



## REQUEST FOR POLICY CHANGE

Policy Number: \_\_\_\_\_  
Name of Policyholder: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_

**Instructions:**

1. For change of address, use the Customer Information Update Form.
2. For any change in beneficiary, if the policyholder is different from the insured, the signature of the insured is required. If the insured is below 18 years old, the signature of a parent/guardian is required.
3. For request coming from outside the Philippines, the form must be authenticated by the Philippine Consular Office nearest your address.
4. Submit the original or certified true copy of the supporting legal documents.

**I hereby request The Insular Life Assurance Co., Ltd. ("Company") to effect the following change/s in my above stated policy:**

<b>1. Change of Name</b>	
Change of name of <input type="checkbox"/> Policyholder <input type="checkbox"/> Insured <input type="checkbox"/> Beneficiary	
Name as shown in the Insurance Application (Surname, Given Name, Suffix)	
New Surname	New Given Name
New Suffix	New Civil Status <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Others: _____
Reason for Change <input type="checkbox"/> For Correction <input type="checkbox"/> Marriage <input type="checkbox"/> Others _____	

<b>2. Change in Designation/Addition of Beneficiary:</b>				
<i>Note: A contingent beneficiary is always considered as revocable.</i>				
Name of Beneficiary	Relationship to Insured	Date of Birth (mm/dd/yyyy)	Designation by Priority (Primary/Contingent)	Designation by Right (Revocable/Irrevocable)

<b>3. Deletion of Beneficiary:</b>		
Name of Beneficiary	Relationship to Insured	Date of Birth (mm/dd/yyyy)

<b>4. Other Changes:</b> <i>(Please specify)</i>
<i>(Reserved for Home Office correction or addition)</i>

This request together with the original application, supporting documents and statements made to the Company for the said policy shall be considered as the application for policy amendment.

If the original policy is replaced by a re-issued policy, it is hereby further agreed that in consideration of my application for policy amendment, I shall surrender the original policy and consent to its cancellation, and forever release and discharge said Company from any and all claims, demands and liabilities whatsoever under the surrendered policy.

When I submit request relating to my insurance policies, I am aware of the need to disclose required personal information and sensitive personal information to Insular Life relating to myself as the policy owner, or the insured, or the beneficiaries, to enable the Company to process, administer and maintain my policies. I hereby allow the processing and sharing of such information to third parties when necessary. I also confirm that I have sought the consent of the insured or the beneficiaries, as may be applicable.

Done at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature over printed name  
of Witness

\_\_\_\_\_  
Signature over printed name  
of Insured

\_\_\_\_\_  
Signature over printed name  
of Policyholder

\_\_\_\_\_  
Signature over printed name  
of Irrevocable Beneficiary  
*(Please use reverse side for additional signatures  
of Irrevocable Beneficiaries)*

\_\_\_\_\_  
Signature over printed name  
of Parent/Guardian  
*(If the Insured is below 18 years old)*

\_\_\_\_\_  
Signature over printed name  
of Assignee

**WARNING:** It is unlawful (a) to present or cause to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and (b) to fraudulently prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented in support of any claim. Such acts shall be punishable by a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court. (Section 251, Insurance Code.)