

Life Choices

PART 1 POLICY DETAILS

Policy Number _____

Life Assured _____

Policy Owner (if other than the Life Assured) _____

PART 2 POLICY CHANGE INSTRUCTION

Coralisle Life Assurance Company Ltd. is requested to change certain particulars of the above numbered policy to those shown below and is authorized, where necessary because of the change, to amend the policy or to issue a replacing policy form appropriate in accordance with the Company's practice.

Basic Policy Changes requested as follows:

1. Premium Frequency From _____ To _____

2. Reduce Sum Assured From \$ _____ To \$ _____
(If assigned, this change must be approved by the assignee.)

3. Reduce Premium From \$ _____ To \$ _____

4. Birthdate correction From (DD/MM/YY) _____ To (DD/MM/YY) _____
(Birth Certificate is required.)

5. Name Change From _____ To _____
(Requests for name change must be accompanied with a copy of the marriage certificate or divorce decree.)

6. Owner Change From _____ To _____
(All Owner changes must be accompanied by the new Owner's Government issued photo ID, proof of residence (i.e. current Utility bill) and completion of Personal Verification form.)

7. Other: _____

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PART 3 DECLARATION

Effective date of change: _____(This must be the anniversary date for items 1, 2 and 3 above)

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan Coralisle Life Assurance Company Ltd. may process any and all of the personal data provided.
- I consent to Coralisle Life Assurance Company Ltd. processing my personal data, in accordance with Coralisle Life Assurance Company Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to Coralisle Life Assurance Company Ltd. in respect of any third party, is done with that third party's consent and knowledge of Coralisle Life Assurance Company Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Signed at _____ this _____ day of _____, 20 _____.

Signature of Life Assured _____ Witness _____

Signature of Owner(s) _____ Witness _____
(Other than Life Assured)

Coralisle Life Assurance Company Ltd. Jardine House, 33-35 Reid Street, Hamilton HM 12, Bermuda
PO Box HM 1559, Hamilton HM FX, Bermuda | Tel 441 293 5433 | Fax 441 296 4146 | www.CGCoralisle.com

Life Assurance and Personal Investments
INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.

Rev. 03-25

The Insurance Store Limited acts as the representative and insurance agent on behalf of Coralisle Life Assurance Company Ltd. in accordance to Section 24 of the Insurance Act, 2008 in the British Virgin Islands.