

## CUSTOMER INFORMATION SHEET /KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your Policy Document.

| SI. | Title                                                                            | Description in Simple Words                                                                                                                                            | Policy Clause              |
|-----|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| no. |                                                                                  | (Please refer to applicable Policy Clause Number in next column)                                                                                                       | Number                     |
| 1.  | Name of the<br>Insurance Product<br>and Unique<br>Identification<br>Number (UIN) | LIC's New Money Back Plan-25 years<br>(UIN: 512N278V03)                                                                                                                | Part A                     |
| 2.  | Policy Number                                                                    |                                                                                                                                                                        | Part A                     |
| 3.  | Type of<br>Insurance Policy                                                      | Non-Linked other than Pure risk and pension                                                                                                                            | Part B -<br>Definitions    |
| 4.  | Basic Policy     details                                                         | • Instalment Premium (Rs):<br>(Taxes, if any, as applicable from time to time are<br>charged extra).                                                                   | Schedule                   |
|     |                                                                                  | Mode of premium payment:                                                                                                                                               | Schedule                   |
|     |                                                                                  | Premium Payment Term:                                                                                                                                                  | Schedule                   |
|     |                                                                                  | Policy Term:                                                                                                                                                           | Schedule                   |
|     |                                                                                  | Basic Sum Assured (Rs):                                                                                                                                                | Schedule                   |
|     |                                                                                  | • <b>Sum Assured on Death:</b> Sum Assured on Death is defined as Higher of 125% of Basic Sum Assured or 7 times of Annualized Premium.                                | Condition 1.A of<br>Part C |
|     |                                                                                  | • <b>Survival Benefit:</b> 15% of Basic Sum Assured at the end of each of 5 <sup>th</sup> , 10 <sup>th</sup> , 15 <sup>th</sup> and 20 <sup>th</sup> policy year shall | Condition 1.B of<br>Part C |
|     |                                                                                  | <ul> <li><b>Sum Assured on Maturity:</b> Sum Assured on Maturity is equal to 40% of Basic Sum Assured.</li> </ul>                                                      | Condition 1.C of<br>Part C |
| 5.  | Riders opted, if any                                                             | < <not (if="" applicable="" is="" not="" opted)="" rider="">&gt;</not>                                                                                                 | Schedule                   |
|     |                                                                                  | < <rider (as="" and="" by="" for="" name="" opted="" policyholder)<="" td="" the="" uin=""><td></td></rider>                                                           |                            |
|     |                                                                                  | For details of Benefits and Conditions of riders(s), mentioned above, refer Endorsement to this policy.>>                                                              |                            |
| 6.  | Policy                                                                           | Benefit payable on Death:                                                                                                                                              | Condition 1.A of           |

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dort C                     |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Coverage /<br>benefits payable | Death benefit payable in case of death of the Life<br>Assured before the stipulated Date of Maturity<br>provided the policy is in-force shall be "Sum Assured<br>on Death" along with vested Simple Reversionary<br>Bonuses and Final Additional Bonus, if any.<br>This Death Benefit shall not be less than 105% of total                                                                                                                                                                                                                                                                                 | Part C                     |
|                                | premiums paid upto the date of death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |
|                                | • Survival Benefits:<br>Provided the policy is in-force, on the Life Assured<br>surviving to the end of the specified durations during<br>the policy term, 15% of Basic Sum Assured at the end<br>of each of 5th, 10th , 15th and 20 <sup>th</sup> policy year, shall<br>be payable.                                                                                                                                                                                                                                                                                                                       | Condition 1.B of<br>Part C |
|                                | • Benefit payable on Maturity:<br>On Life Assured surviving the stipulated Date of<br>Maturity provided the policy is in-force, "Sum Assured<br>on Maturity" along with vested Simple Reversionary<br>Bonuses and Final Additional Bonus, if any, shall be<br>payable. Where Sum Assured on Maturity is equal to<br>40% of Basic Sum Assured.                                                                                                                                                                                                                                                              | Condition 1.C of<br>Part C |
|                                | • Surrender Benefits:<br>The policy can be surrendered by the policyholder<br>after completion of first policy year provided one full<br>year's premium(s) has been paid. However, the policy<br>shall acquire Guaranteed Surrender Value on payment<br>of atleast two full years' premiums and Special<br>Surrender Value after completion of first policy year<br>provided one full year's premium(s) has been paid. On<br>surrender of an in-force or paid-up policy, the<br>Corporation shall pay the Surrender Value equal to<br>higher of Guaranteed Surrender Value and Special<br>Surrender Value. | Condition 4 of Part<br>D   |
|                                | <ul> <li>Options to Policyholders for availing benefits, if any, covered under the policy:</li> <li>i) Option to take Death Benefit in instalments: This is an option to receive Death Benefit in instalments over the chosen period of 5 or 10 or 15 years instead of lump sum amount under an in-force as well as paid-up policy.</li> </ul>                                                                                                                                                                                                                                                             | Condition 8 of Part<br>D   |
|                                | <ul> <li>Settlement Option (for Maturity Benefit): Settlement<br/>Option is an option to receive Maturity Benefit in<br/>instalments over the chosen period of 5 or 10 or 15<br/>years instead of lumpsum amount under an in-<br/>force as well as paid-up policy.</li> </ul>                                                                                                                                                                                                                                                                                                                              | Condition 9 of Part<br>D   |
| 7. Options available           | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |

