

AMENDMENT FORM

For Group Policy

Group Policy No.: _____
 Certificate No.: _____

Group Policyholder: _____
 Name of Insured-Member: _____

For Individual Policy

Policy No.: _____
 Name of Insured: _____

Name of Policyholder: _____

ITEMS	TO BE AMENDED TO	ITEMS	TO BE AMENDED TO
1. Insured / Policy Owner _____		11. Mailing Address _____	
2. Age & Date of Birth _____		_____	
3. Issue / Effective Date _____		_____	
4. Face Amount / Amount of Insurance _____		_____	
5. Plan _____		_____ Zip code _____	
6. Riders _____		12. Other Changes _____	
7. Mode _____		_____	
8. Beneficial Owner _____		_____	
9. Premium Default/Non-Forfeiture Option _____		_____	
10. Contact No./s _____		_____	

BENEFICIAL OWNER. It refers to any natural person who ultimately owns or controls the customer, and/or on whose behalf a transaction or activity is being conducted or has ultimate control over a legal person or arrangement.

In relation to a juridical entity, Beneficial Owner/s are individuals either owning or controlling at least 20% or more of the company's shares or voting rights.

Do you have a Beneficial Owner? YES NO

If "YES", please accomplish the Certification for Beneficial Owner Form.

Beneficiary/ies (Share equally unless otherwise stated. Use another form for additional beneficiaries)

Full Name	Birthdate	Birthplace	Gender	Relationship	Share	Beneficiary type *	Type of Change **
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____

Numbering doesn't indicate hierarchy of beneficiaries

(Continuation)

Nationality

Address

Contact Details
(Mobile and/or Email)

1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____

Legend: * Primary(P) Secondary(S) Revocable(Rv) Irrevocable(I) ** Replacement(R) Additional(A) Correction(C) Trustee(T)

NOTES:

- 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.
- TRUSTEE is not considered as beneficiary unless it is clearly stated.
- The TRUSTEE is authorized to receive for and on behalf of my beneficiary(ies) the insurance proceeds due during his/their minority. That he shall have full authority to make such compromise or settlement as he may deem expedient with respect to such policy.

That receipt of said TRUSTEE of the insurance proceeds shall constitute full acquittance and discharge of COCOLIFE from any claim whatsoever.

This designation shall be operative only with respect to the net proceeds of such policy, upon the Insured's death and during the minority of said beneficiary/ies, and shall remain in full force until written notice of revocation or amendment is received by COCOLIFE. 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 Policy 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:

Processed by: _____ Approved by: _____

DATA PRIVACY POLICY

COCOLIFE upholds an individual's data privacy rights and assures that all your personal information, sensitive personal information and privileged information (Nively, "Personal Data"), collected and to be collected, are processed in compliance to the Data Privacy Act of 2012 (RA No. 10173 and its implementing Rules and Regulations (IRR)).

To enable us to perform our processes related with your amendment form, it is important that COCOLIFE collects, uses and stores your personal data. Thus, we are using your information to: (1) Evaluate the amended items provided; (2) Prevent Money Laundering or Terrorism Financing activities; (3) Comply with reportorial and regulatory requirements of law; and (4) Perform other reasonable purposes as may be necessary to implement the terms and conditions of the contract. When you provide information other than yours, you certify that you obtained their consent to disclose and process the information of your parents, spouse, children, dependent or about another person like stockholders, officers or employees.

We may share your personal data only to the extent that is reasonable and necessary to our employees and officers handling your orders and request; our subsidiaries, affiliates, partners, joint venture & other related parties e.g. any third-party service providers performing financial, administrative, technical and other ancillary services like credit investigation, and; person or entity that we contractually entered with, that ensures the confidentiality standard we implement and adheres to the DPA.

COCOLIFE shall ensure that personal data under its custody are protected against any accidental or unlawful destruction, alteration, and unlawful disclosure. It implements appropriate security measures in storing collected personal data. Personal data will be safely destroyed through secure means, after the lapse of the retention period provided by law or as determined by COCOLIFE.

Kindly browse through our Privacy Policy Statement in our company website to know more about the importance of your rights under the DPA. You may also send in your concerns to: COCOLIFE Data Protection Officer at COCOLIFE Building, 6807 Ayala Avenue, Makati City or e-mail address at dpo@cocolife.com.

By signing below, you acknowledge and agree with the foregoing and certify that you explicitly consent to the collection, processing, sharing, storing of your personal and sensitive personal information by COCOLIFE for purposes described in this Data Privacy Policy.

This consent shall apply to all of my existing policies with COCOLIFE.

I/We, the undersigned hereby certify that I/We explicitly and unambiguously consent to the collection, processing, sharing, storing of my/our personal and sensitive personal information by COCOLIFE for purposes described in the Data Privacy Policy. I/We hereby certify that I/We carefully understood and comprehend the terms above before giving my/our consent.

Name and Signature of Insured/ Borrower

Name and Signature of Policy Owner