



Edelweiss
Tokio *life*

zindagi unlimited

Edelweiss Tokio Life

Saral Pension

(A Non-Linked Non-Participating Individual Immediate Annuity Plan)



Edelweiss Tokio Life - Saral Pension

(A Non-Linked Non-Participating Individual Immediate
Annuity Plan)

Key Reasons to choose this plan

1

Get Guaranteed regular annuity income for life.

2

Offers Life Annuity with Return of 100% of Purchase price (ROP).

3

Offers Joint Life Last Survivor Annuity with Return of 100% of Purchase Price (ROP) on death of the last survivor.

4

Offers Flexibility to receive annuity in monthly, quarterly, half yearly and yearly mode.

5

Provision for Loan on Policy.

Why Edelweiss Tokio Life Insurance?

At Edelweiss Tokio Life Insurance, we realize that your needs are more important than anything else. That's why it is our constant aim to understand your needs first before offering any advice or an insurance solution. Your Life insurance needs, based on your priorities, are first understood, then evaluated against your future goals so that we are able to ensure that we can offer you the best solution suited to your Life insurance needs. We offer a wide range of life insurance solutions ranging from pure term plan, savings cum insurance plan, retirement plans as well as critical illness plans.

Why a retirement plan?

In today's uncertain world, it is prudent to save for the rainy days. One needs to arrange for a second income in the later years of one's life so that the external uncertainties don't affect one's future plans. A retirement plan ensures one's future income is intact during the golden years.

Why Edelweiss Tokio Life – Saral Pension?

Edelweiss Tokio Life – Saral Pension is a life insurance plan which provides you with guaranteed income in your golden years to indulge in life's necessities without any compromises. As we understand, it is during this period after that money should not be a concern for you to decide how you would spend your retirement years.

How does this plan work?

Step 1: Choose the purchase price (Single Premium) that you wish to pay to buy the annuity or choose the annuity instalment you wish to receive.

Step 2: Choose Annuity Option and Single Life or Joint Life option.

Step 3: Choose your annuity instalment frequency – Annual, Semi-Annual, Quarterly or Monthly

Step 4: Receive the annuity instalments, as per the frequency chosen by you

PLAN AT A GLANCE

Minimum Annuity Instalment	Rs. 1,000 per month for Monthly Annuity Mode Rs. 3,000 per quarter for Quarterly Annuity Mode Rs. 6,000 per half-year for Half-yearly Annuity Mode Rs. 12,000 per annum for Yearly Annuity Mode.
Maximum Annuity Instalment	No limit, subject to Board Approved Underwriting Policy
Minimum Purchase Price	There is no explicit minimum Purchase Price. However, the Purchase Price should be such that minimum annuity amount is at least Rupees 1,000 per month
Maximum Purchase Price	No limit, subject to Board Approved Underwriting Policy
Minimum Entry Age (age last birthday)	40 years
Maximum Entry Age (age last birthday)	80 years
Premium Paying Term	Single Pay
Minimum / Maximum Maturity Age	Not Applicable

If you have an existing Edelweiss Tokio Life pension accumulation policy and you decide to buy annuity from those proceeds, you will get a higher annuity rate.

This product can be bought online as well

What are the Annuity Options available to you?

At inception of the policy, you need to select any one of the above Annuity types:

- Life Annuity with Return of 100% of Purchase price (ROP)**
 Under this option, Annuity is paid for life of the annuitant. In addition, 100% Purchase Price will be returned to the nominee / legal heirs on death of the annuitant.
- Joint Life Last Survivor Annuity with Return of 100% of Purchase Price (ROP) on death of the last survivor.**
 In this case, the annuity is first paid to the annuitant for life. After death of the annuitant, if the spouse is surviving, the spouse continues to receive same amount of annuity for life till his/her death. Subsequently, on death of the spouse, Purchase Price shall be payable to nominee / legal heirs. However, if the spouse has pre-deceased the annuitant, then on the death of the annuitant, the Purchase price shall be payable to the nominee / legal heirs.

Annuity Mode

Policyholder can choose Annuity Mode as per his/her requirement. The various annuity modes annuity payout and corresponding multiplier factors to be applied on the annuity rates to arrive at the annuity amount is provided in the table below:

Mode of annuity payout	Multiplier Factor	Annual Equivalent rate
Yearly	104.00%	104%
Half-yearly	51.00%	102%
Quarterly	25.25%	101%
Monthly	8.33%	100%

Annuity mode can be changed anytime, however, the same shall be effective from the next policy anniversary onwards. The minimum annuity amount post change of Annuity Mode shall be at least the minimum annuity amount applicable for the respective Annuity Mode.

