APBI/100P/100S/09/23

Form No. 3179 (R)

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

VISAKHAPATNAM DIVISION

Chief / Sr. / Br. Manager
L.I.C. of India

_____ Branch

Date :

Dear Sir,

Re : Proposal No. _____Dated_____

With reference to the above proposal, please refer to item No. _____below

I REQUEST YOU TO / AGREE FOR ISSUE OF POLICY

1) Under Plan_____& Term_____ of Rs._____ with risk commencing from _____

2) With Age Proof Extra / Health Extra / Impairment Extra / Single Extra at Rs. _____ per thousand sum assured per annum.

3) Without Accident benefit / Disability Benefit / Premium Wavier Benefit / term Rider.

4) With Accident Benefit RESTRICTED To Rs. _____

5) I CONFIRM

   1) The Date of Proposal as _____

   2) The Answer to Question No._____of proposal as _____

   3) That I have given this consent of mine only after fully understanding the meaning and implication of the changes in terms of acceptance.

WITNESS :

Signature _____

Name _____

Address _____

_____

_____

Signature of the Proposer