



# ALTERATION FORM

**Important Notes:**

**Pursuant to Section 23(5) of the Insurance Act 1966, you are to disclose in this application form fully and faithfully all facts which you know or ought to know, otherwise the insurance effected may be void. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the licensed Financial Adviser Representative but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application. Please read the useful and important information on the last page before completing.**

## CUSTOMER KNOWLEDGE ASSESSMENT (CKA)

Name of Assured/Assignee

Policy Number

NRIC/Passport No./Company UEN

It is important to find out if you have the knowledge or investment experience to understand the risks and features of unlisted "Specified Investment Products" (SIP) which include unit trusts or Investment-Linked Policy and/or Funds ("investment product"). This assessment is known as the Customer Knowledge Assessment.

I understand that any inaccurate or incomplete information provided by me may affect the suitability of the recommendations made.

## SECTION A: KNOWLEDGE ACQUIRED

### Educational Qualifications

1. Do you have a diploma or higher qualification in any of the following fields?  Yes  No  
If Yes, please indicate as applicable:
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Accountancy           | <input type="checkbox"/> Actuarial Science   | <input type="checkbox"/> Business/Business Admin |
| <input type="checkbox"/> Capital Markets       | <input type="checkbox"/> Commerce            | <input type="checkbox"/> Economics               |
| <input type="checkbox"/> Finance               | <input type="checkbox"/> Finance Engineering | <input type="checkbox"/> Financial Planning      |
| <input type="checkbox"/> Computational Finance | <input type="checkbox"/> Insurance           |  |
2. Do you possess any other professional finance-related qualifications?  Yes  No  
(e.g. Chartered Financial Analyst Examination conducted by the CFA Institute, USA and the Association of Chartered Certified Accountants (ACCA) Qualifications). If Yes, please specify:
- 

### Investment Experience

3. Have you made **at least 6 transactions** in the following unlisted "Specified Investment Products" in the **past 3 years**? Please tick the type of investment traded\*:  Yes  No
- Collective Investment Schemes (CIS) (e.g. Unit Trusts)  
 Investment-Linked Policies (ILP)
- \*You may tick more than one box.

### Work Experience

4. Do you have a minimum of **3 continuous years** of working experience\* in the **preceding 10 years** involving the following fields? If Yes, please indicate as applicable:  Yes  No
- Development/Structuring/Management/Sale/Trading/Research/Analysis of Investment Products  
 Provision of training on Investment Products  
 Accountancy, Actuarial Science, Treasury, Financial Risk Management and Legal work in financial areas
- \*Provision of general support functions in the areas such as operations, HR, corporate services and IT is **not** considered as relevant experience.

## SECTION B: OUTCOME OF CKA (from Section A)

If All the above responses are “No”, you are deemed NOT to have the relevant investment knowledge.

## SECTION C: CUSTOMER ACKNOWLEDGEMENT OF CKA OUTCOME

I acknowledge that

- I have been given a clear explanation of the objectives for the Customer Knowledge Assessment (CKA);
- I have answered all the relevant questions to the best of my knowledge;
- I understand and agree with the outcome of the Customer Knowledge Assessment.

**Please TICK and ACKNOWLEDGE as appropriate:**

### PASS CKA

1. I understand that I have **PASSED** the CKA and I **DO NOT WISH** to receive any advice offered by my Financial Adviser Representative. I understand that by choosing not to receive any advice, I will not be able to rely on section 36 of the Financial Advisers Act 2001 (FAA) to file a civil claim in the event of a loss.
2. I understand that I have **PASSED** the CKA and **WISH** to receive advice offered to me by my Financial Adviser Representative. Based on assessment of the suitability of the investment product, I have been advised that:
- The investment product/s that I intend to invest/transact in is/are **SUITABLE** for me, and I would like to **PROCEED** with the investment/transaction.
  - The investment product/s that I intend to invest/transact in is/are **NOT SUITABLE** for me, and I would like to **PROCEED** with the investment/transaction.

