



REQUEST FOR CHANGE FORM

I.....of.....
Policy No..... desire to make the following changes in my policy.
Staff No/Account No.....

1. NAME From:
To: (Attach prove of name)
Address:

2. ADDRESS From:
To:

3. BENEFICIARY (ies) From:
To (1): (Relationship).....
(Percentage %) (Age)
To (2): (Relationship).....
(Percentage %) (Age)
Trustee.....Trustee's Contact

4. SOURCE From:
To: (Attach completed mandate form)

5. TERM From:
To:

6. PREMIUM From:
To:(Attach completed mandate form)

7. CASH BONUS From:
To:(Attach completed mandate form)

8. SUM ASSURED From:
To:

With effect fromTel:

Date: Signature:

Remarks: