

The Manager

**MCB Investment Management**

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Sir/ Madam,

**RE: Retirement Plan Reference** :

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Please **AMEND** the above mentioned Plan as follows:

DESCRIPTION	AMEND TO
<input type="checkbox"/> Investment Amount*/ Choice	<b>Rs</b>
MCB 2025 Target Date Fund	
MCB 2030 Target Date Fund	
MCB 2035 Target Date Fund	
MCB 2040 Target Date Fund	
<b>Investment Total</b>	<b>Rs</b>
<input type="checkbox"/> Retirement Age*	
<input type="checkbox"/> Annual Escalation	0% <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/>
<input type="checkbox"/> Insurance Cover*	25% <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/>
<input type="checkbox"/> Account to be debited	

Please **TRANSFER** all my holdings in the above Plan to Plan no. \_\_\_\_\_

Please **CANCEL** the above Plan.

**DECLARATION OF CONTINUED GOOD HEALTH†**

Since your last declaration of health dated \_\_\_\_\_

- Has there been any change in your state of health or have you attended, or been advised to attend, for any treatment, consultation or tests at any hospital, clinic or surgery, or consulted any member of the medical profession?
- Have you changed or have you any intention of changing your occupation or country of residence?
- Has any application for life or disability insurance on your life been postponed, declined, withdrawn or had special terms imposed?

I hereby declare that to the best of my knowledge and belief the answers given are true and complete and that I have not withheld any material facts from the Insurer. I consent to the Insurer seeking medical information from any doctor who at any time has attended me and I authorise the giving of such information. I confirm that I have read over any statements or answers not filled by me in my own handwriting and that they are correct.

Yours faithfully,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Please note that any **increase** to this factor requires the completion of the Declaration of Continued Good Health (within the same limits) or may be subject to additional medical tests and increased insurance rates.

† To be filled in only when there is an increase in the factors denoted by a \*.