



**PART A: YOUR DETAILS**

Name of Assured / Assignee / Trustee

NRIC / FIN / Passport Number

Policy Number(s)

Mobile No.

Email Address

**Note: 1) Mobile number and email address provided above will replace our records accordingly**  
**Note: 2) The following changes will be applied to all active Individual Life and Health policies**

**PART B: ALTERATION ON CLIENT'S PERSONAL DETAILS**

1.  **Correction / Change of Name / Identity Number / Nationality\* to**

(Please enclose documentary evidence – photocopy of Deed Poll, Identity Card, Passport or Birth Certificate)  
 \* For Change of Nationality: Please fill up the Declaration of US Indicia and Declaration of Tax Residency under the CRS

**Declaration of US Indicia (This portion needs to be completed by Assured / Assignee / Trustee)**

- 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/en/fatca/](http://www.singlife.com/en/fatca/)) 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 (This portion needs to be completed by Assured / Assignee / Trustee)**

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/en/common-reporting-standard/](http://www.singlife.com/en/common-reporting-standard/)) and return to Singapore Life Ltd.

\_\_\_\_\_  
Signature of Assured(s) / Assignee(s) / Trustee(s)

 /  / 

Date (DD/MM/YYYY)

2.  **Change of Signature**

Please ensure that the "Previous Signature" field is signed, and that your signature matches the one we have on record. If you are unable to sign as per your previous signature, please visit Singapore Life Ltd. in person.

\_\_\_\_\_  
**Previous Signature**

\_\_\_\_\_  
**New Signature**

 /  / 

Date (DD/MM/YYYY)