



The Pioneer Assurance Company of Kenya Limited
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APPLICATION FOR FINANCIAL ALTERATIONS

NAME: _____ DATE: _____
POLICY NO: _____ ADDRESS: _____
TELEPHONE: _____ EMAIL ADDRESS: _____

RE: AMENDMENT OF LIFE POLICY NO. _____

I hereby request you to;-(Please tick your request)

- CHANGE OF SUM ASSURED: I would like to increase/decrease the Sum assured from
Kshs to Kshs effective
- CHANGE OF PREMIUM PAYABLE: I would like to increase/decrease the premium payable from Kshs to
Kshs effective
- CHANGE OF TERM: I would like to increase/decrease the term fromYrs to yrs effective.....
- CHANGE OF MODE OF PAYMENT: I would like to change the mode of payment to effective.....
- CHANGE OF PRODUCT: I would like to change the product to effective.....
- ADDITION/DELETION OF RIDER: I would like to Add/delete these riders under my policy effective.....

Total & Permanent Disability Waiver of Premium
Personal Accident Critical illness

Reason for Change:

I agree with the stipulated terms and I have submitted all the requirements for the above changes.

Dated at on the date of 20.....

Witness Name:..... Signature of Life Assured _____
Signature.....

Requirements

- B.O., S.S.O, DDA, M-Pesa form