UNITED COCONUT PLANTERS LIFE ASSURANCE CORPORATION
COCOLIFE Building, 6807 Ayala Avenue, Makati City 1226
Tel. No. 8810-7888 | Mobile Nos.: +639178068505 | +639985838081
Just Ask Live (JAL): https://crm.cocolife.com/webchat/customer/chat
TIN 000-604-739-000 NV
Website: www.cocolife.com

Branch/Department: _____

AMENDMENT FORM

For Group Policy

Group Policy No.: _____ Group Policyholder/Policy Owner: _____

Certificate No.: _____ Name of Insured-Member: _____

For Individual Policy

Policy No.: _____ Name of Policy Owner: _____

Name of Insured: _____

ITEMS	TO BE AMENDED TO	ITEMS	TO BE AMENDED TO
1. Insured / Policy Owner:		10. Mailing Address:	
2. Age & Date of Birth:			
3. Face Amount / Amount of Insurance:			
4. Premium Default / Non-Forfeiture Option:		Zip Code:	
5. Riders:		11. Other Changes:	
6. Mode:			
7. Beneficial Owner:			
8. Email Address:			
9. 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:

1. 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.
2. TRUSTEE is not considered as beneficiary unless it is clearly stated.

3. 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.

I/We, the undersigned Policy Owner and/or Insured, hereby certify that all statements and answers herein are true and correct. Also, I/We hereby certify that I/We carefully understood and agreed to each and every agreement stated on this application form.

Dated at _____ on _____.

Left Thumbmark	Right Thumbmark

Thumbmark of Insured/Parent of Minor Insured
(if unable to sign or if signature is in block letters)

Signature of witness over Printed Name	Signature of Insured over Printed Name	Signature of Policy Owner over Pinted Name

Signature of Irrevocable Beneficiary over Printed Name	Signature of Irrevocable Beneficiary over Printed Name	Signature of Irrevocable Beneficiary over Printed Name

Left Thumbmark	Right Thumbmark

Thumbmark of Policy Owner
(if unable to sign or if signature is in block letters)

(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 (collectively, "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 on 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, and 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, and 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. I/We, the undersigned Policy Owner and/or Insured, hereby certify that all statements and answers herein are true and correct. Also, I/We hereby certify that I/We carefully understood and agreed to each and every agreement stated on this application form.

_____
Signature of Policy Owner over printed name