

## REQUEST FOR AMENDMENTS

**NAME OF POLICYOWNER:** \_\_\_\_\_ **POLICY NUMBER:** \_\_\_\_\_

ITEM	TO BE AMENDED TO		
<b>1. NAME OF INSURED</b> (Attach birth certificate, marriage contract or other legal documents)			
<b>2. DATE OF BIRTH &amp; AGE</b> (Attach birth or baptismal certificate)			
<b>3. POLICY PLAN</b>			
<b>4. DATE OF ISSUE</b>			
<b>5. FACE AMOUNT</b>			
<b>6. RIDERS</b>			
<b>7. PREMIUM MODE</b> In the event of termination of arrangement whereby premiums are paid by monthly through PDC, ADA or Credit Card, the mode of premium shall be made on annual, semi-annual or quarterly basis.	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly  <input type="checkbox"/> Monthly   Post Dated Check (PDC)   <i>Enclose PDC Form</i> <input type="checkbox"/> Monthly   Auto-Debit Arrangement (ADA)   <i>Enclose ADA Form</i> <input type="checkbox"/> Monthly   Credit Card   <i>Enclose Enrollment Form</i>		
<b>8. BENEFICIARY/IES</b> State name/s, age & relationship to Insured, including those of Trustee, if any; & indicate whether new or additional; Primary or Secondary; Revocable or Irrevocable beneficiary/ies. (If not so stated, the beneficiary named herein shall be construed as "new" which shall be understood as replacement of the former beneficiaries).			
<b>PRIMARY</b>	<b>NAME</b>	<b>AGE</b>	<b>RELATIONSHIP</b>
<input type="checkbox"/> REVOCABLE <input type="checkbox"/> NEW <input type="checkbox"/> IRREVOCABLE <input type="checkbox"/> ADDITIONAL			
<b>SECONDARY</b>	<b>NAME</b>	<b>AGE</b>	<b>RELATIONSHIP</b>
<input type="checkbox"/> REVOCABLE <input type="checkbox"/> NEW <input type="checkbox"/> IRREVOCABLE <input type="checkbox"/> ADDITIONAL			
<b>9. NON-FORFEITURE OPTION</b>			
<b>10. OTHERS</b>			

NOTE: 1. If Policy is assigned, consent of assignee is required for the change except for nos. 3, 6 and 9 above.  
 2. If beneficiary is irrevocable, consent is required for nos. 3, 5, 6, 8 and 9 above.  
 3. Submit duplicate copies for approval and recording; afterwhich, the approved copy will be returned to be attached to the Policy Contract.

The above statements are complete and true and I agree that these changes shall be an amendment to and form a part of the original application and the policy issued hereunder and that they shall be binding on any person who shall have or claim any interest under such policy.

In case of apparent errors or omissions discovered by the Company in the foregoing request, I / we hereby authorize the Company to correct or complete this request for amendment of policy and I / we agree that if the policy is changed in accordance with such amended request, my / our acceptance of any policy so amended or re-issued will constitute my / our conformity to and ratification of any correction in or addition to this request made by the Company in the space provided for.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness over Printed Name

\_\_\_\_\_  
Signature of Policyowner (if unable to sign, affix right thumbmark)

Conforme: \_\_\_\_\_

\_\_\_\_\_  
Irrevocable Beneficiary/ies

\_\_\_\_\_  
Signature of Assignee

\_\_\_\_\_  
Irrevocable Beneficiary/ies

\_\_\_\_\_  
Signature of Transferee

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_