

Assurance of lifetime income to fulfil your promises

Our Saral Pension ensures a steady income for life, so you can fulfil every promise with ease.



Single and Joint Life Annuity options



Return of 100% of purchase price¹



Surrender option on 20 covered Critical Illnesses



Single pay plan

Canara HSBC Life Insurance | Promises ka Partner

¹Available in both annuity option 1 and annuity option.

Purchase of any insurance product by a bank's customer is purely voluntary and is not linked to availing of any other facility from the bank.

Canara HSBC Life Insurance Saral Pension

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We all have goals and dreams for the golden years of our life. The most prominent goal for us all, is to remain financially independent and as comfortable and secure as we were before retirement. After putting in years of hard work, everyone deserves to fulfil all their desires without having to worry about money. But for the ideal post retirement life in the future, one needs to plan today.

The best way to ensure security post retirement is to get a regular guaranteed income stream as per your needs by buying the Canara HSBC Life Insurance Saral Pension. It is a Single Premium Non-Linked Non-Participating Individual Immediate Annuity Plan.

The product shall also be available for sale through online sales channel.

KEY FEATURES

- Two Annuity Options to choose from:
 - Option 1 - Life Annuity with Return of 100% of Purchase Price - Get guaranteed income for your lifetime
 - Option 2 - Joint Life Last Survivor Annuity with Return of 100% of Purchase Price on death of the Last Survivor - Receive regular income for as long as you or your spouse is alive
- Safety net for family with return of purchase price in the event of death
- Option to surrender in case of Critical Illness
- Flexibility to choose annuity installment frequency- Monthly, Quarterly, Half-yearly & Yearly as per your need
- Secure better annuity amount with higher purchase price Incentive

KEY BENEFITS

1. Death / Survival Benefit:

Annuity Option	Benefits payable on Survival	Benefits payable on Death
Option 1 - Life Annuity with Return of 100% of Purchase Price	Annuity is payable throughout the life of the Annuitant	On death of the Annuitant, all future annuity payouts cease immediately, Purchase Price will be paid to nominee and policy will terminate.
Option 2 - Joint Life Last Survivor Annuity with Return of 100% of Purchase Price on death of the Last Survivor	Annuity is payable as long as either of two Annuitants is alive	On the death of one of the Annuitants, the surviving Annuitant will receive 100% of original annuity throughout life. On subsequent death of the surviving Annuitant, all future annuity payouts shall cease immediately and 100% of the Purchase Price will be paid to nominee and policy will terminate.

2. Maturity Benefit: There is no maturity date. Hence, no maturity benefit is available in plan.

HOW DOES THE PLAN WORK?

Step 1: Choose any one Annuity Option as per your need

Step 2: Decide the Purchase Price (single premium)

Step 3: Provide entry age and gender of the Annuitant or of Primary Annuitant and Secondary Annuitant, in-case of joint life

Step 4: Select the frequency of annuity payment

Step 5: Annuity amount along with applicable boosters will be derived basis above parameters

Step 6: Pay the purchase price and start receiving annuity installments

Primary Annuitant and Secondary Annuitant must be in spousal relationship in Annuity Option 2. Annuity Option and annuity payment frequency once selected at inception cannot be changed later. The annuity amount will vary depending on the annuity option chosen.

