

**CUSTOMER INFORMATION SHEET / KNOW
YOUR POLICY**

This document provides key information about your policy. You are also advised to go through your policy document.

| Sl. No. | Title | Description <i>(Please refer to applicable Policy Clause Number in next column)</i> | Policy Clause Number | | | | | | | | | | | | |
|-------------------------|---|---|----------------------|-----------|-------------------------|----|----------------------|--|-------------------------|----------------|----------------------|----|-------------|----------|--|
| 1 | Name of the Insurance Product and Unique Identification Number (UIN) | Acko Life Group Term Protect UIN : 164N010V01 | | | | | | | | | | | | | |
| 2 | Policy Number | XXXXXXXX | | | | | | | | | | | | | |
| 3 | Type of Insurance Policy | Pure Risk (Group Pure Risk Product) | | | | | | | | | | | | | |
| 4 | Basic Policy details | <table border="1"> <tr> <td data-bbox="417 1005 857 1062">Installment Premium</td> <td data-bbox="857 1005 1295 1062">INR XXXXX</td> </tr> <tr> <td data-bbox="417 1062 857 1119">Mode of Premium Payment</td> <td data-bbox="857 1062 1295 1119">XX</td> </tr> <tr> <td data-bbox="417 1119 857 1205">Sum Assured on Death</td> <td data-bbox="857 1119 1295 1205">Basis Loan Schedule on COI/ As agreed with member</td> </tr> <tr> <td data-bbox="417 1205 857 1262">Sum Assured on Maturity</td> <td data-bbox="857 1205 1295 1262">Not Applicable</td> </tr> <tr> <td data-bbox="417 1262 857 1318">Premium Payment Term</td> <td data-bbox="857 1262 1295 1318">XX</td> </tr> <tr> <td data-bbox="417 1318 857 1369">Policy Term</td> <td data-bbox="857 1318 1295 1369">XX Years</td> </tr> </table> | Installment Premium | INR XXXXX | Mode of Premium Payment | XX | Sum Assured on Death | Basis Loan Schedule on COI/ As agreed with member | Sum Assured on Maturity | Not Applicable | Premium Payment Term | XX | Policy Term | XX Years | |
| Installment Premium | INR XXXXX | | | | | | | | | | | | | | |
| Mode of Premium Payment | XX | | | | | | | | | | | | | | |
| Sum Assured on Death | Basis Loan Schedule on COI/ As agreed with member | | | | | | | | | | | | | | |
| Sum Assured on Maturity | Not Applicable | | | | | | | | | | | | | | |
| Premium Payment Term | XX | | | | | | | | | | | | | | |
| Policy Term | XX Years | | | | | | | | | | | | | | |

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| 5 | Policy Coverage/ Benefits Payable | Benefits Payable on Maturity | Not Applicable | | Section 4 (Part C) | |
| | | Benefits Payable on Death | <p>Sum assured on death, defined as</p> <ul style="list-style-type: none"> ● As per the Certificate of Insurance for non-employer-employee groups, ● Basis the terms of Master policyholder, for employer-employee groups <p>would be paid on death.</p> <p>Non Employer Employee Group: In the event that the master group surrenders, individual members have an option to continue the policy, in which case the sum assured shall be payable to the nominee.</p> <p>Employer Employee Group: In the event that the master group surrenders, individual members do not have an option to continue the policy, in which case the surrender value, if any, will be paid to the master policyholder.</p> | | | Section 4 (Part C) |
| | | Survival Benefits excluding that payable on maturity | Not Applicable | | Section 4 (Part C) | |
| | | Surrender benefits | | <p>In case of Surrender of the Master Policy or Member's Insurance Coverage, an amount equal to 90% of the Single Premium adjusted for the unexpired duration of the Policy Term or Member Coverage Term of the discontinuing Members, as applicable, would be payable. The formula shall be as given below:</p> <p><i>90% * Installment Premium * (Unexpired Period of Coverage in months (based on premium payment mode) on the date of Surrender[^] / Total Period of Coverage in months (based on premium payment mode)) * (Sum Assured applicable on the date of Surrender[^] / Sum Assured on the Date of</i></p> | | Section 1 (Part D) |
| | | | Single Pay and OYRG TA | | | |

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| | | | | <p style="text-align: center;"><i>Commencement of Risk /Effective Date of Coverage)</i></p> <p>^ Ignoring fraction of a month ^ As per the schedule mentioned in the Certificate of Insurance</p> <p>If Master Policy under EE group is surrendered, Stamp duty paid will be deducted from the above surrender value.</p> | |
| | | | Regula r Pay | <p>In case of Surrender of the Master Policy or Member's Insurance Coverage, an amount equal to 90% of the instalment Premium adjusted for the unexpired duration of the Policy Term or Member Coverage Term, as the case may be, for which the instalment Premium was applicable in respect to discontinuing Members shall be payable.</p> <p style="text-align: center;"><i>90% * Installment Premium * (Unexpired Period of Coverage in months (based on premium payment mode) on the date of Surrender^ / Total Period of Coverage in months(based on premium payment mode)</i></p> <p>^ Ignoring fraction of a month</p> <p>If Master Policy under EE group is surrendered, Stamp duty paid will be deducted from the above surrender value.</p> | |
| | | Options to policyholders for availing benefits, if any, covered under the policy | | Not Applicable | |
| | | Other benefits/options payable, specific to the policy, if any. | | Not Applicable | |

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| | | Lock-in period for Linked Insurance products | Not Applicable | |
| 6 | Riders Opted, if any | Not Applicable | | |
| 7 | Exclusions (events where insurance coverage is not payable), if any. | <p>Notwithstanding anything stated herein, if a Member commits suicide, whether sane or insane, within 1 (One) year from the Date of Commencement of Risk /Effective Date of Coverage or Entry Date, as the case may be, such Member's Insurance shall cease immediately and no Death Benefit is payable under this Policy in relation to such Member. In such an event, We will only refund the Premium received by Us (inclusive of extra premiums and excluding taxes, if any) in respect of such Member, without interest and after deducting the proportional expenses incurred by Us for the grant of Insurance. However, the refund of the Premium by Us in no case shall be less than 80% (Eighty Percent) of the Premium received by Us in respect of such Member.</p> <p>In case of schemes, where the Insurance Coverage is compulsory, suicide exclusion will not be applicable.</p> | | Section 7 (Part F) |
| 8 | Waiting/Lien Period, if any | Not Applicable. | | |
| 9 | Grace Period | <p>In the event where the Master Policyholder or Insured Member (as applicable) fails to pay the due Premium on the instalment Premium due date, We will allow a Grace Period to pay the due Premium while continuing the applicable Insurance Coverage and Benefits under it. After the expiry of the Grace Period without receipt of the Premium in full, the Benefits under Master Policy/Insurance Coverage for the respective Insured Member(s), as the case may be, shall lapse and all Our liability shall immediately and automatically cease. A Grace Period of 15 days in respect of monthly Premium payment frequency and 30 days in other applicable frequencies from the instalment Premium Due Date shall be provided for one year renewable term (except for annual premium payment frequency in one year renewable term in which Grace Period shall not be applicable) and Regular Pay Policy for paying overdue Premium to Us without any penalty/late fee during which Death Benefit and all the chosen inbuilt optional Benefits, if any, under Master Policy/Insurance Coverage of Insured Member will be considered to be In Force with the risk cover without any interruption as per the terms of the Master Policy.</p> <p>If the contingent event of Death covered under this Policy (and as applicable to Member) occurs during the Grace Period, Benefits as applicable shall be payable as mentioned under Part C subject to receipt of unpaid Premium for Master Policy, where Premium is paid by the Master Policyholder.</p> <p>However, in a Policy, where Premium is paid by the Member, the applicable Benefit shall be payable subject to deduction of unpaid due</p> | | Section 6 (Part C) |

