

PART A: YOUR DETAILS

Policy Number: _____

Plan Name: Z Saver / Z Link*

Policyowner Name: _____

PART B: REDUCTION IN PREMIUM AMOUNT / INCREASE SUM ASSURED / ADDITION OF UNIT DEDUCTING SUPPLEMENTARY BENEFIT(S)

I, _____, NRIC No. _____

have read and understood the following statements:

- 1) If I am reducing my premium amount while maintaining the same sum assured for the basic benefit and/or the supplementary benefit(s), I am aware that my units allocated will be affected and the units may not be sustainable in the long term and my cash values may be exhausted faster.
- 2) If I am increasing the sum assured for the basic benefit and/or the unit-deducting supplementary benefits or adding any unit-deducting supplementary benefit(s) while maintaining the same premium contribution, I am aware that the increased sum assured/addition of unit-deducting supplementary benefit(s) will be subjected to additional cost of insurance charge and the units may not be sustainable in the long term and my cash values may be exhausted faster.

Should my cash values be less than the cost of my insurance cover and the other expenses as stipulated in the policy document, I am aware that I will no longer receive any benefits from the policy and Singapore Life Ltd. will terminate my insurance cover. I have sought the relevant financial advice with regard to my request and should I not seek advice, I undertake all the responsibilities and risks as a result of my decision.

Signature of Policyowner

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Date ▶ DD/MM/YYYY

* Please delete accordingly