|     | (in case of Linked<br>Insurance                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |
|-----|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
|     | Products)                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |
| 8.  | Option available<br>(in case of<br>Annuity product)                              | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |
| 9.  | Exclusions<br>(events where<br>insurance<br>coverage is not<br>payable), if any. | <ul> <li>Suicide Exclusion: The provisions related to claim payment in case of death due to suicide shall be subject to the conditions as specified herein under:</li> <li>i) If the Life Assured (whether sane or insane) commits suicide at any time within 12 months from the date of commencement of risk, the Nominee or Beneficiary of the Life Assured shall be entitled to 80% of the total premiums paid till the date of death (excluding any taxes if collected explicitly, extra premium and rider premiums other than term assurance rider, if any), provided the policy is in force.</li> <li>ii) If the Life Assured (whether sane or insane) commits suicide within 12 months from date of revival, an amount which is higher of 80% of the total premiums paid till the date of death (excluding any taxes if collected explicitly, extra premium and rider premiums other than term assurance rider, if any) or the surrender value available as on the date of death, shall be payable. The Nominee or Beneficiary of the Life assured shall not be entitled to any other claim under this policy.</li> <li>This clause shall not be applicable for a policy lapsed without acquiring paid up value and nothing shall be payable under such policy.</li> <li>The relaxation mentioned under Non-forfeiture provisions shall not be applicable in case of death due to suicide.</li> </ul> | Condition 2 of<br>Part F                        |
| 10. | Waiting/ lien<br>Period, if any                                                  | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |
| 11. | Grace period                                                                     | <ul> <li>30 Days for Yearly, Half-yearly, Quarterly mode of premium payment</li> <li>15 Days for Monthly mode of premium payment</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Condition 6 of<br>Part C                        |
| 12. | Free Look Period                                                                 | 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Condition 7 of<br>Part D                        |
| 13. | Lapse, paid-up<br>and revival of the<br>Policy                                   | <ul> <li>Lapse: Lapse is the status of the policy when due premium is not paid within the days of grace.</li> <li>Paid-up: If after at least one full year's premium(s) has been paid and any subsequent premiums be not duly paid, on completion of first policy year, this policy shall not be wholly void, but shall subsist as a paid-up policy till the end of the policy term.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part B- Definitions<br>Condition 2 of<br>Part D |
|     |                                                                                  | • <b>Revival:</b> A policy in lapsed condition may be revived during the life time of the Life Assured, but within the Revival Period and before the date of maturity, as the case may be.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Condition 3 of<br>Part D                        |

