



COCOLIFE

COCOLIFE Building, 6774 Ayala Avenue, Makati City 1226
MCC PO Box 1681 Tel. No. (632) 812-9015 Fax No. (632) 812-9053

AMENDMENT FORM

Grp. Pol. No. (for Group business only) _____ Grp. Pol. Name (for Grp business only) _____

Certificate No. / Policy No. _____ Name of Insured _____

Name of Payor / Owner _____

Items	To be amended to	Items	To be amended to
1. Insured / Owner	_____	8. Premium Default	_____
2. Age & Date of Birth	_____	/ Non-Forfeiture	_____
3. Issue / Effective Date	_____	Option	_____
4. Sum Insured	_____	9. Mailing Address	_____
5. Plan	_____		_____
6. Riders	_____		_____ Zip Code _____
7. Mode	_____	10. Other Changes	_____

Beneficiary/ies (Share equally unless otherwise stated. Use reverse side for additional beneficiaries)

Full Name	Birthdate	Relationship	Share	Beneficiary Type *	Type of Change **
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Legend: * **P** = Primary **S** = Secondary **I** = Irrevocable **Rv** = Revocable ** **R** = Replacement **A** = Additional **C** = Correction

Note: All beneficiary designations are deemed "**Primary**" and "**Revocable**" unless indicated otherwise. Also, if not so stated, the beneficiary/ies named herein shall be understood as replacement of the former beneficiary/ies.

I / We hereby agree that these changes if approved by the Company shall amend and form part of the original application or policy contract and that these shall bind any person who shall have, or claim, any interest under such policy.

Dated at _____ this _____ day of _____, 20_____.

Signature of Witness

Signature of Insured

Signature of Owner

Signature of Irrevocable Beneficiary

Signature of Irrevocable Beneficiary

Signature of Irrevocable Beneficiary

(Please use reverse side for signature of other irrevocable beneficiaries)

For Home Office Use Only:

Verified by: _____

Approved by: _____

Encoded by: _____