



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

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

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

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

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