भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

MULTIPLE PROPOSAL ADDENDUM

Branch Office Code: _____ Dev. Officer Code:_____ Agent Code:_____

Name of the Proposer:_____

Address:_____

Sr.No	*Plan & Term*	*Mode*	*Sum Assured*	*Whether DAB required*	*Whether Term Rider required*	*Critical Illness Rider*		*Date of Commencement*	*Nominee*	
						CIR	*PWB*		*Name*	*Relation*
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
Total Sum Assured										

I _____(name of proposer) the person whose life is herein being proposed to be assured , do here by declare that the information given in this addendum shall form part of the proposal to which it is attached to.

I fully understood the explanation of the agent regarding lesser Final Additional Bonus (FAB) and still decided to split the policies.

Sign of witness _____ Sign of Proposer _____

Address of witness _____

Date:_____ Place _____

"Jeevan Prakash", Division Office, Ranade Marg, Alwar Gate, Ajmer-305001
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