Purchase Price shall be single premium chosen by the policyholder, excluding the taxes.

Other Benefits:

Tax Benefits: You may be eligible for tax benefits as per applicable tax laws. Tax benefits are subject to change in the tax laws. Kindly consult your tax advisor for detailed information on tax benefits/implications.

Illustration: The table below illustrates the annuity rates for an annuitant aged 50 years of age and a purchase price of Rs. 500,000 (excluding any applicable taxes). In case of joint life, the age of the secondary annuitant is assumed as 48 years of age.

Immediate Annuity for Single Life

Annuity option	Monthly Annuity amount (in Rs.)
• Life Annuity with Return of 100% of Purchase price (ROP)	2,153

Immediate Annuity for Joint Life

Annuity option	Monthly Annuity amount (in Rs.)
• Joint Life Last Survivor Annuity with Return of 100% of Purchase Price (ROP) on death of the last survivor	2,091

Purchase price is exclusive of any applicable taxes. Please check for prevailing annuity rates at the time of purchasing policy

• Policy Loan:

Loan can be availed any time after six months from the date of commencement of the policy. Maximum amount of loan that can be granted under the policy shall be such that the effective annual interest amount payable on loan does not exceed 50% of the annual annuity amount payable under the policy. Under joint life option, the loan can be availed by the primary annuitant and on death of the primary annuitant, it can be availed by the secondary annuitant.

The interest on loan shall be at 10-year G-Sec rate per annum as at 1st April, of the relevant financial year, as published by M/s. FBIL, plus 200 bps and shall be applicable for all loans granted during the period of twelve months, beginning 1st May of the relevant financial year. The interest on loan will be calculated on annual compounding basis. The current loan interest rate is 8.82%. The interest rate methodology is reviewable with prior approval from IRDAI.

The loan interest will be recovered from the annuity amount payable under the policy. The loan interest will accrue as per the frequency of annuity payment under the policy and it will be due on the date of annuity. The loan outstanding shall be recovered from the claim proceeds under the policy. However, the annuitant has the flexibility to repay the loan principal at any time during the currency of the annuity payments.

• Non-forfeiture Benefits

Reduced Paid-Up: Not Applicable

Free Look Period

- a) This is an option to review the Policy following receipt of Policy Document. The Policyholder has a free look period of 15 days (30 days in case of electronic policies and policies obtained through distance mode) from the date of receipt of the policy document, to review the terms and conditions of the policy and where the policyholder disagrees to any of those terms and conditions, the policy holder has the option to return the policy to the Company for cancellation, stating the reasons for his objection. Then the policyholder shall be entitled to a refund of the premium subject only to a deduction of stamp duty charges and annuity paid, if any.
- b) The treatment of the policy shall be as follows:
 - i) for standalone immediate annuity policies: the proceeds from cancellation shall be returned to the policyholder.
 - ii) If this policy is purchased out of proceeds of a deferred pension plan of any other insurance company: The proceeds from cancellation in the free-look period will be transferred back to that insurance company.
 - iii) If this policy is purchased out of proceeds of a deferred pension plan of Edelweiss Tokio Life Insurance Company where open market option is available: The proceeds from cancellation will be transferred to that insurance company from whom the Policyholder wants to purchase annuity, if applicable.

Surrender Benefit:

Surrender on diagnosis of critical illness:

The policy can be surrendered any time after six months from the date of commencement, if the annuitant or the spouse or any of the children of the annuitant is diagnosed as suffering from any of the critical illnesses specified below, based on the documents produced to the satisfaction of the medical examiner of the Insurer. The list of critical illnesses may be revised from time to time by the Authority as needed. On approval of surrender, 95% of the Purchase Price shall be paid to the annuitant, subject to deduction of outstanding loan amount and loan interest, if any. On payment of surrender value, the policy stands terminated.

