

Cover Alteration Form

Please complete this form if you want to increase or decrease your cover. We will also need a completed Personal Statement for each Person Insured whose cover is increasing.

Date:

Policy Number:

Alteration Details

| | | | |
|------------------|---|-------------------------|-----------------------------|
| Family Name: | <input type="text"/> | Given Name(s): | <input type="text"/> |
| Cover Name: | <input type="text"/> | \$ <input type="text"/> | To: \$ <input type="text"/> |
| Family Name: | <input type="text"/> | Given Name(s): | <input type="text"/> |
| Cover Name: | <input type="text"/> | \$ <input type="text"/> | To: \$ <input type="text"/> |
| Family Name: | <input type="text"/> | Given Name(s): | <input type="text"/> |
| Cover Name: | <input type="text"/> | \$ <input type="text"/> | To: \$ <input type="text"/> |
| Family Name: | <input type="text"/> | Given Name(s): | <input type="text"/> |
| Cover Name: | <input type="text"/> | \$ <input type="text"/> | To: \$ <input type="text"/> |
| Alteration Date: | <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/> | New Premium: | \$ <input type="text"/> |

Signature of Policy Holders

| | | | |
|---------------------------|----------------------|------|---|
| Signature of Policy Owner | <input type="text"/> | Date | <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/> |
| Signature of Policy Owner | <input type="text"/> | Date | <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/> |
| Signature of Policy Owner | <input type="text"/> | Date | <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/> |

Office Use Only

| Product | Commission type | | | FlexiRate <i>If left blank Standard commission applies</i> | | | |
|---------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| | Upfront | Spread 20 | Level 30 | 75 | 50 | 25 | Nil comm* |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Adviser name | Adviser number | Initial commission | Production | Service commission |
|--------------------------|--------------|----------------|--------------------|------------|--------------------|
| Servicing Adviser | | | % | % | % |
| | | | % | % | % |
| | | | 100 % | 100% | 100 % |

*nil commission will apply