

EDGARS MI-LIFE UPDATE FORM

APPLICANT'S DETAILS

EDGARS ACCOUNT NUMBER

Full name

Date of commencement

ALTERATION TYPE 1- CLAIMANTS

a) I wish to remove the following claimants

- 1).....
- 2).....
- 3).....

b) I wish to add the following claimants:

Claimants' details

1. Title (Mr, Mrs, Ms, Miss) Full Name

Date of birth Marital Status ID Number

Contact number Email address

Postal or Physical address

2. Title (Mr, Mrs, Ms, Miss) Full Name

Date of birth Marital status ID Number

Contact number Email address

Postal or Physical address

3. Title (Mr, Mrs, Ms, Miss) Full Name

Date of birth Marital status ID Number

Contact number Email address

Postal or Physical address

ALTERATION TYPE 2 – ADDING OF DEPENDANTS

I wish to add the following dependants:

IMMEDIATE FAMILY (Applicant, spouse and biological children below 21years)

Name & Surname	Date of birth DD/MM/YYYY	National Id Number	Relationship	Sex F/M	Specify type and level of Cover e.g. Funeral plus tombstone \$500	For office use(Monthly premium)

EXTENDED FAMILY DETAILS/OTHER DEPENDANTS (including children above 21 years)

Name & Surname	Date of birth DD/MM/YYYY	National Id Number	Relationship	Sex F/M	Specify type and level of Cover e.g. Funeral plus tombstone \$500	For office use(Monthly premium)

ALTERATION TYPE 3 – REMOVAL OF DEPENDANTS

I wish to remove the following dependants from the policy:

Name & Surname	Date of birth DD/MM/YYYY	National Id Number	Relationship	Sex F/M	Specify type and level of Cover e.g. Funeral plus tombstone \$500	For office use(Monthly premium)

I understand that premium(s) on policy will be adjusted. There is 4 months waiting period for immediate family members and 6 months waiting period for extended family members before claims can be made.

Total Premium \$.....

Signature (Applicant).....

Date.....

FOR OFFICIAL USE

New Premium \$.....

Endorsed bySignatureDate.....

Authorised bySignature.....Date.....

underwritten by CBZ Life Limited

