

Application for Alteration to Policy

Policy Details	
Policy Number:	
Insurance Company:	
Person Insured(s) Name:	
Policy Owner(s) Name:	

Alteration Details			
Please indicate what you would like to do by placing a ✓ in the appropriate box			
	Increase Amount of Cover		Change CPI/Indexation
	Reduce Amount of Cover		Cancel Cover

	Existing Details	New Details
CPI/Indexation Option		
Premium Method		
Premium Frequency		
Life Cover		
Trauma Cover		
Disability Cover		
Income Cover		
Other		
Other		

Signed by Policy Owner(s)		
1 st Policy Owner Name	Signature	Date
2 nd Policy Owner Name	Signature	Date
3 rd Policy Owner Name	Signature	Date