PLAN AT A GLANCE

Parameters	Minimum		Maximum									
Entry Age	40 years		80 years									
Purchase Price	Minimum: would depend upon chosen annuity Option, frequency of annuity payment, entry age and gender of annuitant and spouse, if applicable Maximum: No limit In case of customers of Company’s Pension Products where by proceeds or part of the proceeds from the Pension Products that the customer wishes to utilize for purchasing an annuity under this product is less than the minimum Purchase Price, 100% of such proceeds shall be payable and annuitization of such proceeds shall not be required.											
Premium Payment Term	Purchase Price will be received as single premium only											
Annuity Term	Whole life											
Annuity Installment	Annuity Frequency	Minimum Annuity Installment	Maximum Annuity Installment									
	Monthly	Rs. 1,000	No limit									
	Quarterly	Rs. 3,000	No limit									
	Half-yearly	Rs. 6,000	No limit									
	Yearly	Rs. 12,000	No limit									
	Annuity installments shall be made by electronic transfers directly to the bank account of the Annuitant. In case of customers of Company’s Pension Products where by proceeds or part of the proceeds from the Pension Products that the customer wishes to utilize to purchase an annuity under this product results in annuity amounts being less than the limits as stipulated above, 100% of such proceeds shall be payable and annuitization of such proceeds shall not be required.											
	Annuities can be paid in Monthly, Quarterly, Half-yearly & Yearly frequencies. The modal factors are <table><tr><th>Annuity Frequency</th><th>Modal Factor</th></tr><tr><td>Monthly</td><td>0.96</td></tr><tr><td>Quarterly</td><td>0.97</td></tr><tr><td>Half-yearly</td><td>0.98</td></tr><tr><td>Yearly</td><td>1.00</td></tr></table> You will receive first annuity payout at the end of annuity installment frequency from policy commencement date as explained below. If the policy commencement date is 1st April 2022 and annuity installment frequency is monthly, the first annuity payout shall be made on 30th April 2022. If annuity installment frequency is yearly, the first annuity payout shall be made on 31st March 2023.			Annuity Frequency	Modal Factor	Monthly	0.96	Quarterly	0.97	Half-yearly	0.98	Yearly
Annuity Frequency	Modal Factor											
Monthly	0.96											
Quarterly	0.97											
Half-yearly	0.98											
Yearly	1.00											

OTHER BENEFITS UNDER THE PLAN

High Purchase Price Incentive

You will receive better annuity rates if you wish to select higher purchase price.

High Purchase Price Incentive is the increase in Annuity Rates corresponding to higher Purchase Price and is given in the table below:

Purchase Price Band (in Rs.)	High Purchase Price Incentive (per Rs. 1,000 of Purchase Price)
200,000 to less than 300,000	Nil
300,000 to less than 500,000	0.50
500,000 to less than 1,000,000	1.00
1,000,000 to less than 2,500,000	1.75
2,500,000 and above	1.75

Loan

- To meet any contingent need, you may avail the loan facility in this plan any time After six months from the Date of Commencement of the Policy.
- You can avail loan up to 75% of the Purchase Price subject to a minimum loan amount of Rs. 50,000. However, the maximum loan amount available under the policy will be such that the effective annual interest amount payable on loan does not exceed 50% of the annual annuity amount payable under the Policy.
- The interest on loan will be at 10-year G-Sec rate as at 1st April of a Financial Year, plus 200 bps and shall be applicable for all loans granted during the period of twelve months, beginning 1st May of that Financial Year. The applicable loan interest rate for the Financial Year 2024-25 is 9.06% per annum.
- The loan interest calculated on simple interest basis 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 including outstanding interest will be recovered from the claim proceeds under the Policy. However, the Annuitant or Spouse, as applicable, has the flexibility to repay the loan principal including outstanding interest partially or fully at any time during the currency of the annuity payments.
- Under Annuity Option 2, the loan can be availed by the Annuitant, and on death of the Annuitant, it can be availed by the Spouse.

SURRENDER BENEFIT

You can surrender the Policy any time After six months from the Date of Commencement. The Policy can be surrendered only if the Annuitant or the spouse of the Annuitant or any of the children of the Annuitant is diagnosed as suffering from any of the 20 Critical Illnesses specified under Key Terms & Conditions.

On Surrender, Surrender Value equal to 95% of the Purchase Price shall be paid, subject to deduction of outstanding loan amount and loan interest, if any. On payment of Surrender Value, the Policy will be terminated and no benefit will be payable thereafter.

Surrender is not allowed under policies which are purchased from the proceeds of NPS.

KEY TERMS AND CONDITIONS

- Age** is the age last birthday of the Annuitant(s) on the date of commencement of the policy.
- Purchase Price** excludes taxes and levies as applicable.
- Existence Certificate:** The Existence Certificate for the applicable annuitant shall be submitted every year to

the Company at least 15 days prior to the Policy Anniversary date but not before 60 days prior to the Policy Anniversary date. In case the Existence Certificate is not received by the Company, the payment of Annuity Installments shall cease immediately. However, upon receipt of the due Existence Certificate, the payment of Annuity Installments shall resume and all the arrears without any interest on the same shall be settled net off loan interest, if any.

4. Free look period: In case the Policyholder does not agree with the terms and conditions of the Policy, they shall have the option to request for cancellation of the Policy by returning the Policy Document (issued physically upon request) along with a written request stating the reasons for their objection to the insurer within the free look period of 30 days from the date of receipt of the Policy Document whether received electronically or otherwise (whichever is earlier). In such case, the Company will cancel the Policy and refund the amount calculated as Purchase Price less stamp duty charges and any Annuity Installment(s) paid, if any, subject to the following:

- For policies purchased out of the proceeds or part of the proceeds of Pension Products where Open Market Option is available and/or exercised, the amount to be refunded will be transferred to the insurer from whom the Policyholder wants to purchase the annuity.
- For policies issued to NPS subscribers, the amount will be refunded and transferred as per the applicable PFRDA Regulations.
- Free look option is not available on policies purchased from the proceeds or part of the proceeds arising out of the Company's Pension Products where Open Market Option is not available. However, in such cases, if the Policyholder is in non-agreement with any terms of the Policy, the Policyholder will have the option to change the Annuity Option within 30 days from the receipt of the Policy Document whether received electronically or otherwise (whichever is earlier). Availability of Open Market Option shall be as per applicable regulations.

5. Nomination and Assignment:

- Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.
- Assignment should be in accordance with provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

6. Appointee: Appointee is the person to whom the proceeds/benefits secured under the Policy are payable on behalf of the nominee if the benefit becomes payable to the nominee and nominee is minor (as on the date of claim payment) / dependent person with disability (Divyangjan). Appointee is also the person to whom the proceeds/ benefits secured under the Policy are payable on behalf of the dependent person with disability, if dependent person with disability is the Spouse, in case of Annuity Option 2.

7. Critical Illness Covered:

On diagnosis of Annuitant or the spouse or any of the children of the Annuitant with any one of following 20 Critical Illness, Annuitant or Spouse, as applicable, can surrender the policy. The list of Critical Illness may be revised from time to time by IRDAI as needed.

1	CANCER OF SPECIFIED SEVERITY
2	MYOCARDIAL INFARCTION
3	OPEN CHEST CABG
4	OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES
5	COMA OF SPECIFIED SEVERITY
6	KIDNEY FAILURE REQUIRING REGULAR DIALYSIS
7	STROKE RESULTING IN PERMANENT SYMPTOMS
8	MAJOR ORGAN /BONE MARROW TRANSPLANT
9	PERMANENT PARALYSIS OF LIMBS
10	MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS
11	MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

12	BENIGN BRAIN TUMOR
13	BLINDNESS
14	END STAGE LUNG FAILURE
15	END STAGE LIVER FAILURE
16	LOSS OF SPEECH
17	LOSS OF LIMBS
18	MAJOR HEAD TRAUMA
19	PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION
20	THIRD DEGREE BURNS

(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;

(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 of angina pectoris A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following 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.

- I. 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

- I. 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.
 - iii. Neurological damage due to SLE is.

(12). BENIGN BRAIN TUMOR

- I. 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. 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 re Section or radiation therapy to treat the brain tumor.
- III. The following Conditions are excluded:
- IV. 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. I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. 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 ($\text{PaO}_2 < 55\text{mmHg}$); 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

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.

(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.

- 8. Tax benefits:** Tax Benefits under the plan will be as per the prevailing Income Tax laws and are subject to amendments from time to time. For tax related queries, contact your independent tax advisor.
- 9. Goods and Services Tax & applicable cess (es)/levy, if any** will be charged on the Purchase price as per applicable laws and at rates declared by the Government, subject to amendment from time to time.

10. 'Company' refers to the Canara HSBC Life Insurance Company Limited.

11. Product can also be purchased online through Company's website.

Section 41 of the Insurance Act, 1938 (as amended from time to time):

01. 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 or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

02. 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.

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

Fraud and Misstatement would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938, as amended from time to time. For provisions of this Section, please contact the Insurance Company or refer to the policy contract of this product on our website www.canarahsbclife.com

PROCEDURE FOR GRIEVANCE REDRESSAL

Grievance Redressal Process

In case of any concern you may have, kindly visit any of our branches or call our resolution center. You can also write an email to us or reach us through the online form on our website. We will respond to you within two weeks from the date of our receiving your complaint.

Complaint Redressal Unit

Canara HSBC Life Insurance Company, 139P,
sector 44, Gurugram - 122003, Haryana, India
Toll Free- 1800-103-0003/1800-891-0003
Email: cru@canarahsbclife.in

In case you do not receive a response from us or not satisfied with the same you may write to our Grievance Redressal Officer at

Grievance Redressal Officer

Canara HSBC Life Insurance Company,
139P, sector 44, Gurugram - 122003, Haryana, India
Toll Free- 1800-103-0003/1800-891-0003
Email: gro@canarahsbclife.in

To locate our branch please visit <https://www.canarahsbclife.com/contact-us/locate-a-branch>.

In case the complaint is not attended to within two weeks of registration of the complaint or the resolution provided by the Insurer/GRO is not satisfactory, the client may complain to Bima Bharosa by visiting: <https://bimabharosa.irdai.gov.in>

In case you are still not satisfied with the decision/resolution provided by the Company, you may approach the Insurance Ombudsman of your respective State for redressal of your grievance. For more details kindly refer to our website www.canarahsbclife.in or the GBIC website at <https://cioins.co.in/Ombudsman> for the list of Ombudsman.

Kindly note that you may approach the Insurance ombudsman, if you do not receive response from us within 30 days from the date of filing the complaint or if your complaint is rejected or if you are not satisfied with our response.

About us:

Canara HSBC Life Insurance Company Limited is a company formed jointly by three financial organizations - Canara Bank, Punjab National Bank and HSBC Insurance (Asia Pacific) Holdings Limited.

The shareholding pattern of the Joint Venture is – Canara Bank: 51%, HSBC Insurance (Asia Pacific) Holdings Limited: 26% and Punjab National Bank: 23%.

Our aim is to provide you with a range of life insurance products backed by customer service and thereby, making your life simpler.

Canara HSBC Life Insurance Saral Pension is a Non-Linked Non-Participating Single Premium Individual Immediate Annuity Plan.

Trade Logo of Canara HSBC Life Insurance Company Limited (formerly known as Canara HSBC Oriental Bank of Commerce Life Insurance Company Ltd) hereinafter referred to as "Insurer" is used under license with Canara Bank and HSBC Group Management Services Limited. The insurance products are offered and underwritten by the Insurer (IRDAI Regn. No. 136) having its head office at 139 P, Sector 44, Gurugram – 122003, Haryana (India). For more details on risk factors, terms and conditions please read the sales brochure carefully before concluding a sale. Corporate Identity No.: U66010DL2007PLC248825. Website: www.canarahsbclife.com Call: 1800-103-0003/1800-891-0003. SMS: 9779030003. Missed Call: 0124-6156600. Email: customerservice@canarahsbclife.in. This brochure should be read in conjunction with the benefit illustration and the terms & conditions for this plan as provided in sample policy contract available on our website.



Canara HSBC Life Insurance Company Limited
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(formerly known as Canara HSBC Oriental Bank of
Commerce Life Insurance Company Ltd)

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“BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRAUDULENT OFFERS

IRDAI or its officials do not involve in activities like selling Insurance policies, announcing bonus or investments of premiums. Public receiving such phone calls are requested to lodge a police complaint.”