

Request for Change of Name/Signature
(DELETE AS NECESSARY)

I HEREBY CERTIFY: That I reside at _____

and my current mailing address is _____ Tel: _____

that I am the person described as _____ ID#. _____

in Policy #. _____ issued by CFCLife Assurance Limited

That on the day of _____ 20 _____

I changed my Name / Signature by:-

() MARRIAGE () WITH TIME

() COURT ORDER

() DIVORCE AND RESUMPTION OF FORMER NAME

TO _____

and request the said Company to record such fact in their records.

My present occupation is _____

Executed this _____ day of _____

Present Signature

Former Signature

Witness

FOR OFFICIAL USE

This is to certify that copy of this REQUEST FOR CHANGE OF NAME / SIGNATURE is filed on record with CFCLife Assurance Limited

Dated this _____ day of _____ 20 _____

REGISTRAR