

## POLICY UPDATE FORM

**BRANCH:** **HEAD OFFICE**

**Name:**

**Policy Number (s):**

**Address:**

**Phone Number:**

### CHANGE IN PREMIUM & DEDUCTION DETAILS (KINDLY BE ADVISED TO CHANGE MY PREMIUM DETAILS AS OUTLINED BELOW)

**Current Premium:** GHS  **New Premium:** GHS  **AIM Details:** 5%  10%  15%  20%  30%  40%

Corporate Institutions	Bank
<i>Name of Employer:</i> <input type="text"/>	<i>Bank Name:</i> <input type="text"/>
<i>Employer Address:</i> <input type="text"/>	<i>Branch Name:</i> <input type="text"/>
<i>Staff Number:</i> <input type="text"/>	<i>Account Number:</i> <input type="text"/>

### CHANGE IN BENEFICIARY DETAILS

Add/ Delete	Surname	First Names	Date of Birth	Relationship to Member	% Share
A D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### CHANGE IN SIGNATURE (PLEASE PROVIDE A PAYSリップ, BANK STATEMENT OR PREMIUM RECEIPT)

**Old Signature:**

**New Signature:**

### CHANGE IN NAME (PLEASE PROVIDE AN AFFIDAVIT, GAZETTE OR MARRIAGE CERTIFICATE)

**Previous Name:**

**Current Name:**

### CHANGE IN ADDRESS

**Postal Address:**

**Email Address:**

### CHANGE IN TELEPHONE NUMBER

**Telephone Number:**

**Signature:**

**Date:**

(dd/mm/yy)

### FOR OFFICE USE ONLY

**Attending Officer:**  Name & Signature **Date Received:**

**Agent Name & Code:**

**AM/BM/ZM to sign off:**  Name & Signature

### UNDERWRITING/PREMIUM ADMIN:

**Date Received:**

**Processed by:**  Name & Signature

**Comments:**

**Date:**

(dd/mm/yy)