



REQUEST FORM

IMPORTANT:

Unless defined herein, capitalised terms used in this form have the same meanings ascribed to them in the contract(s) of insurance entered with Singapore Life Ltd. (the "Policy" or "Policies"). Your request will only be processed when this completed form is received, verified, and processed by us. **Please use One (1) Request Form for One (1) Policyholder.**

In completing and submitting this form to Singapore Life Ltd. ("Singlife"), the Policyholder(s) or Authorised Person (as the case may be i.e. Assignee) named herein is/are deemed to have applied for a change of FAR in respect of the Policy or Policies stated in Section 2 below, in the absence of any written instructions or notification to the contrary.

Please send the completed form to us, Distribution Operations, at dss_life@singlife.com. Kindly ensure that the form is **typewritten** instead of handwritten.

SECTION 1: POLICYHOLDER/ASSIGNEE DETAILS

(Note: If policy has been assigned, this form should be completed by the Assignee)

Main Policyholder or Assignee's Full Name as per ID/Company Name

Joint Policyholder's Full Name as per ID

Do consent to us using your NRIC/FIN/Passport/Company UEN No. by providing it here for the purpose of processing this form:

Main Policyholder or Assignee's NRIC/FIN/Passport/Company UEN No.

Joint Policyholder's NRIC/FIN/Passport No

SECTION 2: LIFE AND/OR HEALTH POLICY(IES) TO BE AFFECTED BY CHANGE OF FAR

Please tick **only ONE (1)** of the following:

(Kindly note that the change will only be effected on in-force policies.)

All my existing in-force Life and/or Health policy(ies) under my NRIC/FIN/Passport/Company UEN No. as indicated above.

OR

List of Life and/or Health policy number(s) for which change will be effected:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3: NEW FAR ACKNOWLEDGMENT

I, hereby agree to be responsible for the policy(ies) mentioned in Section 2 of this form from the effective date of change.

New FAR's Singlife Agent Code

Signature of New FAR

New FAR's Financial Adviser Firm Name
(i.e. Company Name as per MAS website)

 / /

Date (DD/MM/YY)

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SECTION 4: DECLARATION

I/We:

- acknowledge that Singlife may reject any of my/our instructions including, but not limited to, those that, in Singlife'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 Singlife, and Singlife will not be responsible for any losses that may be suffered by me/us due to such rejection of any of my/our instructions;
- agree that the processing of any transactions (including, but not limited to, transactions in relation to investment linked policies) accompanying this request for a change in Financial Adviser's Representative may be deferred by Singlife, without any explanation or prior consent or notice, until such time when the request for change has been finally processed or rejected, as the case may be;
- consent to Singlife (and Singlife 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 Singlife.
- also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.
- have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

Please ensure your signature is consistent with our record.

Please ensure your signature is consistent with our record.

Signature of Main Policyholder or Assignee/
Company Authorised Signatory (with Company Stamp)

Signature of Joint Policyholder (where applicable)

/ /

Date (DD/MM/YY)

/ /

Date (DD/MM/YY)

The validity period of your request is **30 days from the signed date.**