

## **CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY**

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

<b>Sl. no.</b>	<b>Title</b>	<b>Description in Simple Words</b> (Please refer to applicable Policy Clause Number in next column)	<b>Policy Clause Number</b>
1.	Name of the Insurance Product and Unique Identification Number (UIN)	<b>Axis Max Life Smart Wealth Plan</b>  UIN- 104N116V14	Policy Preamble
2.	Policy Number	<Policy Number>	Policy Schedule
3.	Type of Insurance Policy	<b>Non-linked Non-Participating Individual Life Insurance Savings Plan</b>	Policy Preamble
4.	Basic Policy details	<ul style="list-style-type: none"> <li>➤ <b>Instalment Premium:</b> &lt;Amount&gt;</li> <li>➤ <b>Mode of Premium payment:</b> &lt;Annually/Half Yearly/quarterly/Monthly/Single&gt;</li> <li>➤ <b>Sum Assured on Death:</b> &lt;add SA&gt;</li> <li>➤ <b>Maturity Benefit:</b> &lt;add Maturity Benefit &gt;</li> <li>➤ <b>Policy Term:</b> &lt;add Policy term&gt;</li> <li>➤ <b>Premium Payment Term:</b> &lt;add PPT&gt;</li> </ul>	Policy Schedule
5.	Policy Coverage/benefits payable	<ul style="list-style-type: none"> <li>➤ <b>Benefits payable on Death:</b></li> <li>➤ <b>Death during the Policy Term:</b> If the Life Insured dies during the Policy Term, provided the Policy is in force and is not a Lapsed Policy or in Reduced Paid Up Mode, on the date of death of the Life Insured, We will pay a lump sum guaranteed Death Benefit which will be the highest of the following: <ul style="list-style-type: none"> <li><u>(i)</u> 11 (Eleven) times the sum of Annualised Premium and the Underwriting Extra Premium (If any); <b>or</b></li> <li><u>(ii)</u> 105% of sum of Total Premiums Paid, Underwriting Extra Premium (if any) and loadings for modal premiums, (if any) as on the date of death of any of the Insured Persons; <b>or</b></li> <li><u>(iii)</u> An absolute amount equal to the total Premiums Paid accumulated monthly, at an interest rate of 8% p.a.</li> </ul> </li> </ul>	Clause 1.1 of Part C

		<p>➤ <b>Maturity Benefits</b></p> <p>(i) If the Life Insured has survived until the Maturity Date, provided the Policy is in-force and has been fully paid on the Maturity Date, We shall pay the guaranteed Sum Assured on Maturity and the Accrued Guaranteed Additions.</p> <p>(ii) Guaranteed Additions will accrue under the Policy at the end of each of the last 4 (Four) Policy Years provided that the Policy is in force and is not a Lapsed Policy or in Reduced Paid Up Mode, on the date the Guaranteed Addition becomes due. The accrued value of Guaranteed Additions shall be payable on the Maturity Date. In case of Surrender, the Surrender Value of accrued Guaranteed Additions shall be payable at the time of surrender of the Policy.</p> <p><b>Other benefits/options payable, specific to the policy, if any: NA</b></p>	Clause 1.2 of Part C
6.	Options available ( <i>in case of Linked Insurance Products</i> )	This is not applicable	
7.	Option available ( <i>in case of Annuity product</i> )	This is not applicable	
8.	Riders opted, if any		
9.	Exclusions (events where insurance coverage is not payable), if any.	<p><b>Brief list of the applicable exclusions, if any:</b></p> <p>➤ <b>Suicide Exclusion:</b></p> <p>If the Life Insured commits suicide, within 12 (Twelve) months from the Date of Commencement of Risk or from the date of Revival of this Policy, as applicable, all risks and benefits under this Policy shall cease and the Policy shall terminate immediately and We shall only pay the following to the Claimant, provided that the Policy is in force:</p> <p>(i) Higher of the Surrender Value as on the date of death or the sum of (Total Premiums Paid plus loadings for modal premiums and Underwriting Extra Premium, if any, paid till the date of death), if the Policy has acquired a Surrender Value; or</p> <p>(ii) Total Premiums Paid plus loadings for modal premiums and Underwriting Extra Premium, if any, received by Us till the date of death, if the Policy has not acquired a Surrender Value.</p>	Clause 6 of Part F
10.	Waiting /lien Period, if any	This is not applicable	