| 14. | Policy Loan, if applicable  | Loan<br>provi<br>shall                                                                                                                                       |                                                      |                                                                                                                 |                                 |                          |
|-----|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------|
| 15. | Claims/ Claims<br>Procedure | <ul> <li>Brief procedure and list of documents required<br/>including bank account details</li> <li>Turn Around Time (TAT) for claims settlement:</li> </ul> |                                                      |                                                                                                                 |                                 | Condition 4 of<br>Part F |
|     |                             | S<br>No                                                                                                                                                      | Service                                              | Description of Item /<br>Service                                                                                | TAT                             |                          |
|     |                             | 1                                                                                                                                                            | Death<br>Claims                                      | Death claims<br>settlements not requiring<br>Investigations<br>Early Death Claims<br>requiring investigations - | 15 days<br>45 days              |                          |
|     |                             |                                                                                                                                                              |                                                      | decision & payment<br>Settlement of Maturity                                                                    |                                 |                          |
|     |                             | 2                                                                                                                                                            | Survival,<br>Maturity,<br>Annuity                    | Claims<br>Settlement of Survival<br>Benefits                                                                    | On due<br>date                  |                          |
|     |                             |                                                                                                                                                              | payments                                             | Annuity<br>payments/Pension<br>Payments                                                                         |                                 |                          |
|     |                             | 3                                                                                                                                                            | Auto<br>Action<br>by<br>Insurer                      | Policy Payments<br>information(Survival<br>Benefits, Maturity<br>Benefits)                                      | One month<br>before due<br>date |                          |
|     | Policy Servicing            | <u>h</u><br>For up<br>websit                                                                                                                                 | ttps://licindia<br>odated deta<br>e <u>www.licin</u> |                                                                                                                 |                                 |                          |
| 16. | Folicy Servicing            |                                                                                                                                                              |                                                      | d Time (TAT):                                                                                                   |                                 |                          |
|     |                             | S<br>No                                                                                                                                                      |                                                      | n of Item of Service                                                                                            | TAT                             |                          |
|     |                             | 1                                                                                                                                                            |                                                      | icy service requests<br>mistakes / corrections<br>y document                                                    | 7 days                          |                          |
|     |                             | 2                                                                                                                                                            | from the da                                          | cancellation and refund<br>ate of receipt of request                                                            | 7 days                          |                          |
|     |                             | 3                                                                                                                                                            | be complie                                           |                                                                                                                 | 7 days                          |                          |
|     |                             | 4                                                                                                                                                            | Registratio<br>Nomination                            | n / Change of<br>n, Assignment<br>in original policy                                                            | 7 days<br>7 days                |                          |
|     |                             | 6                                                                                                                                                            |                                                      | (where applicable)                                                                                              | 7 days                          |                          |
|     |                             | 7                                                                                                                                                            | Decision of                                          | on Policy revival after<br>Il requirements                                                                      | 7 days                          |                          |
|     |                             | 8                                                                                                                                                            | lssue of                                             | Premium Payment                                                                                                 | 7 days                          |                          |

