



# REQUEST FOR CHANGES TO INDIVIDUAL HEALTH POLICIES

**IMPORTANT NOTE:** PURSUANT TO SECTION 23(5) INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

Policy Number(s)  
 (Singlife Shield / Singlife Health Plus)  (Singlife Cancer Cover Plus)

Name of Assured / Policyholder (Owner)  NRIC / FIN No.

Name of Life Assured / Insured Person  NRIC / FIN No.

**WARNING:**  
 Anyone who pays for, or is insured under Singlife Shield / Singlife Health Plus is not eligible for Additional Premium Support (APS) from the Government.\*

If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this Singlife Shield / Singlife Health Plus policy, you will stop receiving APS. This applies even if you are not the person paying for this Singlife Shield / Singlife Health Plus policy.

In addition, if you choose to be insured under this Singlife Shield / Singlife Health Plus policy, the policy paying for Singlife Shield / Singlife Health Plus will stop receiving APS, if he or she is currently receiving APS.

\*APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

## SECTION A: CHANGE OF PLAN / OPTION

If applicable, please complete the following for our processing:

### FCC/FDC or Preferred Rate for child(ren)

Other parent's name  NRIC / FIN No.

### Important Notes:

- When you change your plan for Singlife Shield policy, your plan for any existing Singlife Health Plus policy will also change to follow the new plan for Singlife Shield.

Guide to Singlife Health Plus / Option				
Singlife Shield	Plan 1	Plan 2	Plan 3	Covers
Singlife Health Plus	Private Lite	Public Lite		Co-Insurance
	Deductible Cover			Deductible
	Private Cover	Public Prime		Co-Insurance & Deductible
	Private Prime			

- Change of plan is not allowed for a period of 40 days from the cover Start Date of your new Integrated policy or Effective Date of your last change of plan (whichever is applicable).
- If we approve the request for change of plan and receive payment within 40 days before the Renewal Date, we will start the new plan cover on the Renewal Date. If premium is not paid or any conditions are not met, Singapore Life Ltd. will proceed to renew your existing plan first.
- Any successful change of plan is subject to the definition of pre-existing conditions as stated in the policy contract.
- Free Cover for Child(ren)/Family Discount for Child(ren) benefit will cease if any of the parents are not insured under Plan 1 or 2.
- The dependant child (subject to a maximum of four (4) children), up to age 20 years old at age next birthday will be eligible for Family Discount for Child(ren) (FDC) under Singlife Shield Plan 2 if both parents are covered under Singlife Shield Plan 1 or Plan 2.
- The dependant child will be eligible for
  - Free Cover for Child(ren)(FCC) under Singlife Health Plus Public Lite (Plan 2) **OR**
  - Preferred Rate for Children under Singlife Health Plus Public Prime (Plan 2)
 if both parents are covered under Singlife Shield Plan 1 or Plan 2, and Singlife Health Plus Private Lite, Private Cover, Private Prime, Public Lite or Public Prime.
- For change of plan to Singlife Shield Standard Plan, any existing Singlife Health Plus will be terminated and unused premium will be refunded.
- Once your policy is under Full Medical Underwriting, you will not be eligible for Moratorium Underwriting.

**SECTION A: CHANGE OF PLAN / OPTION** *(continued)*

**Documents to be submitted:**

**1. Policy Services Health Declaration Form if you are**

- Downgrading from any existing plan (Moratorium underwriting) to Singlife Shield Standard Plan
- Upgrading of Singlife Shield under Full Medical Underwriting
- Upgrade of Singlife Health Plus Options under Full Medical Underwriting

**2. Copy of NRIC of Assured / Policyholder (Owner) and Life Assured (Insured Person) if you are**

- Changing Plan to Singlife Shield Plan 3 / Singlife Shield Standard Plan

**For Singlife Shield:**

Your existing Singlife Health Plus policy (if any) will also change to follow the new plan for Singlife Shield (see "Guide to Singlife Health Plus/Option" above).

Current Plan	Upgrade to	Downgrade to
Plan 1	Not Applicable	<input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3* <input type="checkbox"/> Standard Plan*
Plan 2	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 3* <input type="checkbox"/> Standard Plan*
Plan 3*	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2	<input type="checkbox"/> Standard Plan*
Standard Plan*	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3*	Not Applicable

\* Applicable for Singaporeans or Singapore PRs only

**For Singlife Health Plus (Optional):**

Please complete this table only if you wish to change your option(s).

