

ADVISOR: \_\_\_\_\_ ADVISOR CODE : \_\_\_\_\_ POLICY NO: \_\_\_\_\_

**POLICYOWNER:**

\_\_\_\_\_  
 First Name                      Middle Name                      Last Name                      Title                      Date of Birth(dd/mm/yy)

\_\_\_\_\_  
 Current address:                      City/Town                      Parish/State                      Country

\_\_\_\_\_  
 Telephone # Home \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail address \_\_\_\_\_

Please indicate the box applicable to you with a 'X'.

Type of change:     PREMIUM MODE     APIP (INVESTMENT PREMIUM)     Issue Age     OTHER

Request is hereby made for the under-mentioned change:

SUBJECT OF CHANGE	FROM	TO	Policy PTD	Effective Date
Premium Frequency				
APIP (Investment Premium)				
Issue Age (Evidence of Age required)				
Inflation Linking/Indexation				
Other				

**METHOD OF PAYMENT:**

Salary Deduction – Name of Company: \_\_\_\_\_ Co-op PTD: \_\_\_\_\_

Pre-authorized Payment System

Direct Payment

Signed at ..... on the ..... day of .....20.....

.....  
 Signature of Life Insured /Owner

.....  
 Witness

