

REQUEST FOR CHANGE

INSURED: _____ **POLICY NO.:** _____
POLICY OWNER/PAYOR: _____ **RELATIONSHIP TO THE 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 No. be effected as follows:

- 1. **CHANGE IN PLAN:** _____
- 2. **CHANGE IN THE AMOUNT OF INSURANCE:** _____
- 3. **CHANGE OF DEPENDENTS:** _____
- 4. **CHANGE OF BENEFICIARY (ies):** _____
- 5. **CHANGE OF CIVIL STATUS:** SINGLE MARRIED WIDOW **(For women members only)**
Maiden Name Previously Reported: _____
Change to: _____
- 6. **DATE OF MARRIAGE:** _____
- 7. **NEW OR ADDITIONAL DEPENDENT(s)**

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
- 8. **ADDITIONAL BENEFICIARY (ies) IN ADDITION TO THE PREVIOUSLY DESIGNATED**

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
- 9. **OTHERS** _____

Signed at: _____ on _____ 20 _____

<p>_____ Witness</p>	<p>_____ Signature of the Insured (if unable to sign, affix right hand thumbmark)</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>Right Thumbmark if minor</p>
<p style="text-align: center; margin: 0;">HOME OFFICE USE ONLY</p> <p style="font-size: small; margin: 0;">The request change(s) was approved and noted in our records. This ENDORSEMENT, thereof should be attached to the INSURANCE POLICY to form part thereof</p> <p style="margin: 0;">_____ REGISTRAR DATE</p>	<p>_____ THE UNDERSIGNED HEREBY CONSENT TO THE ABOVE CHANGE OF BENEFICIARY</p> <p>_____ Irrevocable Beneficiary/Assignee</p>	

=====

CONSENT FORM
(In Compliance with R.A. 10173)

I, _____, of legal age, Filipino citizen and a resident of _____ do hereby state that; MANILA BANKERS LIFE INSURANCE CORPORATION, a corporation duly organized and existing under Philippine laws with office address at the 3rd Floor VGP Center, Ayala Avenue, Makati City, is requesting for my personal data and information for the purpose of my application for life insurance coverage. I have been informed of my rights under R. A. 10173 otherwise known as the Data Privacy Act of 2012 and that I fully understand my rights under R. A. 10173 and I hereby freely, voluntarily, willfully and intelligently give my consent to MANILA BANKERS LIFE INSURANCE CORPORATION to gather, collect, hold, process and use my personal data and information for the purpose stated above.

Data Subject/Applicant