



REQUEST FOR OPTION CHANGE

MEMBERSHIP NUMBER:													
Title		Surname											
Full First Names													
Identity Number/ Passport Number												Gender	
PLEASE CHANGE MY OPTION AS INDICATED BELOW													
From Option:						To Option:							
Telephone				Cell:				Work:					
Reply by		Fax		E-Mail		Employee Number							
Employer													
Member Signature				Signature Date									
Approved:				Underwritten By:		Signature		Date Stamp					
Yes		No											

Please note:

- Option changes are only allowed once a year at the end of each year.**

Disclaimer:

Information contained in this form is confidential and contain privileged or copyright information. You must not present this message to another party without gaining permission from the sender. If you are not the intended recipient you must not copy, distribute or use this information.

If you have received this information in error, please notify the sender immediately, and delete this email from your system.

Please complete the requested information and fax/ email it back to: Fax: 2505 6178

E-mail: uhenquiries@united.co.sz