

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

First name(s)	Last name	Cover type e.g. Life Cover	Amount of current Cover	New level of Cover
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Signature of Policy Holders

Signature of Policy Owner Date

Signature of Policy Owner Date

Signature of Policy Owner Date

Adviser details

Please select the policy level commission type and enter your preferred FlexiRate. If Nil commission is selected then Commission by Cover is not available. The FlexiRate applies to all covers within the policy.

Product	Commission type			FlexiRate <i>If left blank Standard commission applies</i>	
	Upfront	Spread 20	Level 30	FlexiRate	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"/>

	Adviser name	Adviser number	Initial commission	Service commission
Servicing Adviser			%	%
			%	%
			100 %	100 %