

IndiaFirstLife
PROMOTED BY
बैंक ऑफ़ बड़ौदा
Bank of Baroda

Because Continuity of Life is a Certainty

IndiaFirst Life Waiver of Premium Rider

(Non Linked Non Participating Rider)

Before You Start Reading

How Will This Brochure Help You?

This brochure gives you details of how the policy works throughout its lifetime. It's an important document to refer to.

To Help Your Understanding

We've done our best to explain everything as simply as possible; however you're likely to come across some terms you're unfamiliar with, where possible, we've explained these.

We have used plain language that's easy to understand and believe this brochure is a good place to start when planning your future under this insurance contract.

About IndiaFirst Life Insurance

Headquartered in Mumbai, IndiaFirst Life Insurance Company Limited (IndiaFirst Life), with a paid-up share capital of INR 754 crores, is one of the country's youngest life insurance companies. Its current shareholders include Bank of Baroda, Union Bank of India, and Carmel Point Investments India Private Limited, which hold 65%, 09%, and 26% stakes in the company. Carmel Point Investments India Pvt Ltd. is incorporated by Carmel Point Investment Ltd, a body corporate incorporated under the laws of Mauritius and owned by private equity funds managed by Warburg Pincus LLC, New York, United States. The company's key differentiator is its simple, easy-to-understand products that are fairly priced and efficiently serviced. For details, please visit https://www.indiafirstlife.com/.

Why You Need This Rider

We all need a little extra in life! We understand that you might want that little extra, even when it comes to financial protection of your family and hence present to you with IndiaFirst Life Waiver of Premium Rider that can provide additional support to your loved ones.

Our IndiaFirst Waiver of Premium Rider is a non-linked rider, which ensures that your loved ones are taken care of, in case of any unforeseen events. This rider will support you, by waiving off the future premiums of your base policy in case the rider life assured suffers from death, accidental total permanent disability or critical illness. You also get to choose from 3 different coverage options that can provide a total safety cover for your loved ones.

Executive Summary

Key Features

- We understand every individual has different needs and thus, give you three different coverage options to choose from
- Protect your loved ones financially from adverse effects of unforeseen events like Death, Accidental Total Permanent Disability and Critical Illness
- No need to pay future premiums in case of unforeseen events as we fund them for you
- We provide cover for 10 critical illnesses to support you in times of need
- Get tax benefits on the premiums you invest and benefits you receive as per current tax laws

Rider at a Glance

1. What is the IndiaFirst Life Waiver of Premium Rider?

IndiaFirst Life Waiver of Premium Rider is a non-linked, rider. The rider will help you further guard your loved ones from any upcoming unfortunate events like death, accidental total permanent disability and critical illnesses. You can attach this to your base policy in order to further enhance the benefits of the policy you had bought.

2. What are the basic eligibility criteria in this policy?

Criteria	Minimum	Maximum
Entry Age	18 Years	55 Years
Premium	₹ 500	• 30% of premiums (including extra premium, if any) payable under the base policy, when the rider is other than health i.e. ATPD or Critical Illness related, and • 100% of premiums (including extra premium, if any) payable under the base policy when the rider is pertaining to health related or Critical Illness
Rider Term	5 years (subject to base plan's outstanding policy term / premium payment term to be at least 5 years)	Same as base plan's Premium Payment Term (subject to earlier of: 30 years at maximum or Policyholder's age not exceeding 70 years (as on last birthday))
Premium payment Term	Same as rider policy term	Same as rider policy term

3. What are the premium payment modes available in the policy?

The premium payment modes and modal factors will be the same as the base policy.

