

REQUEST FOR CHANGES
FORM

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

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 POLICY

1. Change to Reduced Paid Up Assurance.
2. Change from Reduced Paid Up Assurance to Premium Paying Policy (Applicable for CPFIS Policies Only)
I authorise the deduction of all outstanding premiums from my CPF account and will pay any interest due by cash.
3. Deletion of Supplementary Benefit(s)/Rider(s).
Name of Supplementary Benefit(s)/Rider(s)
4. 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.
5. Reduction in Benefits Payout
Reduce Benefit Payout to S\$
Reason(s) for Reduction in Benefits Payout:
 Due to changes in financial goals
 Others, please specify
6. 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 in financial goals
 Others, please specify

ALTERATIONS ON POLICY (continued)

7 Changes in Savings Premium (Applicable for Save-As-You-Protect / CashSavers)

Increase Savings Premium to S\$

Acknowledgement 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 36 of the Financial Advisors 2001 to file a civil claim against Singapore Life Ltd.

Reason(s) for increase in Premium:

Due to changes in financial goals

Others, please specify

Decrease Savings Premium to S\$

Reason(s) for decrease in Premium:

Due to changes in financial goals

Others, please specify

8. Change in Guaranteed Benefit Payout Option

Please specify

9. Withdrawal of Advance Premium Facility

Please specify S\$

Note: Please complete Section A: Declaration on Beneficial Owner under Your Declaration and Authorisation of the form.

10. 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) Salutation Mr Mrs Mdm Ms Dr
(Please underline surname)

Gender Male Female Race Chinese Malay Indian Others

Date of Birth (DD/MM/YY) Nationality Country of Birth

Residential Address

Occupation Smoking Status Non-Smoker Smoker Relationship to Assured

ALTERATIONS ON POLICY (continued)11. Change in Income Payout Period (applicable to Singlife Flexi Retirement II) to years to Age Next Birthday of the original Life Assured12. Life Stage Benefit (applicable to MyLifeSavingsPlan)

Life Stage Events	Supporting Documents Required
<input type="checkbox"/> Marries / divorces	Marriage / Divorce certificate
<input type="checkbox"/> Has a newborn child	Birth certification of the child
<input type="checkbox"/> Legally adopted a child	Proof of local or foreign child adoption
<input type="checkbox"/> Purchases a property	Signed Sales & Purchase agreement
<input type="checkbox"/> Enrolls into tertiary education (including your child)	Both acceptance letter and student pass issued by recognized local or foreign tertiary institutions

Noted: Life Stage Benefit is available starting from the 5th policy year. Life Stage Benefit request must be submitted within 90 calendar days following the occurrence of the Life Stage Event.

13. Opt-out of ADL Add-on Benefit (applicable to eligible Singlife CareShield Standard/Plus only)14. Change Frequency of Premium Payment

From Half-Yearly	to	<input type="checkbox"/> Yearly		
From Quarterly	to	<input type="checkbox"/> Yearly	<input type="checkbox"/> Half-Yearly	
From Monthly	to	<input type="checkbox"/> Yearly	<input type="checkbox"/> Half-Yearly	<input type="checkbox"/> Quarterly

For frequencies that are not shown above, please submit through MySinglife portal.

PAYMENTS SETTLEMENT (Applicable for Withdrawal of Cash Coupons/Advance Premium Facility/Life Stage Benefit)

1. For Singapore Bank Accounts only. Not applicable for policies bought under the CPFIS-OA, CPFIS-SA, ASPFIS or SRS.

For a better payment experience, SGD payments will be credited to the bank account linked to PayNow-NRIC/FIN by default. Please check that you have registered for PayNow-NRIC/FIN with your bank. Payout via PayNow is not eligible for non-SGD payments, joint payees, and corporate clients.

If you wish to opt in for Direct Credit into your bank account, please complete the following fields. Payment will be made via PayNow-NRIC/FIN or cheque if the following details are not completed.

Name of Bank	<input type="text"/>
Bank Branch	<input type="text"/>
Account No.	<input type="text"/>

Please provide us with a copy of your bank passbook/statement or e-statement with full name and account number clearly indicated on the same page. All other information may be blanked out.

PAYMENTS SETTLEMENT (Applicable for Withdrawal of Cash Coupons/Advance Premium Facility/Life Stage Benefit)

2. Authorisation for payment to be issued to another Trustee. (Only applicable to policy written under Section 73 of the Conveyancing and Law of Property Act 1886; and Section 132 of the Insurance Act 1966)

We, the Trustees of the above Policy authorise Singapore Life Ltd. to pay to the following payee:

Name of Payee

NRIC No.

Notes:

1. For Section 73, the payee must be any trustee.
2. For Section 132, the payee must be any trustee other than the Assured himself/herself.
3. Please enclose a photocopy of the payee's NRIC with this form.
4. The payout will be made to payee via PayNow-NRIC/FIN. Please check that payee has registered for PayNow-NRIC/FIN with his/her bank.

Alternatively, please fill up the fields under the Direct Credit section to receive the payout via payee's bank account.

YOUR DECLARATION AND AUTHORISATION

Section A: Declaration of 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 at 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.

YOUR DECLARATION AND AUTHORISATION (continued)

I/We consent to Singlife collecting, using and/or disclosing my/our personal data for the processing of the transaction as described in this form; statistical, research, compliance, audit and regulatory purposes; 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 disclosing and transferring my/our personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes.

Where applicable, I/we confirm that for the personal data of other individuals (contained in this form) that I/we have disclosed to Singlife, that I/we have prior to disclosing such personal data to Singlife, obtained the appropriate consent from the individual(s) to:

- (i) permit me/us to collect, use and/or disclose the individual's(s') personal data to Singlife for the above purposes;
- (ii) permit Singlife to collect, use and/or disclose the individual's(s') personal data for the above purposes; and
- (iii) permit Singlife to disclose and/or transfer the individual's(s') personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes.

I/We confirm that I/we have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (which may be found on <https://singlife.com/en/pdpa>) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I/we am/are aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me/us upon posting and/or where I/we continue to use the relevant products and services offered by Singlife to which such terms relate to.

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

Name (as in NRIC/Passport)

Mobile number

Email address

Signature of Assured/Joint Life Assured
• For age next birthday 17 years and above
• Your signature must be consistent with our record

Name (as in NRIC/Passport)

Mobile number

Email address

Signature of Assignee/Trustee(s)
• For age next birthday 17 years and above
• Your signature must be consistent with our record

Name (as in NRIC/Passport)

Mobile number

Email address

Date (DD/MM/YYYY)

IMPORTANT NOTE

- a) * Signature of Trustee(s) are required for policies under Trust
- b) Mobile number and email address provided above 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 refer to www.singlife.com/premium-payments for available payment methods.
- 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.