11.	Grace period	<b>Number of Days:</b> < 15/30 >	Clause 9 of Part B
12.	Free Look Period	<b>Number of days:</b> 30 days beginning from the date of receipt of the Policy.	Clause 6 of Part D
13.	Lapse, paid-up and revival of the Policy	<p>➤ <b>Grace Period:</b></p> <p>A grace period of thirty (30) days (fifteen (15) days in case of monthly premium payment mode) from the due date for payment of each premium will be allowed to the Policyholder for payment of contractual premium. During the grace period, the Company will accept the premium without interest. The insurance coverage continues during the grace period but if the Life Insured dies during the grace period, the Company will deduct the due premium (if any) till the date of death from the benefits payable under the Policy.</p> <p>➤ <b>Lapse Period</b></p> <p>➤ In case of non- receipt of first year's full premium, the Policy will lapse, and no benefits shall be payable.</p> <p>➤ <b>Reduced Paid Up Benefits:</b></p> <p>If the Policy has acquired a Surrender Value and for other than Single Premium Payment Variant, in the event of non-payment of the due Premiums by You to Us on the expiry of the Grace Period this Policy, will not become a Lapsed Policy and will continue under Reduced Paid Up Mode unless revived and the reduced paid up benefits will be payable.</p> <p><b>Reduced Paid Up Surrender Value</b> - As per applicable Surrender Clause.</p> <p>➤ <b>Revival Period:</b> It means the period of five consecutive complete years from the date of first unpaid Premium</p>	<p>Clause 3 of Part C</p> <p>Clause 7 of Part D</p> <p>Clause 1.3 of Part C</p> <p>Clause 33 of Part B</p>
14.	Policy Loan, if applicable	<p>Once this Policy has acquired the Surrender Value then, You will be eligible for grant of loans from Us wherein:</p> <p>(i) The minimum amount of loan which can be granted by Us under this Policy is INR 10,000 (Rupees Ten Thousand);</p> <p>(ii) The maximum amount of loan which can be granted under this Policy during the Policy Term exceed 50% (Fifty percent) of the Surrender Value payable under this Policy, subject to such terms and conditions as may be determined by Us from time to time.</p>	Clause 2 of Part D

15.	Claims/Claims Procedure	<p>➤ <b>Turn Around Time (TAT) for claims settlement: 30 days after receipt of entire documents or completion of investigations, if any, whichever is later and brief procedure.</b></p> <p>➤ Notice of Claim – All cases of death must be notified immediately to us in writing. However, We may condone delay on merit for delayed claims where the reason for delay is proved to be for reasons beyond the control of the Claimant.</p> <p>➤ Please note that all death claims will be payable to the nominee/legal heir of the Policyholder.</p> <p>➤ Claim forms as required by us must be completed and furnished to us, at the Claimant's expense, within 90 days after the date the insured event happens, unless specified otherwise. A list of primary claim documents listing the normally required documents is attached to the Policy. Submission of the listed documents, forms or other proof, however, shall not be construed as an admission of liabilities by the Company. We reserve the right to require any additional proof and documents in support of the claim.</p> <ul style="list-style-type: none"> <li>• <b>Helpline number</b></li> <li>➤ 1860-120-5577 (Call charges apply) or 0124- 4219090</li> <li>• <b>Contact Details of the Insurer:</b></li> <li>➤ Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - <a href="http://www.maxlifeinsurance.com">www.maxlifeinsurance.com</a></li> <li>• <b>Link for downloading claim form and list of documents required including bank account details:</b></li> <li>➤ <a href="https://www.maxlifeinsurance.com/downloads">https://www.maxlifeinsurance.com/downloads</a></li> <li>➤ We will require the following documents in case of claim under this Policy regarding the death of the Life Insured: <ul style="list-style-type: none"> <li>• claimant's statement in the prescribed form (death claim application form -form A);</li> <li>• original Policy document (if any);</li> <li>• In case of a medical/natural death of the Life Insured, the attending physician's statement (Form C) and the medical records (admission notes,</li> </ul> </li> </ul>	Clause 3 of Part F
			Clause 3.1.1. of Part F

