

Date:		
Dear Sir / Madam,		
RE: REQUEST FOR CHAN	GE OF SERVICING INTRO	DUCER
This is with reference to the	above matter.	
l,	hereby agree and confirm to change my Servicing Introducer	
to	(Code:) for the following policy numbers
(please indicate all policy num	bers if applicable):	
1	2	3
Reasons for change:		
Signature of Life Insured		Signature of Policy Owner
Name :		(if Policy Owner is other than Life Insured) Name :
IC No. :		IC No. :
Contact No.:		Contact No.:
Signature of Existing Servicing	Introducer	Signature of New Servicing Introducer
Name :		Name :
Code :		Code :
Contact No.:		Contact No.:
(Consent is needed if existing Servicin	g Introducer is still active)	
Office Use		
Checked & Verified by:	Approved by:	Processed by:
Date:	Date:	Date:

Manulife Insurance Berhad Registration No. 200801013854 (814942-M)
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