

REQUEST FOR POLICY CHANGE

Policy No : Insured Name :

hereby requests CHARTERED LIFE INSURANCE COMPANY LTD. to effect the change(s) ticked (v) below by any means acceptable to the Company.

- Change of Premium Mode** : From _____ To _____
- Change of Plan** : From _____ To _____
- Increase Face Amount** **Decrease Face Amount** : From (BDT) _____ To (BDT) _____
- Policy Term Change** : From _____ (Years) To _____ (Years) **Rider/Supplementary Contracts** :

Addition			Deletion		
Rider/Supplementary Contracts	Amount	Term	Rider/Supplementary Contracts	Amount	Term

- For Addition IBR/FPR: State Average Monthly Earned Income Over The Past 12 Months BDT _____
- Form CSC_03 is Required for Addition of Rider IBR/FPR. Life Insured may be required to Undergo Medical Test

Change Name/ **Correction Name of** : Life Insured Policy Owner Life Beneficiary (Child)

Reason for Change Marriage Divorce Correction Others (explain) _____

From _____ To _____
(Old Name) (New Name)

Supporting Documents Attached : _____

(Old Signature) _____ (New Signature) _____

Correction in Date of Birth (D.O.B) : Life Insured Policy Owner Life Beneficiary (Child)

Old D.O.B. : _____ / _____ / _____ New D.O.B. : _____ / _____ / _____

Reason for Change (explain) : _____

Supporting Attached : NID SSC/JSC/PSC Passport Birth Certificate Driving License Others _____

* Standard Age proof should be Self Attested and verified by Gazette Officer / Chartered Life Official (Unit Manager or Above)

* I have paid BDT _____ Cash Cheque No : _____ with this request.

Declaration of the Insured/Policy Owner :

I have understood the meaning and scope of the change request form and take complete responsibility of the changes submitted by me. Any changes in the Policy / Personal details are subject to the policy terms and conditions and relevant underwriting guidelines. Notwithstanding anything to the contrary in the Insurance policy or in the Supplementary Contracts attached thereto, the Company may rely solely upon this request to effect the required change without need to any endorsement whatsoever.

Signed at _____ Day _____ Month _____ Year _____

Signature of Insured _____ Signature of Policy Owner _____ Mobile Number of Policy Owner _____

Witnessed by : _____
(FA/UM/BM) Name Signature Code No

Name of BM/ ASM _____ Signature _____ Code No. _____
For Office Use Only :

Sign & Record Verified By _____ Processed By _____