



# Application for Change in Policy

Policy Number

Full Name of Life Insured

**Unilifeglobal Limited** is requested to change certain particulars of the above numbered policy to those shown below and is authorised, where necessary because of the change, to amend the policy or to issue a replacing policy form appropriate in accordance with the Company's practice.

### Basic policy changes requested as follows:

	Changed from		New details
1) Premium Frequency	<input type="text"/>	to	<input type="text"/>
2) Reduce Sum Assured	<input type="text"/>	to	<input type="text"/>
3) Date of Birth	<input type="text"/>	to	<input type="text"/>
4) Name	<input type="text"/>	to	<input type="text"/>

Supplementary Benefit changes (Specify name, amount and duration)

  

Effective date of change (Note: for items 1 and 2 above, this must be the anniversary date)

 dd/mm/yyyy

Other (Use for additional instructions or changes not mentioned above)

  
  
  

Signed at  this  day of  20

Witness    
Financial Adviser or other witness Signature of Life Insured

Witness    
Financial Adviser or other witness Signature of Policyholder other than Life Insured

Approved by  Date  dd/mm/yyyy