

Sole Legal Heir

Declaration and Undertaking

(To be franked for or printed on stamp paper of Rs. 500/- within Maharashtra and for Rs. 200/- outside Maharashtra)

Dear Sir,

Re:

Whereas Aditya Birla Sun Life Insurance Company Limited (hereinafter referred to a "ABSLI") has on \_\_\_\_\_ issues a policy of life insurance bearing number \_\_\_\_\_ (hereinafter referred to as "the Policy") to late Shri \_\_\_\_\_ (hereinafter referred to as the "Proposer/Policyholder") on the life of \_\_\_\_\_ (hereinafter called the Life Assured)

Whereas the Prosper expired intestate on \_\_\_\_\_ and the said Policy has become part of the estate of the Proposer to which the undersigned is entitles to as the sole legal heir of the Proposer. The undersigned is keenly interested to keep the Policy in full force and effect.

Whereas on the death of the Proposer, the undersigned approached ABSLI to continue and keep the policy in full force and effect by payment of all premiums fallen due after the death of the Proposer and Whereas in absolute good faith of my representation that I am the sole legal heir of the deceased Proposer. ABSLI has agreed to accept the said proposal. The undersigned do hereby declare that the undersigned is the sole legal heir of the Proposer and agree to indemnify ABSLI from all claim, actions and proceeding to which it shall be subject to in case the declaration and undertaking mentioned herein are found to be false and incorrect.

In consideration thereof, ABSLI substituting the undersigned as the Propose, the undersigned do hereby agree, accept, acknowledge and undertake to pay all moneys due under the Policy including future premiums for giving full effect and force to the Policy. The undersigned irrevocably, unconditionally and absolutely agree, accept and acknowledge the terms and conditions mentioned in the Policy contract and undertake to perform all obligations of the erstwhile Proposer/Policyholder to give full force and effect to the Policy.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_

Signature of Proposed Policy holder

Name and Address of the Witness \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Witness

