



# POLICY CHANGE

I, \_\_\_\_\_ owner of policy number \_\_\_\_\_ issued by UL Mutual, request the following modifications.

### 1. SUPPLEMENTARY BENEFITS ADDITION (WP-WPLE, ADD, ETC.)

A completed insurability declaration must be joined to this request.  
Please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. SUM INSURED DECREASE, BENEFIT CANCELLATION

Please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. OTHER

- MULTICONTRACTS (if adding other policies) \_\_\_\_\_
- AGE CORRECTION \_\_\_\_\_
- PAYMENT FREQUENCY (IF MONTHLY, JOIN SPECIMEN CHEQUE AND INDICATE DAY OF WITHDRAWAL, FROM 1ST TO 28 INCLUDED) \_\_\_\_\_

### 4. ADDITIONAL DETAILS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is agreed that any modification request requiring evidence of insurability cannot take effect until all the following conditions are satisfied: any amount required has been fully paid; Head Office has approved the modification while all lives insured are alive, and to the best of my knowledge, all the declarations and the answers given in the proposal are still true and complete at the delivery date of the modified policy. Any modification not requiring evidence of insurability takes effect at the date of this request unless a later date is precisely indicated and further provided that the modification is allowed by the policy or is granted by the Company under the terms and conditions of the policy. The policy without modification continues to be in force, subject to its terms and conditions, until the effective date of the modification requested. This request and any evidence of insurability required by the Company constitute the application for modification of the policy and form an integral part of the policy.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE OF AN AUTHORIZED REPRESENTATIVE

X \_\_\_\_\_  
POLICY OWNER SIGNATURE

X \_\_\_\_\_  
SIGNATURE OF AN AUTHORIZED REPRESENTATIVE

X \_\_\_\_\_  
LIFE INSURED SIGNATURE

X \_\_\_\_\_  
SIGNATURE OF AN AUTHORIZED REPRESENTATIVE

X \_\_\_\_\_  
SPOUSE SIGNATURE (IF FAMILY POLICY)

X \_\_\_\_\_  
IRREVOCABLE BENEFICIARY SIGNATURE\*

\* If the designated beneficiary on this policy is irrevocable, the signature is required in order to proceed with this policy change