



ADDENDUM To Proposal for Multiple Proposals

Name of Proposer:

Sr. No	PLAN & TERM	Sum Assured	Term Rider SA	Critical Illness SA	Accident Benefit SA	Mode of Payment	Back Dating	Nominee	Age	Relation
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
Total										

(Signature of the Proposer)

(Signature of Witness)

Name:
Occupation & Address:

Place :
Date :