4. What are the benefits of this rider policy?

This policy provides to waive off all the future premiums on earlier happening of any of the following events, provided both the base and rider policies are in force:

A. Death

B. Accidental Total Permanent Disability

C. Critical Illness

5. What are the policy options you can choose from?

You can choose from 3 different options for cover available underlying the rider plan when buying this rider policy. The options are as given below –

OPTION	BENEFIT
Waiver of Premium on Death	This option provides benefit of waving all future premiums due and payable under the base policy on Death of the Policyholder (only when life assured and Policy Holder are different individuals under base policy), subject to rider and base policy being in force.
Waiver of Premium on Accidental Total Permanent Disability or (diagnosis of) Critical Illness	This option provides the benefit of waving all future premiums due and payable under the base policy on either or simultaneous happening of the following events; Accidental Total Permanent Disability of the rider life assured or on the confirmed diagnosis of the rider life assured suffering from any one of the critical illnesses covered under the rider, subject to rider and base policy being in force.
Waiver of Premium on Death or Accidental Total Permanent Disability or Critical Illness	This option provides the benefit of waving all future premiums due and payable under the base policy on either or simultaneous happening of the following events - Death of the rider life assured or Accidental Total Permanent Disability of rider life assured or on the confirmed diagnosis of the rider life assured suffering from any one of the Critical Illnesses covered under the rider, subject to rider and base policy being in force. To opt for this option, life assured and Policy Holder should be different individuals under base policy

For detailed definitions of Accidental Total Permanent Disability (ATPD) and Critical Illness refer to important definitions

6. What is maturity benefit payable under this rider?

There is no maturity or survival benefit payable under this rider.

7. What are the tax benefits under this policy?

Tax benefits may be available on premiums paid and benefit receivable as per prevailing Income Tax Laws. Tax benefits are subject to change from time to time as per the Income Tax Act, 1961. Please consult your tax consultant before investing.

8. Is there a grace period for missed premiums?

The Premiums should be paid on or before the due dates to avoid any lapsation. You are provided a Grace Period of 15 days under monthly mode and 30 days for other premium payment modes, in case you miss your due premium on the due dates.

All your policy benefits continue during this grace period and the policy will be considered to be in-force.

9. What are your options to revive the policy?

If the base policy lapses, then rider policy will cease. If you do not pay your due premiums before the end of the grace period, your policy lapses. You may revive your policy within a specified period by simply paying the pending premium along with interest/Late fees from the due date of first unpaid premium.

You may revive your lapsed policy, as long as you do it within the revival period basis the base plan, from the due date of the first unpaid regular premium but before the maturity date. The revival is subject to satisfactory medical and financial requirements raised by the Company. The medical cost, if any, is to be borne by you. If you do not revive your policy by the end of the revival period, the policy terminates, and you will not be entitled to receive any benefits.

10. Can you surrender your policy?

Yes, while we do not encourage you to surrender your policy, you may choose to surrender the same. You may note that there is no surrender value in this policy.

11. Is any tax applicable? If yes, who bears it?

Yes. The applicable taxes will have to be borne by you, the policyholder. These are subject to change from time to time as per Income-Tax laws. 1961

12. Can you return your policy?

Yes, you can return your policy within the Free Look period;

In case you do not agree to the any policy terms and conditions, you have the option of returning the policy to us stating the reasons thereof, within 30

days from the date of receipt of the policy whether received electronically or otherwise.

Do you get any refund when you return your policy?

Yes. We will refund (within 7 days of receipt of such request) an amount equal to the –

Premium paid

Less: i. Pro-rata risk premium for the time the policy was in force

Less ii. Any stamp duty paid

Less iii. Expenses incurred on medical examination, if any

13. Important Definitions

Definitions of Accidental Total Permanent Disability	
Accident	It is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
Injury	It is accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner
Accidental Total and Permanent Disability (ATPD)	ATPD means when the life assured is totally, continuously and permanently disabled and meets either of the two definitions below: • Unable to Work: Disability as a result of injury or accident and is thereby rendered totally incapable of being engaged in any work or any occupation or employment for any com pensation, remuneration or profit and he/she is unlikely to ever be able to do so. • Physical Impairments: The life assured suffers an injury/accident due to which there is total and irrecoverable loss of: i. The use of two limbs; or ii. The sight of both eyes; or iii. The use of one limb and the sight of one eye; or iv. Loss by severance of two or more limbs at or above wrists or ankles; or v. The total and irrecoverable loss of sight of one eye and loss by severance of one limb at or above wrist or ankle. The disabilities as stated under "Unable to Work" and "Physical Impairments" must have lasted, without interruption, for at least 6 consecutive months and must, in the opinion of a medical practitioner be deemed permanent. The benefit will commence upon the completion of this uninterrupted period of 6 months. However, for the disabilities mentioned in (iv) and (v) above, such 6 months period would not be applicable, and the benefit will commence immediately. Premium is continued to be paid till the time it is established that the accidental disability is permanent. Once the permanency of the disability is established, the premium paid, if any from the date of accident is refunded, along-with eligible disability benefit i.e waiver of premium

Definitions of Critical Illness	
Waiting Period	▪ Waiting period is applicable only for Waiver of Premium due to Critical Illness. ▪ There will be a waiting period of 90 days from policy inception or from any subsequent revival, whichever is later. ▪ The waiting period for this benefit is defined as the period starting from policy inception or date of revival during which no critical illness benefits are payable.
Survival Period	▪ Survival period is applicable only for Waiver of Premium due to Critical Illness. ▪ There will be a survival period of 30 days applicable between the diagnosis of a critical illness and eligibility for critical illness benefit payment.
Cancer of Specified Severity (malignant tumour)	I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma. II. The following are excluded – i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3. ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; iii. Malignant melanoma that has not caused invasion beyond the epidermis; iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; vi. Chronic lymphocytic leukaemia less than RAI stage 3 vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, ▪ viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs

First Heart Attack of Specified Severity (Myocardial Infarction)	The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the listed criteria: A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain), New characteristic electrocardiogram changes and Elevation of infarction specific enzymes, Troponins or other specific biochemical markers Exclusion – ▪ Other acute Coronary Syndromes ▪ Any type of angina pectoris ▪ A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure
Open Chest CABG	The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist Exclusion – ▪ Angioplasty and/or any other intra-arterial procedures
Open Heart Replacement or Repair of Heart Valves	The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Exclusion – ▪ Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty
Coma of specified Severity	A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of - No response to external stimuli continuously for at least 96 hours; Life support measures are necessary to sustain life; and Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. The condition has to be confirmed by a specialist medical practitioner. Exclusion – ▪ Coma resulting from alcohol or drug abuse
Kidney Failure requiring regular dialysis	End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

Stroke resulting in Permanent Symptoms	Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. Exclusion – ▪ Transient ischemic attacks (TIA) ▪ Traumatic injury of the brain ▪ Vascular disease affecting only the eye or optic nerve or vestibular functions.
Major Organ or Bone Marrow Transplant (as recipient)	The actual undergoing of a transplant of: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. Exclusion – ▪ Other stem-cell transplants ▪ Where only Islets of Langerhans are transplanted
Motor Neurone Disease with Permanent Symptoms	Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.
Alzheimer's Disease	A definite diagnosis of Alzheimer's disease evidenced by all of the following: 1. Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning 2. Personality change 3. Gradual onset and continuing decline of cognitive functions 4. No disturbance of consciousness 5. Typical neuropsychological and neuroimaging findings (e.g. CT scan) The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist. Exclusion – ▪ Other forms of dementia due to brain or systemic disorders or psychiatric conditions ▪ Coverage for this impairment will cease at age sixty-five (65) or on maturity date/expiry date, whichever is earlier.

14. What are the conditions in which the benefits of this plan will not be paid?

A. Suicide Exclusion

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force.

B. Exclusions for Accidental Total and Permanent Disability

If any claim for Accidental Total and Permanent Disability is caused directly or indirectly due to or arises from any of the following circumstances, the benefit will not be payable –

1. Intentional self-inflicted injury, suicide or attempted suicide, while sane or insane;
2. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, terrorist act, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;
4. Participation by the insured person in any flying activity, except as a bona fide, passenger in a commercially licensed aircraft;
5. Participation by the insured person in a criminal or unlawful act;
6. Any disability due to an Accident that occurred before the effective date of the cover
7. Any disability due to any kind of sickness, disease or congenital anomalies before and/or after the effective date of the cover;
8. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;
9. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;

C. Exclusions for Critical Illness

The life assured will not be entitled to any benefits under this Rider, if a covered critical illness results directly or indirectly from or occurring during any one of the following:

