

ALTERATION ADVICE

Policy number _____ **Please attach this form to appropriate support documentation**

Life Insured Surname _____ First name/s _____

Surname _____ First name/s _____

Policy Owner(s) Surname _____ First name/s _____

Surname _____ First name/s _____

I/We request that the policy be altered as follows (please tick which action is required)

| <input checked="" type="checkbox"/> | Benefit... | Change from... | to... |
|--|------------|----------------|-------|
| Increase/ Addition <input type="checkbox"/> | | | |
| | | | |
| | | | |
| | | | |
| Decrease <input type="checkbox"/> | | | |
| | | | |
| | | | |
| | | | |
| Other <input type="checkbox"/> | | | |
| | | | |
| | | | |
| | | | |

With effect from _____ / ____ / _____ New Total Premium \$ _____

Payable Monthly Half yearly Annual or Other

Paying by Direct Debit Existing New (attached)

I understand and agree that ...

- this application, together with the Proposal shall be the basis of the contract for the altered insurance.
- any endorsement, and/or terms and conditions on the current policy benefits will also apply to any change in those benefits unless advised otherwise by Fidelity Life Assurance Company Limited.

Life Assured signature(s) _____

Policy Owner signature(s) _____

Date ____ / ____ / ____