



## ADDENDUM TO PROPOSAL FOR ASSURANCE ON THE LIVES OF MINORS AND NON-EARNING MAJOR LIVES

Name of th	e Assured _						
Prop No							
Name of th	e Proposer _						
Sum Propo	sed						
1 If the Li	fe Assured is	attending t	he school /	college Plea	ase give :		
i) Name and address of the school / college							
ii) Clas	Class in which he / she is studying						
Med	udying in colle chanical / Ele ardous proce	ctrical Engir					
	•					l, issued embers of the	
Members of the LA's Family		Pol No.	Sum Assured	Plan and Term	Due Date of the last Premium Paid	Total Prem. Pd / payable During yr.	
Father							
Mother							
Brother							
Sister							
			Total / Pre	emium (per y	/r)		

3 Please state whether the premium under the resulting policy would be financed from HUF Funds or individual income. If paid through HUF Funds, Please submit the relevant addendum.

I hereby declare that the above statement are true in every Particulars and agree that they shall form part of the basis of the contract of Assurance between me and the Life Insurance Corporation of India.

I also agree to pay the premium under the policy, if and when issued, till the life assured starts earning himself.

I am aware that the policy to be issued on the basis of the above proposal given by me will automatically vest in the life to be assured:

- i) On the deferred date in terms of special provisions incorporated in the policy.
- ii) On his attending the age of majority as provided for in the policy and agree to it.

Signature of the Proposer / Father / Mother
Name :
Place :
Date :

## MHR BY DEVELOPMENT OFFICER

Prop No							
Name of LA							
The information regarding Social, Financial, Educational atmosphere of the Proposer should incorporate in the following report							
Exact nature of the Proposer							
a) If employed exact nature of employment							
b) Name of the Employer							
2. Total income for the Month							
a) From Employment							
b) From Business							
c) From Agriculture							
d) Any other							
3. Habits of Proposer and Life Assured and their health status							
Proposer							
Life Assured							
4 Loan if any ?							
5 Educational Qualification of the Proposer							
6 Whether all members of family are adequately insured? if not why?							
7 How the information quoted above is collected by you?							

I hereby declare that the above statement are true in every Particular and agree that they shall form part of the basis of the contract of Assurance. There is no moral hazard while accepting the risk under this proposal.
Signature of Development Officer
Name :
Place :

Date: