



Request for Changes to Individual Life Policies (Form 2)

Policy No. : _____
Name of Assured/Assignee/Trustee(s) : _____
Identity No. : _____

Please tick (✓) appropriate box and complete the request accordingly.
For items 1 to 4, this request(s) has to be completed and signed by Assured/Assignee/Trustee(s) where applicable.

Alterations on Policy :

I am aware that insurance is a long term commitment and I can seek advice from a licensed financial adviser representative before I sign this application. Should I choose not to, I take sole responsibility to ensure that this application is appropriate to meet my financial needs and insurance objectives. I understand that by making changes to my Policy, I may be losing valuable benefits and it may not be possible for me to obtain a similar level of protection on the same terms in the future.

I, the legal owner of this Policy, hereby request that this Policy to be changed as indicated below with the understanding and agreement that the change when effected shall be an amendment to and will form part of the original Policy issued and also be binding on any person who shall have or claim any interest under the above Policy.

- 1. [] Reduction in Sum Assured (Only applicable to Policies that have not acquired cash value)
[] Basic Plan : S\$ _____
[] Supplementary Benefit(s) / Rider(s) : S\$ _____
Please specify name of Supplementary Benefit(s) / Rider(s) _____
2. [] Changes in Savings Premium (Applicable for Save-As-You-Protect / CashSavers Policies only)
[] Increase [] Decrease Savings Premium to S\$: _____
3. [] Termination of Policy (Applicable for policies without cash value; Termination is with effect from next premium due date)
4. [] Others, please specify:

Signature of Assured(s) / Assignee(s) / Trustee(s)
(Please note that signature / thumbprint must be consistent with our record)

Submitted by Name & Signature of Financial
Advisor Representative/Witness

Date