value (SSV) is determined by the company from time to time basis changing economic scenario. The Company may revise the SSV factors based on the then prevailing market conditions. Any change in the methodology/formula for calculating the SSV factors shall be subject to IRDAI approval. The Special Surrender Value shall be subject to a maximum of RPU Sum Assured at maturity at the time of surrender. Any change in the methodology/formula for calculating the SSV shall be subject to IRDAI approval. To know the Surrender Value applicable to Your Policy, You can get in touch with Your advisor, or the nearest Branch Office.

2. What happens when you discontinue paying your premiums?

- A. Discontinuance of Payment of Premium before the Policy has acquired surrender value**

If you don't pay the due premium during the Grace Period during the Premium Payment Term, on expiry of the Grace Period, the Policy shall Lapse w.e.f. the due date of unpaid premium, and all benefits under the Policy, including the insurance cover, shall cease and no benefits shall be payable, however, you will have the option to revive the Policy within 5 years from the due date of first unpaid premium.

If Plan Option 3 is chosen as per the Policy Schedule:
If you do not pay One Full Year Premium for the first Policy Year this Policy shall become Lapsed Policy from the due date of first unpaid Instalment Premium and thereafter no benefits will be payable under the Policy. You will be given a period of 5 years from the lapse date to revive Your Lapsed Policy.
- B. Discontinuance of Payment of Premium after the Policy has acquired surrender value**

If you don't pay the due premium during the Grace Period during the Premium Payment Term, on expiry of the grace period, the Policy shall become Reduced Paid Up (RPU) Policy. The Policy will however lapse for ACI risk coverage, if any, and no ACI benefit will be payable thereafter.

After the Policy has become RPU, the benefits payable will be amended as follows:
The **RPU Terminal Illness Benefit, RPU Sum Assured, RPU Effective Sum Assured** and **RPU Sum Assured** on Maturity shall be equal to the Terminal Illness Benefit, Sum Assured, Effective Sum Assured and Sum Assured on Maturity respectively, multiplied by the ratio of:

- The number of premium instalments paid to date; over
- The total number of premium instalments originally due for the Policy Term.

After the Policy has become RPU, the benefits payable will be amended as follows:

Death Benefit for RPU Policies:

For Plan Options 1 and 2:
Not Applicable

For Plan Option 3:
If the Life Insured dies during the Policy Term, the RPU Death Benefit will be the RPU Effective Sum Assured as on the date of death less any previously paid Terminal Illness benefit and/ or ACI Benefit.

Terminal Illness Benefit for RPU Policies:

For Plan Options 1 and 2:
Not Applicable

For Plan Option 3:
In the event that the Life Insured is diagnosed with a Terminal Illness during the term of the policy, provided the policy is in-force, the benefit payable shall be the RPU Terminal Illness Benefit applicable at that time.

Maturity Benefit for RPU Policies:

For Plan Options 1 and 2:
The RPU Sum Assured at Maturity is zero.

For Plan Option 3:
The RPU Sum Assured at Maturity

3. What happens when you wish to revive your Policy?

You can revive your Policy within a revival period of five years from the due date of first unpaid premium, subject to following conditions:

- Paying all outstanding premiums together with interest and/or late fees as declared by us from time to time;
- Providing evidence of Life Insured's insurability satisfactory to us
- Revival of the Policy shall take effect only after revival of the Policy is approved by Us basis the Board approved underwriting Policy and communicated to you in writing.

Once the Policy has been revived, on the effective date of revival, all benefits will be restored to their full value.

The monthly interest rate charged on unpaid premiums will be declared by ABSLI on June 1st of each calendar year and is determined as (x+1%)/12 rounded to the next 0.5%, where x is the base rate of the State Bank of India. The current applicable interest rate, as declared on June 1st, 2025, is 1% per month.

Any change in basis of determination of interest rate for revival can be done only after prior approval of the Authority. If a lapsed Policy is not revived within five years, the Policy shall be terminated, and no value is payable to you.

TERMINATION OF THE POLICY

The Policy will terminate on the earliest of the following events:

- a. the date of settlement of the Death Benefit; or
- b. the date of payment of the Surrender Benefit or the date of payment of the Early Exit Value, if any; or
- c. If the policy has not acquired a surrender value for Plan Option 3 or Unexpired Risk Premium Value for Plan Options 1 & 2, the date on which the revival period ends; or
- d. the date of maturity of the Policy; or
- e. the date on which the sum assured on death has completely been paid out through ACI Benefit and/ or Terminal Illness claim.
- f. the date of payment of free look cancellation amount.

