



POLICY CHANGE REQUEST FORM (signed copy to be given to Policy Owner)

CRM INCIDENT ID: _____

The Atrium: 32 Trafalgar Road, P.O. Box 254, Kingston 10, Jamaica W.I.
 Tel: (876) 935-2004, TOLL FREE: 1-888-MY-NEEDS, Fax: (876)929-7301
 E-mail Address: omni@jncb.com, Website: www.jncb.com

BRANCH:		CSR NAME:	
Policy No: 1)		Policy No: 2)	
Owner's Name:		TRN:	
Owner's Mailing Address:			
Address Line 2:		New Address: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Life Insured's Name: 1)		2)	
Tel No: (Home)	(Mobile)	(Work)	

(Indicate the type of change/correction by placing a tick inside the box)

A **NAME CHANGE / CORRECTION** (attach certified copy of Marriage &/or Birth Certificate or Passport, print full name)
 To: _____ **Owner** **Insured** **Beneficiary** **Other** _____

B **DATE OF BIRTH / GENDER CORRECTION** (If change is for Life Insured, attach certified copy of the Life Insured's Birth Certificate or Passport)
 To: _____ Day Month Year **Owner** **Insured** **Beneficiary** **Other** _____

C **CHANGE OF CONTRACTUAL PREMIUM / MODE** (attach Bank Standing Order / PAP)

Policy # 1:	Current Premium	\$	Frequency:	New Premium:	\$	Frequency:
Policy # 2:	Current Premium	\$	Frequency:	New Premium:	\$	Frequency:

D **CHANGE OF OWNERSHIP** **APPOINTMENT OF CONTINGENT OWNER**
 To: _____ Relationship to Insured: _____
 Date of Birth: _____ TRN: _____
 Address: _____
 Tel No: (Home) _____ (Work) _____ (Cell) _____

E **CHANGE / APPOINTMENT OF TRUSTEE**
 Name: _____ Relationship to Beneficiary: _____
 Address: _____

F **REDUCTION OF BASIC SUM INSURED** (Available for the **ProCare** only)
 Current Basic Sum Insured: \$ _____ New Basic Sum Insured: \$ _____

I hereby acknowledge that any change(s) made in this document, form(s) a part of the contract and take(s) effect in accordance with the provisions of the Policy and the laws of Jamaica.

Policy Owner's Signature	Witness	Date
Irrevocable / Preferred Beneficiary	Witness	Date
Irrevocable / Preferred Beneficiary / Assignee	Witness	Date
Signature Update/ Contingent Owner / New Policy Owner's Signature	Witness	Date

BRANCH / OFFICE USE ONLY

ID Type	ID Number	Expiry Date	Verified By