	PROPOSAL FOR CONVERSION OF A LIFE INSURANCE POLICY INTO AN ENDOWMENT ASSURANCE BY THE HOLDER OF POLICY	
	NO	OATEDFOR Rs
1.	What is your full name & Surname  OR	
	Your name and Father's Name	:
2.	What appointment do you hold in Government Service and in what Department?	:
3.	At what age do you desire to take payment of the Endowment Assurance Policy?	:
4.	Do you intend to keep the amount of premium intact, or the value of the Policy unchanged?	:
	DECLARATION TO BE	SIGNED BY THE INSURANT
hei cor wh	surance stated above shall be the bas reafter appear that I have will-fully m ncealed any circumstances which I ou	ement made by me in my proposal for Life sis of my proposed contract, and that If it shall ade any untrue statement or have fraudulently ught to have made known, then all the premise aid contract shall be forfeited and the contract
No Pos my	•	cle,and that in the event o
Da	ted the Day of	SIGNATURE OF THE INSURANT IN FULL AND ADDRESS