

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.

	, Owner of the Policy No:	, bearing NIC No,,	
resident of	h - f-lli	hanna (a) in man Dalian If man	·
complete doc	he following specified Service(s) / Alteration(s) / Couments / requirements as asked of me by TPL Li ed by the terms & conditions of my Policy.		
(A:	Indexation / No Indexation / Partial Indexation (Tick the o	outer box if this service is required)	
(Ple	Full Indexation No Indexation Par ease remit all due premiums. kindly submit Declaration of Health, Occu	tial Indexation	laspsed / under Non forfeiture)
B:	Changes / Alteration in Policy Benefits & Values and / o	r Premium (Tick the outer box if this se	ervice is required)
Bene	efits	Previous Value	Changed Value
	ic Premium I Premium		
	nium Payment Mode	From:	То:
C:	um is being reduced or if Premium Payment mode is being changed. Ple Change in Nomination / Guardian (Tick the outer box if this accomplete & attach Endorsement for Nomination / Guardian Designation)	service is required)	s in Nomination / Guardian your
	must be inforce with all due premiums paid. The Policy must also not ha	,	s iii Nomination / Guardian you
D:	Change in Correspondence Address / Telephone Numb	ers (Tick the outer box if this service is re	quired)
E:	E-mail Address as Preferred Mode of Correspondence	(Tick the outer box and give your email as mode of Correspondence)	ddress if this is your preferred
F:	Policy Assignment (Transfer) / Reassignment (Retransfe	er) (Tick the outer box if this service is re	quired)
	Policy Assignment in favor of Bank / financial Institution / Other		
	Policy Assignment in favor of [Policyowner]		
_	(Please complete & attach Endorsement for Assignment / Reassignment For Policy is in-force with all due premiums paid.)	orm. (Kindly note that Policy Assignment / Rea	ssignment can only be affected if
Dated: This	day of	in the year	

TPL Life Insurance Ltd

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