

APPLICATION FOR AMENDMENT OF PLAN CONTRACT

PLAN NO. / GROUP NO.:	PLANHOLDER'S NAME / COMPANY NAME (Please print)	NATIONALITY:	OR NUMBER OR DATE:	OR AMOUNT:
PHONE NUMBER: AREA CODE () -	MOBILE NUMBER:	E-MAIL ADDRESS	<input type="checkbox"/> Photocopy of 2 valid IDs bearing photo and signature <input type="checkbox"/> Processing Fee of P 300.00 (Non-Refundable)	

REQUEST	PARTICULARS																
<input type="checkbox"/> CHANGE NAME / DATE OF BIRTH <input type="checkbox"/> CHANGE <input type="checkbox"/> CORRECTION Note: ✓ If change of name is due to mere corrections, attach birth certificate ✓ If change in name, attach marriage contract or copy of other legal documents	NEW NAME _____ FORMER NAME _____ DATE OF BIRTH (MM/DD/YYYY) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Reason: <input type="checkbox"/> Married to _____ on (DATE) _____ <input type="checkbox"/> Others: _____																
<input type="checkbox"/> CHANGE OF NATIONALITY	FROM: _____ TO: _____																
<input type="checkbox"/> CHANGE MODE OF PAYMENT	<table border="1"> <thead> <tr> <th>CURRENT MODE OF PAYMENT</th> <th>NEW MODE OF PAYMENT</th> </tr> </thead> <tbody> <tr> <td>Mode of Payment: _____</td> <td>Mode of Payment: _____</td> </tr> <tr> <td>Installment Amount: _____</td> <td>Installment Amount: _____</td> </tr> </tbody> </table>	CURRENT MODE OF PAYMENT	NEW MODE OF PAYMENT	Mode of Payment: _____	Mode of Payment: _____	Installment Amount: _____	Installment Amount: _____										
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<input type="checkbox"/> CHANGE / ADD BENEFICIARY <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION Note: ✓ ¹ All listed Primary Beneficiaries shall get equal share of benefits unless otherwise specified. ✓ ² Any payment made to the Guardian of any amount payable to the beneficiary while such beneficiary/ies is/are still below age 18 shall discharge the Company from any further liability under the plan contract.	<table border="1"> <thead> <tr> <th>BENEFICIARY</th> <th>NAME</th> <th>AGE</th> <th>RELATIONSHIP TO PLANHOLDER</th> </tr> </thead> <tbody> <tr> <td>¹PRIMARY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SECONDARY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>²GUARDIAN TO MINOR BENEFICIARY/IES</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	BENEFICIARY	NAME	AGE	RELATIONSHIP TO PLANHOLDER	¹ PRIMARY				SECONDARY				² GUARDIAN TO MINOR BENEFICIARY/IES			
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<input type="checkbox"/> CHANGE OF NOMINEE DESIGNATION (FOR EDUCATION PLAN ONLY) Additional Requirement: ✓ Nominee's Birth Certificate	NEW NOMINEE: _____ DATE OF BIRTH: _____ GRADE/YEAR : _____ RELATIONSHIP TO PLANHOLDER _____ MM/DD/YYYY																
<input type="checkbox"/> REPLACEMENT OF LOST CONTRACT <input type="checkbox"/> REPLACEMENT/RE-ISSUANCE OF CERTIFICATE OF FULL PAYMENT	Requirement submitted: <input type="checkbox"/> Affidavit of Loss <input type="checkbox"/> Request for CFP re-issue – Non Receipt																
<input type="checkbox"/> OTHERS (Please specify) : _____ ✓ Other documents shall be required depending on the type of change request specified.																	

FOR GROUP BUSINESS ONLY

<input type="checkbox"/> TRANSFER / CHANGE OF PARTICIPANTS: Requirements: ✓ Pay P 100.00 per plan. ✓ Attach Transfer/Change Participants Form ✓ Surrender original Certificate of Participation ✓ Surrender Certificate of Fully Payment (if fully paid)	FRANCHISE NO: _____ COMPANY NAME: _____ (Accomplish Transfer/Change of participants Form with complete details of the new participants signed by company authorized signatory)
<input type="checkbox"/> OTHERS CHANGES FOR GROUP CONTRACT: (please specify): ✓ Attach additional sheet/s of paper signed by the company authorized signatory on Official Company Letterhead . ✓ Board Resolution and Secretary's Certificate for conversion of plan from Group to Regular/individual plan. ✓ Other documents shall be required depending on the type of change request specified.	CHANGE : _____ FROM : _____ TO : _____

I/we hereby agree that this application for amendment of Plan Contract shall be effective only upon the approval of PhilPlans First, Inc.

Signed on this _____ day of _____ 20____ at _____.

WITNESS: _____

 SERVICING SALES COUNSELOR (SIGNATURE OVER PRINTED NAME)

SALES COUNSELOR CODE: _____

1. _____
 SIGNATURE OVER PRINTED NAME OF PLANHOLDER

2. _____
 SIGNATURE OVER PRINTED NAME OF PLANHOLDER

FOR HEAD OFFICE USE ONLY	REMARKS:
DATE RECEIVED: _____	APPROVED BY _____ DATE: _____