

SBI Life Insurance Co. Ltd

Registered & Corporate Office: 'Natraj', M.V.Road and Western Express Highway Junction, Andheri (East), Mumbai - 400069
 IRDAI Registration No. 111 | Website: www.sbilife.co.in | Email: info@sbilife.co.in | CIN: L99999MH2000PLC129113
 Toll Free: 1800 267 9090 (Customer Service Timing : 24X7)

Benefit Illustration (BI) : SBI Life -Smart Platina Assure (UIN : 111N126V05) | An Individual, Non-Linked, Non-Participating, Life Endowment Assurance Savings Product

Proposal No. : XXXXX

Channel / Intermediary : _____

Introduction

The main objective of the illustration is that the client is able to appreciate the features of the product and the flow of benefits in different circumstances with some level of quantification. For further information on the product and its benefits, please refer to

Proposer and Life Assured Details

Name of the Prospect/Policyholder	dev
Age (Years)	45
Gender	Male

Name of the Life Assured	dev
Age (Years)	45
Gender	Male
Staff	No
State	MAHARASHTRA

This benefit illustration is intended to show year-wise premiums payable and benefits under the policy.

Policy Details

Policy Option	Not Applicable
Policy Term (Years)	20
Premium Payment Term (Years)	10
Mode / Frequency of Premium Payment	Yearly

Amount of Installment Premium (Rs.)	80000.00
Sum Assured (Rs.)	10,80,000
Sum Assured on Death (at inception of the policy) (Rs.)	8,00,000
Rate of Applicable Taxes	4.5% in the 1st policy year and 2.25% from 2nd policy year onwards

Rider Details

Rider Name	Rider Policy Term (Years)	Rider Sum Assured (Rs.)	Rider Premium Payment Term (Years)	Rider Premiums (Rs.)
SBI Life- Accident Death Benefit Rider				

Premium Summary

	Base Plan	Riders	Total Installment Premium
Installment Premium without Applicable Taxes (Rs.)	80000.00	Not Applicable	80000.00
Installment Premium with 1st Year Applicable Taxes (Rs.)	83600.00	Not Applicable	83600.00
Installment Premium with Applicable Taxes 2nd Year onwards (Rs.)	81800.00	Not Applicable	81800.00

Please Note:

Benefit Illustration for SBI Life - Smart Platina Assure
 Amounts in Rupees

Policy year	Annualized premium	Guaranteed					Non- Guaranteed
		Survival Benefits /	Guaranteed Additions	Maturity Benefit	Death benefit	Minimum	Special Surrender Value
1	80,000		4,600	-	8,04,600	0	0
2	80,000		9,200	-	8,13,800	56,000	91,121
3	80,000		13,800	-	8,27,600	84,000	1,53,867
4	80,000		18,400	-	8,46,000	1,60,000	2,22,774
5	80,000		23,000	-	8,69,000	2,04,000	2,97,039
6	80,000		27,600	-	8,96,600	2,54,400	3,76,994
7	80,000		32,200	-	9,28,800	3,02,400	4,62,987
8	80,000		36,800	-	9,65,600	3,58,400	5,55,377
9	80,000		41,400	-	10,07,000	4,10,400	6,54,543
10	80,000		46,000	-	10,93,000	4,64,000	7,60,880
11	-		46,000	-	11,39,000	4,80,000	8,13,868
12	-		46,000	-	11,85,000	4,88,000	8,70,261
13	-		46,000	-	12,31,000	4,96,000	9,30,059
14	-		46,000	-	12,77,000	5,12,000	9,93,449
15	-		46,000	-	13,23,000	5,20,000	10,60,636
16	-		46,000	-	13,69,000	5,36,000	11,31,839
17	-		46,000	-	14,15,000	5,41,000	12,07,293
18	-		46,000	-	14,61,000	5,52,000	12,87,242
19	-		46,000	-	15,07,000	5,68,000	13,71,937
20	-		46,000	17,93,000	15,53,000	5,76,000	14,61,634

- Notes :**
1. Annualized premium shall be the premium amount payable in a year chosen by the policyholder, excluding the taxes, underwriting extra premiums and loading for modal premiums, if any. Refer sales literature for explanation of terms used in this illustration.
 2. All Benefit amount are derived on the assumption that the policies are "in-force"
 3. In addition to Minimum Guaranteed Surrender Value, Surrender value of the Accrued Guaranteed Additions will also be paid.

Important :

You may receive a Welcome Call from our representative to confirm your proposal details like Date of Birth, Nominee Name, Address, Email ID, Sum Assured, Premium amount, Premium Payment Term etc.

You may have to undergo Medical tests based on our underwriting requirements.

<p>I,(name), have explained the premiums and benefits under the product fully to the prospect/policyholder.</p> <p>Place Date: _____</p> <p style="text-align: right;">Signature of Agent/ Intermediary/ Official</p>	<p>I,(name), having received the information with respect to the above, have understood the above statement before entering into the contract.</p> <p>Place Date: _____</p> <p style="text-align: right;">Signature of Prospect/Policyholder</p>
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