		<p>discharge/death summary, test reports, etc.) are required;</p> <ul style="list-style-type: none"> <li>• In case of an accidental/unnatural death of the Life Insured, a copy of the first information report (FIR)/ police complaint, a copy of the postmortem report (PMR)/ Autopsy/Viscera Report and a copy of the final police investigation report (FPIR)/charge sheet is required;</li> <li>• original/ attested copy of death certificate issued by the local/municipal authority (only in the case of death of the Life Insured);</li> <li>• identity proofs (such as copy of Passport, PAN card, Voter identity card, Aadhar (UID) card, etc.) of the Claimants (bearing their photographs and signatures (only in case of death of the Life Insured);</li> <li>• NEFT mandate form attested by bank authorities, along with a cancelled cheque or bank account passbook (only in the case of the death of the Life Insured);</li> <li>• any other documents or information required by Us for assessing and approving the claim request;</li> <li>• employer certificate with complete leave records- Form E;</li> <li>• ITR for last 3 years / GST certificate in case of Self employed;</li> <li>• Other life / health insurance details with claim history details;</li> <li>• bank statement of last 2 years of the Life Insured;</li> <li>• body transfer certificate / embassy documents / postmortem report whichever applicable in case of death in foreign country;</li> <li>• Complete Passport copy in case of death in foreign country;</li> <li>• medical booklet / CGHS card details in case of defence and central government personnel; and</li> <li>• discharge Summary / indoor Case papers in case death happened due to medical reasons in a hospital.</li> </ul>	
16.	Policy Servicing	<ul style="list-style-type: none"> <li>• <b>Turn Around Time (TAT): Up to 15 days</b></li> <li>• <b>Helpline number</b></li> <li>➤ 1860-120-5577 (Call charges apply) or 0124- 4219090</li> <li>• <b>Contact Details of the Insurer:</b></li> </ul>	

		<p>➤ Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - <a href="http://www.maxlifeinsurance.com">www.maxlifeinsurance.com</a></p> <ul style="list-style-type: none"> <li>• <b>Link for downloading applicable forms and list of documents required including bank account details:</b></li> </ul> <p>➤ <a href="https://www.maxlifeinsurance.com/downloads">https://www.maxlifeinsurance.com/downloads</a></p> <p>➤ We will require the following documents in case of policy servicing:</p> <ul style="list-style-type: none"> <li>• Application in the prescribed form;</li> <li>• original Policy document (if any);</li> <li>• identity proofs (such as copy of Passport, PAN card, Voter identity card, Aadhar (UID) card, etc.) of the Policyholder or Life Insured (bearing their photographs and signatures);</li> <li>• NEFT mandate form attested by bank authorities, along with a cancelled cheque or bank account passbook;</li> <li>• any other documents or information required by Us for assessing and approving the claim request;</li> </ul>	
17.	Grievances /Complaints	<ul style="list-style-type: none"> <li>• <b>Contact Details of Grievance Redressal Officer of the insurer:</b></li> <li>• Grievance Redressal Officer, Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India</li> <li>• <b>Link for registering the grievance with the insurer's portal</b></li> </ul> <p>➤ <a href="https://www.maxlifeinsurance.com/customer-service/grievance-redressal">https://www.maxlifeinsurance.com/customer-service/grievance-redressal</a></p> <ul style="list-style-type: none"> <li>• <b>Contact details of Ombudsman</b></li> </ul> <p>➤ Refer Annexure A for the Ombudsman details</p>	As per Annexure A

Declaration by the Policyholder

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

Place:

(Signature of the Policyholder)

Date:

**Note:**

- i. For the product related documents including the Customer Information sheet please refer to the <https://www.maxlifeinsurance.com/investment-plans/smart-wealth-plan>.
- ii. In case of any conflict, the terms and conditions mentioned in the Policy document shall prevail.
- iii. Sum Assured on Death is subject to underwriting, for actual Sum Assured details, please refer to the Policy document.
- iv. In the event of any conflict or discrepancy between any translated version and the English language version of this CIS, the English language version of this CIS shall prevail.

#### **Annexure A: List of Insurance Ombudsman**

**AHMEDABAD** - Office of the Insurance Ombudsman, 6<sup>th</sup> Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad-380 001. Tel:- 079-25501201/02/05/06 Email: [bimalokpal.ahmedabad@cioins.co.in](mailto:bimalokpal.ahmedabad@cioins.co.in). (State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.)

**BENGALURU** - Office of the Insurance Ombudsman, Jeevan Soudha Bldg., PID No. 57-27-N-19, Ground Floor, 19/19, 24<sup>th</sup> Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080-26652049/26652048 Email: [bimalokpal.bengaluru@cioins.co.in](mailto:bimalokpal.bengaluru@cioins.co.in). (State of Karnataka)

**BHOPAL**- Office of the Insurance Ombudsman, 1<sup>st</sup> Floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal-462 011. Tel:- 0755-2769201/2769202 Email: [bimalokpal.bhopal@cioins.co.in](mailto:bimalokpal.bhopal@cioins.co.in) (States of Madhya Pradesh and Chhattisgarh.)

