



REQUEST FOR CHANGE FORM

I of

Policy No..... desire to make the following changes in my policy.

Staff No.....

1. NAME From:.....

To:.....

Address:.....

2. ADDRESS From:.....

To:.....

3. BENEFICIARY(IES) From:.....

To:..... Percentage (%).....

Add:..... Percentage (%).....

.....
.....

4. TERM From:.....

To:.....

5. PREMIUM From:.....

To:.....

6. SIGNATURE From:.....

To:.....

7. SUM ASSURED From:.....

To:.....

With effect from..... Tel:.....

Date:..... Signature:.....

Remarks: