

CERTIFICATE OF FULL PAYMENT UPGRADE FORM

Product: LIFEPLAN EDUCATION TIMEPLAN

Request Date:	Planholder's Name <i>(Last, First, M.I.):</i>
Contract No.:	Old CO/CFP No.:

Contact Information:

Check the box if you want the following information to be changed in the database.

Complete Mailing Address: _____

Email Address: _____

Cellphone / Mobile No.(s): _____

Landline No.(s): _____

For update of Information: *(Please use a separate sheet of paper if space is not sufficient)*

<u>Information / Details</u>	<u>Information On Record</u>	<u>Modified To</u>

I prefer to receive my updated CFP:

For safekeeping with LPCI
(scanned copy of new CFP will be emailed to Planholder)

For Pick-up:

LPCI Office: _____

Customer Service - Head Office

_____ _____

(Signature over printed name) Date

Document(s) Submitted: *(For LPCI / Regional Office use only)*

<input type="checkbox"/> Original Contract	<input type="checkbox"/> Photocopy of valid ID	<input type="checkbox"/> Proof of Mailing Address
<input type="checkbox"/> Photocopy of Certificate of Ownership (CO) / Certificate of Full Payment (CFP)	<input type="checkbox"/> Marriage Certificate <i>(For change of maiden name to married name)</i>	<input type="checkbox"/> Others: <i>(Please specify)</i>
<input type="checkbox"/> Birth Certificate	_____	
<input type="checkbox"/> Official Receipt(s)	_____	

For LPCI / Regional Office use only

Encoded/Received By: _____ Date: _____
(Signature Over Printed Name)

Approved For Transmittal By: _____ Date: _____
(Signature Over Printed Name)

Transmitted By: _____ Date: _____
(Signature Over Printed Name)

For PBAD / CS use only

Received By: _____ Date: _____
(Signature Over Printed Name)

Validated By: _____ Date: _____
(Signature Over Printed Name)

Printed By: _____ Date: _____
(Signature Over Printed Name)