	Existing Option(s)	New Option(s)		
	Singlife Shield	Plan 1	Plan 2	Plan 3
<b>Downgrade Singlife Health Plus</b>	Deductible Cover (Plan 1)	<input type="checkbox"/> Private Lite		
	Private Cover (Plan 1)	<input type="checkbox"/> Private Lite <input type="checkbox"/> Private Prime	<input type="checkbox"/> Public Lite	<input type="checkbox"/> Public Lite
	Private Prime (Plan 1)	<input type="checkbox"/> Private Lite		
	Private Lite & Deductible (Plan 1)	<input type="checkbox"/> Private Lite <input type="checkbox"/> Private Prime		
	Deductible Cover (Plan 2)	<input type="checkbox"/> Private Lite	<input type="checkbox"/> Public Lite	<input type="checkbox"/> Public Lite
	Public Prime (Plan 2)			
	Public Lite & Deductible (Plan 2)	<input type="checkbox"/> Private Lite <input type="checkbox"/> Private Prime	<input type="checkbox"/> Public Lite <input type="checkbox"/> Public Prime	<input type="checkbox"/> Public Lite <input type="checkbox"/> Public Prime
	Deductible Cover (Plan 3)	<input type="checkbox"/> Private Lite	<input type="checkbox"/> Public Lite	<input type="checkbox"/> Public Lite
	Public Prime (Plan 3)			
	Public Lite & Deductible (Plan 3)	<input type="checkbox"/> Private Lite <input type="checkbox"/> Private Prime	<input type="checkbox"/> Public Lite <input type="checkbox"/> Public Prime	<input type="checkbox"/> Public Lite <input type="checkbox"/> Public Prime

## SECTION A: CHANGE OF PLAN / OPTION *(continued)*

### For Singlife Health Plus (Optional):

Please complete this table only if you wish to change your option(s).

Upgrade Singlife Health Plus	Existing Plan/Option (s)	New Option (s)		
	Singlife Shield	Plan 1	Plan 2	Plan 3
	Private Lite (Plan 1)	<input type="checkbox"/> Private Prime	<input type="checkbox"/> Public Prime	<input type="checkbox"/> Public Prime
	Deductible Cover (Plan 1)			
	Public Lite (Plan 2)	<input type="checkbox"/> Private Prime	<input type="checkbox"/> Public Prime	<input type="checkbox"/> Public Prime
	Deductible Cover (Plan 2)			
	Public Lite (Plan 3)	<input type="checkbox"/> Private Prime	<input type="checkbox"/> Public Prime	<input type="checkbox"/> Public Prime
	Deductible Cover (Plan 3)			

## SECTION B: UNDERWRITING HISTORY

### Important Notes:

- If your policy is under Moratorium Underwriting and you are upgrading your plan, please complete questions 1 & 2 below.

### Documents to be submitted:

- If any of the question is answered 'Yes', your underwriting option would have to be Full Medical Underwriting and you are required to complete the Policy Services Health Declaration Form. Change of plan/options may be subject to new counter-offer terms by Singapore Life Ltd. after underwriting.

