ENDORSEMENT FORM

IMPORTANT INSTRUCTIONS FOR FORM COMPLETION

Please ensure that all questions are properly and completely answered. Please tick within the relevant boxes. Leave the remaining boxes unmarked. Kindly use a single pen to complete and sign the form. Please write in real legible script. Do not use abbreviation, dots, crosses and dashes. Any alteration, overwriting, mutilation, cancellation, deletion in answers must be endorsed under full signatures. Please sign as per signature affixed on proposal form. Only original forms should be filled out and completed. Do not use photocopied forms.

I, _____, Owner of the Policy No: _____ , bearing NIC No,_____, resident of_____, request for the following specified Service(s) / Alteration(s) / Change(s) in my Policy. If required, I am prepared to complete documents / requirements as asked of me by TPL Life Insurance Limited or as required by the terms & conditions of my Policy.

☐ **A: Indexation / No Indexation / Partial Indexation** (Tick the outer box if this service is required)

☐ Full Indexation ☐ No Indexation ☐ Partial Indexation_____%

(Please remit all due premiums. kindly submit **Declaration of Health, Occupation & Avocation** in case the policy is laspsed / under Non forfeiture)

☐ **B: Changes / Alteration in Policy Benefits & Values and / or Premium** (Tick the outer box if this service is required)

Benefits	Previous Value	Changed Value
Basic Premium		
Total Premium		
Premium Payment Mode	**From:**	**To:**

(Kindly note that changes in Policy Benefits & Values and / or in Premium can only be made at Policy Anniversaries. Please remit all due Premiums. Kindly submit Declaration of Health, Occupation & Avocation in case the policy is lapsed /under Non forfeiture or if Sum Assured is being enhance or Premium is being reduced or if Premium Payment mode is being changed. Please do also submit revised Illustration.)

☐ **C: Change in Nomination / Guardian** (Tick the outer box if this service is required)

Please complete & attach Endorsement for Nomination / Guardian Designation Form. Kindly note that to make changes in Nomination / Guardian your policy must be inforce with all due premiums paid. The Policy must also not have been assigned to someone else.

☐ **D: Change in Correspondence Address / Telephone Numbers** (Tick the outer box if this service is required)

☐ **E: E-mail Address as Preferred Mode of Correspondence** (Tick the outer box and give your email address if this is your preferred mode of Correspondence)

☐ **F: Policy Assignment (Transfer) / Reassignment (Retransfer)** (Tick the outer box if this service is required)

☐ Policy Assignment in favor of Bank / financial Institution / Other _____

☐ Policy Assignment in favor of [Policyowner] _____

(Please complete & attach Endorsement for Assignment / Reassignment Form. (Kindly note that Policy Assignment / Reassignment can only be affected if Policy is in-force with all due premiums paid.)

Dated: This_____ day of _____ in the year_____

_____ _____

Signature of Life assured / Signature of Policy Owner | Signature of witness with Name & CNIC Number

TPL Life Insurance Limited (Formerly AsiaCare Health & Life Insurance Company Limited)

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