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| | | Premium for the respective Member. In case the Premium which was due with respect of any Insured Member, is collected by the Master Policyholder within Grace period but is not remitted to Us for some reason, then the Insurance Coverage for such Insured Member will continue even on expiry of Grace period, provided Member has the receipt of payment of such Premium to the Master Policyholder within Grace Period. The Company reserves the right to recover such Premium from the Master Policyholder. | |
| 10 | Free Look Period | The Free Look Period is 30 days from the date of receipt of this Certificate of Insurance/Master Policy Document | Section 4 (Part D) |
| 11 | Lapse, paid-up and revival of the Policy | <p>If due premiums (for other than Single Premium) are not paid within the Grace Period the policy moves to Lapse Status. The policy may be reinstated for full benefits, within five years from the date of the first unpaid premium, or Policy End Date as per this agreement, whichever is earlier.</p> <p>The reinstatement will be considered on receipt of written application from the policyholder along with the proof of continued insurability of life assured and on payment of all overdue premiums with interest. The reinstatement of the base policy will be affected as per the prevailing board approved underwriting policy (BAUP) of the company. The interest will be charged at a rate declared by the company from time to time.</p> <p>The company has a policy on the Revival Interest Rate and the interest rate charged shall be communicated to the policyholder on 1st April of each Financial Year.</p> <p>Please note, reinstatement is applicable only for policies other than Single Pay, which will be offered to Employer- Employee groups only.</p> | Section 8 (Part D) |
| 12 | Policy Loan, if applicable | Not Applicable | |

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| <p>11</p> | <p>Claims/ Claims Procedure</p> | <p>For processing a claim, please submit all necessary documents \ by mailing us at claims.life@acko.com . We may ask for original hard copy of the documents on case to case basis.</p> <p>or</p> <p>The Claimant/Nominee can contact the Master Policy Holder.</p> <p>Master Policy holder would collect all the documents from the claimant/Nominee and send the claim intimation to the insurance company.</p> <p><u>TAT for claim settlement:</u></p> <p>Death claim under the policy shall be processed within 15 days from the date of receipt of claim intimation along with all relevant papers. However, where the circumstances of a claim warrant an investigation, the claim shall be settled within 45 days thereafter from the receipt of claim intimation.</p> <p><u>Mandatory Documents Required for claims intimation:</u></p> <p>Kindly refer to the policy document for the list of documents required for claim intimation.</p> <p>Please find the important links/numbers below:</p> <ul style="list-style-type: none"> i. Helpline Number: 1800 210 1992 ii. Claims Support ID: claims.life@acko.com iii. Download the claim form: www.acko.com/life | <p>Section 2 (Part F)</p> |
| <p>12</p> | <p>Policy Servicing</p> | <p>Kindly visit our website https://www.acko.com/life/customer-service-tats/ for turn around times (TAT) for customer service</p> <p>Contact details of the insurer -</p> <p>#36/5, Hustlehub One East, Somasandrapalya, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka 560102</p> <p>website: www.acko.com/life Email: support.life@acko.com</p> <p>Toll Free: 1800 210 1992</p> <p>You may also register your complaint by clicking this link https://bimabharosa.irdai.gov.in/Home/Home</p> | <p>Part G</p> |

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| 13 | Grievances / Complaints | <p>Grievance Redressal Officer: You may reach out to us at grievance.life@acko.com or Details of the Grievance Redressal Officer are available on the Company's website at: https://www.acko.com/life/customer-service/grievance-redressal/</p> <p>Customer Service Helpdesk - Acko Life Insurance Limited, 36/5, Hustle Hub One East, Somasandrapalya, 27th Main Road, Sector 2, HSR Layout, Bengaluru, Bengaluru Urban, Karnataka, 560102 Helpline No: 1800 210 1992</p> <p>Ombudsman: Insurance Ombudsman contact and address details are mentioned in Annexure A of the policy document or at the IRDAI website www.irdai.gov.in or on Council of Insurance Ombudsman website at www.cioins.co.in</p> <p>You may also register your complaint by clicking this link https://bimabharosa.irdai.gov.in/Home/Home</p> | Part G |
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NOTE: In case of any conflict the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policyholder

I have read the above and confirm having noted the details.

Place: YYYYYYY

Date: XXXXX

Signature of the Policy Holder