<p>1. Have you had an application of a Life, Critical Illness, Health, Accident, Disability policy deferred, declined or required to pay Additional Premiums for MediShield Life?</p> <p>If 'Yes', please provide details below</p> <p>Name of Insurer: <input style="width: 150px;" type="text"/> Type of Policy: <input style="width: 150px;" type="text"/></p> <p>Reason: <input style="width: 550px;" type="text"/></p>	<p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p style="color: red; font-size: small;">If you are required to pay Additional Premiums for MediShield Life, please also provide a copy of the CPF MediShield Life Additional Premium Letter.</p>		
<p>2. Have you ever experienced symptoms or received medical advice or had treatment for any of the following conditions (whether diagnosed or not)?</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• AIDS or HIV infection</li> <li>• Alzheimer's disease</li> <li>• Angioplasty</li> <li>• Any form of Cancer</li> <li>• Atherosclerosis</li> <li>• Autism</li> <li>• Bipolar Disorder</li> <li>• Chronic cor pulmonale</li> <li>• Chronic Kidney disease</li> <li>• Chronic Obstructive lung disease</li> <li>• Coronary Artery Disease (CAD)</li> <li>• Dementia</li> <li>• Diabetes Mellitus / Impaired Glucose tolerance</li> <li>• Down syndrome</li> <li>• Heart attack</li> <li>• Heart bypass</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Hepatitis C/D</li> <li>• Ischaemic Heart Disease (IHD)</li> <li>• Kidney failure</li> <li>• Liver cirrhosis</li> <li>• Multiple sclerosis</li> <li>• Muscular Dystrophy</li> <li>• Organ transplant</li> <li>• Osteoporosis</li> <li>• Paralysis</li> <li>• Polycystic Kidney disease</li> <li>• Pulmonary hypertension</li> <li>• Schizophrenia</li> <li>• Stroke</li> <li>• Systemic Lupus Erythematosus (SLE)</li> <li>• Thassaemia intermediate/major</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• AIDS or HIV infection</li> <li>• Alzheimer's disease</li> <li>• Angioplasty</li> <li>• Any form of Cancer</li> <li>• Atherosclerosis</li> <li>• Autism</li> <li>• Bipolar Disorder</li> <li>• Chronic cor pulmonale</li> <li>• Chronic Kidney disease</li> <li>• Chronic Obstructive lung disease</li> <li>• Coronary Artery Disease (CAD)</li> <li>• Dementia</li> <li>• Diabetes Mellitus / Impaired Glucose tolerance</li> <li>• Down syndrome</li> <li>• Heart attack</li> <li>• Heart bypass</li> </ul>	<ul style="list-style-type: none"> <li>• Hepatitis C/D</li> <li>• Ischaemic Heart Disease (IHD)</li> <li>• Kidney failure</li> <li>• Liver cirrhosis</li> <li>• Multiple sclerosis</li> <li>• Muscular Dystrophy</li> <li>• Organ transplant</li> <li>• Osteoporosis</li> <li>• Paralysis</li> <li>• Polycystic Kidney disease</li> <li>• Pulmonary hypertension</li> <li>• Schizophrenia</li> <li>• Stroke</li> <li>• Systemic Lupus Erythematosus (SLE)</li> <li>• Thassaemia intermediate/major</li> </ul>	<p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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## SECTION C: CHANGE OF ASSURED/POLICYHOLDER (OWNER) AND PAYER

### Important Notes:

- If you are also the Assured / Policyholder (Owner) of an existing Singlife Shield and Singlife Health Plus, please note that the Owner for Singlife Shield and Singlife Health Plus will be changed at the same time.
- For premium deduction via Medisave account, Assured / Policyholder (Owner) and Payer must be the same person. We will change the Payer on the Medisave portion for Singlife Shield only with effect from the next premium due date.
- Your existing payment method for Singlife Shield's premium amount in excess of the Medisave Withdrawal Limit or Singlife Health Plus premium will remain.
- If the new payer is a child/ward below 16, the owner of the policy will not be changed.

### Documents to be submitted:

#### 1. Copy of NRIC of the New Assured/ Policyholder (Owner)

#### 2. Proof of address is required for residential address update

- For Singaporean/ Singapore PR: copy of identity card
  - For Passholders: recent utility bills or letters issued by a statutory or government body (dated within past 6 months).
- For full list of acceptable documents, please refer to [www.singlife.com](http://www.singlife.com).

#### 3. For use of Child/Ward CPF Medisave account, Authorisation Form for Deduction of Premium from Child's/Ward's CPF Medisave Account – Singlife Shield is required.

Details of New Assured / Policyholder (Owner) and Payer	
Name: <input type="text"/>	NRIC No. <input type="text"/>
Date of Birth (DD/MM/YYYY): <input type="text"/>	CPF Account No. <input type="text"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR
Relationship of Life Assured to New Assured/Policyholder (Owner):	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling
Address and Contact Details	
You can log on to <i>MySinglife</i> to update your address, mobile number and email address: <a href="http://www.singlife.com/mysinglife">www.singlife.com/mysinglife</a>	
Residential Address	Mailing Address (if different from Residential Address)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/> Postal Code <input type="text"/>	<input type="text"/> Postal Code <input type="text"/>
Your correspondences for all policies / accounts with Singapore Life Ltd. will be sent to this new residential address. If you wish to receive your correspondences at another address for any of your policies, please complete Update of Mailing Address portion.	<input type="checkbox"/> Update all Life and Health Insurance policy(ies) <input type="checkbox"/> Update the following policy(cies) only: Please list policy numbers: <input type="text"/>
MINDEF / MHA / POGIS	
<input type="checkbox"/> Please also update the above new address for MINDEF / MHA / POGIS plan(s) of the New Assured	
Mobile <input type="text"/>	Office <input type="text"/>
Home <input type="text"/>	Fax <input type="text"/>
Email <input type="text"/>	