### DID NOT PASS CKA

3. I understand that I **DID NOT PASS** the CKA and **WISH TO PROCEED** with my investment. I understand that I will need to receive advice from my Financial Adviser Representative, who will assess and advise me on the suitability of the investment product for my investment.

Based on assessment of the suitability of the investment product, I have been advised that:

- The investment product/s that I intend to invest/transact in is/are **SUITABLE** for me, and I would like to **PROCEED** with the investment/transaction.
- The investment product/s that I intend to invest/transact in is/are **NOT SUITABLE** for me, and I would like to **PROCEED** with the investment/transaction.

## SECTION D: FINANCIAL ADVISER REPRESENTATIVE'S ("FAR") ACKNOWLEDGEMENT

### FAR Comments (If Applicable)

Name of FAR

FAR Code

## SECTION E: SECTION 36, FINANCIAL ADVISERS ACT 2001 - EXTRACT

Recommendations by licensed financial advisers

36. — (1) No licensed financial adviser shall make a recommendation with respect to any investment product to a person who may reasonably be expected to rely on the recommendation if the licensee does not have a reasonable basis for making the recommendation to the person.

(2) For the purposes of subsection (1), a licensed financial adviser does not have a reasonable basis for making a recommendation to a person unless —

- (a) he has, for the purposes of ascertaining that the recommendation is appropriate, having regard to the information possessed by him concerning the investment objectives, financial situation and particular needs of the person, given such consideration to, and conducted such investigation of, the subject-matter of the recommendation as is reasonable in all the circumstances; and
- (b) the recommendation is based on the consideration and investigation referred to in paragraph (a).

(3) Where —

- (a) a licensee, in making a recommendation to a person, contravenes subsection (1);
- (b) the person, in reliance on the recommendation, does a particular act, or refrains from doing a particular act;
- (c) it is reasonable, having regard to the recommendation and all other relevant circumstances, for the person to do that act, or to refrain from doing that act, as the case may be, in reliance on the recommendation; and
- (d) the person suffers loss or damage as a result of doing that act, or refraining from doing that act, as the case may be, then, without prejudice to any other remedy available to that person, the licensed financial adviser is liable to pay damages to that person in respect of that loss or damage.

(4) In this section, a reference to the making of a recommendation is a reference to the making of a recommendation expressly or by implication.

(5) This section shall not apply to any licensed financial adviser or class of licensed financial advisers in such circumstances or under such conditions as may be prescribed.

[2/2005]  
[SF Bill, Clause 121]

**Note:** If you did not pass the CKA assessment and the investment product is assessed as unsuitable for your investment/ transaction, approval is required from members of the senior management of the company before the investment can be executed. The company management will have to contact you for verification. Kindly provide us with your contact number.



# ALTERATION FORM

## FUND SWITCH

Switch out from existing source funds:  
Enter the value amount or the number of units of the fund to be switched out from.

Source Fund Names	Fund Code	<input type="checkbox"/> Amount <input type="checkbox"/> Percentage
1.		
2.		
3.		
4.		
5.		

Invest into target funds:  
Please instruct how the amount switched out is to be distributed to the target funds. The total percentage shares must add up to 100%. Dividend distribution option is only applicable to ILP sub-fund that pays dividends. Please select either to receive payout in cash for these dividends ("Cash Out") or to reinvest these dividends ("Reinvest").

Target Fund Names	Fund Code	Percentage %	Dividend Distribution Option	
			Cash Out	Reinvest
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>

Note:  
If you wish to opt for direct credit for your dividend cash-out, please complete the Payment Settlement section.

**PREMIUM REDIRECTION FOR FUTURE REGULAR PREMIUM; OR  
REGULAR PREMIUM INVESTMENT BOOST (RPIB) INVESTMENTS**  
(Applicable for Z Invest, Z Saver, Z Link/Z Link Choice Max)

Please instruct how future investments are to be distributed by percentage share to selected funds. The total percentage shares must add up to 100%.

Dividend distribution option is only applicable to ILP sub-fund that pays dividends. Please select either to receive payout in cash of these dividends ("Cash Out") or to reinvest these dividends ("Reinvest").

