

**PART B**

**3. POLICY SCHEDULE**

**Future Generali Assured Education Plan  
Individual, Non Linked Non-Participating, Savings, Life Insurance Plan**

THIS SCHEDULE IS PART OF THIS POLICY AND IS SUBJECT TO AND HAS TO BE READ ALONG WITH THIS POLICY DOCUMENT.

**3(a) Policy number:**  
**Application Date :**

**Customer ID:**  
**Proposal Number:**

<b>3(b) Details of Policyholder-</b>	
<b>Name of the Policyholder:</b>	<b>Age of the Policyholder:</b>
<b>Date of birth of the Policyholder:</b>	<b>Gender: Male/Female</b>
<b>Address:</b>	<b>Email Address:</b>
	<b>Mobile No:</b>
<b>3(c) Details of Life Assured-</b>	
<b>Name of the Life Assured:</b>	<b>Age of the Life Assured:</b>
<b>Date of birth of Life Assured:</b>	<b>Age Admitted: Yes/No :</b>
<b>Address:</b>	<b>Gender: Male / Female</b>
	<b>Email Address: Mobile No</b>
<b>3(d) Details of Nominee and Appointee-</b>	
<b>Nominee(s):</b>	<b>Appointee (if Nominee is a minor):</b>
<b>Date of Birth:</b>	<b>Date of Birth:</b>
<b>Nominee(s) Age:</b>	<b>Gender:</b>
<b>Gender: Relationship with Policyholder:</b>	<b>Address of the Appointee:</b>
<b>Address:</b>	<b>Relationship with Nominee:</b>
<b>Percentage share of Benefit:</b>	
<b>Nominee</b>	

**PART B**

--	--

**3(e) Policy Details & Rider Benefits**

Plan Name/Rider Name	UIN	Plan Option	Policy Commencement Date/Rider Commencement Date	Date of Risk Commencement of Risk Date	Maturity Date/Rider Expiry Date	Sum Assured/Rider Sum Assured (C)	Policy Term/Rider Term	Premium Payment Term

The Policy Term, Premium Payment Term, Sum Assured and Plan Option, is chosen by the Policyholder at inception of the Policy. Once chosen, the Policyholder shall not be allowed to change any of these parameters during the term of the Policy.

**3(f) Premium Details**

Plan Name/Rider Name	UIN	Annualized Premium in (C)	Instalment Premium (C)	Relevant Modal Factor	Applicable Taxes*	Total Instalment Premium (C)	Premium Frequency	Premium Due Dates	Last Premium Due Date

	First Year	Renewal Years
<b>Total Instalment Premium including Riders</b>		
<b>Total Applicable Taxes*</b>		
<b>Total Instalment Premium after Applicable Taxes*</b>		

**3(g) Disclaimers**

\*Includes applicable taxes at prevailing rates. Total Premium is subject to change in case of any variance in the present rates or in the event of any new or additional tax/levy being made applicable/ imposed on the premium(s). As per Section 10 (10D) of the Income Tax Act 1961, any sum received under a life insurance policy will only be exempt from tax provided the annual premium payable in any of the years during the term of the policy does not exceed 10% of the actual capital sum assured. Tax laws are subject to change.

Further sum/s may be allocated to the Basic Policy by way of Bonuses/Guaranteed Additions, if any, as per Part C

**Future Generali India Life Insurance Company Limited**

IRDAI Registration No. 133; CIN No: U66010MH2006PLC165288

**PART B**

Benefit details are given in the accompanying Policy Document

**3(h) Option to received Maturity Benefit:**

&lt;&lt;Option A / Option B / Option C&gt;&gt;

**Payout Period**

SI. No.	Maturity Benefit Payment Date	Maturity Benefit Amount
1		
2		
3		
4		

**On examination of this Policy, if You notice any mistake, then it is to be returned to Us immediately for correction.**

**3(i) Stamp Duty**

The stamp duty of Rs. Xxx (xxxx ONLY) paid by Pay order no. XXXXX dated DD/MM/YYYY. Government Notification Revenue and Forest Department No. Mudrank 2004/4125/CR 690/M-1, Dt.31/12/2004.

**3(j) What You are not covered for:****Suicide Exclusion**

In case of death of Life Assured 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 Nominee or beneficiary of the Policyholder shall be entitled to at least 80% of the Total Premiums Paid till the date of death or the Surrender Value available as on the date of death whichever is higher, provided the Policy is In-force.

For and on behalf of Future Generali India Life Insurance Company Ltd

\_\_\_\_\_  
(Authorized Signature)\_\_\_\_\_  
(Date)