|     |              |              | certificates (PPC)                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |    |
|-----|--------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----|
|     |              | 9            | Issue of Duplicate Policy                                                                                                                                                                                                                                                                                                                                                                                           | 7 days                                                                                                                           |    |
|     |              | 10           | Premium due intimation                                                                                                                                                                                                                                                                                                                                                                                              | One                                                                                                                              |    |
|     |              |              |                                                                                                                                                                                                                                                                                                                                                                                                                     | month                                                                                                                            |    |
|     |              |              |                                                                                                                                                                                                                                                                                                                                                                                                                     | before                                                                                                                           |    |
|     |              |              |                                                                                                                                                                                                                                                                                                                                                                                                                     | due date                                                                                                                         |    |
|     |              | 11           | Surrender or Partial withdrawal of                                                                                                                                                                                                                                                                                                                                                                                  | 7 days                                                                                                                           |    |
|     |              |              | Policy                                                                                                                                                                                                                                                                                                                                                                                                              | -                                                                                                                                |    |
|     |              |              |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |    |
|     |              | ≻            | Helpline/Call centre number: 91-022-                                                                                                                                                                                                                                                                                                                                                                                | 68276827                                                                                                                         |    |
|     |              | $\checkmark$ | SMS LICHELP <policy number=""></policy>                                                                                                                                                                                                                                                                                                                                                                             | to 9222492224                                                                                                                    |    |
|     |              | >            | WhatsApp No- 8976862090                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  |    |
|     |              | Cor          | ntact details of the Insurer:                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                  |    |
|     |              | $\succ$      | Please contact us at our Branch Offi                                                                                                                                                                                                                                                                                                                                                                                | co the details c                                                                                                                 | .f |
|     |              |              | which are mentioned in the Part A (F<br>policy document                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  |    |
|     |              | >            | Alternatively please visit <u>https://licindi</u><br>locate your Brach                                                                                                                                                                                                                                                                                                                                              | <u>a.in/branch</u> to                                                                                                            |    |
|     |              |              | Please visit https://licindia.in/web/gue                                                                                                                                                                                                                                                                                                                                                                            | st/download-                                                                                                                     |    |
|     |              |              | forms for downloading applicable for                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |    |
|     |              |              | documents required including bank a                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |    |
|     |              |              |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |    |
|     |              | >            | For updated details , we request you our website <u>www.licindia.in</u>                                                                                                                                                                                                                                                                                                                                             | to regularly visit                                                                                                               |    |
| 17. | Grievances   |              |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |    |
|     | / Complaints | S            | Description of Item of Service                                                                                                                                                                                                                                                                                                                                                                                      | TAT                                                                                                                              |    |
|     |              | No           |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |    |
|     |              | 1            | Acknowledgement to complaint In                                                                                                                                                                                                                                                                                                                                                                                     | nmediately                                                                                                                       |    |
|     |              | 2            | Action on Complaint and                                                                                                                                                                                                                                                                                                                                                                                             | intediatory                                                                                                                      |    |
|     |              | 2            | -                                                                                                                                                                                                                                                                                                                                                                                                                   | 4 days                                                                                                                           |    |
|     |              |              | complainant                                                                                                                                                                                                                                                                                                                                                                                                         | + uays                                                                                                                           |    |
