



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 along with the important notes contained in the proposal form for which this Addendum is applicable.

- 1. Full Name of HUF
2. Full Name of KARTA
3. Full Name of Life Insured (Mr./Miss/Mrs.):
4. Relationship to Proposer
a. Address of Karta
b. Address of HUF
5. 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 reason 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 Karta with HUF Stamp: _____

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. 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.

Declarant 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 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

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

Declarant Signature

Signed at _____ on _____, _____, 20____.

Signature of the Proposer / HUF with Stamp: _____

Name of the Proposer: _____

Signature of the Witness: _____

Name of the Witness: _____

Address of the Witness: _____

Max Life insurance - AS_07062012_ VER1 .2

YOU ARE THE DIFFERENCE

Our virtual assistant
Chat with MILI on our website

WhatsApp
Send 'Hi' to 74283 96005

Login to manage your policy
maxlifeinsurance.com/customer-service

Write to us at
maxlifeinsurance.com/contact-us

Call us at 1860 120 5577

Follow us

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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