



MAX LIFE INSURANCE CO. LTD

ADDENDUM (MWPA) TO LIFE INSURANCE PROPOSAL WHERE PROPOSER IS THE LIFE TO BE INSURED - ON THE LIFE OF FEMALE PROPOSER

Re.: Section 5 of The Married Women's Property Act, 1874

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.

Policies of life insurance that may be effected under the provisions of Section 5 of the Married Women's Property Act, 1874, and Riders that may be attached to Policies so effected, will be as per the Insurer's rules in effect from time to time

- 1. Full Name of Proposer
2. Is the Policy for life insurance to be effected under Section 5 of the Married Women's Property Act, 1874?

(Mr.): \_\_\_\_\_
(First Name) (Middle Name(s)) (Surname)

yes

- 3. Particulars of Beneficiary (i.e.): [Note: In the case of Hindus, The terms "Child" and "Children" means and includes sons and daughters by adoption and by blood. In all other cases, it means and includes sons and daughters by blood only.]

DECLARATION

(Write Full Name of Beneficiary)

\_\_\_\_\_/\_\_\_\_\_(date of birth)
\_\_\_\_\_/Minor\_\_\_\_\_.\_\_\_\_\_
(date of birth)
\_\_\_\_\_/Minor\_\_\_\_\_.\_\_\_\_\_
(date of birth)
\_\_\_\_\_/Minor\_\_\_\_\_.\_\_\_\_\_
(date of birth)
\_\_\_\_\_/Minor\_\_\_\_\_.\_\_\_\_\_
(date of birth)
\_\_\_\_\_, Minor\_\_\_\_\_.\_\_\_\_\_
(date of birth)

- Husband/
-Husband and Child/
-Husband and Children/
-Child/
-Children/
-Other,
[Note: If one or more of the Beneficiaries is a minor, please name The Appointee in the Proposal Form.]

The Policy, if issued pursuant to the above Proposal, is proposed to be effected pursuant to the provisions of Section 5 of the Married Women's Property Act, 1874 ("Act") and the Policy and all benefit under the Policy will be my separate property.



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 is illiterate, 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.  
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 her left thumb impression to this Addendum to the Proposal after fully understanding the contents thereof  
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Signature

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 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

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/I has/have truthfully recorded the answers given by the

Proposer.-----

Signature

