

Policy Number

Full Name of Life Insured

SES is requested to change certain particulars of the above numbered policy to those shown below and is authorised, where necessary because of the change, to amend the policy or to issue a replacing policy form appropriate in accordance with the Company's practice.

Basic policy changes requested as follows

	Changed from		New details																
1) Premium Frequency	<input type="text"/>	to	<input type="text"/>																
2) Reduce Sum Assured	<input type="text"/>	to	<input type="text"/>																
3) Date of Birth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	to	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												
4) Name	<input type="text"/>	to	<input type="text"/>																

Supplementary Benefit Changes (Specify name, amount and duration)

Effective Date of Change (Note: for items 1 and 2 above, this must be the anniversary date)

Other (Use for additional instructions or changes not mentioned above)

Signed at

Date

D	D	M	M	Y	Y	Y	Y
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Witness

(Soliciting agent or other witness)

Signature of life insured

Witness

(Soliciting agent or other witness)

Signature of owner(s) other than life insured

Approved by

Date

D	D	M	M	Y	Y	Y	Y
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