



TIN: 007-884-672-000

**VARIABLE LIFE POLICY  
REQUEST FOR POLICY AMENDMENT FORM**

**IMPORTANT NOTICE:** This form must be received by the Head Office by **3:00PM** on a business day, otherwise it shall be deemed to be received on the next business day.

**GENERAL INFORMATION**

Policy Owner: (Last Name, First Name, M.I.)	Policy Number:
Insured: (Last Name, First Name, M.I.)	

**POLICY AMENDMENTS**

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

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

NO.	FROM	TO	REMARKS

**Notes:**

- 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 beneficiari is irrevocable, consent is required.
- 4 The Company reserves the right to require the insured/owner to comply with other requirements prior to the 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.

Signature of Policy Owner:	Printed Name:	Date of Signing: (mm/dd/yyyy)
Signature of Agent/Witness:	Printed Name:	Agent's Code:
Address of Agent/Witness		Unit Name:
Place of Signing:		Date of Signing: (mm/dd/yyyy)
Signature of Irrevocable Beneficiary, if any:	Printed Name:	Date of Signing: (mm/dd/yyyy)
Signature of Irrevocable Beneficiary, if any:	Printed Name:	Date of Signing: (mm/dd/yyyy)
Signature of Agent/Witness:	Printed Name:	Agent's Code:
Address of Agent/Witness		Unit Name:
Place of Signing:		Date of Signing: (mm/dd/yyyy)
Received by:	Processed by:	Approved by: