



Application #

Agent #

**AMENDMENT OF APPLICATION**

Mr/Mrs/Miss/Title

Life Assured (Last name, First name, Middle name)

Mr/Mrs/Miss/Title

Applicant (Last name, First name, Middle name)

I/We hereby apply the following amendments to Pru Life Insurance Corporation of U.K.:

FROM	TO

**DECLARATION OF INSURABILITY**

Since the date of the original application, the Proposed Life Insured or the Applicant (if other than the Proposed Life Insured)

- (a) has continued in good health;
- (b) has not made an application for insurance which has been declined, postponed or modified;
- (c) has no other application for insurance pending in any other company at the present time;
- (d) has not consulted or been examined by a physician or practitioner and;
- (e) his insurability as a life insurance risk has not been changed by any event or circumstances.

If there are any exceptions to any of the above statements, give full details in the space provided.

The Proposed Life Insured or the Applicant (if other than the Proposed Life Insured) represent that the above statements are true and complete and that all exceptions have been stated.

The Proposed Life Insured or the Applicant (if other than the Proposed Life Insured) further agrees that the above changes shall be an amendment to and form a part of the original application and of the policy issued thereunder, if any, and that they shall be binding on any person who shall have or claim any interest under such policy.

Dated at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature over Printed Name of WITNESS

\_\_\_\_\_  
Signature over Printed Name of LIFE INSURED

\_\_\_\_\_  
Signature over Printed Name of WITNESS

\_\_\_\_\_  
Signature over Printed Name of APPLICANT