



Benefit Illustration for HDFC Life Guaranteed Income Insurance Plan

This illustration has been produced by HDFC Life Insurance Company Limited to help you understand the benefits of your HDFC Life Guaranteed Income Insurance Plan

DETAILS

		Proposal No:	NA
Name of the Prospect/Policyholder:	A B	Name of Product:	HDFC Life Guaranteed Income Insurance Plan
Age (years):	30	Tag Line:	A Non-Linked Non-Participating Individual Life Insurance Savings Plan
Name of Life Assured:	A B	Unique Identification No:	101N146V04
Age (years):	30	GST Rate:	4.5% (first year)
Gender:	Male		2.25% (second year onwards)
Policy Term (years):	30		
Premium Paying Term (years):	15		
Amount of Instalment Premium(Rs.):	Rs.1,00,000		
Mode of Payment of Premium:	Annual		

This benefit illustration is intended to show year-wise premiums payable and benefits under the policy. Some benefits are guaranteed and some benefits are variable with returns based on the future performance of your insurer carrying on life insurance business. If your policy offers guaranteed benefits then these will be clearly marked "guaranteed" in the illustration table on this page.

Policy Details			
Policy Option	Income Payout Mode - Annual	Sum Assured Rs.	15,31,645
	GDB Payout Option - Option A: Lump sum	Sum Assured on Death (at inception of the policy) Rs.	15,31,645

Premium Summary								
		Base Plan	CI Rider	IB Rider	PP Rider (PAC)	PP Rider (ADC)	PP Rider (CC)	Total Instalment Premium
First Year Premium	Instalment Premium without ,GST	1,00,000	0	0	0	0	0	1,00,000
	Instalment Premium with First Year GST	104500	0	0	0	0	0	104500
Second Year Premium	Instalment Premium without GST	100000	0	0	0	0	0	100000
	Instalment Premium with GST 2nd Year Onwards	102250	0	0	0	0	0	102250

(Amounts in Rs.)

Policy Year	Annualized Premium	Guaranteed Benefits					Non Guaranteed
		Survival Benefit / Loyalty Additions	Other Benefits if any / Sum Assured	Survival / Maturity Benefit	Death Benefit	Min Guaranteed Surrender Value	Special Surrender Value
1	1,00,000	0	0	0	15,31,645	0	0
2	1,00,000	0	0	0	15,31,645	60,000	99,557
3	1,00,000	0	0	0	15,31,645	1,05,000	1,62,354
4	1,00,000	0	0	0	15,31,645	2,00,000	2,34,342
5	1,00,000	0	0	0	15,31,645	2,50,000	3,17,050
6	1,00,000	0	0	0	15,31,645	3,00,000	4,12,012
7	1,00,000	0	0	0	15,31,645	3,50,000	5,20,759
8	1,00,000	0	0	0	15,31,645	4,00,000	6,44,822
9	1,00,000	0	0	0	15,31,645	4,95,000	7,85,734
10	1,00,000	0	0	0	15,31,645	5,50,000	9,45,025
11	1,00,000	0	0	0	15,31,645	6,05,000	11,27,290
12	1,00,000	0	0	0	15,31,645	7,20,000	13,32,531
13	1,00,000	0	0	0	15,31,645	7,80,000	15,63,809
14	1,00,000	0	0	0	15,31,645	9,10,000	18,25,720
15	1,00,000	0	0	0	15,75,000	9,75,000	21,19,796
16	0	1,99,114	0	1,99,114	15,75,000	7,75,886	20,99,885
17	0	1,99,114	0	1,99,114	15,75,000	6,51,772	20,76,910
18	0	1,99,114	0	1,99,114	15,75,000	4,52,659	20,50,872
19	0	1,99,114	0	1,99,114	15,75,000	2,53,545	20,24,834
20	0	1,99,114	0	1,99,114	15,75,000	1,29,431	19,95,733
21	0	1,99,114	0	1,99,114	15,75,000	0	19,63,568
22	0	1,99,114	0	1,99,114	15,75,000	0	19,29,872
23	0	1,99,114	0	1,99,114	15,75,000	0	18,93,113
24	0	1,99,114	0	1,99,114	15,75,000	0	18,53,290
25	0	1,99,114	0	1,99,114	15,75,000	0	18,10,404
26	0	1,99,114	0	1,99,114	15,75,000	0	17,62,923
27	0	1,99,114	0	1,99,114	15,75,000	0	17,12,379
28	0	1,99,114	0	1,99,114	15,75,000	0	16,57,239
29	0	1,99,114	0	1,99,114	15,75,000	0	15,97,505
30	0	1,99,114	15,31,645	17,30,758	15,75,000	0	0

Notes:

Annualized Premium excludes underwriting extra premium, frequency loadings on premiums, the premiums paid towards the riders, if any, and Goods and Services Tax. Under Family income payout option (FIP), 110% of Guaranteed Death Benefit is paid in 60 equal monthly installments. This option is not applicable for Reduced paid-up Death policies

I, _____, have explained the premiums charges and benefits under the policy fully to the prospect / policy holder.

Place: _____

Date: _____ Signature of Agent / Intermediary / Official

I, A B, having received the information with respect to the above, have understood the above statement before entering into the contract.

Date: _____ Signature of Prospect / Policyholder