



ALTERATION FORM

Warning: Pursuant to Section 23(5) of the Insurance Act 1966, you are to disclose in this application form fully and faithfully all facts which you know or ought to know, otherwise the insurance effected may be void.

This policy is underwritten by Singapore Life Ltd. ("Singlife") and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.

SECTION A: PARTICULARS OF LIFE ASSURED

Name

Identity Card / Passport No. Contract No.

SECTION B: ALTERATION REQUEST

I/We hereby request that my/our Application to be altered as indicated below with the understanding and agreement that the change when effected 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 Payment

1. Change **Frequency of Premium Payment** to
 Yearly Half-Yearly Quarterly Monthly
(Note: Singlife ElderShield Standard, Singlife ElderShield Plus, Singlife CareShield Standard, Singlife CareShield Plus and Singlife Shield applications are only on Yearly payment mode)
2. Change **Initial Premium Payment Method** to
 Cash / Cheque Credit Card *(Please submit duly signed Credit Card Authorisation Form)*
3. Change **Subsequent Premium Payment Method** to
 Cash / Cheque Interbank GIRO *(Please submit duly signed Application Interbank GIRO Form)*

Alterations on Policy (Please submit duly signed Policy Illustration)

4. Change of **Policy Commencement Date** to (DD/MM/YYYY)
5. Increase / Decrease of **Single Premium*** to
 *Please provide reason for alteration
6. Increase / Decrease of **Basic Sum Assured*** to
 *Please provide reason for alteration
7. Change **Policy Term** to
8. Change **Premium Payment Term** to
9. Change of **Monthly Benefit** to

16. Others, please provide details

SECTION C: DECLARATION

I/We agree to inform Singapore Life Ltd. if there is any change in my/our financials and/or health status between the date of this Declaration and the date full insurance coverage is provided by Singapore Life Ltd. to me/us. I/We understand that the terms of accepting me/us as a risk for insurance coverage may vary according to such information received.

I/We agree that the above alteration(s) and declaration(s) shall form part of my/our Application for the Insurance. I/We understand that any alteration is subject to the acceptance of Singlife at its sole discretion.

This Application will not be valid until I/we have been informed in writing that Singlife has accepted this Application or issued the Policy Documents.

Signed and declared in SINGAPORE on (DD/MM/YYYY)

Signature of Main Life Assured <i>➤ For age next birthday 17 years and above</i> <i>➤ Your signature must be consistent with our record</i>	Signature of Assured / Joint Assured <i>➤ Applicable if different from Main Life Assured</i> <i>➤ Your signature must be consistent with our record</i>
Name <i>➤ As in NRIC / Passport</i>	Name <i>➤ As in NRIC / Passport</i>
Mobile Number <i>➤ This will replace our records accordingly</i>	Mobile Number <i>➤ This will replace our records accordingly</i>
Email address <i>➤ This will replace our records accordingly</i>	Email address <i>➤ This will replace our records accordingly</i>