TERMS & CONDITIONS

Free-Look Period

Policyholder will have the right to return the policy within 30 days from the date of receipt of the policy, in case he/she disagrees with the terms & conditions of the policy. ABSLI will refund the premium paid post receipt of written notice of cancellation (along with reasons thereof) together with the original Policy document from the policyholder. ABSLI may reduce the amount of refund by proportionate risk premium for the period of cover and expenses incurred by ABSLI on medical examination of the Life Insured, if any and stamp duty charges at the time of issuing the policy in accordance to IRDAI (Protection of Policyholders Interests, Operations and Allied Matters of Insurers) Regulations, 2024

Grace Period

The policyholder will have a Grace Period of 30 days or 12 months during the period of cover continuance benefit, if eligible and availed, from any premium due date to pay the premium. During this period, all coverage under the policy will continue.

In case of occurrence of death or Terminal Illness or critical illness, during the grace period, ABSLI will recover the unpaid premium due from the death benefit or Terminal Illness benefit or ACI benefit payable

Taking a Policy Loan

There is no loan facility in this plan.

Goods and Services Tax (GST)

GST, as applicable, will be extra and levied as per the extant tax laws.

Tax Benefits

Policyholder may be entitled to certain applicable tax benefits on the premiums paid and benefits received under the Policy. Please note that all the tax benefits are subject to tax laws prevailing at the time of payment of premium or receipt of benefits. It is advisable to seek an independent tax advice.

EXCLUSIONS

Suicide

In case of death of Life Insured due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the amount described in the Death Benefit provision will not be payable. In such circumstances, ABSLI shall refund the premiums paid since date of inception of policy till the date of death or ABSLI shall pay the Surrender Value (for Plan Option 3) or Unexpired Risk Premium Value (for Plan Options 1 & 2) available as on the date of death, whichever is higher to the nominee or beneficiary of the policyholder, provided the policy is in force.

For this purpose, premiums considered will be exclusive of applicable taxes as the same are collected over and above the premiums as per prevailing tax rules.

Terminal Illness Benefit Exclusion

The Life Insured will not be entitled to any Terminal Illness benefit if it is caused directly or indirectly due to or occasioned, accelerated or aggravated by intentional self-inflicted injury or attempted suicide, whether medically sane or insane.

OTHER CLAUSES

Nomination

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

Assignment

Allowed as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. For more details on the assignment, Nominations as mentioned under the Base Policy Contract including any changes made, if any, shall apply to this Rider Contract please refer to our website www.lifeinsurance.adityabirlacapital.com

Prohibition of Rebates – Section 41 of the Insurance Act, 1938, as amended from time to time

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

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

Fraud and Mis-statement

Fraud & Mis-statement would be dealt with in accordance with provisions of section 45 of the Insurance Act 1938 as amended from time to time

Critical Illness Definitions

1. Cancer of Specified Severity

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

The following are excluded –

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Myocardial Infarction (First Heart Attack of Specific Severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

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

The following are excluded:

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

3. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded: Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement or Repair Of Heart Valves

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

5. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. Kidney Failure Requiring Regular Dialysis

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

7. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and 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:

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

8. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

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

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

9. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Motor Neuron Disease with Permanent Symptoms

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

11. Multiple Sclerosis with Persisting Symptoms

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

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

12. Benign Brain Tumor

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

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

The following conditions are excluded: Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:

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

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

14. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

15. End Stage Lung Failure

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

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

16. End Stage Liver Failure

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

- Permanent jaundice; and
- Ascites; and
- Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

17. Loss of Speech

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

18. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

19. Major Head Trauma

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

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

- 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;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available. The following are excluded: Spinal cord injury.

20. Primary (Idiopathic) Pulmonary Hypertension

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

The NYHA Classification of Cardiac Impairment are as follows:

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

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

21. Third Degree Burns

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

22. Alzheimer's Disease

A definite diagnosis of Alzheimer’s disease evidenced by all of the following:

- Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning
- Personality change
- Gradual onset and continuing decline of cognitive functions
- o disturbance of consciousness
- Typical neuropsychological and neuroimaging findings (e.g. CT scan)

The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Other forms of dementia due to brain or systemic disorders or psychiatric conditions

23. Aplastic Anaemia

A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- Bone marrow stimulating agents
- Immunosuppressants
- Bone marrow transplantation
- The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

24. Medullary Cystic Disease

A definite diagnosis of medullary cystic disease evidenced by all of the following:

- Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
- Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
- Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)
- The diagnosis must be confirmed by a Consultant Nephrologist.
- For the above definition, the following are not covered:
- Polycystic kidney disease
- Multicystic renal dysplasia and medullary sponge kidney
- Any other cystic kidney disease

25. Parkinson's Disease

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

- Muscle rigidity
- Tremor
- Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result [before age 65] in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months despite adequate drug treatment.