Target Fund Names	Fund Code	Percentage %	Dividend Distribution Option	
			Cash Out	Reinvest
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>

**REGULAR PREMIUM INVESTMENT BOOST (RPIB) (Applicable for Z Invest, Z Saver, Z Link / Z Link Choice Max)**

- Increase Regular Premium Investment Boost (RPIB) to S\$
- Terminate Regular Premium Investment Boost (RPIB)

**SINGLE PREMIUM INVESTMENT BOOST (Applicable for Z Invest, Z Saver, Z Link / Z Link Choice Max)**

- Top Up Single Premium Investment Boost (SPIB) to S\$

Note: A sales charge of 5% is applicable.

Please indicate the Fund Names and the amount or percentage to be invested  
Enter the value amount or the number of units of the fund to be switched out from.

Fund Names	Fund Code	<input type="checkbox"/> Amount
		<input type="checkbox"/> Percentage
1.		
2.		
3.		
4.		
5.		
6.		
7.		

**SINGLE PREMIUM INVESTMENT BOOST** (continued)  
 (Applicable for Z Invest, Z Saver, Z Link / Z Link Choice Max)

You need to answer the following Health Question only if your policy is a Choice Benefit 125.

**Health Question:**

Have the Life Assured ever had or been treated, or contemplate seeking treatment for any symptoms, complaints, illness, disease/disorder and/or disability that required, or may require investigation, hospitalisation, surgical procedure operation (other than for day surgery where you were discharged within 24hours of admission), regular follow-up/ consultation and/or any medical treatment by doctor or specialist?

Yes  No

If the answer is 'Yes', we'd like to inform you that we will not be able to process this investment.

**REQUEST FOR PREMIUM HOLIDAY**

Commence Premium Holiday

Cease Premium Holiday

Please submit request to cease Premium Holiday and resume premium payments from next renewal premium due or payment of all outstanding regular premiums in arrears.

**CHANGE IN DIVIDEND DISTRIBUTION OPTION**

Dividend distribution option is only applicable to ILP sub-fund that pays dividends. Please select either to receive payout in cash of these dividends ("Cash Out") or to reinvest these dividends ("Reinvest").

Fund Names	Fund Code	Dividend Distribution Option	
		Cash Out	Reinvest
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>

## PAYMENT SETTLEMENT

### Important – Must read:

- **We will not be able to disburse your payment if valid direct credit instruction is not provided and payment via PayNow-NRIC/FIN cannot be processed. Please register for PayNow-NRIC/FIN or provide a valid direct credit instruction in the section below to enable payment.**
- For joint owners/joint assignees, please authorise payment to one of the payees.
- If the policy is written under Section 73 of the Conveyancing and Law of Property Act 1886, and Section 132 of the Insurance Act 1966, the payment will be payable in the names of all the trustees/beneficiaries. Should there be more than one trustee, please authorise the payment to only one of the trustees.

### 1. For Direct Credit or Telegraphic Transfer. Not applicable for policies bought under the CPFIS-OA, CPFIS-SA, ASPFIS or SRS.

All **SGD payments** will be credited to the nominated bank account linked to your PayNow-NRIC/FIN by default. Please ensure that you have registered for PayNow-NRIC/FIN with your bank so that payments can reach you.

If you would like to opt in for direct credit to your bank account or you are not able to use PayNow-NRIC/FIN for various reasons such as joint owners/joint assignees/trustees, or if you are a corporate customer, please complete the following fields and provide a copy of your bank passbook/statement or e-statement with full name and bank account number clearly indicated on the same page (all other information may be blanked out).

Name of Bank  Account No.

For **non-SGD payment/non-Singapore bank account**, additional information is required (Telegraphic Transfer\*).

Bank Address

IBAN/SWIFT CODE/SORT/FEDWIRE/Any applicable bank routing code

\*The telegraphic transfer may be subject to administrative costs and foreign exchange rates. Kindly note that Singapore Life Ltd. will not be liable for telegraphic transfer charges imposed by the bank. Additionally, the foreign exchange rate applied will be from an applicable source determined by Singapore Life Ltd.

### 2. Authorisation for payment to be issued to the Assured/Assignee or Joint Assured/Assignee

We, the Assured and Joint Assured/ the Assignee and Joint Assignee of the above policy authorise Singapore Life Ltd. to pay to the following payee:

Name of Payee  NRIC No.

#### Notes:

1. The payee must be either the Assured/Assignee or the Joint Assured/Assignee
2. Please enclose a photocopy of the payee's NRIC with this form.
3. The payment 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 payment via payee's bank account.

### 3. 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.

## DECLARATION

1. I/We confirm that the investment decisions that I/we have made are based solely on my own judgement and have read and understood my/our relevant documents which includes the latest Fund Summary reports and Product Highlight Sheets. I/We understand
  - (a) that any past performance is not indicative of future performance,
  - (b) investment values are volatile and may fluctuate from time to time, and
  - (c) any switch or additional investment may result in greater risk exposure.
2. I/We understand that the insurance shall not take effect until this application is accepted, the full premium is received and the endorsement is issued by Singlife.
3. I/We am/are aware that I/we can view and download a copy of Infographic "Moratorium on Genetic Testing and Insurance" from [www.singlife.com](http://www.singlife.com).
4. I/We declare that no material fact, that is, any fact likely to influence the assessment and acceptance of this application has been withheld and to the best of my/our knowledge and belief, the information furnished is true and complete. I/We agree to inform Singapore Life Ltd ("Singlife"), if there is any change in my/our health or other disclosures, statements, information or declarations that I/we have made in this Health Declaration between the date of this application and the date the policy is issued.  
This includes but is not limited to any change in the state of my/the proposed life assured's health, or if the proposed life assured plan to seek medical consultation, investigation, or treatment, or any change to my coverage under my existing insurance policies or concurrent insurance applications that I/we have.
5. I/We agree that all medical examination reports done for the purpose of this application are properties of Singlife to be used solely for insurance purposes.
6. I/We authorise any medical source, insurance office or organisation to release to Singlife and similarly Singlife to release to any medical source, insurance office or organisation, to the extent permitted by law, relevant information concerning me/us and/or any life assured at any time, regardless of whether the application is accepted by Singlife. A photographic or electronic copy of this authorisation shall be as valid as the original.
7. I/We understand that any payment made at the time of signing this application or thereafter shall be held as a deposit placed with the Company 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.
8. 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.
9. I/We authorise Singlife to act upon instructions given by facsimile or by electronic means with regard to the Units subscribed for (and any further Units purchased) or any matter in connection with them or any of them without liability in respect of any transfer, payment or any other act done according to such instructions and notwithstanding that it shall be shown the same was not signed or sent by me/us. I/We agree to indemnify Singlife in respect of any loss arising in respect of acting on instructions given by facsimile or by electronic means or a decision not to act on the basis of such instruction or for any loss arising from the non-receipt of such instructions.
10. 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.
11. I/We further declare 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.
12. **For where the Assured/Joint Assured/Life Assured/Assignee/Trustee is an Individual**  
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.

## DECLARATION (continued)

I/We also consent to Singlife disclosing and/or 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 and managing my/our relationship with Singlife related group of companies.

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 individuals to:

- permit me/us to collect, use and/or disclose the individuals' personal data to Singlife for the above purposes;
- permit Singlife to collect, use and/or disclose the individuals' personal data for the above purposes; and
- permit Singlife to disclose and/or transfer the individuals' 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 and managing my/our relationship with Singlife related group of companies.

### 13. For where the Assured/Assignee/Trustee is a Legal Entity

I/We, for and behalf of the Assured/Assignee/Trustee as indicated in this form, hereby represent, undertake and warrant to Singlife that:

