



## Request for Changes to Individual Life Policies

### Your Policy Details

Policy Number		Plan Name	
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	
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### 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. Change Frequency of Premium Payment to:
 

Yearly	Half-yearly	Quarterly	Monthly*
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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 Authorization Form.

\*If monthly mode is chosen for the following plan types, GIRO method will be auto select. Giro form is applicable.

Z Saver	Z Link / Z Link Choice / Z Link Choice Max
Z Direct	Z Protect
Z Protect Enhance	Z Protect Prestige
Z Protect Home	Z Care

### Alterations on Policy

2. Change to Reduced Paid Up Assurance
3. Change from Reduced Paid Up Assurance to Premium Paying Policy (Applicable for CPFIS Policies Only)  
I authorize the deduction of all outstanding premiums from my CPF account and will pay any interest due by cash/cheque.
4. Deletion of Supplementary Benefit(s)/Rider(s)  
Name of Supplementary Benefit(s)/Rider(s):
5. Termination of Policy (Applicable for policies without cash value or have not acquired cash value)  
I understand that there is no refund of premium and that the termination is with effect from next premium due date.

6. Reduction in Benefits Payout  
 Reduce Benefit Payout to S\$

Reason(s) for Reduction in Benefits Payout:

Due to changes of financial goals

Others, please specify:

7. Reduction in Sum Assured (Applicable for policies without cash value or have not acquired cash value)

Basic Plan: S\$

Supplementary Benefit(s) / Rider(s): S\$

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)

**Increase** Savings Premium to S\$

Acknowledgment of Policyowner / Trustee(s) / Assignee's  
 (This portion needs to be filled. Please tick 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 Singapore Life Ltd.

Reason(s) for Increase in Premium:

Due to changes of financial goals

Others, please specify:

**Decrease** Savings Premium to S\$

Reason(s) for Decrease 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 S\$

**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 (Please attach a photocopy of the Identity Card / Passport)	
Full Name (as in NRIC/FIN/Passport) (Please underline surname)	
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	

12. Others, please specify:

**Payment Settlement (Applicable for Withdrawal of Cash Coupons/Advance Premium Facility)**

The amount payable to me should be issued as:

Direct credit into my bank account (Payment is by cheque if the following details are not completed)

Name of Bank :

Bank Branch :

Account No. :

Kindy provide a copy of your bank statement with your full name, bank name and bank account number clearly reflected on it. Otherwise, a cheque will be issued instead.

## Your Declaration and Authorization

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### Section A: Declaration on Beneficial Owner

**Note:** This is only applicable if the recipient of the proceeds is a legal person or a legal arrangement.

I/We declare that there is no change in Beneficial Owner(s).

Otherwise, please submit the Declaration of Beneficial Owner Form together with this form if there is any change in the Beneficial Ownership. You may find the Declaration of Beneficial Owner Form in our website [www.singlife.com](http://www.singlife.com).

“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.

“Legal person” means an entity other than a natural person that can establish a permanent customer relationship with a financial institution or otherwise own property.

“Legal arrangement” means a trust or other similar arrangement.

### Section B: Declaration

I am/We are aware that insurance is a long-term commitment and I am / we are aware that I/we can seek advice from a licensed Financial 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 Singapore Life Ltd. (“Singlife”) until acceptance of this application by Singlife, subject to the terms and conditions contained in the receipt issued in respect of the said payment. I/We agree to pay to Singlife 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 Singlife. Should Singlife 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 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 incurred by me/us due to such rejection of any of my/our instructions.

I/We 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.

I/We 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.

I/We have read and understood Singlife’s Data Protection Notice which may be found at [www.singlife.com/pdpa](http://www.singlife.com/pdpa). Singlife’s Data Protection Notice may be updated from time to time without notice. I am/We are aware that I/we should visit your website regularly to ensure that I am/we are well informed of the updates.

I/We request that the above change(s) be made to the policy. I/We understand that certain alteration(s) are not automatic and will not be effective until I/we have received an official letter from Singlife confirming the change(s). I/We understand that Singlife may require further information or documentation. I/We declare the information is true and complete.

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.
- d) A photocopy of the Assured/Joint Assured/Assignee(s) NRIC or Passport (if there are any changes in particulars).
- e) If you've used this policy to be exempted from the CPF Board's Home Protection Scheme (HPS), the policy must remain in force and unchanged so that you and your family are protected from losing your HDB flat in the event of death, terminal illness or total permanent disability. If there're changes resulting in reduced coverage to the policy used for HPS exemption, your exemption would be voided and you'd be required to reapply for exemption from HPS by purchasing other private policies or apply to be insured under HPS. Otherwise, if you're using CPF monies to service the monthly instalment, CPF Board may automatically extend HPS coverage to you, based on the declared percentage that you're exempted for, subject to you being in good health.