



redefining / standards



Policy Number(s)

<input type="text"/>	—	<input type="text"/>
<input type="text"/>	—	<input type="text"/>
<input type="text"/>	—	<input type="text"/>

Policy Replacement Notification form

Read and study carefully. Make sure that the Advisor/Financial Executive has completed with you all the information on this form before signing. **Please do not leave any space blank.**

Details

Proposed Insured (Last Name, First Name, Middle Initial)

Phone No.

Cellphone No.

Email

Name of Owner (if other than the Proposed Insured)

Phone No.

Cellphone No.

Email

Existing Policies to be Replaced

Company Name (as it appears on the Policy):

Insured's Name (as it appears on the Policy):

Owner's Name (as it appears on the Policy):

Policy No./s being replaced:

Indicate reason/s for replacement of these policies:

Declarations and Agreement

I declare that I have read and discussed the relevant item(s) of this Form with the Advisor/Financial Executive. I understand and accept the financial repercussions and other possible implications of replacing my existing insurance policies as explained to me by the Advisor/Financial Executive. I declare that I have been informed of the following possible disadvantages of replacing my existing policy/ies:

- I may not be insurable on standard terms any more.
- I may have to pay a higher premium in view of the higher age.
- I may lose financial benefits accumulated over the years in my existing policies.
- I will incur new charges (as may be applicable) for my new application or policy.

I fully understand that by signing this replacement form, I have waived all my rights in the replaced policy/ies. This Policy Replacement Notification Form confirms and supplements, or amends, as may be applicable, my earlier declaration in the insurance application form regarding my existing policy/ies.

IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM

Signed at _____ this _____ day of _____.

Signature of Applicant/PolicyOwner

DECLARATION BY THE ADVISOR/FINANCIAL EXECUTIVE I declare that I have fully explained the possible implications of replacing an existing life insurance policy to the Applicant. I also declare that I did not give any inaccurate or misleading statement other than what is written above.

Signature of Advisor/Financial Executive

FOR OFFICE USE ONLY

Date Received: _____

Time Received: _____

Receiving

Dept./Office: _____

FOR DISTRIBUTOR'S USE ONLY

FE/Advisor's code:

FE/Advisor's name:

FE/Advisor's mobile number:

Reminder:

It can be disadvantageous to REPLACE an existing life insurance policy with a new one. It is expected that you have already consulted your present insurer before making this decision to replace your existing policy or policies.