

HUF ADDENDUM TO PROPOSAL

(To be completed where the policy is desired to be financed through H.U.F. Funds. Please refer to Question No. 5 of the Proposal Form)

	1. What is the object of this assurance ? Is it to be financed from Hindu Undivided Family Funds?				
Please state the full Name and Address of the Karta of H.U.F.					
3. Please state the names & ages of members / Co-parceners in the H.U.F			ii)	aged aged aged	
Signed at		_ this	day	of	20
Witness:					
Signature Full Name Occupation Address	:			(Signature of t	he Proposer)
Witness:					
Signature Full Name Occupation Address	:			ee to the issue of ment of premiu	f the Policy and m as proposed
				(Signature of I	Karta – HUF)

NOTE: If this policy is proposed for the benefit of HUF so as to form a part of HUF Asset and premiums under the policy are to be paid from out of HUF funds, the policy will belong to the HUF and in consequence the life assured will not to be entitled to make an assignment or nomination under the policy and will not be entitled to draw any loan thereunder or surrender the same.