

APPLICATION FOR CHANGE IN POLICY CONTRACT

Date: / /

Policy No.:

Status:

Date Last Paid (DLP):/...../.....

I/We, the undersigned, wish to inform you that I/we need to make change(s)/correction(s) to my /our policy contract with effective as from: / /

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Beneficiary(ies) | <input type="checkbox"/> Amount of Insurance | <input type="checkbox"/> Term | <input type="checkbox"/> Plan (Single /Joint) |
| <input type="checkbox"/> Residential Address | <input type="checkbox"/> Frequency of Payment | <input type="checkbox"/> Name of Insured | <input type="checkbox"/> Date of Birth |
| <input type="checkbox"/> Mailing Address | <input type="checkbox"/> Voluntary Contribution | <input type="checkbox"/> Name of Policyholder | <input type="checkbox"/> Others |

From:

To:

(1)

(1)

(2)

(2)

(3)

(3)

I/We agree that these changes shall be an amendment to my/our original application and further agree that these changes will not be effective until this application is approved by the Company and an endorsement is issued to the policyholder evidencing same. In the event of a request for any change in plan or amount, I/we hereby surrender all my/our right(s), title and interests in the policy as written prior to the change herein requested.

Address: City:

Residence Tel No.: Office Tel: Mobile:

Email address: Date: dd/mm/yyyy

.....
Name of Policy Holder (1) *Name of Policy Holder (2)* *Name of New Policy Holder*

.....
Signature of Policy Holder (1) *Signature of Policy Holder (2)* *Signature of New Policy Holder*

FOR OFFICE USE ONLY

I....., certify that policyholder(s) has/have signed the Application for Change in Policy Contract Form in my presence at

..... Date: / /
Signature of CSR

.....
Insurance Salesperson (Full Name) *Code/Branch* *Signature*

Verified & approved by:

RSM/SSUM/Customer Service Manager (Name & Signature):

Remarks: