ESURITY
Life Solutions

Policy Amendment Form

Please carefully note:

1. Ensure that all policy and life insured details are fully completed in every instance.
2. Complete all relevant sections as listed below.
3. To update a beneficiary, spouse, and/or children on the original policy, fill in the attached Nomination Section.
4. Any details captured will be used to update current existing information

Section 1: Policy holder information

Section 2: Adding / removing / updating Dependents' information

Section 3: Updating Nominated Beneficiary information

Section 4: Changing / updating payment method

Section 1: Policy Information

Policy holder _____

Policy number _____

ID/Passport Number | | | | | | | | | | | | | |

Tel: | | | | | | | | | | Cell: | | | | | | | | | |

Address _____ Postal Code _____

Email (optional) _____

Section 2: Adding / removing / updating Dependents' information *(+ Add/ - Remove)*

Name & Surname	Relationship	ID/Passport Number	+	-	Update

ESURITY
Life Solutions

Section 3: Updating Nominated Beneficiary information

Name & Surname	Relationship	ID/Passport Number	Contact details

Section 4: Changing / updating payment method (the STOP ORDER section needs to be completed along with this section)

Current payment method _____

New payment method _____

If PERSAL, please give PERSAL number