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	☐ Life Insured	☐ Policy Owner

	From	To
Name		
Address		
Contact Number		
Birth Date/Age/Birth Place		
Occupation		
Mode of Payment	☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly	☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly
Method of Payment	☐ Cash ☐ Check ☐ ADA ☐ RPS ☐ Others	☐ Cash ☐ Check ☐ ADA ☐ RPS ☐ Others
Account No.		Credit Card No.
Non Forfeiture Option	☐ Premium Loan ☐ Extend Term Insurance ☐ Reduced Paid up ☐ Cash Surrender Value	☐ Premium Loan ☐ Extend Term Insurance ☐ Reduced Paid Up ☐ Cash Surrender Value
Dividend Option	☐ Pay in Cash ☐ Apply to Premium ☐ Purchase Paid up Insurance ☐ Accumulate with Interest	☐ Pay in Cash ☐ Apply to Premium ☐ Purchase Paid up Insurance ☐ Accumulate with Interest
Plan/Basic Sum Assured ☐ Increase ☐ Decrease		
Others		

D. BENEFICIARY INFORMATION

	From			
	Name	Birthdate	Relationship	R/I*
Primary Beneficiary ☐ Add ☐ Correction ☐ Change/Delete/Replace				
Contingent Beneficiary ☐ Add ☐ Correction ☐ Change/Delete/Replace				
	To			
	Name	Birthdate	Relationship	R/I*
Primary Beneficiary ☐ Add ☐ Correction ☐ Change/Delete/Replace				
Contingent Beneficiary ☐ Add ☐ Correction ☐ 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