

SBI Life Insurance Co. Ltd

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Benefit Illustration (BI) : SBI Life -Smart Future Choices (UIN : 111N127V01) | An Individual, Non-Linked, Participating, Life Insurance Savings Product

Proposal No. : _____ XXXX _____

Channel / Intermediary : Individual Agent

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

Proposer and Life Assured

Name of the	Rakesh	State	MAHARASHTRA
Age (Years)	35	Staff Discount	No
Gender	Male		

How to read and understand this benefit illustration?

This benefit illustration is intended to show year-wise premiums payable and benefits under the policy, at two assumed rates of interest i.e, 8% p.a and 4% p.a.

Some benefits are guaranteed and some benefits are variable with returns based on the future performance of your insurer carrying on life insurance business. If your policy offers guaranteed benefits then these will be clearly marked "guaranteed" in the illustration table on this page. If your policy offers variable benefits then the illustrations on this page will show two different rates of assumed future investment returns, of 8% p.a. and 4% p.a. These assumed rates of return are not guaranteed and they are not the upper or lower limits of what you might get back, as the value of your policy is dependent on a number of factors including future investment performance.

Policy Details

Policy Option	Flexi Choice	Amount of Installment Premium (Rs.)	200000.00
Policy Term (Years)	20	Sum Assured (Rs.)	21,61,000
Premium Payment Term (Years)	10	Sum Assured on Death (at inception of the policy) (Rs.)	22,00,000
Mode / Frequency of Premium Payment	Yearly	Rate of Applicable Tax (GST)	4.5% in the 1st policy year and 2.25% from 2nd
Bonus Type	Cash Bonus		

Premium Summary

	Base Plan	Riders	Total Installment Premium
Installment Premium without Applicable	200000.00	Not Applicable	200000.00
Installment Premium with Applicable Taxes	209000.00	Not Applicable	209000.00
Installment Premium with Applicable Taxes	204500.00	Not Applicable	204500.00

26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

- Notes :**
1. Annualized premium shall be the premium amount payable in a year chosen by the policyholder, excluding the applicable taxes, underwriting extra premiums and loading for modal premiums, if any. Refer sales literature for
 2. All Benefit amount are derived on the assumption that the policies are "in-force"
 3. The benefit calculation is based on the age herein indicated and as applicable for a healthy individual.
 4. Surrender value payable on surrender is higher of the Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV). In addition to the higher of GSV (column 5) and SSV (column 11 and 15) Accumulated Survival Benefit,
 5. The interest rate used in the above calculation for accumulating the cash bonus is 3% p.a. However, the actual applicable interest rate for accumulation of deferred Cash Bonus shall be the RBI Reverse Repo rate less 100 basis points

Bonus Rates :
 This is a with profit plan and participates in the profits of the company's life insurance business. Cash Bonus and Terminal bonus will be declared based on Statutory Valuation carried out at the end of every financial year. Cash Bonus, if declared, would be expressed as a percentage of Basic Sum Assured.

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 Test based on our Underwriting Requirements.
 You have to submit Proof of source of Fund

I,(name), have explained the premiums and benefits under the policy fully to the prospect/policyholder.
 Place:
 Date: Signature of Agent/ Intermediary/ Official

I,(name), having received the information with respect to the above, have understood the above statement before entering into the contract.
 Place:
 Date: Signature of Prospect/Policyholder