



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

Name of Life to be assured _____ Proposal No _____
 Name of Proposer / Parent _____ Sum proposed _____

1. If the life to be assured is attending School/ College Please give :
 - (i) Name and address of the school / College he/she attends:
 - (ii) Class in which he / she is studying _____
 - (iii) If studying in college, his/her subjects of study: (e.g. Chemical / Mechanical / Electrical Engineering, Mining etc. And whether training in hazardous processes)
2. Full Particulars of Insurance Policies in – force on the date of proposal, issued by any Existing Business Unit of Corporation on the Lives of other members of the family.

Members of L.A.'s Family	Name of the Servicing Br.	Pol.No.	Sum Assured	Plan of Assurance	Due Date of last Premium Paid	Total Prem paid / payable during the year
Indicate Father/ Mother/ Brother/ Sister etc.,						
			Total Premium (per year)			

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 statements are true in every Particular 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 Premia 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 attaining the age of majority as provided for in the policy, and agree to it.

Place : _____

Date : _____

**Signature of Proposer/ Father /
 Mother**

N.B: If the proposer signs in any other language or affixes his thumb impression, usual vemaacular declaration and / or illiteracy declaration must be obtained over his signature / thumb impression as the case may be

TO BE COMPLETED BY BM / ABM(s) / DO / Agent Authorised to give MHR

Name of the Life to be assured _____

Name of the Proposer / Parent _____

Full particulars about the Social, Cultural and Educational background of the proposer and his family.

(a) Health and Habits :

(b) Particulars of the business and employment.

Monthly income from :

i) Employment :

Rs. _____

ii) Business / Profession :

Rs. _____

iii) Agriculture :

Rs. _____

iv) Other Sources :

Rs. _____

(Sources to be specified)

(c) Financial indebtedness :

(d) Standard of education and outlook :

(e) If the other insurable members of the family are not adequately covered, reasons thereof :

(f) Details of sources from which the information given against the above questions have been gathered :

I hereby declare that the above information is true in every respect and affirm that no moral hazard is involved in this case.

Place : _____

Date : _____

Signature
Sr / Branch Manager / ABM(s) /
DO / Agent

Name _____

Code No. _____

Address: _____
