

Change of Premium Payment



LIBERTY

LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

Liberty Life Assurance Kenya Limited
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Request is hereby made to change the method of paying premiums on Policy number _____ and
attached contracts, if any, upon the life of _____ so that, commencing on the
_____ day of _____ premiums shall be payable every _____
months instead of in the manner heretofore effective.

Executed this _____ day of _____

_____	_____	ID number _____
Signature of insured or owner	Witness	

The undersigned hereby consent to the above change (if beneficiary is irrevocable)

ID number _____	Beneficiary _____
Telephone number _____	Witness _____
Email address _____	Assignee _____
	Witness _____

Amendment number _____ to the above quoted policy attached thereto and forming an integral part
thereof _____ It is hereby agreed that, instead of the premiums shown on the face of the above quoted
policy and in the _____
supplementary _____
contracts attached to it, if any, a premium of _____ is payable from _____
and every _____ months thereafter _____

Specification for Premium:

Dated at _____ this _____ day of _____

Assistant Secretary - Registrar

"INSTRUCTION FOR COMPLETING THIS FORM ARE IN REVERSE"