

PART A
1. POLICY SCHEDULE

PLEASE GO THROUGH POLICY SCHEDULE CAREFULLY

**<<Future Generali Term with Return of Premium>>
<<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 THE ATTACHED POLICY DOCUMENT.

3a) Your Customer Id:
3b) Details of the Life Assured and Policyholder

| Details of | Life Assured | Policyholder |
|------------------|--------------|--------------|
| Full Name: | | |
| Date of Birth: | | |
| Age Admitted: | Yes/No | |
| Gender | | |
| Email address: | | |
| Mobile phone no: | | |
| Residence No: | | |
| Address: | | |
| Landmark: | | |
| City: | | |
| Pin Code: | | |

3c) Nominee(s) to this Policy are:

| Detail of | Full Name | Date of Birth | Age | Gender | Relationship with Policyholder | Address | Percentage share of Benefit |
|-----------|-----------|---------------|-----|--------|--------------------------------|---------|-----------------------------|
| Nominee 1 | | | | | | | |
| Nominee 2 | | | | | | | |

3d) The appointee of this Policy is (in case the Nominee mentioned is a minor):

**Future Generali India Life Insurance Company Limited**

IRDAI Registration No. 133; CIN No: U66010MH2006PLC165288

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| | |
|----------------------------|--|
| Full Name: | |
| Date of Birth: | |
| Gender | |
| Address of the Appointee: | |
| Relationship with Nominee: | |

3e) Policy & Rider Details

| Plan/Rider Name | Option | UIN | Policy/Rider Commencement Date | Risk Commencement Date | Policy/Rider Term | Premium Payment Term | Payout Period | Maturity Date/Rider Expiry Date | Monthly Income | Plan/Rider Sum Assured |
|-----------------|--------|-----|--------------------------------|------------------------|-------------------|----------------------|---------------|---------------------------------|----------------|------------------------|
| | | | | | | | | | | |
| | | | | | | | | | | |

3f) What You are covered for:**Policy Benefits****Maturity Benefit**

| SI. No. | Benefit Payment Date | Benefit Amount |
|---------|----------------------|----------------|
| 1 | | |

| | |
|----------------------|--|
| Death Benefit | |
|----------------------|--|

3g) Premium Details

| Plan/Rider name | Annualised Premium in | Instalment Premium | Relevant Modal Factor | Applicable Tax* | Total Instalment Premium | Premium Frequency | Premium Due Dates | Last Premium Due Date |
|-----------------|-----------------------|--------------------|-----------------------|-----------------|--------------------------|-------------------|-------------------|-----------------------|
| | | | | | | | | |
| | | | | | | | | |

| | First Year | Renewal Years |
|--|------------|---------------|
| Total Instalment Premium including Riders(if any) | | |
| Total Applicable Tax | | |
| Total Instalment Premium after Applicable Tax* | | |

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3h) What You are not covered for

Suicide Exclusion:

In case of death 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 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.

3i) Disclaimers

- *Includes applicable tax at prevailing rates.
- Total Premium is subject to change in case of any variance in the present tax 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.

3j) Stamp Duty

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

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

Authorised

Signature

