



INDIVIDUAL POLICY SERVICE REQUEST

Policy No. _____ Insured _____ Owner _____

1. ADDRESS CHANGE

For Insured Owner Assignee Other _____

Address: _____

P. O. Box :

City

Tel. #

Note: If this is an address change for an Insured or Owner (if other than the Insured) notices will be sent to the NEW address.

2. NAME CHANGE

Change the name of Insured Owner Other _____ Date of Birth _____

From: _____ To: _____

Reason: Marriage Divorce; Court Order (Attach Copy) Other _____

Note: POLICY IS REQUIRED FOR ENDORSEMENT for; 1) a name change due to a COURT ORDER, or 2) a name change due to DIVORCE, if the policy was NOT originally issued in the NEW NAME.

3. PREMIUM/PAYMENT MODE CHANGE

Change mode to: Annually Automatic Bank Check (Attach bank's standing order)
 Semi-Annually
 Quarterly

4. PLANNED PERIODIC PAYMENT CHANGE

I request that the amount of the PLANNED PERIODIC PAYMENT be changed to AED _____. I understand that this is the amount that will be shown on my Payment Reminder Notice.

5. DUPLICATE POLICY

I request issuance of a duplicate policy (ies, or certificate (s) of insurance if duplicate policy forms are not available. I certify that the policy (ies) has not been sold, assigned or pledged to any person, corporation or association and further certify that the policy (ies) was lost or destroyed under the following conditions.

I agree that upon issuance of the duplicate policy, or certificate of insurance, the original policy will be null and void and that if the original policy is found, it will be immediately returned to the Company. I agree to hold National General Insurance Company harmless from any claim or expense under the original policy.

A REASONABLE FEE MAY BE CHARGED FOR A DUPLICATE POLICY.

6. CHANGE OF BENEFICIARY Insurance on Primary Insured Covered Insured Insured Child (ren)

I revoke all previous beneficiary designations and settlement agreements for the above referenced policy(ies). I make this change of beneficiary subject to any existing assignment of the policy. The beneficiary designation shall be:

PRIMARY BENEFICIARY(IES): (If more than one, sharing equally, or to the survivor, unless otherwise provided.)

Name: _____ Name _____

Address: _____ Address: _____

National \ Residence ID: _____ National \ Residence ID: _____

Relationship: _____ Relationship: _____

7. CHANGE OF OWNERSHIP

For no value received, I assign all assignable benefits, interests, property, and rights in the above referenced policy to:
For a value received,

Name of New Owner _____ National ID or Passport # _____

Address of New Owner (Notices will be sent to this address unless otherwise specified).

Form Contingent Owner

CAUTION: An ownership change does not change existing beneficiary designations.

8. **RELEASE OF INTEREST**

Collateral Assignee Beneficial Other _____

I release all rights, title and interest in the above referenced policy(ies), and release the Company from any and all claims under the policy(ies)

9. **FULL SURRENDER**

I request the net surrender value of this policy (net surrender value includes any dividend credit and is decreased by any indebtedness). I agree that upon receipt of this request by the Company at its Home Office, the liability of National General Insurance Company, under this policy, except for the net surrender value, is fully discharged and terminated. I understand that the policy is no longer in effect or in force as of the surrender date.

Special Instructions: _____

10. **PARTIAL SURRENDER/WITHDRAWAL (UNIVERSAL LIFE ONLY)**

I request a check for AED _____

I understand that the partial surrender / withdrawal is the total of the check and current account value amount plus the withdrawal charge or surrender fee stated in my policy. I also understand that the DEATH BENEFIT will be reduced by the total amount of the partial surrender/withdrawal.

11. **LOAN REQUEST**

I request a policy loan:

- for maximum loan value
- to net AED _____ or a maximum loan, if less
- to net AED _____ to be applied to Policy No. _____
- for premium due _____
- for other _____

(Indicate specific amount, any policy no. and application)

I hereby assign the policy to the National General Insurance Company as collateral.

12. **NON-FORFEITURE OPTION (Election of Paid Up, Extended Term)**

I revoke the Automatic Premium Loan Provision, if in effect, and request this policy and any rider, if applicable, continue as:

Paid-Up Insurance Extended Term Insurance effective _____

Date

Signature of beneficiary, collateral assignee, other

I have carefully read this request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that the Company may require additional information or requirements.

I certify that the policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings of bankruptcy or insolvency have been filed or are now pending against the undersigned.

Dated and signed at _____
City

Date _____

Witness _____

Policyowner's Signature

Assignee's Signature (if any) _____

Beneficiary's Signature (if required)

Witness _____

Agent No & Name

Spouse's Signature (if required)