Activities of Daily Living are:

- 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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

or the above definition, the following are not covered:

- Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- Essential tremor

26. Systemic Lupus Erythematosus - with Lupus Nephritis

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- Continuous treatment with corticosteroids or other immunosuppressants
- Additionally, one of the following organ involvements must be diagnosed:
- Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
- Libman-Sacks endocarditis or myocarditis
- Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.
- The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.
- or the above definition, the following are not covered:
- Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
- Drug-induced lupus erythematosus

27. Apallic Syndrome

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

Complete unawareness of the self and the environment

Inability to communicate with others

No evidence of sustained or reproducible behavioural responses to external stimuli

Preserved brain stem functions

Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures

The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

28. Major Surgery of the Aorta

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- Surgery following traumatic injury to the aorta

29. Fulminant Viral Hepatitis - resulting in acute liver failure

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

- Typical serological course of acute viral hepatitis
- Development of hepatic encephalopathy
- Decrease in liver size
- Increase in bilirubin levels
- Coagulopathy with an international normalized ratio (INR) greater than 1.5
- Development of liver failure within 7 days of onset of symptoms
- No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

- All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)
- Fulminant viral hepatitis associated with intravenous drug use

30. Primary Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

- Dilated Cardiomyopathy
- Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- Restrictive Cardiomyopathy
- Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.

The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

- Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
- Transient reduction of left ventricular function due to myocarditis
- Cardiomyopathy due to systemic diseases
- Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

31. Muscular Dystrophy - resulting in permanent loss of physical abilities

A definite diagnosis of one of the following muscular dystrophies:

- Duchenne Muscular Dystrophy (DMD)
- Becker Muscular Dystrophy (BMD)
- Emery-Dreifuss Muscular Dystrophy (EDMD)
- Limb-Girdle Muscular Dystrophy (LGMD)
- Facioscapulohumeral Muscular Dystrophy (FSHD)
- Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
- Oculopharyngeal Muscular Dystrophy (OPMD)

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- 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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

For the above definition, the following are not covered:

Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

32. Poliomyelitis - resulting in paralysis

A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

- Poliovirus infections without paralysis
- Other enterovirus infections
- Guillain-Barré syndrome or transverse myelitis

33. Sporadic Creutzfeldt-Jakob Disease (sCJD)

A diagnosis of sporadic Creutzfeldt-Jakob disease, which has to be classified as “probable” by all of the following criteria:

- Progressive dementia
- At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal/extrapyrarnidal signs, akinetic mutism
- Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid
- No routine investigations indicate an alternative diagnosis

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Iatrogenic or familial Creutzfeldt-Jakob disease

Variant Creutzfeldt-Jakob disease (vCJD)

34. Chronic Recurring Pancreatitis

A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

- Exocrine pancreatic insufficiency with weight loss and steatorrhoea
- Endocrine pancreatic insufficiency with pancreatic diabetes
- Need for oral pancreatic enzyme substitution

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

For the above definition, the following are not covered:

- Chronic pancreatitis due to alcohol or drug use

Acute pancreatitis

35. Bacterial Meningitis - resulting in persistent symptoms

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered:

Aseptic, viral, parasitic or non-infectious meningitis

36. Chronic Adrenocortical Insufficiency (Addison's Disease)

Chronic autoimmune adrenal insufficiency is an autoimmune disorder causing gradual destruction of the adrenal gland resulting in inadequate secretion of steroid hormones. A definite diagnosis of chronic autoimmune adrenal insufficiency which must be confirmed by a Consultant Endocrinologist and supported by all of the following diagnostic tests:

- ACTH stimulation test
- ACTH, cortisol, TSH, aldosterone, renin, sodium and potassium blood level

For the above definition, the following are not covered:

- Secondary, tertiary and congenital adrenal insufficiency

Adrenal insufficiency due to non-autoimmune causes (such as bleeding, infections, tumours, granulomatous disease or surgical removal)

37. Loss of Independent Existence

A definite diagnosis [before age 65] of a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- 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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis has to be confirmed by a Specialist.

