



**REQUEST FOR AMENDMENT**

**Policy Number** \_\_\_\_\_  
**Name of Life Assured** \_\_\_\_\_  
**Name of Policy Holder** \_\_\_\_\_

**Part A** (Please tick the appropriate box)

|  |   |
|--|---|
| <input type="checkbox"/> <b>Change of Nominee</b>                      | <b>Name of Nominee</b> <b>Relation</b> <b>Share</b><br>_____<br>_____<br>_____  |
|  | Note: If more than one nominee is designated, all policy proceeds will be in equal share paid to each nominee unless herein specified.                                  |
| <input type="checkbox"/> <b>Change of Signature</b>                    | <b>Current</b> _____ <b>New</b> _____<br><br>Note: All dealings of the policy in future will be based on this new signature(s).   |
| <input type="checkbox"/> <b>Change frequency of premium payment to</b> | <input type="checkbox"/> <b>Annual</b> <input type="checkbox"/> <b>Semi-annual</b><br><input type="checkbox"/> <b>Quarterly</b> <input type="checkbox"/> <b>Monthly</b> |

**Part B** (Please tick appropriate box. Declaration of good health is required except for reduction of original amount or deletion of rider(s))

|  |   |
|--|---|
| <input type="checkbox"/> <b>Change in Sum Assured (SA)</b> | <b>Original</b> _____ <b>New</b> _____  |
| <input type="checkbox"/> <b>Change of Rider(s)</b>         | <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/> <b>Deletion</b> <input type="checkbox"/> <b>Change SA Rider Name</b> _____ <b>Sum Assured</b> _____ |
|  | <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/> <b>Deletion</b> <input type="checkbox"/> <b>Change SA Rider Name</b> _____ <b>Sum Assured</b> _____ |
|  | <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/> <b>Deletion</b> <input type="checkbox"/> <b>Change SA Rider Name</b> _____ <b>Sum Assured</b> _____ |
| <input type="checkbox"/> <b>Others</b>                     |   |

**Attachment(s):**  Policy       Copy of Identity     Health Certificate  
 others \_\_\_\_\_

**Declaration & Authorization**

No request is valid until an endorsement is issued and signed by authorized personnel at Orient Insurance PJSC. I hereby request that this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request shall be attached to and forms a part of the said policy.

**Signature of Life Assured** \_\_\_\_\_

**Signature of Policy Holder** \_\_\_\_\_

**Date** \_\_\_\_\_ **Place** \_\_\_\_\_