



REQUEST FORM

IMPORTANT:

Unless defined herein, capitalised terms used in this form have the same meanings ascribed to them in the contract(s) of insurance entered with Singapore Life Ltd. (the "Policy" or "Policies").

The request will only be processed when this completed form is formally received and verified by Singlife. **The effective date will only be determined upon completion of the processing, for which an official confirmation letter from Singlife will be sent to the Policyholder/Assignee.**

Please use One (1) Request Form for One (1) Policyholder/Assignee.

In completing and submitting this form to Singapore Life Ltd. ("Singlife"), the Policyholder(s) or Authorised Person (as the case may be i.e. Assignee) named herein is/are deemed to have applied for a change of FAR in respect of the Policy or Policies stated in Section 2 below, in the absence of any written instructions or notification to the contrary.

Please send the completed form to Distribution Operations, at dss_life@singlife.com. Kindly ensure that the form is **typewritten** instead of handwritten.

SECTION 1: POLICYHOLDER/ASSIGNEE DETAILS

(Note: If policy has been assigned, this form should be completed by the Assignee)

Full Name as per ID/Company Name of Main Policyholder or Assignee

NRIC/FIN/Passport/Company UEN No. of Main Policyholder or Assignee

Full Name as per ID of Joint Policyholder (if applicable)

NRIC/FIN/Passport No of Joint Policyholder (if applicable)

Please provide your NRIC/FIN/Passport/Company UEN No. if policy number is not provided in Section 2.

SECTION 2: LIFE AND/OR HEALTH POLICY(IES) TO BE AFFECTED BY CHANGE OF FAR

Please **tick only ONE (1)** of the following:
(Kindly note that the change will only be effected on in-force policies.)

All my existing in-force Life and/or Health policy(ies) under my NRIC/FIN/Passport/Company UEN No. as indicated above.

OR

List of Life and/or Health policy number(s) for which change will be effected:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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SECTION 3: NEW FAR ACKNOWLEDGMENT

New FAR's Full Name as per ID

I, hereby agree to be responsible for the policy(ies) mentioned in Section 2 of this form from the effective date of change.

New FAR's Singlife Agent Code

Signature of New FAR

/ /

Date (DD/MM/YY)

SECTION 4: DECLARATION

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 suffered by me/us due to such rejection of any of my/our instructions;
- understand that Singlife may require further information or documentation, and that the change(s) are not automatic and will not be considered effective until I/we have received an official notification from Singlife confirming the change(s);
- agree that the processing of any transactions (including, but not limited to, transactions in relation to investment linked policies) accompanying this request for a change in Financial Adviser's Representative may be deferred by Singlife, without any explanation or prior consent or notice, until such time when the request for change has been finally processed or rejected, as the case may be;
- consent to Singlife 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;
- also consent to Singlife disclosing and transferring my/our personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and/or intermediaries (including my/our financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes;
- confirm and 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.

Please ensure your signature is consistent with our record.

Signature of Main Policyholder or Assignee/
Company Authorised Signatory (with Company Stamp)

/ /

Date (DD/MM/YY)

Please ensure your signature is consistent with our record.

Signature of Joint Policyholder (where applicable)

/ /

Date (DD/MM/YY)

The validity period of your request is **30 days** from the signed date.