Acceptance of Revised Terms

I agree and accept –     Yes                                                                No

* Revised terms for the proposal as mentioned above.
* Risk will commence only after acceptance of this revised proposal.
* There is no change in my health condition since submission of proposal form.
* All other terms and conditions remained unchanged except for the revised terms mentioned above.

Name& Signature of the Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_