

Premium Decrease Request Form

Guidance Note:

- 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	Mrs	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

Section 2. Premium Details

Premium currency	USD	GBP	EUR	JPY	AUD
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Current regular premium amount

Future regular premium amount

Future premium start date

First Policyholder / Trustee / Authorised Signatory

Second Policyholder / Trustee / Authorised Signatory

Signature

Date (DD/MM/YYYY)

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