MAX LIFE INSURANCE CO. LTD

HUF : ADDENDUM A
TO LIFE INSURANCE PROPOSAL WHERE
PROPOSER IS THE LIFE TO BE INSURED

(BEING A MEMBER/COPARCENER OF A HINDU UNDIVIDED FAMILY ("HUF"))

Proposal Number : __________________

IMPORTANT:
The terms and conditions and important notes as contained in the Proposal Form to which this is the Addendum, apply to the Addendum.

(Mr./Miss/Mrs.): ______________________________________________________

1. Full Name of Proposer
   (First Name)            (Middle Name(s)          (Surname)

2. Please state the name and Name Age of the present Name Age
   coparceners
   __________________________________________ ____________
   __________________________________________ ____________
   __________________________________________ ____________
   __________________________________________ ____________
   __________________________________________ ____________

Premiums under this policy will be paid out of HUF Fund Yes

DECLARATION BY THE KARTA

This Policy is proposed for the benefit of HUF so as to form a part of HUF Fund. Therefore premiums under the Policy will be paid out of HUF Fund and claims/proceeds of the Policy will also form part of the HUF Fund. The Policy will belong to HUF and in consequence the Life Insured will not be entitled to make an assignment or nomination under the Policy nor will be entitled to draw any loan there under or surrender the same except for the benefit of HUF.

Notwithstanding anything stated hereinabove, in the event only of dissolution of HUF during the life of the Policy, the Policy will be surrendered for its then surrender value or assigned as the case may be, on Max Life Insurance Company Limited ("the Company") being provided appropriate consents from both the Karta and the Life Insured.

The Company shall not be liable for any disputes/claims relating to HUF.

KARTA's reasons for allowing Life Insured to take a Policy on his/her life against other coparcener(s)/member(s) of HUF:
________________________________________________________________________________________
________________________________________________________________________

Signed at _________ on _______, ____________, 20__

Name of the Karta & HUF : _________________________
Address of the Karta & HUF : _________________________

Name of the Witness : _________________________
Signature of the Witness : _________________________
Address of the Witness : _________________________

In case the Karta is illiterate, his left thumb impression should be attested by a person of standing unconnected with the Company but whose identity can easily be established and this declaration should be made by him/her.

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Declaration by the person filling the form.
Declarant's name and address
Name :_______________________________
Address : _____________________________
PIN :_________________________________

I hereby declare that I have fully explained the contents of this
Declaration/Addendum to the Karta in the language understood by
the Karta and that the Karta has affixed his left thumb impression
to this Addendum to the Proposal after fully understanding the
contents thereof.

Signature

I hereby declare that I have fully explained the contents of
this Declaration/Addendum to the Karta in the language
understood by the Karta and that the Karta/I has/have
truthfully recorded the answers given by the Karta.

Signature

Signed at __________ on __________, ____________, 20__.

Signature of the Proposer : _________________________
Name of the Proposer : _________________________
Signature of the Witness : _________________________
Name of the Witness : _________________________
Address of the Witness : __________________________

In case the Proposer (Coparcener/member) is illiterate, his/her left thumb impression should be attested by a
person of standing unconnected with the Company but whose identity can easily be
established to the effect that the statements and declarations made hereinabove have been explained to the
Karta in vernacular language understood by him and that the signature of the Karta has been appended after
fully understanding the same.

Declaration by the person filling the form.
Declarant’s name and address
Name :_______________________________
Address : _____________________________
PIN :_________________________________

I hereby declare that I have fully explained the contents of this Addendum
to the Proposal to the Proposer in the language understood by the
Proposer and that the Proposer has affixed his/her left thumb impression
after fully understanding the contents thereof

Signature

I hereby declare that I have fully explained the contents of this Addendum
to the Proposal to the Proposer in the language understood by the
Proposer and that the Proposer/I has/have truthfully recorded the answers
given by the Proposer.

Signature

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