1ST LIFE
First Guarantee Life Assurance Company, Inc.
First Life Center 174 Salcedo Street, Legaspi Village, Makati City, 1229 Philippines
Tel. No. (632) 893-3024 Fax No. (632) 816-4707 Web: www.firstlife.com.ph

REQUEST FOR AMENDMENT OF POLICY

Life Insured:_____ Policy Number/s _____

Please effect the following change/s in my policy:

PRESENT FORM	AMENDMENT/S

You are hereby authorized to correct or complete this request for change of the policy, and I agree that if the policy is changed in accordance with such request, my acceptance of the endorsement letter and/or delivered policy so amended and/or so reissued will be in conformity and ratification of any correction in and/or addition to this request for change made by the company in the policy I hereby further agree to pay whatever fees may be due under the premises.

Signed at _____ on _____.

_____
Witness
(Signature over Printed Name)

x _____
Policyowner
(Signature over Printed Name)

_____
Witness
(Signature over Printed Name)

x _____
Irrevocable Beneficiary
(Signature over Printed Name)

_____
Witness
(Signature over Printed Name)

x _____
Irrevocable Beneficiary
(Signature over Printed Name)