



**MAX LIFE INSURANCE CO. LTD.**

**ADDENDUM (MWPA) TO LIFE INSURANCE PROPOSAL WHERE PROPOSER IS THE LIFE TO BE INSURED - ON THE LIFE OF FEMALE PROPOSER**

Re.: Section 5 of The Married Women’s Property Act, 1874  
Proposal Number:

**IMPORTANT:**

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

Policies of life insurance that may be effected under the provisions of Section 5 of the Married Women’s Property Act, 1874, and Riders that may be attached to Policies so effected, will be as per the Insurer’s rules in effect from time to time.

1	Full Name of Proposer	(Mr.) _____ (First Name) (Middle Name(s)) (Surname)
2	Is the Policy for life insurance to be effected under Section 5 of the Married Women’s Property Act, 1874?	Yes.
3	Particulars of Beneficiary (i.e.): [Note: In the case of Hindus, the terms “Child” and “Children” mean and include sons and daughters by adoption and by blood. In all other cases, it means and includes sons and daughters by blood only.]  -Husband/ -Husband and Child/ -Husband and Children/ -Child/ -Children -Other  [Note: If one or more of the Beneficiaries is a minor, please name The Appointee in the Proposal Form]	<p><b>DECLARATION</b></p> _____ / _____ (date of birth) _____ / Minor _____. _____ (date of birth) _____ / Minor _____. _____ (date of birth) _____ / Minor _____. _____ (date of birth) _____ / Minor _____. _____ (date of birth) _____ / Minor _____. _____ (date of birth) _____ / Minor _____. _____ (date of birth)  The Policy, if issued pursuant to the above Proposal, is proposed to be effected pursuant to the provisions of Section 5 of the Married Women’s Property Act, 1874 (“Act”) and the Policy and all benefit under the Policy will be my separate property.



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

Signature of the Proposer: \_\_\_\_\_

Name of the Proposer: \_\_\_\_\_

Signature of the Witness: \_\_\_\_\_

Name of the Witness: \_\_\_\_\_

Address of the Witness: \_\_\_\_\_

In case the Proposer is illiterate, her 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 Addendum to the Proposal to the Proposer in the language understood by the Proposer and that the Proposer has affixed her left thumb impression to this Addendum to the Proposal after fully understanding the contents thereof.  _____ Signature
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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 Proposer in vernacular language, understood by her and that the signature of the Proposer 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 Addendum to the Proposal to the Proposer in the language understood by the Proposer and that the Proposer/I has/have truthfully recorded the answers given by the Proposer.  _____ Signature
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Max Life insurance-AS\_04062012\_VER1.2

YOU ARE THE DIFFERENCE

Our virtual assistant  
Chat with MILI on our website  
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maxlifeinsurance.com/contact-us

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: HSB0110002". 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 **IRDAI Registration No. 104**

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