Below mentioned is the list of Covered Critical Illness Conditions which are covered under this benefit:

Sr No	Illness	Sr No	Illness
1	Cancer of specified severity	11	Multiple Sclerosis with Persisting Symptoms
2	Myocardial Infarction (First Heart Attack – of Specified Severity)	12	Benign Brain Tumor
3	OPEN CHEST CABG	13	Blindness
4	Open Heart Replacement or Repair of Heart Valves	14	End Stage Lung Failure
5	Coma of specified Severity	15	End Stage Liver Failure
6	Kidney Failure Requiring Regular Dialysis	16	Loss of Speech
7	Stroke resulting in permanent symptoms	17	Loss of Limbs
8	Major Organ/ Bone Marrow Transplant	18	Major Head Trauma
9	Permanent Paralysis of Limbs	19	Primary (idiopathic) Pulmonary Hypertension
10	Motor Neuron Disease with Permanent Symptoms	20	Third Degree Burns

Following are the Definitions and Exclusions related to Critical Illness Benefit.

1. CANCER OF SPECIFIED SEVERITY

- 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;
 - ix. All tumors in the presence of HIV infection.

2. MYOCARDIAL INFARCTION

(First Heart Attack of specific severity)

- I. 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 following criteria:
 - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

- II. The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. OPEN CHEST CABG

- I. 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.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

- I. 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. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. COMA OF SPECIFIED SEVERITY

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

- I. 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.

7. STROKE RESULTING IN PERMANENT SYMPTOMS

- I. 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.
- II. The following are excluded:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. MAJOR ORGAN /BONE MARROW TRANSPLANT

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

9. PERMANENT PARALYSIS OF LIMBS

- I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

- I. 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.

11. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE and HIV are excluded.

12. BENIGN BRAIN TUMOR

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. BLINDNESS

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or ;
 - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. END STAGE LUNG FAILURE

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
 - iv. Dyspnea at rest.

15. END STAGE LIVER FAILURE

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
Permanent jaundice; and
Ascites; and
Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

16. LOSS OF SPEECH

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- II. All psychiatric related causes are excluded.

17. LOSS OF LIMBS

- I. The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

18. MAJOR HEAD TRAUMA

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. The Activities of Daily Living are:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. Mobility: the ability to move indoors from room to room on level surfaces;
 - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi. Feeding: the ability to feed oneself once food has been prepared and made available.
- IV. The following are excluded:
 - i. Spinal cord injury;

19. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

20. THIRD DEGREE BURNS

- I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

Other Definitions

“Congenital Anomaly” – Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

- a) Internal Congenital Anomaly
Congenital anomaly which is not in the visible and accessible parts of the body
- b) External Congenital Anomaly
Congenital anomaly which is in the visible and accessible parts of the body.

“Illness” - Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- a. **Acute condition** – Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b. **Chronic condition** – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur

“Medical Practitioner” – Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

The Medical practitioner should not be

- The policyholder/insured person himself/herself; or
- An authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- Employed by or under contractual engagement with the insurance company;
- Related to the policyholder/insured person by blood or marriage.

EXCLUSION

Suicide Claim: Not Applicable.

STATUTORY INFORMATION

Statutory Information

Grace Period: Not Applicable

Nomination

Nomination is allowed in accordance with the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

Assignment

Assignment is allowed in accordance with the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

Revival: Not Applicable

Prohibition of Rebate: (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 out or renew or continue an Insurance in respect of any kind of risk relating to lives 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 one such rebate as may be allowed in accordance with the published prospectus or tables of 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.

Non-Disclosure Clause: (Section 45 of the Insurance Act, 1938, as amended from time to time) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. Nothing in this section shall prevent the insurer from calling 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 adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. For further details, please refer to the Insurance Act, as amended from time to time.

About Us

Edelweiss Tokio Life Insurance established nationwide operations in July 2011 with an immovable focus on protecting people's dreams and aspirations. Guided by customer insights, Edelweiss Tokio Life has been offering need-based and innovative life insurance solutions to help customers live their #ZindagiUnlimited. With a customer-centric approach, the company endeavours to build a multi-channel distribution network to effectively serve its customers across the country. As of March 2023, the life insurer has established 109 branches in 88 major cities.

Purpose

We will take the responsibility of protecting people's dreams and aspirations



Edelweiss Tokio Life Insurance Company Limited

CIN: U66010MH2009PLC197336

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Disclaimer: Edelweiss Tokio Life – Saral Pension is only the name of a Non-Linked Non-Participating Individual Immediate Annuity Plan and does not in any way indicate the quality of the plan, its future prospects or returns. Please know the associated risks and the applicable charges from your Personal Financial Advisor or the Intermediary. Tax benefits are subject to changes in the tax laws.

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IRDAI Reg. No. 147

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