



Policy No.

Policy number input boxes

POLICY AMENDMENT FORM

Main form section with columns for Policyowner and Insured, containing fields for Name, Address, Birthdate, Plan, and Payment options.

SUPPLEMENTARY BENEFITS

Table for Supplementary Benefits with columns for Addition/Deletion, Face Amount, and various benefit riders like ADB, DDR, PBR, etc.

BENEFICIARIES

Beneficiary designation is revocable and all beneficiaries shall share equally unless otherwise specified. Those below 18 years of age can only be designated as revocable. Use back page if necessary.

Primary Beneficiaries

Table with 5 columns: Add (A)/Delete (D), Name, Birthdate, Relationship to Insured, Designation.

Contingent Beneficiaries

Table with 5 columns: Add (A)/Delete (D), Name, Birthdate, Relationship to Insured, Designation.

Trustee for Minor Beneficiaries (only if orphaned or preferred over parental guardian)

Table with 3 columns: Name, Birthdate, Relationship to Minor Beneficiary/ies.

The life insured or the policyowner represent that the above statements are true and complete and that all exceptions have been stated. Furthermore the life insured or the policy owner agrees that the above changes shall be an amendment to and form part of the original application and of the policy issued thereunder, if any, and they shall be binding on any person who shall have or claim any interest under such policy.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ .

Signature lines for witness, Policyowner, Insured, and irrevocable beneficiary.