

REQUEST AMENDMENT OF POLICY

FULL NAME _____ POLICY NO. _____
 TELEPHONE NO. _____ MOBILE NO. _____
 E-MAIL ADDRESS _____

CHANGE/CORRECTION OF NAME

Please change my name as shown on my policy to:

Mr. Mrs. Ms. _____
Last First M.I.

CHANGE OR ADDITIONAL BENEFICIARY/IES

Please change the beneficiary/ies as shown on my policy to:

Complete in full, listing all beneficiaries. All beneficiaries enumerated below replace any and all beneficiary appointments prior to this change.

FULL NAME	DATE OF BIRTH	RELATIONSHIP TO INSURED	DESIGNATION <small>(Revocable or Irrevocable)</small>

NOTE: In the absence of an official beneficiary designation, the beneficiary indicated is presumed to be revocable.

CHANGE OF COVERAGE

Please change my hospital coverage from:

- Individual to Family
 Individual to Individual & Spouse
 Family to Individual
 Individual & Spouse to Family
 Plan _____ to Plan _____

FULL NAME	DATE OF BIRTH	AGE	SEX
SPOUSE			
UNMARRIED DEPENDENT CHILDREN			

I understand and agree that any family member/s now included by this alteration will be subject to the Pre-Existing Conditions Limitations of the Policy, with the Effective Date being the date of this alteration. An endorsement will be prepared showing the changes which I will attach to my policy documents.

DATA PRIVACY ACT STATEMENTS

I hereby consent to the processing of the personal data stated above whether manually or via electronic channels, including but not limited to the collection, usage, storage, customer/client profiling, and disclosure to third parties, by Paramount Life & General Insurance Corporation (hereafter, "PLGIC"), its subsidiaries, affiliates, directors, officers, employees, and agents (a) to verify and/or confirm any or all the information provided or representation made, (b) to provide, facilitate, monitor, improve the quality of, or otherwise service my account and such products, services, and facilities and/or channels availed by me or may be offered by PLGIC, (c) for marketing purposes, and (d) to comply with legal, regulatory or other obligations of PLGIC under applicable local or foreign laws, rules and regulations.

I likewise consent to the processing of the personal data stated above whether manually or via electronic channels, including but not limited to the collection, usage, storage, and customer/client profiling, by authorized third parties for the foregoing purposes.

Such processing may be conducted for the duration of my avilment of PLGIC's products, services, facilities and/or channels. I further consent that the personal data stated above shall be retained by PLGIC for an additional period of at least five (5) years, or for a longer period if the personal data is related to or required to be preserved for litigation or to comply with legal or regulatory requirement. I likewise consent to the correction, amendment, deletion and/or disposal by PLGIC, its subsidiaries, affiliates, directors, officers, employees, agents, and authorized third parties, of my personal data which may be inaccurate or incorrect.

I attest that I have been made aware of and understood my rights as data subject and how these can be exercised, and that I was informed of the nature, extent and processing of the personal data I provided. I understand and agree that the consent hereby given may be revoked or withdrawn through formal written notice to PLGIC.

Finally, I authorize PLGIC, its subsidiaries, affiliates, directors, officers, employees, agents, and authorized third parties to obtain such other information they may deem necessary to verify or confirm the personal data declared or the documents furnished in relation to this application, and that I agree that such documents may remain in the possession of PLGIC whether or not this application is granted, for the purposes above mentioned.

SIGNATURE ✓

DATE

A department of:

