

11th Floor Sage House, 110 V.A. Rufino Street, Legaspi Village, Makati City 1229, Philippines Telephone: (02) 8772 9264 www.paramountdirect.com

SUBJECT : Policy Number	
Gentleman:	
This to certify that I am the Insured/Owner/Guardian name one appearing below which appears different from my old	ed in the captioned Policy Number and that my present signature is the signature shown in my application for insurance.
I hereby authorized PARAMOUNT LIFE & GENERAL INSURA under my said policy except the signatures appearing belo	NNCE CORPORATION to recognize no other signatures for all transactions ow.
PRINT NAME OF INSURED :	
Present Signature of Insured:	
Old Signature of Insured:	
Witness to	Signature of Insured:
NA	AME (Please Print)
	Signature

PARAMOUNT LIFE & GENERAL INSURANCE

A department of: