

ASKARI LIFE ASSURANCE CO. LTD. POLICY ALTERATION FORM



Policy Number: _____ Date: _____

Name of Applicant: _____

CNIC Number: _____ Contact Number: _____ Email: _____

1. CHANGE/ALTERATION IN POLICY BENEFITS & VALUES AND/OR PREMIUM

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

2. CHANGE IN BENEFICIARY/GUARDIAN NAME AND PERCENTAGE

S. No.	Name of Beneficiary	D.O.B	Relationship	Percentage	Guardian (In case beneficiary is less than 18 years)
1					
2					
3					
4					

3. CHANGE IN MAILING ADDRESS/CORRESPONDENCE NUMBER/EMAIL

4. CHANGE IN ACCOUNT NUMBER

5. OTHERS

6. CHANGE OF FUNDS

Complete this section if you would like to direct premiums to a new portfolio or Fund.

Name of Current Fund _____

Name the Fund to which you want to Switch _____

DECLARATION:

I have understood the meaning and scope of the change request form and take complete responsibility of the changes submitted by me. I accept the fact that any changes in the policy /personal details are subject to the policy terms and conditions and the relevant underwriting guidelines. I do hereby declare that the foregoing statements and answers are true and complete in every particular, and agree and declare that these statements and this declaration along with my proposal for insurance shall be the basis of the contract of policy between me and Askari Life Assurance Company Ltd, and that if any untrue averment be contained therein, the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof, shall stand forfeited to the Askari Life Assurance Company limited.

Dated; This _____ day _____ of _____ in the year _____

Signature of Applicant

Signature of Witness