

## TERMINATION AND TRANSFER FORM



TERMINATION AND TRANSFER FORM	
<b>WARNING: PURSUANT TO SECTION 25 (S) OF THE INSURANCE ACT (CAP. 142 ), YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY ALL THE FACTS YOU KNOW OR OUGHT TO KNOW; OTHERWISE THE INSURANCE EFFECTED MAY BE VOID</b>	
<b>FOR PUBLIC OFFICERS GROUP INSURANCE SCHEME</b>	
<b>NOTE: THIS FORM IS TO BE SUBMITTED TO SINGAPORE LIFE LTD.</b>	
Name (as shown in NRIC/FIN/Passport):	
NRIC/FIN/Passport: (the last 4 alphanumeric, eg '678A' if your NRIC/FIN/Passport number is S12345678A)	
Date of birth:	
Contact details: (Office): _____ (Home): _____ (Mobile): _____ <b>Note: If your contact information on this form is different from those in our records, we will automatically update it in our system.</b>	
<b>NOTE: PLEASE TICK AND COMPLETE THE RELEVANT SECTION</b>	
<input type="checkbox"/> CHANGE OF ORGANISATION	
Change from: _____	
to _____	
Effective date of change:	
<input type="checkbox"/> TERMINATION OF COVER	
Reason for termination:	
<input type="checkbox"/> Leaving Public Sector, Last day of service: _____	
<input type="checkbox"/> Do not wish to continue the coverage	
<b>Please note that dependants are no longer eligible for the cover if the coverage for the main insured is terminated</b>	
Signature of applicant	Date
Signature of co-applicant, if for joint account	Date