

**MAX LIFE INSURANCE CO. LTD**

**HUF : ADDENDUM B  
TO LIFE INSURANCE PROPOSAL WHERE PROPOSER IS NOT THE LIFE TO BE INSURED**

**(LIFE TO BE INSURED BEING A MINOR 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.

- |   |                               |
|---|-------------------------------|
| 1. Full Name of Proposer  | HUF (through its Karta)       |
| 2. Full Name of Life Insured  | (Mr./Miss/Mrs.): _____        |
| 3. Relationship to Proposer   | _____                         |
| 4. Please state the name and ages of the present coparceners/ members in the HUF. | Name                      Age |
|   | _____                         |
|   | _____                         |
|   | _____                         |

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.

In the event of dissolution of HUF during the life of the Policy, the Policy will be surrendered for its then surrender value or assigned to the Life Insured provided the Life Insured has attained majority, on **Max Life Insurance CO. LTD**

("the Company") being provided appropriate consent from the Karta.

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

KARTA's reasons for taking a Policy on behalf of the HUF, on the life of the minor coparcener/member against other coparcener(s)/member(s)/ minor coparcener(s)/member(s) of HUF:

-----Signed at  
\_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_, 20\_\_.

Signature of the Karta : \_\_\_\_\_  
Name of the Karta & HUF : \_\_\_\_\_  
Address of the Karta & HUF : \_\_\_\_\_  
Name of the Witness : \_\_\_\_\_  
Signature of the Witness : \_\_\_\_\_  
Address of the Witness : \_\_\_\_\_



**INSURANCE**

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 form.  
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 has affixed his left thumb impression to this Addendum to the Proposal after fully understanding the contents thereof.

Name : \_\_\_\_\_

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Address : \_\_\_\_\_

Signature

PIN : \_\_\_\_\_

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

Name : \_\_\_\_\_

-----

Address : \_\_\_\_\_

PIN : \_\_\_\_\_

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 : \_\_\_\_\_