

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.

resident of request for the following specified Service(s) / Alteration(s) / complete documents / requirements as asked of me by TPL or as required by the terms & conditions of my Policy. A: Indexation / No Indexation / Partial Indexation (Tick the Full Indexation No Indexation No Indexation Policy Benefits & Values and B: Changes / Alteration in Policy Benefits & Values and Benefits	Life Insurance Ltd (Form the outer box if this service is require Partial Indexation	red) % he policy is laspsed / under Non forfeiture)
complete documents / requirements as asked of me by TPL or as required by the terms & conditions of my Policy. A: Indexation / No Indexation / Partial Indexation (Tick the Full Indexation No Indexation Policy (Please remit all due premiums. kindly submit Declaration of Health, O B: Changes / Alteration in Policy Benefits & Values and	Life Insurance Ltd (Form the outer box if this service is require Partial Indexation Cocupation & Avocation in case the country of the outer by I or Premium (Tick the outer by)	red) he policy is laspsed / under Non forfeiture) box if this service is required)
Full Indexation No Indexation (Please remit all due premiums. kindly submit Declaration of Health, O B: Changes / Alteration in Policy Benefits & Values and	Partial Indexation ccupation & Avocation in case the content of the conten	he policy is laspsed / under Non forfeiture) box if this service is required)
(Please remit all due premiums. kindly submit Declaration of Health, O B: Changes / Alteration in Policy Benefits & Values and	/ or Premium (Tick the outer I	he policy is laspsed / under Non forfeiture) box if this service is required)
Benefits	Previous Value	Changed Value
Basic Premium		
Total Premium		
Kindly submit Declaration of Health, Occupation & Avocation in case the portion of Premium is being reduced or if Premium Payment mode is being changed. C: Change in Nomination / Guardian (Tick the outer box if the content of the	Please do also submit revised Illunis service is required)	ustration.)
Please complete & attach Endorsement for Nomination / Guardian Design policy must be inforce with all due premiums paid. The Policy must also no		
D: Change in Correspondence Address / Telephone Nur	mbers (Tick the outer box if this	service is required)
E: E-mail Address as Preferred Mode of Correspondence	(Tick the outer box and give you mode of Correspondence)	our email address if this is your preferred
F: Policy Assignment (Transfer) / Reassignment (Retran	nsfer) (Tick the outer box if this s	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 Policy is in-force with all due premiums paid.)	t Form. (Kindly note that Policy Assig	 nment / Reassignment can only be affected if
ated: This day of	in the year	

TPL Life Insurance Ltd (Formerly Dar Es Salaam Textile Mills Ltd)

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