

**REQUEST FOR AMENDMENT OF POLICY**

Policy Number	Full Name of Insured (First, Middle, Surname)	
	FROM	TO
<input type="checkbox"/> MAILING ADDRESS		
<input type="checkbox"/> PLAN/RIDERS		
<input type="checkbox"/> AMOUNT OF INSURANCE		
<input type="checkbox"/> MODE OF PREMIUM PAYMENT		
<input type="checkbox"/> NAME OF INSURED/PAYOR <small>( Submit document Supporting Change )</small>		
<input type="checkbox"/> AGE & DATE OF BIRTH <small>( Submit document Supporting Change )</small>		
<input type="checkbox"/> BENEFICIARY: a. Name		
<input type="checkbox"/> Revocable b. Relationship		
<input type="checkbox"/> Irrevocable		
	c. Date of Birth	
<input type="checkbox"/> EFFECTIVE DATE		
<input type="checkbox"/> OTHER CHANGES		
FOR HOME OFFICE CORRECTIONS and/or ADDITIONS		

The request together with the original application and statements made to the Company for the above numbered policy heretofore issued shall be for all purposes taken and considered as the application for the amendment of the above numbered policy.

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

Relative to this request, I/We made a DEPOSIT/PREMIUM PAYMENT of P \_\_\_\_\_ for which your representative \_\_\_\_\_ issued O.R./P.R. No. \_\_\_\_\_ dated \_\_\_\_\_  
Signed at \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Witness (Print Name & Sign Above)  
\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Applicant-Owner/Payor

\_\_\_\_\_  
Signature of Legal Guardian/Witness to thumbmark  
(Required if Insured is below 18 years old or if Applicant-Owner is different from Insured)

\_\_\_\_\_  
Signature/s of Beneficiary if Irrevocable

HOME OFFICE USE ONLY	
The requested policy change was approved and noted in our records. The ENDORSEMENT, therefore, should be attached to the policy contract to form part thereof.	
REGISTER	DATE

right thumbmark  
if minor/illiterate

ASSIGNEE: \_\_\_\_\_  
(Should be assigned only if the policy has a co-insured; or if the policy is assigned)