

REQUEST FOR CHANGE

INSURED : _____ POLICY NO. : _____

POLICY OWNER / PAYOR: _____ RELATIONSHIP TO INSURED: _____

Under the above-numbered Policy No. of Insurance, it is requested that the following changes subject to the terms and conditions of the Policy Number be effected as follows.

- 1. CHANGE IN PLAN _____
- 2. CHANGE IN AMOUNT OF INSURANCE _____
- 3. CHANGE OF DEPENDENT(S) _____
- 4. CHANGE OF BENEFICIARY(ies) _____

- 5. CHANGE OF CIVIL STATUS
 - SINGLE MARRIED WIDOW(er)
- 6. DATE OF MARRIAGE _____

(For women members only)
 Maiden Name Previously Reported: _____
 Change to: _____

7. NEW OR ADDITIONAL DEPENDENT(s)

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

- 8. ADDITIONAL BENEFICIARY(ies) IN ADDITION TO PREVIOUSLY DESIGNATED

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

- 9. OTHERS: _____

Signed at _____ on _____ 20____

 Witness

 Signature of Insured
 (if unable to sign, affix righthand thumbmark)


Right Thumbmark if minor

 THE UNDERSIGNED HEREBY CONSENT TO THE ABOVE CHANGE OF BENEFICIARY

 Irrevocable Beneficiary/Assignee

HOME OFFICE USE ONLY

The request change(s) was approved and noted in our records, this ENDORSEMENT, therefore, should be attached to the INSURANCE POLICY to form part thereof.

REGISTRAR DATE