
IRREVOCABLE FORM

Re : Policy No./S _____

Life Insured _____

This is to confirm that I have been fully informed and that I fully understand that in revoking my right to change the beneficiary/ies under the above numbered policy/ies, I cannot exercise any of the options under the policy/ies such as drawing loans, surrendering the policy for cash, taking paid-up policy, changing the plan, changing the face amount, adding and deleting benefits, changing the method of applying the dividends, etc. without the consent of the beneficiary/ies named.

I also understand that while my beneficiary/ies is/are minor/s no changes or transactions can be effected without the consent of his/her/their guardian/s duly appointed by court and that a court order specifically authorizing such guardian/s to act in behalf of the minor/s in the particular transaction is required.

Dated at _____ on the _____ day of _____ 20 ____

Witness : _____
Soliciting Agent_____
Signature of the Life InsuredWitness : _____
Soliciting Agent_____
Signature of the owner if other
than the life insured