

Policy Number: _____

Date: _____ Agent: _____

A. LIFE INSURED INFORMATION			
Name			
Last Name		First Name	Middle Name
Landline Number	Mobile Number	E-mail Address	
Mailing Address			
B. POLICY OWNER INFORMATION (If other than the Life Insured)			
Name			
Last Name		First Name	Middle Name
Landline Number	Mobile Number	E-mail Address	
Mailing Address			
C. POLICY AMENDMENTS			
Effect Changes to		<input type="checkbox"/> Life Insured	<input type="checkbox"/> Policy Owner
		From	To
Name			
Address			
Contact Number			
Birth Date/Age/Birth Place			
Occupation			
Mode of Payment	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> ADA <input type="checkbox"/> RPS <input type="checkbox"/> Others	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> ADA <input type="checkbox"/> RPS <input type="checkbox"/> Others	
Account No.		Credit Card No.	
Non Forfeiture Option	<input type="checkbox"/> Premium Loan <input type="checkbox"/> Extend Term Insurance <input type="checkbox"/> Reduced Paid up <input type="checkbox"/> Cash Surrender Value	<input type="checkbox"/> Premium Loan <input type="checkbox"/> Extend Term Insurance <input type="checkbox"/> Reduced Paid Up <input type="checkbox"/> Cash Surrender Value	
Dividend Option	<input type="checkbox"/> Pay in Cash <input type="checkbox"/> Apply to Premium <input type="checkbox"/> Purchase Paid up Insurance <input type="checkbox"/> Accumulate with Interest	<input type="checkbox"/> Pay in Cash <input type="checkbox"/> Apply to Premium <input type="checkbox"/> Purchase Paid up Insurance <input type="checkbox"/> Accumulate with Interest	
Plan/Basic Sum Assured			
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease			
Others			

D. BENEFICIARY INFORMATION

From				
	Name	Birthdate	Relationship	R/I*
Primary Beneficiary <input type="checkbox"/> Add <input type="checkbox"/> Correction <input type="checkbox"/> Change/Delete/Replace				
Contingent Beneficiary <input type="checkbox"/> Add <input type="checkbox"/> Correction <input type="checkbox"/> Change/Delete/Replace				
To				
	Name	Birthdate	Relationship	R/I*
Primary Beneficiary <input type="checkbox"/> Add <input type="checkbox"/> Correction <input type="checkbox"/> Change/Delete/Replace				
Contingent Beneficiary <input type="checkbox"/> Add <input type="checkbox"/> Correction <input type="checkbox"/> Change/Delete/Replace				
Trustee to Minor Beneficiary				

*Unless otherwise indicated, beneficiary designation shall be **Revocable**.

By signing below, the Life Insured/Policy Owner agrees that:

- 1) this form, when approved, and any other relevant declarations, will form part of the amended Policy;**
- 2) the Suicide and Incontestability Provisions, if any, in the Policy will apply; and**
- 3) the Company may amend errors made in the completion of this Request form.**

Signature of Life Insured/Policy Owner

Signature over Printed Name
of Irrevocable Beneficiary/ies

Signature over Printed Name of Assignee (If applicable)

Signature over Printed Name of Witness/Date