

# Change of Premium Payment



**LIBERTY**

**ADVISE INSURE INVEST**

Regulated by the Insurance Regulatory Authority

**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 \_\_\_\_\_

\_\_\_\_\_  
 Signature of insured or owner

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 ID number

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

|                        |                          |
|------------------------|--------------------------|
| ID Number _____        | <b>Beneficiary</b> _____ |
| Telephone Number _____ | Witness _____            |
| Email Address _____    | Assignee _____           |
| PIN Number _____       | 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"