



REQUEST FOR POLICY CHANGE

I hereby apply for amendment of Policy No.									
Request Item(s)	To be Amended to								
Codes: I-Insured; O-Owner	I	O	New Name	Reason(s) for change:					
<input type="checkbox"/> Change of Name	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/> Change in Marital Status	I	O	From	To					
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/> Change in Beneficiary	ACTION		Name of Beneficiary	Relation to Proposed Insured	Birthdate mm/dd/yyyy	Designation			
Codes:	A	D				P	C	R	I
"A" - Additional Beneficiary	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"D" - Deletion of Beneficiary	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"P" - Primary	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"C" - Contingent	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"R" - Revocable	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"I" - Irrevocable	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee of Minors								
<input type="checkbox"/> Change in Mailing Address	H	O	From	To					
Codes: H-Home; O-Office	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/> Others									
(Reserved for Home Office corrections or additions)									

This request together with the original application, supporting documents and statements made to the Company for said policy issued shall be, for all purposes, considered as the application for such amendment of re-issued policy.

If the present policy is replaced by a re-issued policy, it is hereby further agreed that in consideration of the amendment requested herein, I/we hereby surrender the present policy and consent to its cancellation, and do forever release and discharge said Company from any and all claims, demands and liabilities whatsoever under the surrendered policy.

Done at _____ this _____ day of _____, 20 _____

Signature of Witness

Signature of Insured/Owner

Signature of Insured/Owner

Mailing Address: _____

Tel: _____

Cellphone: _____

Email: _____

Signature of Irrevocable
Beneficiary

Signature of Assignee

INSTRUCTIONS:

1. For correction of name/date of birth, submit a photocopy of the birth certificate.
2. For change of marital status, submit a photocopy of the marriage contract.
3. For assignment of policy, submit an original copy of the notarized deed of assignment.
4. For designation of trustee, submit an original copy of the notarized trust agreement.