



TIN: 007-884-672-000

REQUEST FOR POLICY AMENDMENTS

Insured: _____ Owner: _____ Policy No: _____

I/we wish to make the following changes/amendments on the above-numbered policy as follows:

- 1. Change of Name
- 2. Change of Beneficiary/Designation
- 3. Change of Address
- 4. Change of Mode of Payment
- 5. Change of Plan
- 6. Change of Face Amount
- 7. Addition/Deletion of Supplementary Benefits
- 8. Change of Effective Date of Policy
- 9. Non-Forfeiture Option
- 10. Dividend Option
- 11. Others _____

NO.	FROM	TO	REMARKS

NOTE:

- 1. If policy is assigned, the assignee must consent to the change except for numbers 3, 4, and 7 above.
- 2. Except for numbers 3, 4 and/or as requested by the Company, the policy must be surrendered for re-issue/endorsement.
- 3. For numbers 2, 5, 6, 7 or 9 if beneficiary is irrevocable, consent is required.
- 4. The Company reserves the right to require the insured/owner to comply with other requirements prior to effecting the changes requested.
- 5. Submit duplicate copies for approval and recording after which one copy or an approval notice will be returned to be attached to the Policy.
- 6. For number 2 indicate age and relationship, and trustee if primary beneficiary/ies is/are minor/s.

I/we hereby agree that should this request be approved by the Company, such request shall, from the date of the approval, amend the policy to which the request refers.

Dated at _____ this _____ day of _____

Witness _____

Signature of Insured/Owner
(If unable to sign, affix right thumb mark)

Conforme: _____
Irrevocable Beneficiary/ies

Signature of Assignee or Legal Guardian

_____ Irrevocable Beneficiary/ies

Head Office Endorsements

Approved by: _____