

**SBI Life Insurance Company Limited**  
Regulated by IRDAI Registration Number: 111

**POLICY  
DOCUMENT**

# *SBI LIFE – SARAL MAHA ANAND*

UIN: 111L070V01

(A UNIT-LINKED, NON-PARTICIPATING PLAN)

IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.

Registered & Corporate Office: SBI Life Insurance Co. Ltd, “Natraj”, M.V. Road & Western Express Highway Junction,  
Andheri (East), Mumbai - 400 069.

Website: [www.sbilife.co.in](http://www.sbilife.co.in) | Email: [info@sbilife.co.in](mailto:info@sbilife.co.in) | CIN: L99999MH2000PLC129113

Toll Free: 1800 22 9090 (Between 9.00 am & 9.00 pm)

## Policy Schedule

### Your Policy

Welcome to your **SBI Life –Saral Maha Anand** policy and thank you for preferring **SBI Life Insurance Company Limited** to provide you with insurance solutions. The UIN allotted by IRDAI for this product is 111L070V01.

The information you have given in your proposal form, personal statement together with any reports or other documents and declarations form part of this contract of insurance with us. Your policy document, comprising this policy schedule along with the policy booklet and any endorsements, is evidence of the contract. If you have chosen the riders, then the respective rider documents would also be part of the policy document. You should read these documents carefully to make sure that you are satisfied with the terms and conditions of the policy. Please keep them in a safe place.

*SBI Life - Saral Maha Anand* provides an insurance-cum-investment solution. The value of the units allocated under your policy, after deducting the applicable charges, will be dependent on the investment performance of the funds of SBI Life, as chosen by you. Your policy does not share in the profits or surplus of the Company.

In return for your premiums we will provide benefits as described in the following pages of the policy document. The benefits available under this policy are subject to the payment of premiums as and when due.

The benefits will be paid to the persons entitled as set out in the policy document, on proof to our satisfaction, of such benefits having become payable and of the title of the persons claiming the payments.

Please communicate any change in your mailing address or any other communication details as soon as possible. If you require further information, please contact us or the Insurance Advisor/ Facilitator mentioned below.

Insurance Advisor/Facilitator Details: <<name>> <<code>>  
<< mobile number or landline number if mobile not available>>

### Identification

1. Policy Number	<< as allotted by system >>
2. Proposal No.	<< from the proposal form >>
3. Proposal Date	<< dd/mm/yyyy >>
4. Customer ID	<< as allotted by system >>

### Personal information

5. Name of the life assured	<< Title / First Name / Surname of the life assured >>	
6. Name of proposer / policyholder	<< Title / First Name / Surname of the policyholder >>	
7. Date of Birth	Life Assured	Policyholder
	<< dd/mm/yyyy >>	<< dd/mm/yyyy >>

8. Age at entry	Life Assured	Policyholder
9. Gender	Life Assured	Policyholder
	<< Male / Female >>	<< Male / Female >>
10. Mailing Address	<< Address for communication >>	
11. Telephone Number with STD Code		
12. Mobile Number		
13. E-Mail ID of the policyholder	<< E-Mail ID of the policyholder >>	

#### Nomination

14. Name of the Nominee(s)	Relationship with the life assured	Age
15. Name of the Appointee(s)	Relationship with nominee	Age

#### Important dates

16. Date of Commencement of Policy	<< dd/mm/yyyy >>
17. Date of Commencement of Risk	<< dd/mm/yyyy >>
18. Policy Anniversary Date	<< dd/mm >>
19. Premium Due Dates	<< >>
20. Date of Maturity of Policy	<< dd/mm/yyyy >>

#### Basic policy information

21. Sum Assured Multiplier Factor (SAMF)	
22. Premium frequency	
23. Installment Premium (Rs.)	
24. Basic Sum Assured (Rs.)	

#### Riders chosen

Name of the Rider	UIN
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<< Names of the selected Riders / No riders applicable >>

<< UIN / Not applicable >>

Base Policy and rider						
Benefit	Sum Assured (Rs.)	Term (Years)	Premium Paying Term (Years)	<< Premium Frequency >> Installment Premium (Rs.)	Due Date of Last Premium	Date of Maturity / Cover End Date
Base Policy					<< dd/mm/yyyy >>	<< dd/mm/yyyy >>
SBI Life - Accidental Death Benefit (ADB) Linked Rider			N.A.	Accidental Benefit charges will be deducted by way of cancellation of units on monthly basis, from the unit fund.	N.A.	<< dd/mm/yyyy >>
<b>Total Installment Premium</b>						

**Applicable rate of Tax\***

<<x%>>

\* includes Service Tax, Cess, GST (currently only in case of J&K residents) and/ or any other statutory levy/ duty/ surcharge, as notified by the Central and/or State Government from time to time as per the provisions of the prevalent tax laws.

All references to riders in your policy document will be applicable only if we have offered the respective riders with your policy.

Fund Options	
Fund Name	Fund Allocation for Premium in %
Equity Fund	<<% or N.A.>>
Balanced Fund	<<% or N.A.>>
Bond Fund	<<% or N.A.>>
Total	<b>100%</b>

In the above table, "N.A." stands for Not Applicable

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**Applicable clauses**


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<< To be printed only when the policyholder is staff member

We will award the following additional allocation to you.

Additional allocation	
Year	Additional allocation (percentage of premium)

>>

Signed for and on behalf of **SBI Life Insurance Company Limited,**

Authorised Signatory			
Name			
Designation			
Date		Place	

The stamp duty of Rs <<.....>> (Rupees.....only) paid by pay order, vide receipt no. <<.....>> dated << >>. Government notification Revenue and Forest Department No. Mudrank <<.....>> dated <<.....>>.

<< Digital Signature >>

(Signature)  
Proper Officer

\*\*\*\*\*End of Policy Schedule\*\*\*\*\*