

Term Life Renewal Request Form



To : Allianz S.A.L.
Hazmieh – Lebanon

I, the undersigned _____, owner of contract no. _____, ask you to renew my policy according to clause 9 in the general conditions of the contract for : five (5) more years
 ten (10) more years

Life Insured's name (if different than Policy Holder): _____

Without any modification

With modifications:

- Decrease the Sum Insured to become: _____
- Change Beneficiary to become: _____
- Remove Total and Permanent Disablement
- Remove Passive War cover

I also kindly ask you to automatically renew my policy at the anniversary date without a prior request.

The beneficiary's irrevocable approval (If Any):

Date: _____

Beneficiary's Signature and Stamp:

Kindly adopt this address below for all contact or correspondence:

Company Name	:	Building	:	Floor	:
Neighborhood	:	Street	:	City	:
Country	:	Postal Code	:	Mob. No.	:
E-mail	:	P.O Box	:	Phone No.	:

In addition, I am totally willing to pay the premiums that result from the above mentioned request.

By signing this format, I hereby acknowledge having been provided with Allianz S.A.L.'s Privacy Notice (available at the company's website: www.allianz.com.lb) and thus give my consent to Allianz S.A.L. to process my personal data for the purposes set out therein and to share my personal data with third party entities Allianz S.A.L. treats with.

I am entitled at all times to access and/or rectify and/or complete and/or update my personal information by reaching out to Allianz S.A.L. I also agree and acknowledge that Allianz S.A.L. may periodically change, modify or otherwise revise the Privacy Notice without prior notification; my right of access, rectification and/or update of my personal data being respected at all times.

The below data is mandatory to proceed with the request

Mobile: _____ / _____ E-Mail: _____ @ _____

Date: _____

Policy Holder Signature:

Signature in Arabic:

Date: _____

Life insured Signature:
(if different than Policy Holder)

Signature in Arabic: