

APPLICATION FOR POLICY AMENDMENT CS 047

Agent:		Agent No:		
Branch:				
³ Name of Life Insured	² TRN(Life Insured)):	Client Number:	
Name of Insured Person (If other than Life Insured)	TRN (Insured Person, if o	uther than Life Insured):	Date of Birth:	
E-mail Address (Life Insured):	Telephone No.(s) (Life	e Insured):	Sum Assured:	
Mailing Address (For this policy):				
APPLICATION FOR AMENDMENT T	O POLICY NO.			
I hereby request that the following amend	ment(s) be made to the	above Policy:		
ITEM TO BE CHANGED	FROM	TO	0	
Sum Assured				
Modal Premium				
Investment Premium				
Issue Age (Evidence of Age required)				
Other				
Signed at(Address)	this(Da	day ofay)	20 (Month)	
Witness		Life Insured		
Witness		Insured Person (If o	other than Life Insured)	
N.B. FOR INCREASE IN SUM INSURED, A DEC	CLARATION OF HEALTH IS	TO BE COMPLETED.		
	For Official Use O	only: Index by Policy #,	, TRN, Name of Life Insured	
Form# CS.E 0012/00047 8/2000; Revised 8/02, 3/04, 0	3/10, 11/13			