

CHANGE OF CLIENT ROLE

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Policy number(s)

With effect from , the Policy has changed as detailed below:

Other instructions

Reason for endorsement

Comment

By signing below, I confirm that all information provided above truly, accurately and completely reflects an instruction given by the Policyholder(s). Further, I undertake to inform the Insurer without delay, if circumstances relating to information change or the given instruction is modified by the Policyholder(s).

SIGNATURE

Policyholder 1

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

Policyholder 2

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

A WEALTH *of* DIFFERENCE

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