

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"))

	is applicable. Full Name of HUF	nportant notes contained in the proposal form for which this Addendum			
	Full Name of KARTA Please state the name and ages	Name		Age	
٥.	of the present coparceners/	Name		Age	
	members in the HUF.				
4.	Address of HUF				
	Address of Karta				
	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:				
	Name of the Witness:Signature of the Witness:		, 20		
	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.				
	Declaration by the person filling the Declarant's name and address	form.	I hereby declare that I have fully explaine this Declaration/Addendum to the Karta	in the language	
	Name:		understood by the Karta and that the Kar left thumb impression to this Addendum to	the Proposal after	
	Address:		fully understanding the contents thereof.	,	
	PIN:		Signature of Declarant		





Declaration to be made 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 and attesting the correctness and completeness. Declarant's name and address	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/1 has/have truthfully recorded the answers given by the Karta.			
Name: Address: PIN:	Signature of Declarant			
Signed at on,				
Name 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 and this declaration should be made by him/her.				
Declaration by the person filling the form and attesting the correctness and completeness. Declarant's name and address	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 to this Addendum to the Proposal after fully understanding the contents thereof.			
Name: Address:				
PIN:	Signature of Declarant			
Declaration to be made 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 Proposer in vernacular language understood by him/her and that the signature of the Proposer has been appended after fully understanding the same.				
Declaration by the person filling the form and attesting the correctness and completeness. Declarant's name and address Name:	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.			
Address:	Signature of Declarant			
PIN:	Max Life Insurance -AS_07062012_VER1 .2			
	RE THE DIFFERENCE"			
Our virtual assistant ShatsApp{\frac{1}{2}} Chat with MILI on our website Send 'Hi' to 74283 96005 Call us at 1860 120 5577	Login to manage your policy maxlifeinsurance.com/customer-service Write to us at maxlifeinsurance.com/contact-us Follow us f © Follow us f			

Important: DO NOT believe in calls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to "HSBC Bank A/C No. 1165 < Followed by 9 digit Policy No.> IFS Code: HSBC0110002". Max Life does not collect Premium in any other account. Max Life Insurance Co. Ltd.: Plot No. 90C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122015. Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. Fax: 0124-4159397, CIN: U74899PB2000PLC045626 | Customer Helpline Number: 1860 120 5577

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