

# 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="/ /"/>	New Premium:	\$ <input type="text"/>		

## Signature of Policy Holders

Signature of Policy Owner	<input type="text"/>	Date	<input type="text" value="/ /"/>
Signature of Policy Owner	<input type="text"/>	Date	<input type="text" value="/ /"/>
Signature of Policy Owner	<input type="text"/>	Date	<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
<b>Servicing Adviser</b>			%	%	%
			%	%	%
			<b>100 %</b>	<b>100%</b>	<b>100 %</b>

\*nil commission will apply