

**CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY**

This document provides key information about your policy. You are also advised to go through your Terms and Conditions and the Policy Schedule in the Policy Document.

| SL. NO. | Title | Description in Simple Words (Please refer to applicable policy clause number in the next column) | Policy Clause Number |
|---------|--|--|-------------------------|
| 1 | Name of the Insurance Product and Unique Identification Number (UIN) | Pramerica Life Wealth+ Ace (140L025V03) | Part- A Policy Schedule |
| 2 | Policy Number | As mentioned in the policy schedule | Part- A Policy Schedule |
| 3 | Type of Insurance Policy | Linked | - |
| 4 | Basic Policy details | <ul style="list-style-type: none">• Instalment Premium- This is the amount of Premium paid per frequency which is single pay under this product.• Mode of premium payment - This refers to the frequency of your premium payment which is single pay under this product.• Sum Assured on Death: This is same as Sum Assured under your policy which is 1.25 or 1.10 times of your Single Premium and is considered for the determination of Death Benefit.• Sum Assured on Maturity –Not Applicable• Premium payment Term – This is the period for which you are required to pay the premium to enjoy the full benefits of the policy i.e., single pay under this policy.• Policy Term- This is the period during which you will enjoy the benefits promised under the policy | Part- A Policy Schedule |

| | | | |
|---|--|---|-------------------------|
| 5 | Policy Coverage/benefits payable | •Benefits payable on maturity – This is the amount payable to you at the end of the Policy Term which is the Fund Value of your policy at the time of maturity. | Part C - Section One(b) |
| | | •Benefits payable on death –This is the amount payable on death which is higher of Sum Assured or Fund Value or 105% of total Premiums paid till date of death. •Survival Benefits excluding that payable on maturity – Not Applicable | Part C – Section One(a) |
| | | •Surrender benefits – This is the amount you will receive in case if you want to terminate your policy(contract) before its maturity date. | Part D – Section Four |
| | | •Options to policyholders for availing benefits Settlement option – This allows you to receive your maturity value spread over a period of up to five years. | Part D – Section Three |
| | | •Other benefits/options payable- Persistency Units: At the end of every 5 th year starting 10 th policy anniversary, a percentage of average fund value depending on your Premium amount will be added to your unit account. | Part C – Section One(c) |
| | | •Lock-in period for Linked Insurance products – This refer to a period of first 5 policy years where you cannot make any withdrawal out of the policy. | Part D – Section Four |
| 6 | Options available (in case of Linked Insurance Products) | •Partial Withdrawal – This allows you to take out a limited amount of money from your policy for your needs. Partial Withdrawals can be made only after completion of lock-in-period (i.e. 5 years). •Top –up Provision - Not Applicable | Part D – Section One |
| | | •Switches – This refers to moving your investments between available funds in your policy. | Part D – Section Two |
| | | •Settlement option – This allows you to receive your maturity value spread over a period of up to five years. | Part D – Section Three |
| | | •Systematic Transfer Plan – This arrangement helps you to move your monies from liquid fund to the funds of your choice during the period of 6 or 12 months. | Part E – Section Three |

| | | | |
|----|--|--|------------------------|
| 7 | Option available(in case of Annuity product) | <ul style="list-style-type: none"> •Type of immediate annuity-Not Applicable •Proportion of annuity amount guaranteed for variable pay-out option. – Not Applicable •Any other option. - Not Applicable | Not Applicable |
| 8 | Riders opted, if any | Not Applicable | Not Applicable |
| 9 | Exclusions (events where insurance coverage is not payable), if any. | Suicide within 12 months from the date of commencement of risk. | Part F – Section One |
| 10 | Waiting /lien Period, if any | Not Applicable | Not Applicable |
| 11 | Grace period | Not Applicable | Not Applicable |
| 12 | Free Look Period | If you disagree with the Terms & conditions of the Policy, you can return your policy within 30 days of date of receipt of the Policy Document with complete refund of non-allocated premium plus fund value as on the date of cancellation (less applicable deductions, if any) | Part D – Section Seven |
| 13 | Lapse, paid-up and revival of the Policy | Lapse - Not Applicable Paid Up – Not Applicable Revival – Not Applicable | Not Applicable |
| 14 | Policy Loan, if applicable | Not Applicable | Not Applicable |
| 15 | Claims/Claims Procedure | Turn Around Time (TAT) for claims settlement and brief procedure <ul style="list-style-type: none"> • Death Claim Settlement without Investigation from the date of intimation of claim -15 days • Death Claim Settlement with Investigation from the date of intimation of claim -45 days Helpline/Call Centre number and Contact details of the insurer <ul style="list-style-type: none"> • For claim related queries in respect of any Insured member please contact our branch or call us on 1860 500 7070 or 011 4818 7070 (Local charges apply) or write to us on Email: contactus@pramericalife.in • Link for downloading claim form and list of documents required including bank account details. <p>Link for downloading claim form: https://pramericalife.in/claims/claimforms List of Documents:</p> | Part F - Section Three |

