

## Short Term Endowment Life Assurance Policy

Agent's Name -----

Policy No. -----

Agent's No -----

Date -----

1. The Assured agrees with full knowledge that the statements and answers contained in the proposal and medical examination report form basis of the contract which will be made between him/her and this Company and that in case those statements and answers contain a false or untrue item or items, the contract (policy) shall become null and void.
2. Having agreed accordingly, the Assured is bound to pay premiums as shown below and this Company undertakes and promises to pay the claim to the Assured or the Assignee(s) subject to the benefits, conditions and endorsements contained in this Policy on the happening of the event for payment of claim stated below.
3. This life assurance policy attaches from the time at which the first installment of the premiums is received by this Company.

Assured's Name	-----	
Age at Next Birthday	-----	
NRC No	-----	
Address	-----	
Occupation	-----	
Period of Insurance	--- Year( ----- from ----- to )	
Sum Assured	Ks- -----	
Mode of Premium Payment	-----	
Annual Premiums - kyats	Ks- -----	
Installment Premium - kyats	Ks- -----	
Due date(s) for Premium Payment	Every Month (----- ) Every Day	
Beneficiary's Name	Relationship	Percentage
-----	-----	-----
Event for payment of claim	On maturity ----- or on earlier death the sum assured will be paid	
Period for payment of premiums	Up to ----- or earlier death.	

Authorized Official