1. If the insured dies within 30 days of the diagnosis of the covered Critical Illness.
2. For any medical condition or medical procedure resulting directly or indirectly from self-inflicted injuries, attempted suicide, while sane or insane;
3. For any medical conditions suffered by the life insured or any medical procedure undergone by the life insured, if that medical condition or that medical procedure was caused directly or indirectly by any congenital anomaly or defect;
4. For any medical conditions suffered by the life insured or any medical procedure undergone by the life insured, if that medical condition or that medical procedure was caused directly or indirectly by alcohol or drug abuse
5. Engaging in or taking part in *hazardous activities, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not;

   *Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not
6. Participation by the insured person in a criminal or unlawful act with criminal intent.
7. For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
8. For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time.
9. For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
10. Disease specific Exclusions as mentioned in the Definitions.

15. Nomination

Allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. For more details on the nomination, please refer to our website www.indiafirstlife.com

16. Assignment

Allowed as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. For more details on the assignment, please refer to our website www.indiafirstlife.com

17. Prohibition of Rebate

As per provisions of Section 41 of the Insurance Act, 1938 as amended from time to time. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.For more details please refer to our website www.indiafirstlife.com

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18. What happens in case of submission of information which is false or incorrect?

Fraud/ Misstatement would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938, as amended from time to time.

Section 45 of the Insurance Act 1938, as amended from time to time states

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 are as follows:

1) No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 years from
   a. the date of issuance of policy or
   b. the date of commencement of risk or
   c. the date of revival of policy or
   d. the date of rider to the policy whichever is later.
2) On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
   a. the date of issuance of policy or
   b. the date of commencement of risk or
   c. the date of revival of policy or
   d. the date of rider to the policy whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3) Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
   a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
   b. The active concealment of a fact by the insured having knowledge or belief of the fact;
   c. Any other act fitted to deceive; and
   d. Any such act or omission as the law specifically declares to be fraudulent.
4) Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5) No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are

within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

6) Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

7) In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

8) Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

9) The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.]

19. Policy Servicing & Grievance Handling Mechanism

You may contact us in case of any grievance at any of our branches or at Customer Care, IndiaFirst Life Insurance Company Ltd, 12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai – 400 063. Contact No.: 1800 209 8700, Email id: customer.first@indiafirstlife.com.

a. An acknowledgment to all such grievances received will be sent immediately from the date of receipt of the grievance

b. A written communication giving reasons of either redressing or rejecting the grievance will be sent to you within 14 days from the date of receipt of the grievance. In case We don't receive a revert from you within 8 weeks from the date of registration of grievance , then We will treat the complaint as closed. However, if you are not satisfied with our resolution provided or have not received any response within 14 days , then, you may approach our Grievance Officer at any of our branches or you may write to our Grievance Redressal Officer at grievance.redressal@indiafirstlife.com.

c. If you are not satisfied with the resolution or have not received any response within 14 days then you can contact the insurance ombudsman. For the list of ombudsman office please refer Annexure B

d. Further, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255

Email ID: complaints@irdai.gov.in

You can also register your complaint online at

https://bimabharosa.irdai.gov.in/

Address for communication for complaints by fax/paper:

Policyholder Protection & Grievance Redressal Department (PPGR),

Insurance Regulatory and Development Authority of India,

Sy. No. 115/1, Financial District, Nanakramguda

Gachibowli, Hyderabad- 500032, Telangana

IRDAI TOLL FREE NO: 18004254732

Disclaimer: IndiaFirst Life Insurance Company Limited, IRDAI Regn No.143, CIN: U66010MH2008PLC183679, Address: 12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai – 400 063. Toll free No – 18002098700, www.indiafirstlife.com SMS to 5667735 SMS Charges apply. IndiaFirst Life Insurance Company Limited is only the name of the Life Insurance Company and IndiaFirst Life Term plan UIN 143N007V03 is only the name of the Life Insurance Product and does not in any way indicate the quality of the contract, its future prospects, or returns. For more details on risk factors and terms and conditions, please read the sales brochure carefully before concluding the sale. Trade logo displayed above belongs to our promoters M/s Bank of Baroda is used by IndiaFirst Life Insurance Co. Ltd under License.

BEWARE OF SPURIOUS PHONE CALLS AND FICTIOUS/ FRAUDULENT OFFERS

- IRDAI or its official do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.