

TATIL
 *TATIL LIFE ASSURANCE LIMITED
 11A, Maraval Road,
 Port of Spain,
 Trinidad and Tobago, W.I.
 P.O. Box 1004
 Tel: (868)628-2845 or (868)622-5351/18
 Fax: (868)622-9339 or (868)628-0035
 Web Site: www.tatil.co.tt
 E-Mail: info@tatil.co.tt



REQUEST FOR POLICY CHANGE

I hereby request and authorize **Tatil Life Assurance Limited** to amend the above policy as follows:-

POLICY NO.	POLICYOWNER	LIFE INSURED

PLAN _____ SUM INSURED \$ _____ Par Non-Par

BENEFITS/RIDERS _____ Premium Frequency _____

Premium \$ _____

BENEFICIARY _____

TRUSTEE _____

DETAILS OF BENEFICIARIES AND TRUSTEES

FULL NAME	DATE OF BIRTH	ADDRESS

I hereby agree that this Request for Policy Change shall form part of the contract and shall be equally binding as the original application for the above-mentioned policy. I also agree that this change is subject to the provisions of the policy (as amended from time to time), and shall be effective from the date stated in the endorsement, if any, or the date signed by the Policy Registrar

Dated at _____ this _____ day of _____ 20_____

 Signature of Policy Owner

 Signature of Witness

 Signature of Beneficiary/Trustee

 Signature of Witness

 Signature & Stamp of Assignee

 Signature of Witness

RECEIVED AND REGISTERED BY TATIL LIFE ASSURANCE LIMITED

 Date

 Policy Registrar