

**ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.**

Col Bonny Serrano Road cor E. Delos Santos Avenue, Quezon City
Contact Nos. (02) 822-MBAI(6224) Website: www.afpmbai.com.ph

REQUEST FOR AMENDMENT OF INSURANCE POLICY

1. POLICY NUMBER	:		
2. POLICY PLAN	:		
3. EFFECTIVE DATE	:		
4. ISSUE AGE/DATE OF BIRTH	:		
5. FACE AMOUNT	:		
6. MONTHLY PREMIUM	:		
7. BENEFICIARY/IES (State all names, relationship and date of birth of beneficiary/ies to be designated as NEW or as ADDITIONAL. Unless otherwise specified, the listed beneficiary/ies is/are considered NEW) Please print.			
8. SIGNATURE	:	OLD:	NEW:
9. OTHERS	:		

This Request for Amendment of Insurance Policy shall form an integral part of the original insurance application and any amendment, or reissuance thereof. I fully understand the repercussions, and effects of this amendment. I am voluntarily, out of my freewill, and upon my instructions cause the amendment of my insurance policy and its contents. I hereby consent, authorize, and ratify any correction, change, or modification made by the AFPMBAI personnel/representative on this document.

Done in _____ this _____ day of _____ 20 _____.

NAME AND SIGNATURE OF IRREVOCABLE BENEFICIARIES

_____	_____
_____	_____
_____	_____

PRIVACY NOTICE as per REPUBLIC ACT NO. 10173

AFPMBAI upholds an individual's data privacy rights and observes that all personal information, sensitive personal information and privileged information collected and to be collected are processed or recorded, managed, organized, stored, updated, retrieved, consolidated, used, blocked, and erased according to the Data Privacy Act of 2012 (RA 10173), its Implementing Rules and Regulations (IRR), and various Circulars under the principles of transparency, legitimate purpose, and proportionality.

I hereby give my consent to the processing, sharing, and/or transferring of my personal data relating to my account/s, without notice, to AFPMBAI, its service providers and entities or third parties having authority or right to such disclosure of information as in the case of regulatory agencies, governmental or otherwise, which have required such disclosure from AFPMBAI, also to enable AFPMBAI to service my account/s, to provide all existing features and future enhancements thereto, and to avail other AFPMBAI products, services, facilities and channels as the AFPMBAI deems necessary. I agree to hold AFPMBAI, its affiliates, subsidiaries and third party service providers free and harmless from any liability arising from or in connection with the consent herein given.

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SIGNATURE OVER PRINTED NAME		
RANK	SN	BOS
UNIT ASSIGNMENT		
HOME ADDRESS		
PhilSys No. (PSN)		