



PREVIOUS POLICIES ADDENDUM

Name of Proposer:

Sr. No	Policy Number	LIC Branch/ Pvt Company	Table- Term-PPT	Sum Assured	Term Rider SA	Critical illness Rider SA	Accident Benefit SA	Month and Year of issue	Whether Accepted at OR/Extra	Med/ NM	Inforce for full SA	If not then FUP/ Date of Surrender
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
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16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
Total												

(Signature of the Proposer)

(Signature of Witness)

Place :
Date :

Name:
Occupation & Address: