



**KNIGHTS OF COLUMBUS FRATERNAL  
ASSOCIATION OF THE PHILIPPINES, INC.**  
P.O. Box 510, Manila Tel. No. 527-22-23 local 110 to 113

**REQUEST FOR AMENDMENT OF BENEFIT CERTIFICATE**

Please make the following amendments in Benefit Certificate No. /Account No. \_\_\_\_\_.

ITEM	FROM	TO BE AMENDED TO
1. Name of Insured		
2. Plan of Insurance		
3. Date of Issue		
4. Age/Date of Birth		
5. Face Value		
6. Beneficiary/ies (complete name, date of birth and your relationship) please indicate if change or additional, primary or contingent beneficiary/ies		
7. Other Conditions		

This request together with the original and statement made to KCFAPI for said Benefit Certificate heretofore issued shall be for all purposes taken and considered as the application for such amended or re-issued Benefit Certificate. In case of apparent errors or omissions discovered by KCFAPI in the foregoing request, I hereby authorize KCFAPI to correct or complete this request for amendment of Benefit Certificate and I agree that if the Benefit Certificate is changed in accordance with such amended request, my acceptance of any Benefit Certificate so amended or re - issued will constitute my conformity to and ratification of any correction in or addition to this request made by KCFAPI in the space provided for.

If the present Benefit Certificate is replaced by a re-issued Benefit Certificate, it is hereby further agreed that in consideration of the amendment request herein, I hereby surrender the present Benefit Certificate and consent to its cancellation, and do forever release and discharge KCFAPI and from any or all claims, demands and liabilities whatsoever under the present Benefit Certificate.

Done at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Irrevocable Beneficiary/ies over printed name**  
(use reverse side for signature of other irrevocable beneficiaries)

\_\_\_\_\_  
**Signature of Insured over printed name**

\_\_\_\_\_  
**Fraternal Counselor's signature over printed name/code**

\_\_\_\_\_  
**Payor's Signature over printed name if insured is minor**

This is to certify that a copy of this REQUEST FOR AMENDMENT OF BENEFIT CERTIFICATE IS FILED IN RECORDS WITH THE KNIGHTS OF COLUMBUS FRATERNAL ASSOCIATION OF THE PHILIPPINES, INC.

APPROVED BY:

\_\_\_\_\_  
**BRO Manager**

**NOTE:**

This form must be executed in duplicate by the insured. Both copies should be submitted to the KNIGHTS OF COLUMBUS FRATERNAL ASSOCIATION OF THE PHILIPPINES, INC. together with the Benefit Certificate for approval and accordingly after which one copy will be attached to the Benefit Certificate.