

**American Life Insurance Company (MetLife)  
Endorsement**

Policy No.:

Policy Owner:

The following Endorsement shall be attached to the above mentioned Policy and shall constitute an integral part thereof.

1. Notwithstanding anything to the contrary in the said Policy and in addition to any Exclusion therein, this Policy does not cover any loss or expense caused by or resulting from murder and assault, alcohol, and drug abuse.
2. **CHANGE OF ADDRESS:** The Company must be immediately informed of any change in the Named Insured's address and/or business location. If a Named Insured sustains a loss after having changed his address and/or business location to a country other than what's declared on the application, then the Company will apply the Company's prevailing rules pertaining to the terms of insurance coverage in the new country, if any, from the date of change of address and/or business location. If according to these rules, a higher premium rate is applied, the Named Insured has to pay the increased premium determined by the Company; otherwise, the Company retains the right to cancel the Policy.

In applying this provision, the Company's prevailing rules pertaining to insurance coverage in the new country shall be the rules promulgated by the Company prior to the occurrence of loss covered under this Policy, or prior to the date of receipt of a proof of a change in address and/or business location.

Except as provided herein, the terms and provisions of the Policy shall remain unchanged.

Executed this **DD of MONTH YYYY**

**Signed at** City / Town, Country on Day Month Year

I have read this Endorsement and agree to its content.

\_\_\_\_\_  
**Policy Owner's Name**

\_\_\_\_\_  
**Policy Owner's Signature**

***"This document is computer generated and does not require the Registrar's signature or the Company's stamp in order to be considered valid."***