38. Encephalitis

A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

- Encephalitis in the presence of HIV
- Encephalitis caused by bacterial or protozoal infections
- Myalgic or paraneoplastic encephalomyelitis

39. Progressive supranuclear palsy

Progressive supranuclear palsy occurring independently of all other causes and resulting in permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the Activities of Daily Living. The diagnosis of the Progressive Supranuclear Palsy must be confirmed by a registered Medical Practitioner who is a neurologist.

40. Severe Rheumatoid arthritis

A definite diagnosis of rheumatoid arthritis evidenced by all of the following:

- Typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis
- Rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti-citrulline antibodies
- Continuous treatment with corticosteroids
- Treatment with a combination of “Disease Modifying Anti-Rheumatic Drugs” (e.g. methotrexate plus sulfasalazine/leflunomide) or a TNF inhibitor over a period of at least 6 months

The diagnosis must be confirmed by a Consultant Rheumatologist.

For the above definition, the following are not covered:

Reactive arthritis, psoriatic arthritis and activated osteoarthritis

41. Scleroderma

A definite diagnosis of scleroderma evidenced by all of the following:

- Typical laboratory findings (e.g.anti-Scl-70 antibodies)
- Typical clinical signs (e.g. Raynaud’s phenomenon, skin sclerosis, erosions)
- Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted
- Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
- Chronic kidney disease with a glomerular filtration rate of less than 60 ml/min (MDRD-formula)
- Echocardiographic signs of significant left ventricular diastolic dysfunction

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- Localized scleroderma without organ involvement
- Eosinophilic fasciitis

CREST-Syndrome

42. Systematic lupus Erythematosus with Renal Involvement

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
- Libman-Sacks endocarditis or myocarditis
- Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
- Drug-induced lupus erythematosus

About Aditya Birla Sun Life Insurance Company Limited

Aditya Birla Sun Life Insurance Company Limited (ABSLI), is a life insurance subsidiary of Aditya Birla Capital Ltd (ABCL). ABSLI was incorporated on August 4th, 2000 and commenced operations on January 17th, 2001. ABSLI is a joint venture between the Aditya Birla Group and Sun Life Financial Inc., an international financial services organization in Canada.

ABSLI is one of India's leading life insurance companies, offering a range of life insurance products across the customer's life cycle, including children future plans, wealth protection plans, retirement and pension solutions, health plans, savings plans, term plans and Unit Linked Insurance Plans ("ULIPs"). For more information, please visit the company's website at www.lifeinsurance.adityabirlacapital.com

About Aditya Birla Capital Limited

Aditya Birla Capital Limited (ABCL) is the holding company for the financial services businesses of the Aditya Birla Group. ABCL's subsidiaries have a strong presence across Protecting, Investing and Financing solutions, ABCL is a universal financial solutions group catering to diverse needs of its customers across their life stages. Powered by more than 34,000 employees, the subsidiaries of ABCL have a nationwide reach with 1,295 branches and more than 2,00,000 agents / channel partners and several bank partners.

Aditya Birla Capital Limited manages aggregate assets under management over Rs. 3,600 billion, has a consolidated lending book of approx. Rs. 943 billion, and an active customer base of over 38 million, through its subsidiaries and joint ventures.

Aditya Birla Capital Limited is a part of the Aditya Birla Group, in the league of Fortune 500. Anchored by an extraordinary force of over 140,000 employees, belonging to 100 nationalities. Today, over 50% of Group revenues flow from overseas operations that span 36 countries in North and South America, Africa and Asia. For more information, please visit the company's website at <https://lifeinsurance.adityabirlacapital.com>

About Sun Life Financial Inc, Canada

Sun Life Financial is an international financial services organization providing insurance, wealth and asset management solutions to individual and corporate Clients. Sun Life Financial has operations in a number of markets worldwide, including Canada, the United States, the United Kingdom, Ireland, Hong Kong, the Philippines, Japan, Indonesia, India, China, Australia, Singapore, Vietnam, Malaysia, and Bermuda. As of March 31, 2021, Sun Life Financial had total assets under management of CAD 1,304 billion. Sun Life Financial Inc. trades on the Toronto (TSX), New York (NYSE) and Philippine (PSE) stock exchanges under the ticker symbol SLF. For more information, please visit the company's website at www.sunlife.com

(All the above numbers mentioned above for Aditya Birla Capital Limited are as of March 2023)

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Aditya Birla Sun Life Insurance Company Ltd.



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As per section 10(10D) of the Income-tax Act, 1961, proceeds from life insurance policy issued on or after 1 April 2023 shall be taxable as income from other sources if the cumulative annual premium payable by taxpayer for life insurance policies exceeds ₹ 5 lacs.

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