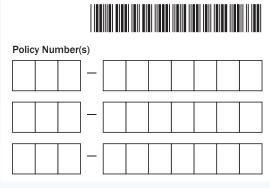


Policy Replacement Notification form



Read and study carefully. Make sure that the Advisor/Financial Executive has completed with you all the information on this form before signing. **Please do not leave any space blank.**

roposed Insured (Last Nam		
Phone No.	Cellphone No.	Email
Name of Owner (if other tha	n the Proposed Insured)	
Phone No.	Cellphone No.	Email
Existing Policies to b	e Replaced	
Existing Policies to b Company Name (as it appea	ars on the Policy):	
Company Name (as it appea	ars on the Policy):	
Company Name (as it appea	ars on the Policy):	
Company Name (as it appea	ars on the Policy):	
Company Name (as it appea	ars on the Policy):	
Company Name (as it appea	ars on the Policy): ars on the Policy): s on the Policy):	

Declarations and Agreement

I declare that I have read and discussed the relevant item(s) of this Form with the Advisor/Financial Executive. I understand and accept the financial repercussions and other possible implications of replacing my existing insurance policies as explained to me by the Advisor/Financial Executive. I declare that I have been informed of the following possible disadvantages of replacing my existing policy/ies:

- I may not be insurable on standard terms any more.
- I may have to pay a higher premium in view of the higher age.
- I may lose financial benefits accumulated over the years in my existing policies.
- I will incur new charges (as may be applicable) for my new application or policy.

I fully understand that by signing this replacement form, I have waived all my rights in the replaced policy/ies. This Policy Replacement Notification Form confirms and supplements, or amends, as may be applicable, my earlier declaration in the insurance application form regarding my existing policy/ies.

Signed at	thisday of
Signature of Applicant/PolicyOwne	r
	CIAL EXECUTIVE I declare that I have fully explained the possible implications plicy to the Applicant. I also declare that I did not give any inaccurate or
misleading statement other than what	, , ,
Signature of Advisor/Financial Exe	cutive

Date Received: _	
Time Received: _	
Receiving	
Dept./Office:	

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FE/Advisor's code:

FE/Advisor's name:

FE/Advisor's mobile number:

Reminder:

It can be disadvantageous to REPLACE an existing life insurance policy with a new one. It is expected that you have already consulted your present insurer before making this decision to replace your existing policy or policies.

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