MetLife

REQUEST FOR POLICY CHANGE

Agent Code | | | | | | | | |

THE UNDERSIGNED Owner under Policy No. ..... on the life of (insured) ..... hereby requests **AMERICAN LIFE INSURANCE COMPANY** to effect the change (s) ticked below (✓ or ✗) by any means acceptable to the Company :

☐ **Change Plan** From : ..... To : .....

○ Term Conversion : To ..... Face Amount ..... As of : .....

○ Face Amount : Increase to ..... Reduce to .....

○ Riders : Addition of ..... Face Amount .....

: Reduce of ..... Face Amount .....

: Cancellation of .....

*Please state your average weekly income over the past 12 months .....

☐ **Change of Beneficiary :**

Full Name of Beneficiary	Nationality	Relationship	Date of Birth	Country of Birth	Nature of work	Current and Permanent Address

The owner ○ Reserving ○ Not reserving full right and authority to revoke this designation and to designate a new Beneficiary, subject to the provisions of said policy.

☐ **Change of Method of Paying Premiums :**

From ..... To ..... As of premium due .....

☐ **Change of Name :** ○ Because of marriage ○ Other reason (explain) .....

From ..... (Old Name) To ..... (New Name)

Supporting documents attached : .....

..... Old Signature ..... New Signature

☐ **Special Request :** .....

H. O. Endorsement : .....

I have paid (with this request) ☐ JD ☐ $ [ ] [ ] ○ Cash ○ Cheque No. .....

Not withstanding anything to the contrary in the Insurance Policy or in the Supplementary Contracts attached thereto, the Company may rely solely upon this request to effect the required change without need to any endorsement whatsoever.

Signed in ..... (City) This Day ..... of ..... (Month) 20 ..... (Year) .

..... Signature of Irrevocable/ or Assignee ..... Policy Owner's name with his own Handwriting ..... Signature of Policy Owner

..... Name and Signature of Witness ..... Name and Signature of Witness

* In case Policy Owner has more than one signature , please show specimen of all signatures .* Policy Owner should sign beside any correction made on the application.

Please complete customer information update form (Basic Requirement)

General Declaration :

SMS : I hereby authorize the company to use my cell phone number mentioned in Customer Information Update form to deliver information or data related to my insurance policy / policies throughout Metlife Alico SMS service (SMS). I also agree to inform the company in writing in the event of disconnection or change to my cell phone number that receives this service or loss or theft of cell phone card to enable the company to modify or stop the Service. I understand that the company will make sure that when sending and receiving this data / information and will take appropriate precautions to ensure the security, integrity and privacy of personal data to the client. I agree to receive all messages sent to me from the company on the cell phone number specified in the application and to consider all the messages sent in this manner has been delivered to me under my full responsibility from the moment they were sent. I also agree with and understand that the company will not hold any responsibility for any damages or losses, costs or expenses incurred due to fraud or theft, or improper use or unauthorized access to personal information about the insurance policy while transferring data / information through SMS. The Company does not take any responsibility for the delay in delivery or non-delivery of the message because of a defect or a technical failure in the network for any reason

Privacy & Cross Border : The Policy Owner/Insured hereby provides the Company, its officers, employees and representatives (the "Company Representatives"), his/her unambiguous consent to collect, process, share, store, use, disclose and transfer his/her personal data directly or indirectly to a recipient inside or outside Jordan for the purpose of fulfilling any obligation imposed on the Company inside or outside Jordan, where such collection, processing, sharing, storing, usage, disclosure and transfer, is necessary for the performance of the contract of insurance and/or for the purpose of compliance with any legal or contractual obligation to which the Company or any of its subsidiaries or affiliates is subject to inside or outside Jordan.

International and Local Sanction and Exclusion Clause : The Policy Owner/Insured also authorizes the Company to obtain from and share with any source inside or outside Jordan as it deems appropriate, information concerning his/her or any member of his/her family, financial and / or professional and / or personal status for the purpose of applying the provisions of the insurance policy and collection of premium related to his/her insurance policy or policies and/or for the purpose of complying with its legal or contractual obligations in Jordan or outside Jordan.I understand that Coverage and/or Payment under the insurance contract will NOT be made if: (i) the policyholder, insured, or person entitled to receive such payment is residing in a sanctioned country; or (ii) the policyholder, the insured or person entitled to receive such payment is listed on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) list, the OFAC Sectorial Sanctions Identifications list or any international or local sanctions list; or (iii) the payment is claimed for services received in any sanctioned country. I also understand that the Company shall not be liable to pay any claim or provide any coverage or Benefit to the extent that the provision of such coverage or Benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America or any other applicable laws

FATCA : The Policy Owner/Insured, hereby acknowledges, understands and agrees that for the purpose of the Foreign Account Tax Compliance Act (FATCA) – an American law designed to identify U.S. ownership of financial accounts at non- U.S. financial institutions, including non - U.S. funds – hereby authorize the Company, (together with its officers, employees, agents), in his/her capacity as an Insurance Policy account holder with the Company, to proceed to the processing and transferring to the U.S. IRS (Internal Revenue Service in the U.S.A.), of his/her personal data, including his/her name, address, tax identification number / social security number and account balance / activity with the Company, upon receipt of an official request from the U.S. IRS in this respect.

Consequently, The Policy Owner/Insured waives his/her right to confidentiality with regard to the above information and any other personal information which may be disclosed by the Company in order to comply with FATCA requirements.The Policy Owner/Insured agrees to release and hold harmless the Company (together with its officers, employees, agents) from any and all claims or actions or damages of any kind arising from, or in any way connected to, the release and/ or use of the above information pursuant to this waiver.The Policy Owner/Insured would be grateful if the Company could keep him/her informed about his/her personal data and/or any information disclosed to the U.S. IRS in accordance with the terms of this waiver.The Policy Owner/Insured further acknowledge and agree that the Company will deduct any withholding required by the US Foreign Account Tax Compliance Act ("FATCA").The Policy Owner/Insured hereby acknowledge, understand and agree that the Company reserves the right, within its sole discretion, to terminate his/her Insurance Policy in the event that the appropriate documentation of his/her US or non-US status for purposes of FATCA is not timely provided to the Company. In particular, in the event that applicable laws or regulations of Jordan would prohibit withholding on payments to the account or prohibit the reporting of the account, and no waiver of such local law is obtained, the Company reserves the right to close the account and terminate the Insurance Policy.

Please complete customer information update form (Basic Requirement)

.....	.....	.....
Name of Policy Owner in his own handwriting	Name of Insured in his own Handwriting (Only if insured is 16 years old or above)	Signature of Insured
.....		.....
Name and Signature of Witness		Signature of Policy Owner

Dated at (City) ..... this day ..... of(month)..... year .....