

BASIC FACT SHEET

Customer's Name: _____ Application Number: _____

I confirm that I have read, understood and agree to the information given below:

1. The product(s) I am availing is ticked below;

ASKARI LIFE VALUE PLAN - Savings Plan

ASKARI LIFE BACHAT PLAN - Savings Plan

All these Life insurance plans provide financial protection against the death of life assured by providing the beneficiaries with the higher of sum assured or Cash value in-case the life assured dies). In case the life assured survives to the term of the policy, he will be paid the cash value under the policy. (In case of an unfortunate event of death of the policy holder, the beneficiaries will be required to submit a written application along with necessary documents as required by Askari Life and Askari Life will settle the claim within no more than 90 days if all the requirements are completely fulfilled.)

2. For avoidance of doubt, the life insurance product being marketed/sold by Askari Bank hereunder are solely the products of Askari Life and Askari Bank is merely acting in the capacity of a marketing/distribution facilitator/agent of Askari Life in connection with the offer of such products. The Plans are neither Bank deposits nor the obligations of the Bank and Askari Bank shall not be liable in connection with the performance of such products or any loss suffered by the customer resulting from Askari Life's processing and/or repudiation of any claim under the plan.

3. I completely understand that the returns mentioned on the benefit illustration are projected returns on basic plan premium and may vary in actuality.

4. If I cancel my policy within free look period of 14 days from the date of receipt of policy documents, so I would be entitled for a full refund of premium less any expenses incurred by Askari Life Assurance in connection with medical or clinical examinations if any.

5. I am aware that if I fully surrender my policy after paying the first annualized premium, I am not going to receive any cash/surrender value (after closure of free look-up period). However, I can surrender my policy after paying two annualized premiums or before the completion of policy term, I will receive my current cash value of the policy (after deduction of all applicable charges) which may be less than the total premium already paid to Askari Life Assurance Co. Ltd. I understand that this policy is medium to long term investment and not favourable in case of premature encashment in early years.

6. Maintaining sufficient funds (in Askari Bank account advised for deduction) on the due date of the policy renewal is solely my responsibility. There is also a grace period offered during which you are required to pay your policy dues. Any failure in this regard will result in lapsed policy which will not be able to provide the benefits offered under the plan.

7. I am aware that I can file my claim intimation by contacting Askari Life Claims Department at Claims@askarilife.com or at 92-21-111-225-275 or Contact to Askari Bank branch from where account is maintained for processing.

8. I understand that for any complaint related to this policy, I can contact Askarilife at help@askarilife.com or at (92-21) 111-225-275 and Askari Bank at support@askaribank.com.pk or (92-21) 111-000-787

9. I have signed and attached the following (in my original signature) along with this document;

Proposal Form Benefit Illustration Direct Debit Instruction Copy of CNIC Need Analysis Form

Basic Fact Sheet _____

I understand that Askari Life will deliver the policy documents to me upon receiving the above mentioned documents along with my first premium and after issuance of my life insurance proposal.

Customer's Signature _____

Date _____

Signature Verified by _____

Stamp _____