**BHUBANESHWAR** - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar - 751 009. Tel:- 0674-2596461/2596455 Email: [bimalokpal.bhubaneswar@cioins.co.in](mailto:bimalokpal.bhubaneswar@cioins.co.in) (State of Odisha.)

**CHANDIGARH** - Office of the Insurance Ombudsman, S.C.O. No. 20-27, Ground Floor, Jeevan Deep Building, Sector 17-A, Chandigarh-160017. Tel:- 0172 - 4646394/2706468 Email: [bimalokpal.chandigarh@cioins.co.in](mailto:bimalokpal.chandigarh@cioins.co.in) [States of Punjab, Haryana (excluding 4 districts viz, Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh]

**CHENNAI**- Office of the Insurance Ombudsman, Fatima Akhtar Court, 4<sup>th</sup> Floor, 453, Anna Salai, Teynampet, Chennai-600 018. Tel:- 044-24333668 / 24333678 Email: [bimalokpal.chennai@cioins.co.in](mailto:bimalokpal.chennai@cioins.co.in) [State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).]

**DELHI**- Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel:- Tel:- 011 – 23237539 Email: [bimalokpal.delhi@cioins.co.in](mailto:bimalokpal.delhi@cioins.co.in) (State of Delhi, 4 districts of Haryana viz, Gurugram, Faridabad, Sonapat and Bahadurgarh)

**KOCHI**- Office of the Insurance Ombudsman, 10<sup>th</sup> Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi 682011. Tel : 0484-2358759 Email: [bimalokpal.ernakulam@cioins.co.in](mailto:bimalokpal.ernakulam@cioins.co.in) (State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Puducherry.)

**GUWAHATI** - Office of the Insurance Ombudsman, "Jeevan Nivesh", 5<sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati-781 001(ASSAM) Tel:- 0361-2632204/2602205 Email: [bimalokpal.guwahati@cioins.co.in](mailto:bimalokpal.guwahati@cioins.co.in) (States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.)

**HYDERABAD** - Office of the Insurance Ombudsman, 6-2-46, 1<sup>st</sup> Floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-23312122 Email: [bimalokpal.hyderabad@cioins.co.in](mailto:bimalokpal.hyderabad@cioins.co.in) (State of Andhra Pradesh, Telangana and Yanam and part of the Union Territory of Puducherry.)

**JAIPUR**- Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Marg, Jaipur – 302005 Tel : 0141-2740363/ 2740798 Email: [bimalokpal.jaipur@cioins.co.in](mailto:bimalokpal.jaipur@cioins.co.in) (State of Rajasthan)

**KOLKATA** - Office of the Insurance Ombudsman, Hindustan Building. Annexe, 7<sup>th</sup> Floor, 4, C.R. Avenue, Kolkata-700 072. Tel : 033-22124339/22124341 Email: [bimalokpal.kolkata@cioins.co.in](mailto:bimalokpal.kolkata@cioins.co.in) (States of West Bengal, Sikkim, and Union Territories of Andaman and Nicobar Islands.)

**LUCKNOW**- Office of the Insurance Ombudsman, 6<sup>th</sup> Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522 - 4002082 / 3500613 Email: [bimalokpal.lucknow@cioins.co.in](mailto:bimalokpal.lucknow@cioins.co.in) (Following Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.)

**MUMBAI** - Office of the Insurance Ombudsman, 3<sup>rd</sup> Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai 400054. Tel : 022- 69038800/27/29/31/32/33 Email: [bimalokpal.mumbai@cioins.co.in](mailto:bimalokpal.mumbai@cioins.co.in) (State of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai and Thane)

**NOIDA** - Office of the Insurance Ombudsman, 4<sup>th</sup> Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, Distt: Gautam Buddh Nagar, U.P. - 201301. Tel: 0120-2514252/2514253 Email: [bimalokpal.noida@cioins.co.in](mailto:bimalokpal.noida@cioins.co.in) (State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.)

**PATNA** - Office of the Insurance Ombudsman, 2<sup>nd</sup> floor, Lalit Bhawan, Bailey Road, Patna - 800001 Tel No: 0612-2547068, Email id : [bimalokpal.patna@cioins.co.in](mailto:bimalokpal.patna@cioins.co.in) (State of Bihar, Jharkhand.)

**PUNE** - Office of the Insurance Ombudsman, 3<sup>rd</sup> Floor, Jeevan Darshan Bldg, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411030. Tel.: 020-24471175 Email: [bimalokpal.pune@cioins.co.in](mailto:bimalokpal.pune@cioins.co.in) (State of Maharashtra including Navi Mumbai and Thane and excluding Mumbai Metropolitan Region.)