

Policy No:
 Policyholder:..... Birth date:.....
 Fathers name of policyholder:..... Place of birth(city):.....
 Address:
 Policyholder's email address:@.....
 Tax Number of Policyholder:.....
 Tax Residence of Policyholder (country):..... Tel-No:.....

PLEASE ATTACH A PASSPORT COPY (IN COLOUR) TO EVERY REQUEST FORM (=compulsory!)

- Address change**
Policyholder's new address:
 Street.....House.....Apartment.....
 Country/ZIP/City.....Telephone:.....
New address of the person insured:
 Street.....House.....Apartment.....
 Country/ZIP/City.....Telephone:.....
- Increase** annual premium: It is necessary that you read and fill the separate form regarding appreciation, you can find this form on www.medlife.net in section download /forms.
- Decrease** annual premium from USD/EUR to USD/EUR p.a. as of (date).....
 (Possible at the beginning of insurance period only! The minimum premium amount equals to USD/EUR 300)
- Cancellation of the policy (within the first 14 days of receipt of the policy documents)** Please fill in the form on the reverse side and enclose the original of your policy documents.
- Paid up policy** and cancellation of all additional rates (On condition that the contract has a surrender value – please refer to your policy, table on page 2)
- Payment extension** (of 6 months at the most - from the beginning of insurance period, limited until 1.6.2018 proposal date, afterwards: 3 months maximum)
- Reactivation** of the contact as of (date)..... at annual premium of USD/EUR (Possible at the beginning of insurance period only! Please enclose completed and signed health declaration form; the alteration will only be made after receipt of the payment).
- Surrender** of the policy (On condition that the contract has a surrender value – please refer to your policy, table on page 2. We will send you by post a receipt for surrender value, which you will have to fill in, providing us with your bank details, sign and send back to us; after that we will be able to transfer the money)
- Alteration of the beneficiary in case of death** (name, date of birth, share in percent):
 1st Person:..... Date of birth:.....Share of:.....%
 2nd Person:..... Date of birth:.....Share of:.....%
 3rd Person:..... Date of birth:.....Share of:.....%

Total: 100 %
- Please send me information on my current **policy status** (= an amendment showing the insured amounts and the account balance)
- Please issue a **policy duplicate**; I hereby declare that my current policy is lost, and I cannot find it. I agree that my policy account will be charged with a 15 USD/EUR issuing fee.
- Further alterations / comments:**

Date

Policyholder's signature

CANCELLATION OF THE CONTRACT

from the beginning

Please transfer my first premium payment to the following account:

(In case of surrender: please note that your bank details will be explicitly requested in the surrender process; it is therefore not necessary to fill in the following form)

Receiving Bank:

Name of Receiving Bank	.....
Address of Receiving Bank	.....
Account No:	.....
SWIFT / BIC:	.....
Name of Account Holder:	.....
Address of Account Holder:	.....

Correspondent Bank:

Name of Correspondent Bank	.....
Address of Correspondent Bank	.....
Account No of Receiving Bank:	.....
SWIFT/BIC of Corr. Bank:	.....

Date

Policyholder's signature

Should the money be transferred to the account of a third party (not policyholder's), this document also has to be signed by a notary and be sent to us in the original.

We herewith inform you on the possibilities of transmitting your form for proposed changes and enclosures. (Status 01.07.2016):

The documents as follow are due to legal reasons ALWAYS necessary to be transmitted IN ORIGINAL:

- Filled-In and signed acknowledgments of receipt with payment amounts starting with USD 20000 or EUR 15.000.
- If the payment following the wish of the policyholder shall be made to third person: filled-in and signed acknowledgements of receipt with notarial confirmations on separate sheet (no amount limits), plus coloured copy of passport of payment receiver AND policyholder.
- Documents regarding death cases (Certificates of Death, medical documents, and similar)
- Documents regarding cases of permanent accidental disability (medical docs and similar)

Paper docs of any kind please send to our Customer Service in Graz/Austria.

Other requests and proposed changes as mentioned above please send scanned to our central email-address office@medlife.net – you save time and money doing so.

In order to legitimate yourself please ALWAYS enclose a scanned copy of your recent passport (in COLOUR) of the policyholder (=COMPULSORY) and use the form „Proposed Changes“. The form shall be filled in and signed by the policyholder and shall be enclosed to the email. We also draw your attention to our website www.medlife.net , where you can find information to products, options and forms.

Basic framework for Email-use

Email-Subject: Please use a „speaking“ phrase in the subject of your request and please also state the policynumber in the subject. Please use one email per policy, e.g. „Pol 20115XXX – Change of beneficiary“ or „Pol 20120XXX - Change of address“

Filesize: Please just send enclosures smaller than 10 Megabyte (MB) filesize – optimum are good readable PDF or jpg or tiff-files.

Confirmation of receipt: For every Email which is received after sending it to office@medlife.net there is an automated confirmation of receipt which is sent immediately after receipt. If you receive this confirmation of receipt you can be absolutely sure that we received your email, it is therefore not necessary to give us an additional phone call in order to ask if we received the email. If you cannot see a confirmation of receipt please also check your Spamfolder.

Answering: Following the high email-load we make an effort to answer your request at the latest within 7 to 10 working days – the emails are answered in chronological order, oldest Emails first.

We are convinced that the consideration of the framework as described above shall help all of us to optimize paper- and email-correspondence and therefore fasten the handling of the requests even quicker.

Thanks a lot in advance for your kind consideration and support!

Medlife Insurance Ltd.

Medlife Insurance Ltd.
Alpha Business Centre
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1060 Nicosia
Cyprus

**LOST POLICY DECLARATION
(the signature on his form has to be confirmed by a
notary**

Policy number: _____

Name of policy owner(s)/beneficiary(-ies): _____

Address: _____

I (we) declare that the above policy has been lost/destroyed. (Please state reason: _____
_____).

As the owner(s)/beneficiary(-ies) (delete as applicable) of the above policy I/we declare that the original document shall be void and no longer binding for Medlife Insurance Ltd.

Further I (we) declare that I (we) have not assigned, mortgaged, pledged or otherwise dealt with the said policy in any way and no person holds a lien on it or may raise a justified claim against Medlife Insurance Ltd. with reference to this policy.

I (we) will compensate Medlife Insurance Ltd. for all damages arising from the fact that insurance payments have been made without delivery of the original policy document, or if the policy that has been declared void, will be delivered by a third person attempting to gain a legal advantage from it.

Date of birth of the insured person(s): _____

Place and date

Signature of the policy owner(s)/the beneficiary/-ies