

Premium Decrease Request Form

Guidance Notes:

- · Where regular premiums on a policy are decreased, previous illustrations of benefits (illustrative maturity values) will no longer be applicable.
- · Reduced premiums are expected to continue at the same frequency and by the same payment method as before the decrease.
- No changes to premiums can be made where the policyholder(s) are residents in the United States.
- The premium cannot be decreased below the policy minimum. For more information please refer to the policy terms and conditions that were enclosed in your welcome email.

SECTION 1. POLICY DETAILS

Policy number															
	First Policyholder					Second Policyholder									
Title	Mr		Mr	s	Miss	Ms	[Mr		Mrs		Miss		Ms
	Other								Other						
Surname (as shown on ID/passport)															
First name (as shown on ID/passport)															
Address (please ensure this matches with the proof of address provided)															
Telephone number (Include international country code)															
Mobile number (Include international country code)															
Email address															

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SECTION 2. PREMIUM DETAILS

Premium currency	AUD	GBP	EUR	JPY	USD	
Current regular premium amount						
Future regular premium amount						
Future premium start date						
	First Policyholder/Tru	ustee/Authorised Signa	atory	Sec	cond Policyholder/Trustee/Authorised Signat	ory
Signature						
Date						
	L					

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