

REQUEST FOR CHANGE / ADDITION MOBILE NUMBER

The undersigned Owner/Insured under policy No. _____ on the life of Mr/Mrs _____ hereby request **CHARTERED LIFE INSURANCE COMPANY** to effect the change(s) ticked below by any means acceptable to the Company.

Change Mobile Number

Add Mobile Number

Change Mobile Number :

Previous Number : _____

New Number : _____

Add Mobile Number :

Mobile Number : _____

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.

Dated at _____ This _____ Day of _____ 201 _____

Signature of Irrevocable Beneficiary/ or Assignee

Signature of Insured

Signature of Policy owner

Witnessed by : _____
(FA/UM/BM /ASM) Name

Signature

Code No.

- In case the Insured (P/O) has more than one signature, please show specimen of all signatures.

Verified By

Processed By