



**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										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
<b>Total</b>										

\_\_\_\_\_  
(Signature of the Proposer)

\_\_\_\_\_  
(Signature of Witness)

**Name:**  
**Occupation & Address:**

**Place :**  
**Date :**