|     |              | 3            | · · ·                                                                                                                                                                                                                                                                                                                                                                                                               | 4 days from                                                                                                                      |    |
|     |              | 5            |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |    |
|     |              |              |                                                                                                                                                                                                                                                                                                                                                                                                                     | riginal date                                                                                                                     |    |
|     |              |              |                                                                                                                                                                                                                                                                                                                                                                                                                     | receipt of                                                                                                                       |    |
|     |              | 11           | including referring the co<br>complainant to Insurance                                                                                                                                                                                                                                                                                                                                                              | omplaint                                                                                                                         |    |
|     |              |              |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |    |
|     |              |              |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |    |
|     |              |              | Ombudsman / Consumer Court                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |    |
|     |              |              | Ombudsman / Consumer Court                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |    |
|     |              |              | Ombudsman / Consumer Court                                                                                                                                                                                                                                                                                                                                                                                          | ssal Officer of                                                                                                                  |    |
|     |              | t            | Ombudsman / Consumer Court Contact details of Grievance Redre the Insurer:                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |    |
|     |              | t            | Ombudsman / Consumer Court Contact details of Grievance Redre the Insurer: You may contact the Grievance Redre                                                                                                                                                                                                                                                                                                      | ressal Officer                                                                                                                   |    |
|     |              |              | Ombudsman / Consumer Court<br>Contact details of Grievance Redre<br>the Insurer:<br>You may contact the Grievance Redro<br>on the address as mentioned in the                                                                                                                                                                                                                                                       | ressal Officer                                                                                                                   |    |
|     |              |              | Ombudsman / Consumer Court Contact details of Grievance Redre the Insurer: You may contact the Grievance Redre                                                                                                                                                                                                                                                                                                      | ressal Officer                                                                                                                   |    |
|     |              |              | Ombudsman / Consumer Court<br>Contact details of Grievance Redre<br>the Insurer:<br>You may contact the Grievance Redro<br>on the address as mentioned in the<br>bage) of the Policy Document.                                                                                                                                                                                                                      | essal Officer<br>Part A (First                                                                                                   |    |
|     |              |              | Ombudsman / Consumer Court<br>Contact details of Grievance Redre<br>the Insurer:<br>You may contact the Grievance Redro<br>on the address as mentioned in the                                                                                                                                                                                                                                                       | essal Officer<br>Part A (First                                                                                                   |    |
|     |              |              | Ombudsman / Consumer Court<br>Contact details of Grievance Redre<br>the Insurer:<br>You may contact the Grievance Redro<br>on the address as mentioned in the<br>bage) of the Policy Document.                                                                                                                                                                                                                      | ressal Officer<br>Part A (First<br>nce Redressal                                                                                 |    |
|     |              |              | Ombudsman / Consumer Court<br>Contact details of Grievance Redre<br>the Insurer:<br>You may contact the Grievance Redro<br>on the address as mentioned in the<br>bage) of the Policy Document.<br>Alternatively the details of Grieva                                                                                                                                                                               | ressal Officer<br>Part A (First<br>nce Redressal<br>below link:                                                                  |    |
|     |              |              | Ombudsman / Consumer Court<br>Contact details of Grievance Redre<br>the Insurer:<br>You may contact the Grievance Redro<br>on the address as mentioned in the<br>bage) of the Policy Document.<br>Alternatively the details of Grieva<br>Officers can be found on the<br>https://licindia.in/web/guest/grievances                                                                                                   | ressal Officer<br>Part A (First<br>nce Redressal<br>below link:                                                                  |    |
|     |              |              | Ombudsman / Consumer Court<br>Contact details of Grievance Redre<br>the Insurer:<br>You may contact the Grievance Redre<br>on the address as mentioned in the<br>bage) of the Policy Document.<br>Alternatively the details of Grieva<br>Officers can be found on the<br>https://licindia.in/web/guest/grievances                                                                                                   | ressal Officer<br>Part A (First<br>nce Redressal<br>below link:                                                                  |    |
|     |              |              | Ombudsman / Consumer Court<br>Contact details of Grievance Redre<br>the Insurer:<br>You may contact the Grievance Redre<br>on the address as mentioned in the<br>bage) of the Policy Document.<br>Alternatively the details of Grieva<br>Officers can be found on the<br>https://licindia.in/web/guest/grievances<br>Link for registering the grievan<br>nsurer's portal:                                           | ressal Officer<br>Part A (First<br>nce Redressal<br>below link:                                                                  |    |
|     |              |              | Ombudsman / Consumer Court<br>Contact details of Grievance Redre<br>the Insurer:<br>You may contact the Grievance Redre<br>on the address as mentioned in the<br>bage) of the Policy Document.<br>Alternatively the details of Grieva<br>Officers can be found on the<br>https://licindia.in/web/guest/grievances<br>Link for registering the grievan<br>nsurer's portal:<br>f you are a registered policy holder y | ressal Officer<br>Part A (First<br>nce Redressal<br>below link:<br><b>below link</b> :<br><b>nce with the</b><br>ou can directly |    |
|     |              |              | Ombudsman / Consumer Court<br>Contact details of Grievance Redre<br>the Insurer:<br>You may contact the Grievance Redre<br>on the address as mentioned in the<br>bage) of the Policy Document.<br>Alternatively the details of Grieva<br>Officers can be found on the<br>https://licindia.in/web/guest/grievances<br>Link for registering the grievan<br>nsurer's portal:                                           | ressal Officer<br>Part A (First<br>nce Redressal<br>below link:<br><b>below link</b> :<br><b>nce with the</b><br>ou can directly |    |

| through our Customer Portal (website)<br><u>www.licindia.in</u> . You can also contact at e-mail id:<br><u>co_complaints@licindia.com</u> for redressal of any<br>grievances. |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Link for registering:<br>https://ebiz.licindia.in/D2CPM/?_ga=2.72703123.127<br>2923387.1677050657-<br>120722208.1677050657#Login                                              |  |
| • Contact details of Ombudsman:<br>You can also approach Insurance Ombudsman<br>whose Address and contact details is given in Part A<br>(First page) of the Policy Document.  |  |
| Alternatively the details of Ombudsman can be found<br>on the below link:<br><u>https://cioins.co.in</u>                                                                      |  |
| 022-69038800/69038812                                                                                                                                                         |  |

## Declaration by the Policyholder

I have read the above and confirm having noted the details.

Place:

(Signature of the Policyholder)

Date:

## Note:

- i. Product related documents including the Customer Information sheet are available on Corporation's website <u>www.licindia.in</u>
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.