

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

Effective _____ **the undersigned agent is assigned to service the subject policy/ies due to one of the following reasons:**

Currency:

- The former servicing agent _____ is no longer connected with the company.
- The client transferred residence.
- A written request to transfer servicing was received from client. *A copy of the client's request should be attached to this form.*
 - Agent is client's relative
 - Agent is client's friend
 - Client has complaints: _____
- Other reason that may be stated by the client in his/her written request
- 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	