

1. General Information	Name of Life Insured (Last, First, MI)	Place of birth	Citizenship
	Name of Policy Owner, if different from Life Insured, (Last, First, MI)	Place of birth	Citizenship
	Mailing Address	Policy Number	
	Address Abroad (If applicable)	Email Address	
	Telephone No.	Telephone No. Abroad (if applicable)	Mobile No.
			TIN
2. Transfer details			
<p>Effective _____ the undersigned agent is assigned to service the subject policy/ies due to one of the following reasons:</p> <p>Currency:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The former servicing agent _____ is no longer connected with the company. <input type="checkbox"/> The client transferred residence. <input type="checkbox"/> A written request to transfer servicing was received from client. <i>A copy of the client's request should be attached to this form.</i> <ul style="list-style-type: none"> <input type="checkbox"/> Agent is client's relative <input type="checkbox"/> Agent is client's friend <input type="checkbox"/> Client has complaints: _____ <input type="checkbox"/> Other reason that may be stated by the client in his/her written request <input type="checkbox"/> Others _____ 			
3. Signatures			
	Date signed	Place signed	
	Name and signature of Regional Branch Manager		
	Name and signature of newly assigned agent	Agent's Code	
For transfer of servicing Conforme:			
	Date signed	Place signed	
	Name and signature of Regional Branch Manager		
	Name and signature of former servicing agent	Agent's Code	
4. Acknowledgment			
This is to acknowledge the personal visit of Sales Associate _____ with code number _____ to service/reinstate my/our policy/ies stated above.			
	Date of visit	Place signed	
	Name and signature of Policy Owner if different from the Insured		