## SECTION C: CHANGE OF ASSURED/POLICYHOLDER (OWNER) AND PAYER (continued)

### Declaration of US Indicia

- Do you have one or more US Indicia\*?  Yes  No
- Do you give standing instructions to transfer funds to an account maintained in the US?  Yes  No
- Do you give effective power of attorney or signatory granted to a person with a US address?  Yes  No

If **yes**, please complete the **United States of America (US) Person Declaration form** (available at [www.singlife.com/fatca/resources-downloads](http://www.singlife.com/fatca/resources-downloads)) and return to Singapore Life Ltd.

\*US Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / Contact Number/US "in-care-of" or "hold mail" address

### Declaration of Tax Residency under the Common Reporting Standard

- Is there any change in the information that you have provided to Singapore Life Ltd. that would result in a change in your tax residency status (for e.g. change in your residence/ mailing/in-care of address, telephone number)?  Yes  No

If **yes**, please complete the **CRS Self-Certification Form for Individual/Entity/Controlling Person** (whichever is applicable) available at [www.singlife.com/CRS/resources-downloads](http://www.singlife.com/CRS/resources-downloads) and return to Singapore Life Ltd.

## SECTION D: AUTHORISATION AND DECLARATION

- I/We, the legal owner of this Policy, hereby request that this Policy be changed as indicated above 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. For Change of Plan, I/We understand and agree that if my/our request is accepted, Singapore Life Ltd. ("Singlife") may change the terms and conditions of the Policy. Any such change shall take effect as an amendment to and form part of the Original Policy issued from the effective date of the Change of Plan as notified to me by Singlife and be binding on any person who shall have or claim an interest under the Policy.
- I/We authorise the Central Provident Fund Board (the "CPF Board") to deduct premium(s) due for the Life Assured as named under this policy (the "Life Assured") from my/our Medisave account (including any new Medisave account(s) which I/We may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act 1953, the MediShield Life Scheme Act 2015 and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF Board from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).
- I/We authorise the CPF Board to disclose/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the policy. Such information includes but is not limited to:
  - payment and amount of premiums due, including the deduction of premiums from my/our Medisave account and my/our Medisave account balance;
  - the making of refunds under the PMIS, as the CPF Board shall reasonably consider appropriate; and
  - the amount of premium subsidies for the Life Assured and the amount of additional premium applicable to the Life Assured.
- (Applicable if Life Assured is the sibling of the Assured / Policyholder) I/We confirm, warrant and represent that I/We am/are responsible for bearing the healthcare costs, including the costs to be covered in respect of the Life/Lives to be insured named under this application and I/We will suffer direct financial loss if any of the events to be insured under this application occurs. Accordingly, I/We acknowledge and agree that I/We have an interest in the subject matter and events to be insured.
- I/We, the Life Assured named under this policy, hereby consent to the transfer and disclosure, at any time and without notice to me/us of any medical information on me/us, in the Insurer's or the CPF Board's possession, between the Insurer and the CPF Board for the purpose of assessing the insurability of me/us and/or the making of a claim under the PMIS.
- I/We understand that any benefits payable under the policy are made to me, my legal representative, the hospital or such other authorised parties (as the case may be). Singlife will not make any payment in respect of any claim incurred unless full premium has been received by Singlife. I/We can contact my Financial Adviser Representative or visit the FAQs section in [www.singlife.com](http://www.singlife.com) for claim procedures.
- I/We understand that I/We can contact my Financial Adviser Representative or view a copy of the Singlife Shield Policy Contract at [www.singlife.com/en/insurance/life-and-health](http://www.singlife.com/en/insurance/life-and-health) for what my policy does not cover. However, some of these exclusions may be covered under MediShield Life. For exclusions that are covered under MediShield Life, Singlife will deal with my claim according to the terms and conditions and benefit limits of MediShield Life. If Singlife says that because of an exclusion or any other term or condition of my policy, any loss, damage, cost or expense is not covered by my policy, the burden is on me to prove otherwise.
- I/We further declare that I/We am/are not an undischarged bankrupt and that I/We have committed no act of bankruptcy within the last 12 months and no receiving order or adjudication order in bankruptcy has been made against me/us during that period.
- I/We understand that the Policy will be reinstated and the insurance cover restored only when an official letter confirming reinstatement has been issued by Singlife. Singlife will not be liable for any claims arising between the date of lapsing the Policy and the reinstatement date of the Policy. In addition, treatment provided to the Insured Person within 30 days of the reinstatement date will also not be covered unless the treatment received as an Inpatient is for injuries caused by an accident occurring after the reinstatement date.
- I/We declare that all the information on this Form and Policy Services Health Declaration Form is true and complete to the best of my/our knowledge and understand that any misrepresentation or concealment of facts shall render the policy to be issued null or void.
- I/We agree to inform Singlife if there is any change in the state of my and/or my dependent(s)'s health/activities between the date of this form/Policy Services Health Declaration Form and the date of acceptance of terms by Singlife. I/We understand the terms of accepting me and/or my dependent(s) as a risk for insurance coverage may vary accordingly to such information received.