| | | | |
|----|------------------|--|--------|
| | | <p>Basic documentation if death is due to medical reasons or natural:</p> <ol style="list-style-type: none"> 1. The Company's Death Claim Form duly completed 2. Policy Document (not necessary in case of dematerialized policy document) 3. Death Certificate 4. Claimant's Identity proof, Address proof and banking details 5. Discharge summary and all other past hospital records 6. Completed Last Medical Attendant's Report <p>Additional documents if death is due to Un-natural cause</p> <ol style="list-style-type: none"> 1. Copy of First Information Report and Final Police Investigation Report 2. Copy of Post-Mortem Report <p>•</p> | |
| 16 | Policy Servicing | <p>Turn Around Time (TAT)</p> <p>Free Look Cancellation & Refund from the date of receipt of request: 7 days</p> <p>Policy Servicing (from the date of receipt of request for the service specified): 7 days</p> <ul style="list-style-type: none"> • Change of Address (KYC Norms to be complied) • Registration /Change of Nomination, Assignment. • Alteration in ORIGINAL POLICY CONDITIONS (where applicable) • Policy Loan • Unit / Index Linked Insurance Policy Switch, Top-up, and other related Services • Decision on Policy Revival after receipt of all requirements • Surrender or partial withdrawal of Policy <p>Helpline/Call Centre number and Contact details of the insurer</p> <ul style="list-style-type: none"> • If you wish to discuss any aspect of your Policy or if you have any query or complaint please contact us at 1860 500 7070 or 011 48187070 (local charges apply) or write to us at contactus@pramericalife.in • Link for downloading applicable forms and list of documents required including bank account details. | Part D |

| | | | |
|-----------|------------------------|--|--------|
| | | <p>Link for applicable forms https://www.pramericalife.in/Downloads/ServiceForms</p> <ul style="list-style-type: none"> • List of Documents : As per the servicing form and the KYC proof. | |
| 17 | Grievances /Complaints | <p>Grievance Redressal Officer, Pramerica Life Insurance Ltd., 4th Floor, Building No. 9 B, Cyber City, DLF City Phase III, Gurgaon– 122002 GRO Contact Number: 0124 – 4697069 Email – gro@pramericalife.in Office hours 9.30 am to 6.30 pm from Monday to Friday</p> <p>IRDAI- Grievance Redressal Cell: If after contacting the Company, the Policyholders query or concern is not resolved satisfactorily or within timelines the Grievance Redressal Cell of the IRDAI may be contacted. Bima Bharosa Toll Free number – 155255 or 1800-425-4732 Email Id- complaints@irdai.gov.in Website: https://bimabharosa.irdai.gov.in</p> <p>Complaints against Life Insurance Companies: Insurance Regulatory and Development Authority of India Policyholder's protection & Grievance Redressal Department (PPGR) Sy. No. 115/1 Financial District Nanakramguda, Gachibowli Hyderabad – 500032</p> <p>Insurance Ombudsman: The office of the Insurance Ombudsman has been established by the Government of India for the redressal of any grievance in respect of life insurance policies. Any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located.</p> | Part G |



| | | | |
|--|--|--|--|
| | | <p>The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.</p> <p>You may approach the Insurance Ombudsman if your grievance pertains to any of the following:</p> <ol style="list-style-type: none"> Delay in settlement of claim beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999 Any partial or total repudiation of claims Disputes over premium paid or payable in terms of insurance policy Misrepresentation of policy terms and conditions Legal construction of insurance policies in so far as the dispute relates to claim Policy servicing related grievances against insurers and their agents and intermediaries Issuance of Life insurance policy, which is not in conformity with the proposal form submitted by the proposer Non-issuance of insurance policy after receipt of premium Any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f) <p>No complaint to the Insurance Ombudsman shall lie unless</p> <ol style="list-style-type: none"> The complainant makes a written representation to the insurer named in the complaint and— <ol style="list-style-type: none"> Either the insurer had rejected the complaint, or The complainant had not received any reply within a period of one month after the insurer received his representation, or The complainant is not satisfied with the reply given to him by the insurer The complaint is made within one year— | |
|--|--|--|--|



| | | | |
|--|--|---|--|
| | | <p>(i) After the order of the insurer rejecting the representation is received, or (ii) After receipt of decision of the insurer which is not to the satisfaction of the complainant, or (iii) After expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.</p> <p>The address of the Insurance Ombudsman are attached herewith and may also be obtained from the following link on the internet. Link https://www.cioins.co.in/ombudsman</p> <p>Council for Insurance Ombudsmen: (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, S.V Road , Santacruz (West), Mumbai – 400054. Tel no: 022-69038800/69038812 Email id: inscoun@cioins.co.in Website: www.cioins.co.in</p> | |
|--|--|---|--|

You can also access the Customer Information sheet through this link:

<https://www.pramericalife.in/Downloads/Download>

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:

(Signature of the Policyholder)

Date: