

Agent Code

POLICY NUMBER

NOTE: Fill out with block letters. Put on the tick boxes representing options.

PART I - REQUESTED TRANSACTION/S

CHANGE NAME OF : Policy Owner Insured

Last name

First Name

Middle Name

CHANGE CONTACT INFORMATION

Telephone : Residence Office
 () - ex (044) 123-4567

Mobile Phone
 + 6 3 - - ex +63-900-1234567

E-Mail Address

Reason for change of name:

Marriage Correction

Legal Separation Others

CORRECTION IN DATE OF BIRTH OF: Policy Owner Insured

Date of Birth: / /

Note: If correction in date of birth results to a change in age, premiums MAY be adjusted as a result.

CHANGE PREFERRED MAILING ADDRESS Residence Office

House / Building / Lot No.,
 Name of Street

District City Province Zip Code

CHANGE BENEFICIARIES Please indicate the complete list of your intended beneficiaries. This will supersede any previous designations including those written in your insurance application form. (IRR= Irrevocable, REV= Revocable, PRIM= Primary, CON= Contingent)

Name (Last, First, Middle Initial)	Date of Birth (mmddyyyy)	Relationship	Share	IRR	REV	PRIM	CON
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DECREASE COVERAGE: **DELETE RIDER:**

CHANGE PAYMENT MODE TO: Annual Quarterly Semi Annual

CHANGE NON FORFEITURE OPTION TO: Extended Term Insurance Automatic Premium Loan Reduced Paid Up Other Options:

CHANGE DIVIDEND OPTION TO: Pay in Cash Apply to Premium Due Leave with Company to earn interest Purchase Paid-up Insurance

CHANGE SIGNATURE

Old Signature New Signature New Signature

I certify that I am the same Policy Owner whose signature appears in the insurance application attached to the Policy contract and that the declarations and information therein was given by me and I certify that they are true and complete to the best of my knowledge. I understand and agree that the specimens appearing herein shall be used by Philam Life as basis for the approval of all transactions requiring my signature.

Other Transactions. Please specify:

PART II - SIGNATURE

I/We hereby agree that should above request be approved by the Company, such request shall, from the date of such approval, amend in accordance with the terms thereof so approved the Policy to which the request refers.

Place Signed Date: / /

Owner's Signature over Printed Name Irrevocable Beneficiary Assignee Agent / Witness

PLEASE DO NOT SIGN ON A BLANK FORM.