



# Policy Replacement Notification form

Policy Number(s)

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

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.*