CFC Life Assurance Ltd.
Mamlaka Road
P. O. Box 30364 - 00100 Nairobi, Kenya
Telephone: (254 - 20) 2866000
Fax: (254 - 20) 2718365
Email: csc@cfclife.co.ke
Website: http://www. cfclife-kenya.com

Request for Policy Change

THE UNDERSIGNED owner of Policy No. ..... on the life of .....hereby requests CFC Life Assurance Ltd. to issue, in place thereof, a new Policy or an endorsement of the said original Policy, such change to be effective as of .....and to provide as follows Amount of Insurance .....with premiums payable every ..... months. Plan of Insurance .....( ) Participating ( ) non-Participating

Supplementary Contract for Additional Benefits:

( ) Waiver of Premium (WP) ( ) Accidental Death Benefit (ADB)
( ) Accidental Death, Dismemberment and Weekly Indemnity (AI)
( ) Accidental Death and Dismemberment (AX)
( ) Other - Specify

Special Request:

I have paid .....with this Application. Telephone No:.....Email Address.....

For Office Endorsement Only

And I (we) the undersigned, being all persons having interest in the said original policy, do hereby covenant and agree that this request, together with any amendment, supplement and statements contained in the application for the said original policy, or in any other papers submitted to the Company in support of this request, is hereby made the basis of issue of the new policy or endorsement hereby requested; that the acceptance by the undersigned Policy owner or assignee, as the case may be, of any policy or endorsement issued on this request shall be ratification of any correction in or addition to this request made in the space provided for Office Endorsements; and that in consideration of such issue or endorsement I (we) do hereby forever release and discharge the said Company from any and all liability, claim or demand under the said original Policy accepting in lieu thereof the new policy, or the original policy as endorsed, as the case may be.

Dated at ..... this ..... day of .....

ID Number of Policy Owner ....
Signature of Policy Owner

ID Number of New Owner ....
Signature of Beneficiary/New Owner
Telephone No. .....

Witness ....
Signature of Assignee

Form No. PS - 29 - 5/05