

## TERMINATION AND TRANSFER FORM

**WARNING: PURSUANT TO SECTION 25(S) OF THE INSURANCE ACT (CAP. 142), YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY ALL THE FACTS YOU KNOW OR OUGHT TO KNOW; OTHERWISE THE INSURANCE EFFECTED MAY BE VOID**

### FOR PUBLIC OFFICERS GROUP INSURANCE SCHEME

NOTE: THIS FORM IS TO BE SUBMITTED TO AVIVA LTD

Name (as shown in NRIC/FIN/Passport):

NRIC/FIN/Passport:

*(the last 4 alphanumeric, eg '678A' if your NRIC/FIN/Passport number is S12345678A)*

Date of birth:

Contact details:

(Office): \_\_\_\_\_ (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

*Note: If your contact information on this form is different from those in our records, we will automatically update it in our system.*

#### NOTE: PLEASE TICK AND COMPLETE THE RELEVANT SECTION

CHANGE OF ORGANISATION

Change from: \_\_\_\_\_

to \_\_\_\_\_

Effective date of change:

TERMINATION OF COVER

Reason for termination:

Leaving Public Sector, Last day of service: \_\_\_\_\_

Do not wish to continue the coverage

***Please note that dependants are no longer eligible for the cover if the coverage for the main insured is terminated***

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date