

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 \_\_\_\_\_

\_\_\_\_\_  
Witness

HOME OFFICE USE ONLY

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

\_\_\_\_\_  
REGISTRAR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of the Insured  
(if unable to sign, affix right hand thumbmark)

THE UNDERSIGNED HEREBY CONSENT TO THE ABOVE CHANGE OF BENEFICIARY

\_\_\_\_\_  
Irrevocable Beneficiary/Assignee

Right Thumbmark if minor

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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 exiting under Philippine laws with office address at the 3<sup>rd</sup> 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