

SBI Life Insurance Co. Ltd

Registered & Corporate Office: 'Natraj', M.V.Road and Western Express Highway Junction, Andheri (East), Mumbai - 400069

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Toll Free: 1800 267 9090 (Customer Service Timing: 24*7)

Benefit Illustration (BI) : SBI Life - eShield Next (UIN - 111N132V02)
An Individual, Non-Linked, Non-Participating, Life Insurance, Pure Risk Product

Proposal Number :-	-	Channel / Intermediary :-	-
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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 the sales brochure and/or policy document.

Proposer and Life Assured Details

Name of the Prospect/Policyholder	-	Staff	No
Age of the Prospect/Policyholder (Years)	30	Better Half Benefit (BHB)	No
Name of the Life Assured	-	Name of Spouse	-
Age of the Life Assured (Years)	30	Age of Spouse (Years)	-
Gender of the Life Assured	Male	Gender of Spouse	-
Smoker / Non Smoker status of the Life Assured	Non-Smoker	Smoker / Non Smoker status of Spouse	-

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

Policy Details

Policy Option / Plan Option	Level Cover	Amount of Installment Premium (Rs.)	11,595
Policy Term (Years)	30	Better Half Benefit (BHB) Installment Premium (Rs.)	0
Premium Payment Term (Years)	30	Sum Assured (Rs.)	1,00,00,000
Mode / Frequency of Premium Payment	Annual	Sum Assured on Death (at inception of the policy) (Rs.)	1,00,00,000
Death Benefit Payment Mode	Lump sum	Better Half Benefit (BHB) Sum Assured (Rs.)	0.00
		GST Rate (Rate of Applicable Tax)	18%

Rider Details

Rider Name-SBI Life-Accident Benefit Rider (UIN:111B041V01)	Rider Policy Term (Years)	Rider Premium Payment Term (Years)	Rider Sum Assured (Rs.)	Rider Installment Premium (Rs.)
Option A: Accidental Death Benefit (ADB)	0	0	0	0.00
Option B: Accidental Partial Permanent Disability Benefit (APPD)	0	0	0.00	0.00

Premium Summary

	Base Plan	Riders	Total Installment Premium
Installment Premium without GST	11,595	0.00	11,595

Installment Premium with 1st Year GST	13,682.1	0	13,682.1
Installment Premium with GST 2nd Year onwards	13,682.1	0	13,682.1

Policy Year	Single / Annualized premium	Guaranteed					Non- Guaranteed		Surrender Value Payable
		Survival Benefits / Loyalty Additions	Other Benefits, if any	Maturity Benefit	Death benefit	Guaranteed Surrender Value (GSV)	Special Surrender Value (SSV)		
1	11,595	0	0	0	1,00,00,000	0	0	0	
2	11,595	0	0	0	1,00,00,000	0	0	0	
3	11,595	0	0	0	1,00,00,000	0	0	0	
4	11,595	0	0	0	1,00,00,000	0	0	0	
5	11,595	0	0	0	1,00,00,000	0	0	0	
6	11,595	0	0	0	1,00,00,000	0	0	0	
7	11,595	0	0	0	1,00,00,000	0	0	0	
8	11,595	0	0	0	1,00,00,000	0	0	0	
9	11,595	0	0	0	1,00,00,000	0	0	0	
10	11,595	0	0	0	1,00,00,000	0	0	0	
11	11,595	0	0	0	1,00,00,000	0	0	0	
12	11,595	0	0	0	1,00,00,000	0	0	0	
13	11,595	0	0	0	1,00,00,000	0	0	0	
14	11,595	0	0	0	1,00,00,000	0	0	0	
15	11,595	0	0	0	1,00,00,000	0	0	0	
16	11,595	0	0	0	1,00,00,000	0	0	0	
17	11,595	0	0	0	1,00,00,000	0	0	0	
18	11,595	0	0	0	1,00,00,000	0	0	0	
19	11,595	0	0	0	1,00,00,000	0	0	0	
20	11,595	0	0	0	1,00,00,000	0	0	0	
21	11,595	0	0	0	1,00,00,000	0	0	0	
22	11,595	0	0	0	1,00,00,000	0	0	0	
23	11,595	0	0	0	1,00,00,000	0	0	0	
24	11,595	0	0	0	1,00,00,000	0	0	0	
25	11,595	0	0	0	1,00,00,000	0	0	0	
26	11,595	0	0	0	1,00,00,000	0	0	0	
27	11,595	0	0	0	1,00,00,000	0	0	0	
28	11,595	0	0	0	1,00,00,000	0	0	0	
29	11,595	0	0	0	1,00,00,000	0	0	0	
30	11,595	0	0	0	1,00,00,000	0	0	0	

Notes :
1. Annualized premium shall be the premium amount payable in a year, excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums.
2. All Benefit amounts are derived on the assumption that the policies are "in-force" and for a healthy individual. The exact premium will be determined only at the time of acceptance of risk cover on life to be assured.
3. Surrender Value payable is applicable under Single Premium or Limited Premium Payment Term (i.e. where premium payment term is less than policy term) policy only.
4. Death Benefit mentioned in above table is for the Life Assured and at the beginning of the Policy year.
5. Surrender Value payable mentioned in above table is at the end of the Policy year.
6. Surrender Value payable may be different than those illustrated above on account of multiple factors such as policy month in which surrender taking place, non-payment of all the installment premiums payable in that policy year etc. The policyholder is advised to check the surrender value payable with the company before surrendering.
7. On diagnosis of Terminal Illness during the policy term, the Sum Assured on Death, subject to maximum of Rs.2,00,00,000 would be payable. Balance Sum Assured amount, if any, will be payable on death of the Life Assured.
8. Better Half Benefit (BHB) will be applicable only after death of the Life Assured during the policy term, provided the spouse is less than 60 years of age at that time. For more details, terms and conditions on Better Half Benefit (BHB), kindly refer to the policy document.
9. TDS shall be deducted from the benefit proceeds (i.e. maturity, surrender etc), as applicable, which are considered as taxable under the Income Tax

Laws.
10. Tax laws are subject to change from time to time. Please consult your tax advisor for further details.
11. Goods and Service Tax (GST)/ Cess and / or any other statutory levy/duty/surcharge at the rate notified by the Central Government / State Government / Union territory of India from time to time, shall be levied on premium / charges (as applicable) as per the provisions of the prevalent tax law.

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.

I, _____, have explained the premiums and benefits under the product fully to the prospect/policyholder		I, _____, having received the information with respect to the above, have understood the above statement before entering into the contract.	
Place :	Signature of Agent/Intermediary/ Official of the Insurer	Place :	Signature of Prospect/Policyholder
Date :		Date :	