(To be completed where the policy is desired to be financed through H.U.F. Funds, Please refer to Question No.5 of the proposal Form)		
 What is the object of this assurance? Is it to be financed from Hindu Undivided Family Funds? 		1.
2. Please state the full Name and Address of the karta of H.U.F.		2.
 Please state the names & ages of the present members / Co-parceners in the HUF 		3. i)aged ii)aged iii)aged
Signed at	this	day of 200
Witness : Signature Full Name Occupation Address		
Witness : Signature Full Name Occupation Address		I agree to issue of policy and payment of premium as proposed.
		(Signature of arta – HUF)
Note: If this policy is proposed for the benefit of HUF so as to form a part of HUF Asset and premium under the policy are to be paid from out of HUF funds, the policy will belong to the HUF and in consequence the life assured will not to be entitled to make an assignment or nomination under the policy and will not be entitled to draw any loan there under or surrender the same.		

HUF ADDENDUM TO PROPOSAL