



Request for Changes to Individual Life Policies

Part A Your Policy Details

Policy Number _____ Name of Assured/Assignee _____

If you cannot remember your policy number, please consent to us using your NRIC/Passport No. for the purpose of processing this request by providing your NRIC/Passport No.

NRIC/Passport Number _____

Part B Your Confirmation

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.

Alterations on Premium Payments

1. <input type="checkbox"/>	Change Frequency of Premium Payment to:
<input type="checkbox"/>	Yearly
<input type="checkbox"/>	Half-yearly
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Monthly
Note: If there is existing policy loan and interest repayment, the declaration/billing will be in accordance with the new frequency but the amount remains unchanged. If you wish to amend the repayment instalment amount, please contact our Customer Service Executive for a revised Authorisation Form	

Alterations on Policy

2. <input type="checkbox"/>	Change to Reduced Paid-up Assurance
3. <input type="checkbox"/>	Change from Reduced Paid-Up Assurance to Premium Paying Policy (Applicable for CPFIS Policies only) I authorise the deduction of all outstanding premiums from my CPF account and will pay any interest due by cash/cheque.
4. <input type="checkbox"/>	Deletion of Supplementary Benefit(s) / Rider(s) : _____ (Please specify Supplementary Benefit(s) / Rider(s) to be deleted)
5. <input type="checkbox"/>	Termination of policy (Applicable for policies without cash value; Termination is with effect from next premium due date)
6. <input type="checkbox"/>	Reduction in Benefits Payout: Please specify S\$ _____ Reason(s) for Reduction in Benefits Payout: <input type="checkbox"/> Due to changes of financial goals <input type="checkbox"/> Others, please specify: _____

7. **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))

Reason(s) for Reduction in Sum Assured:

Due to changes of financial goals

Others, please specify: _____

8. **Changes in Savings Premium (Applicable for Save-As-You-Protect / CashSavers policies only)**

Increase Savings Premium to S\$ _____

Acknowledgement of Policyowner / Trustee(s) / Assignee's (This portion needs to be filled up) Please tick (v) accordingly.

Were you advised by your Financial Adviser Representative (FAR) to effect the alteration above?
Note: You are advised to seek advice from your FAR before effecting any alteration.

Yes. I/We have received advice and the basis of recommendation is indicated in the Fact Find Form

No. I/We do not wish to receive advice from my FAR and I/we have made my own decision. I/We take full responsibility that the increase in savings premium is suitable for my/our financial needs and insurance objectives. I am/We are aware that I am/we are not able to rely on section 27 of the Financial Advisors Act (Cap 110) to file a civil claim against Aviva Ltd.

Reason(s) for Increase in Premium:

Due to changes of financial goals

Others, please specify: _____

Decrease Savings Premium to S\$ _____

Reason(s) for Reduction in Premium:

Due to changes of financial goals

Others, please specify: _____

9. **Change in Guaranteed Benefit Payout Option, please specify:**

10. **Withdrawal of Guaranteed Benefit Payout/Advance Premium Facility, please specify:**

Note: Please complete Declaration on Beneficial Owner under Part C of the form

11. **Change in Life Assured(s), please specify:**

Details of New Life Assured	
Full Name (as in NRIC/FIN/Passport) <i>(Please underline surname)</i>	
Salutation	Mr / Mrs / Mdm / Miss / Dr
Gender	Male / Female
Race	
Date of Birth	
Nationality	
Country of Birth	
Residential Address	
Occupation	
Smoking Status	Non Smoker / Smoker
Relationship to Assured	

Note: Please attach a photocopy of the Identity Card/Passport of the new Life Assured(s)

12. **Others, please specify:**

Part C Your Declaration and Authorisation

Declaration on Beneficial Owner (Mandatory for Withdrawal of Cash Coupons/Advance Premium Facility)

I/We declare that:

there is no beneficial owner under this policy.

there is/are beneficial owner(s) under this policy. (If you tick this box, please complete the table below*.)

*The following person(s) is/are the beneficial owner(s). A copy of each of the identity card(s)/passport(s) of the beneficial owner(s) is enclosed.

Name	NRIC/FIN/Passport No.	Relationship with Policyholder

“Beneficial owner” means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

Declaration

I am/We are aware that insurance is a long term commitment and I am / we are aware th at I/we can seek advice from a licensed F inancial Adviser Representative before I/we sign this application. Should I/we choose not to, I/we take sole responsibility to ensure that this application is appropriate to meet my/our financial needs and insurance objectives.

I/We understand that by making changes to my/our policy, I/we may be losing valuable benefits and it may not be possible for me/us to obtain a similar level of protection on the same terms in the future. Buying another policy in the future could result in higher premiums and loss of specific policy features due to changes in age or health.

I/We understand that any payment made at the time of signing this application or thereafter shall be held as a deposit placed with the Company until acceptance of this application by the Company, subject to the terms and conditions contained in the receipt issued in respect of the said payment. I/We agree to pay to the Company the medical fees incurred in assessing the risk under this application (if any) should I/we decide not to accept at the standard rates or revised terms offered by the Company. Should the Company decline the application, then I/we shall be entitled to a full refund of the amount tendered for this application. I/We further understand that the assurance granted shall be subject to the conditions in and endorsed on the Policy issued.

I/We further declared that I am/we are not an undischarged bankrupt and that I/we have committed no act of bankruptcy within the last twelve months and no receiving order or adjudication order in bankruptcy has been made against me/us during that period.

I/We acknowledge that the Company may reject any of my/our instructions including, but not limited to, those that, in the Company's sole and absolute discretion, are deemed incomplete, unclear or ambiguous, or if my/our signature(s) differ(s) from what was originally provided as a specimen to the Company, and the Company will not be responsible for any losses that may be incurred by me/us due to such rejection of any of my/our instructions.

I/We consent to Aviva Ltd (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva Ltd.

I/We also consent to Aviva Ltd (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

Signature of Main Life Assured ▶ For age next birthday 17 years and above ▶ Your signature must be consistent with our record	Signature of Assured / Joint Life Assured ▶ Your signature must be consistent with our record	Signature of Assignee / Trustee(s)* ▶ Your signature must be consistent with our record	Date ▶ DD/MM/YY
Name ▶ As in NRIC / Passport	Name ▶ As in NRIC / Passport	Name ▶ As in NRIC / Passport	
Mobile Number	Mobile Number	Mobile Number	
Email address	Email address	Email address	

Important Note:

- a) * Signature of Trustee(s) are required for policies under Trust
- b) Mobile number and email address provided under Part C will replace our records accordingly.
- c) For changes that require payment, we will deduct the required payment from your current payment method. If the payment method of your existing policy is via cash, please arrange for payment via cheque/cash.