



Application Form For PHS Services

Dear Sir,

Policy No: _____ on the life of _____

Kindly refer to item No. (s) _____ below and take necessary action:

1. Intimate Premium Payment Position.
2. Grant Maximum Loan available.
3. Quote reinstatement requirements (Simple).
4. Quote reinstatement requirements (Redating Plan).
5. Convert Policy into Paid up.
6. Pay Cash surrender Value of the Policy.
7. Please Change table to _____ and term to _____ years.
8. Change mode of Premium Payment to _____
9. Assignment/Re-assignment of the Policy may be registered.
10. Increase/Decrease the sum insured.
11. Address may be changed as under:

12. Pay 1st/Second Survival Benefit due on _____
13. Transfer my policy record from _____ to _____
14. Any other matter/services _____

Date: _____

Yours Faithfully

Signature: _____

Name: _____

Address: _____

Contact No. _____