ENDORSEMENT REQUEST FORM

Jubilee LIFE INSURANCE

IMPORTANT INSTRUCTIONS FOR FORM COMPLETION

1. Complete the form in all respects, answer all questions with a single pen.
2. Write in Bold Legible Script within the space provided for each option.
3. If an option is not selected, please neatly write "Not Applicable".
4. Do not overwrite, mutilate, scribble, cancel or delete and do not use abbreviation, dots, crosses and dashes.
5. Use original form and sign as per signatures you affixed on proposal form, with date.
6. To know your policy status text **JUBILEELIFE <space> PSD <space> Policy No.** from your registered Mobile No. and send it to **8398**

I, _____, Owner of the Policy Number: _____

bearing CNIC Number : _____, request for the following specified Service(s) / Alternation(s) / Change(s) in my Policy.

☐ **1: Indexation / No Indexation / Partial Indexation**

☐ Full Indexation ☐ No Indexation ☐ Partial Indexation_____ %

(Please remit all due premiums. Kindly submit **Declaration of Health, Occupation & Avocation** in case the Policy is Lapsed/ under Non forfeiture.)

☐ **2: Change / Alteration in Policy Benefits & Values and / or Premium**

Benefits	Previous Value	Changed Value
Basic Premium		
Total Premium		
Premium Payment Mode	From :	To :

☐ **3: Change in Nomination / Guardian**

(a) Primary Beneficiary (ies)/ Nominee(s) Designated

Names	Date of Birth	Relationship to Life Assured	CNIC Number	Share %

(b) Secondary Beneficiary (ies)/ Nominee(s) Designated

Name(s)	Date of Birth	Relationship to Life Assured	CNIC Number	Share %

(c) Guardian Designated

Name(s)	Date of Birth	Relationship with Nominee	CNIC Number	Share %

☐ **4: Change in Account Number /Credit Card Number**

Credit Card Expiry Date | D | D | M | M | Y | Y |

☐ **5: Change in Correspondence Address/E-Mail/Contact Number(s)**

_____

_____

Specify us through which medium would you like to recieve letters / Statements of your Policy?

☐ Postal ☐ Email

☐ **6: Others**

_____

Dated: This _____ day of _____ in the year _____.

_____
Signature of Life Assured / Signature of Policyowner

_____
Signature of Witness with Name & Contact Number

Contact Number of Policyowner: _____

_____
Signature of Guardian Designated
(in case option 3(c) is selected)

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