



HEAD OFFICE: PIONEER HOUSE, MOI AVENUE

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Application for Financial Alterations



PERSONAL DETAILS

Name		Date	
Policy No		Address	
Telephone		Email Address	

AMENDMENTS

Life Policy No.			
I hereby request you to: (Please tick your request)			
<input type="checkbox"/>	CHANGE OF SUM ASSURED: I would like to increase/decrease the Sum assured from:		
Kshs	To Kshs	Effective from	
<input type="checkbox"/>	CHANGE OF PREMIUM PAYABLE: I would like to increase/decrease the premium payable from:		
Kshs	To Kshs	Effective from	
<input type="checkbox"/>	CHANGE OF TERM: I would like to increase/decrease the term from:		
Current No. of years	New No. of years	Effective from	
<input type="checkbox"/>	CHANGE OF MODE OF PAYMENT: I would like to change the mode of payment to:		
Current Mode	New Mode		
<input type="checkbox"/>	CHANGE OF PRODUCT: I would like to change my product		
Current Product	New Product	Effective from	
ADDITION/DELETION OF RIDER: I would like to Add/delete these riders under my policy			
Effective from (D/M/Y):			
Total & Permanent Disability	<input type="checkbox"/>	Waiver of Premium	<input type="checkbox"/>
Personal Accident	<input type="checkbox"/>	Critical Illness	<input type="checkbox"/>
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	Year
Witness' Name		Witness' Signature	
Life Assured's Name		Life Assured's Signature	

Pursuant to the data protection act 2019 ("DPA"), Pioneer Assurance Company Limited (hereafter PACL, in its capacity as a data controller under DPA is required to obtain your explicit and informed consent before it can collect or process any personal data to administer applied insurance products and services as required. PACL will treat all your personal information as private and confidential.

Nothing about you will be disclosed to anyone except to the following classes of people or in the following exceptional circumstances:

1. To Pioneer Assurance Company Limited, its subsidiaries, insurers and service providers and other member of the permitted parties.
2. Where PACL is legally compelled to do so under any Kenyan laws, foreign laws as may be applicable, Regulatory Bodies and;
3. For purpose of concluding contractual obligations, and Promotion of products and services marketed by PACL or its partners using the contact particulars which PACL may have in its records from time to time.

Tick the checkbox if you Agree

DECLARATION

Date:	Signature:
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