**SECTION D: AUTHORISATION AND DECLARATION** (continued)

12. I/We am/are aware that:
- (i) An Integrated Shield Plan comprises two parts – a MediShield Life portion provided by the Central Provident Fund Board (CPF Board) and an additional private insurance coverage provided by the Insurance Company. As Integrated Shield Plan premiums are higher than MediShield Life premiums, there should be sufficient monies in my Medisave account to pay for MediShield Life premiums on an ongoing basis before I/We consider purchasing an Integrated Shield Plan.
  - (ii) Each Life Assured can only have one Integrated Shield Plan. Once this policy commences, the existing Integrated Shield Plan under the PMIS in favour of the Life Assured will be automatically terminated and upon the commencement of another Integrated Shield Plan in favour of the Life Assured, this Singlife Shield policy will automatically terminate.
  - (iii) Replacing an existing Integrated Shield Plan could outweigh any potential benefit such as:
    - a. The new plan may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at higher cost and, the new plan may be less suitable for me.
    - b. If I/We am/are switching to this plan and I/We have existing medical conditions that are currently covered by my/our existing plan, I/We am/are aware that I/We may lose coverage for those conditions.
    - c. If I/We am/are replacing my/our existing plan by upgrading to this plan and I/We have existing medical conditions that are currently covered by my/our existing plan, I/We am/are aware that I/We may not be given the enhanced benefits for those conditions.
13. I/We authorise any medical source, insurance office, or organisation to release to Singlife and similarly Singlife to release to any of the prior mentioned organisations, relevant information concerning me/us at any time, regardless of whether the request/application is accepted by Singlife. A photographic copy of this authorisation shall be valid as the original.
14. I/We consent to Singlife collecting, using and/or disclosing my/our personal data for the processing of the above 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.
15. I/We also consent to Singlife disclosing and transferring my/our personal data to (i) Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my financial adviser, where applicable); (ii) the Government of Singapore; (iii) statutory boards; and (iv) organisations approved by the Government of Singapore, whether located in Singapore or elsewhere, for the above purposes.
16. 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:
- permit me/us to collect, use and/or disclose the individual's(s') personal data to Singlife for the above purposes;
  - permit Singlife to collect, use and/or disclose the individual's(s') personal data for the above purposes; and
  - permit Singlife to disclose and/or transfer the individual's(s') personal data to (i) Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable); (ii) the Government of Singapore; (iii) statutory boards; and (iv) organisations approved by the Government of Singapore, whether located in Singapore or elsewhere, for the above purposes.
17. 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.

**Warning:** You must give all the facts truthfully when you make this request for change. If you fail to reveal any material information in this Form, you may not receive any benefits under your policy or we may declare your policy as void or add extra terms on your policy. If you are in doubt as to whether a fact is material, you should reveal it anyway. This includes any fact which you may have given to your Financial Adviser Representative but is not included in this Form. Please check to ensure you are fully satisfied with the information declared in this Form. You may not alter any of the wording in this Form. Any attempt to do so will be of no effect.

**Important Notes:**

1. Signature of new Assured / Policyholder (Owner) is required if you have requested for change of Assured / Policyholder (Owner).
2. Mobile number and email address provided will replace our records accordingly.

Signature of Assured / Policyholder (Owner) > Your signature must be consistent with our record	Mobile number	Date (DD/MM/YY)
	Email address	
Name of Assured / Policyholder (Owner) > Name as in NRIC		
Signature of New Assured / Policyholder (Owner) > Your signature must be consistent with our record	Mobile number	Date (DD/MM/YY)
	Email address	
Name of New Assured / Policyholder (Owner) > Name as in NRIC		