

ADDENDUM TO LIFE INSURANCE PROPOSAL WHERE PROPOSER IS THE LIFE TO BE INSURED - ON THE LIFE OF MALE PROPOSER

Re.: Section 6 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 6* 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.) _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (First Name) (Middle Name(s)) (Surname) </div>
2)	Is the Policy for life insurance to be effected under Section 6 of the Married Women's Property Act, 1874?	Yes.
3)	Particulars of Beneficiary(ies): [Note: In the case of Hindus, the terms "Child" and "Children" means and includes sons and daughters by adoption and by blood. In all other cases, it means and includes sons and daughters by blood only.]	<div style="margin-bottom: 10px;"> DECLARATION The Policy, if issued pursuant to the above Proposal, is proposed to be effected pursuant to the provisions of Section 6 of the Married Women's Property Act, 1874 ("Act") for the sole and absolute/ absolute benefit of my (Write Full Name of Beneficiary): _____ / _____ (date of birth) </div> <div style="margin-bottom: 10px;"> • Wife/ _____ / Minor _____. _____ (date of birth) </div> <div style="margin-bottom: 10px;"> • Wife and Child/ _____ / Minor _____. _____ (date of birth) </div> <div style="margin-bottom: 10px;"> • Wife and Children/ _____ / Minor _____. _____ (date of birth) </div> <div style="margin-bottom: 10px;"> • Child/ _____ / Minor _____. _____ (date of birth) </div> <div style="margin-bottom: 10px;"> • Children _____ / Minor _____. _____ (date of birth) </div> <div style="margin-bottom: 10px;"> [Note: If one or more of the Beneficiaries is a minor, please indicate.] </div> <div style="margin-bottom: 10px;"> and I declare that the Policy, if issued, shall have the same incidents as are prescribed in the said Section 6 of the Act, as if that Section had been incorporated in the Policy. </div> <div> I further declare that neither I nor my estate shall have any interest in the Policy. </div>

4)	<p>If the object of insurance is to effect a policy under the Act, whom do you wish to appoint as Trustee?</p>	<p>I request that the Policy, if issued, be issued under the provisions of the Act, for the absolute benefit of the beneficiary/beneficiaries aforesaid, and I</p> <p>a) do not appoint Trustee(s)</p> <p>b) hereby appoint _____ or failing him/her or if he/she declines or becomes incapable to act or cannot act for any reason whatsoever, _____ to be Trustee to receive the Policy moneys and hold the same in trust for the said beneficiary(ies) under the provisions of the Act and in case the said _____ declines or becomes incapable to act or is disqualified to act as Trustee under the law or cannot act for any reason whatsoever, then I shall have the power by deed to appoint a new Trustee to receive the policy moneys and hold the same in trust for the said beneficiary(ies) under the provisions of the Act.</p> <p>I shall have the right to revoke the appointment of the aforesaid Trustee and appoint others in their stead.</p> <p>I hereby authorize the Trustee to obtain loan or loan(s) against the Policy if issued, only from Axis Max Life Insurance on the surety of the Policy, and solely for the benefit of the above named beneficiary(ies), only when the beneficiary(ies) is/are major and competent to contract at the relevant time.</p> <p>The consent of the aforesaid to act as Trustee is endorsed below.</p> <p>I agree to act as Trustee as aforesaid.</p> <p style="text-align: right;">_____ Signature of Trustee</p> <p>I agree to act as alternate Trustee as aforesaid.</p> <p style="text-align: right;">_____ Signature of Trustee</p>
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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, his 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.

<p>Declaration by the person filling the form.</p> <p>Declarant's name and address</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p>	<p>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 his left thumb impression to this Addendum to the Proposal after fully understanding the contents thereof. I agree to act as alternate.</p> <p style="text-align: right;">_____ Signature of Declarant</p>
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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 him and that the signature of the Proposer has been appended after fully understanding the same.

<p>Declaration by the person filling the form and attesting the correctness and completeness.</p> <p>Declarant's name and address</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p>	<p>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.</p> <p>_____</p> <p>Signature of Declarant</p>
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*MWPA Section 6 - For policies issued under the Married Women Property Act (Section 6), the beneficiary(ies) are entitled to submit service requests and receive policy benefits or payouts in accordance with the policy terms. In the absence of beneficiary(ies), the legal heir(s) of the beneficiary(ies) will be eligible to receive the policy benefits or payouts as per the MWPA Act.



Our virtual assistant
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on our website



WhatsApp
Send 'Hi' to
+91 74283 96005



Login to manage your policy
axismaxlife.com/customer-service



Call us at 1860 120 5577

For more details, visit us: axismaxlife.com/contact-us



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The Brand Ambassadors (if depicted herein), have endorsed only the Axis Max Life Insurance Products and are not in any manner endorsing Axis Bank Limited and do not have any kind of association or relationship with Axis Bank Limited.

IRDAI Registration No. 104

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- Public receiving such phone calls are requested to lodge a police complaint