

### **APPLICATION FOR CHANGE OF LIFE AND PERSONAL ACCIDENT POLICIES**

POLICY NUMBER : \_\_\_\_\_

INSURED' S NAME : \_\_\_\_\_ I.C. NUMBER \_\_\_\_\_

POLICY OWNER' S NAME: \_\_\_\_\_ I.C. NUMBER \_\_\_\_\_

INSURED' S OCCUPATION : \_\_\_\_\_ INCOME \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ TELEPHONE \_\_\_\_\_ MOBILE NO \_\_\_\_\_

**Please proceed with below request changes based on the provisions of my policy, which will be effected only when they are endorsed by the Company.**

1. INCREASE OF FACE AMOUNT TO : \_\_\_\_\_
2. REDUCE OF FACE AMOUNT TO : \_\_\_\_\_
3. CHANGE OF INSURANCE PLAN TO : \_\_\_\_\_
4. CHANGE OF MODE OF PAYMENT TO : \_\_\_\_\_
5. ADDITION OF SUPPLEMENTARY POLICIES \_\_\_\_\_
6. REMOVAL OF SUPPLEMENTARY POLICIES \_\_\_\_\_
7. DUPLICATE OF POLICY REASON : \_\_\_\_\_
8. **CHANGE OF NAME OF (copy of I.D)**

INSURED TO : \_\_\_\_\_

POLICY OWNER TO : \_\_\_\_\_
9. **CHANGE OF POLICYOWNER (copy of I.D)**

NEW POLICY OWNER \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_

NEW PAYOR \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_

RELATIONSHIP TO INSURED \_\_\_\_\_

ADDRESS \_\_\_\_\_
10. **CHANGE OF OCCUPATION** TO : \_\_\_\_\_
 

EXACT DUTIES \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

NEW ANNUAL SALARY \_\_\_\_\_
11. OTHER CHANGES \_\_\_\_\_

AMOUNT OF DEPOSIT PAID WITH THIS APPLICATION

### **FOR INTERNAL USE ONLY**

### **DECLARATION OF INSURED / POLICYOWNER**

If the insurance program selected is with the "Right to Interest Benefit" I hereby authorize the Company to act on my behalf and as representative and to invest upon its judgment the mathematic reserves and interest benefit, which will remain in the Company for compound interest yielding. I also approve any relevant action on the part of the Company and accept the respective investment return. I declare that I reserve the right to recall and cancel this authorization with a written statement addressed to the Company.

\_\_\_\_\_  
INSURED'S SIGNATURE

\_\_\_\_\_  
POLICY OWNER'S SIGNATURE

\_\_\_\_\_  
IRREVOCABLE BENEFICIARY SIGN.

\_\_\_\_\_  
ASSIGNEE' S SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
AGENCY MANAGER'S SIGN.

\_\_\_\_\_  
DATE