

Addendum to the proposal form for policy under Married Women's Property Act, 1874



Application Number:

DETAILS OF BENEFICIARY / BENEFICIARIES:

- This policy is proposed to be effected for the sole and absolute benefit of the below mentioned beneficiaries.
- Please fill Section A if beneficiaries are specified. If beneficiaries are stated as a class please fill Section B.

SECTION A				
S.No	Name	Relationship to the proposer	Age in years	Percentage share of benefit (if desired)

SECTION B

Class / Relationship of Beneficiaries: _____

The benefit is for:

I declare that neither I nor my estate shall have any interest in the benefit.

DETAILS OF TRUSTEE(S):

S.No	Name	Address	Signature for agreeing to act as a Special Trustee	For alternate trustees only (specify if Principal Trustee/ 1st Alternate Trustee/ 2nd Alternate Trustee)

I hereby appoint the above mentioned trustees (please tick whichever applicable)

- ☐ To receive policy moneys jointly or survivors or survivor of them
- ☐ To receive policy moneys as alternate trustee as stated above

AUTHORIZATION FOR AVAILING LOAN ON THE POLICY

I hereby authorize the said Special Trustee/s to obtain any loan or loans on the security of the Policy from ICICI Prudential Life Insurance Co. Ltd. for the benefit of the above named beneficiary/ies provided he/she/they are is major and competent to contract.

Declaration by the Proposer

I request that the Policy be issued under the provisions of Section 6 of the Married Women's Property Act, 1874, for the absolute benefit of the above beneficiary/ies in the manner mentioned above and the above mentioned Trustees to be the Special Trustees to receive the Policy moneys and hold the same in trust for the said beneficiary/ies. If any of the said trustees dies or declines to act or becomes incapable to act or is disqualified from acting under the law or cannot act as trustee for any reason whatsoever then I shall have power by a Deed to fill in the vacancy by appointing a new special trustee or trustees in place of such trustee or trustees to receive the Policy moneys and to hold the same in trust for the said beneficiary/ies under the provisions of the said Act; provided that I shall have the right to revoke the appointment of any of the aforesaid Special Trustees and appoint other/others in their stead.

Dated at _____ on the _____ day of _____ 20____

Signature of Proposer

WITNESS DETAILS:

Full Name

Occupation

Address

Landmark

Pin Code

Signature of Witness