- (a) for any personal data of individuals that the Assured/Assignee/Trustee will be or is disclosing to Singlife, whether directly or through an intermediary, that the Assured/Assignee/Trustee would have prior to disclosing such personal data to Singlife obtained the appropriate consent from the individuals whose personal data are being disclosed to:
  - permit the Assured/Assignee/Trustee to collect, use and/or disclose the individuals' personal data to Singlife for the purpose of the processing of the above transaction for any such other purposes ancillary or related to the administering of the Assured's/Assignee's/Trustee's policy(ies), account(s) and/or managing the Assured's/Assignee's/Trustee's relationship with Singlife and for statistical, research, audit, compliance and regulatory purposes.
  - permit Singlife to collect, use, disclose and/or process the individuals' personal data for the purposes as described above; and
  - permit Singlife to disclose and/or transfer the individuals' personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including the Assured's/Assignee's/Trustee's financial adviser, where applicable), whether located in Singapore or elsewhere, for the purposes as described above and managing the Assured's/Assignee's/Trustee's relationship with Singlife related group of companies;
- (b) any personal data of individuals that the Assured/Assignee/Trustee will be or is disclosing to Singlife are accurate. Further, the Assured/Assignee/Trustee shall give Singlife notice in writing as soon as reasonably practicable should it be aware that any such personal data has been updated and/or changed after such disclosure;
- (c) it shall give Singlife written notice as soon as reasonably practicable should it be aware that any individual above has withdrawn such consent as set out at subclause (a); and
- (d) it shall otherwise assist Singlife to comply with the Personal Data Protection Act 2012 and all subsidiary legislation related thereto.

Notwithstanding anything to the contrary, I/we, for and on behalf of the Assured/Assignee/Trustee, undertake to indemnify and at all times hereafter to keep Singlife and Singlife related group of companies (together with their respective officers, employees and agents) (each an "Injured Party") indemnified against any and all losses, damages, actions, proceedings, costs, claims, demands, liabilities (including full legal costs on a solicitor and own client basis) which may be suffered or incurred by the Injured Party or asserted against the Injured Party by any person or entity (including the Assured/Assignee/Trustee, his/her agents) whatsoever, in respect of any matter of, by reason of or in respect of: any breach of any of the provisions in this clause; and/or any action or omission by the Assured/Assignee/Trustee, that causes Singlife and/or any of Singlife related group of companies to be in breach of the Personal Data Protection Act 2012.

I/We, for and on behalf of the Assured/Assignee/Trustee, have read, understood and agree to be bound by the prevailing terms of Singlife's Data Protection Notice (found on <https://singlife.com/en/pdpa>) which 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 the Assured/Assignee/Trustee upon posting and/or where the Assured/Assignee/Trustee continues to use the relevant products and services offered by Singlife to which such terms relate to.

14. 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.

**DECLARATION** (continued)

Signature of Assured/Life Assured/  
Authorised Signatory^

Name (as in NRIC/Passport) or Full Name of Company

Mobile number      Email address

Signature of Joint Assured/Life Assured

Name (as in NRIC/Passport)

Mobile number      Email address

Signature of Assignee/Trustee(s)\*

Name (as in NRIC/Passport) or Full Name of Company

Mobile number      Email address

Date (DD/MM/YYYY)

Signature of FAR

Name (as in NRIC/Passport)

FAR Code

Date (DD/MM/YYYY)

**Note:**

- a) \*Signature of Trustee(s)/Assignee(s) are required for policies under Trust/Assignment.
- b) Mobile number and email address provided will replace our records accordingly.
- c) Both the Assured(s) and Life Assured(s) above the age of 16 are to sign on this Application.
- d) The Assured will declare on behalf of the Life Assured below the age of 16.
- 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.
- f) Signature(s) must be consistent with our record.

## USEFUL & IMPORTANT INFORMATION

### General

1. The application will be processed upon receipt of this request and other documentation or written information as the Company may require (including the delivery of the Policy document if required). It will not be effective until application has been accepted in writing by Singlife.
  2. Please complete one form per policy.
  3. To qualify for the next available pricing, request must be received by our Registered Office before 12 noon. (Applicable for all, except Z Invest/ ZLinkChoice/ ZLink Choice Max and Z Saver)  
To qualify for the next available pricing, request must be received by our Registered Office before 2pm. (Applicable for Z Invest/Z Link Choice/ Z Link Choice Max and Z Saver).
  4. Please ensure the correct signatories<sup>^</sup> sign on the Investment-Linked Alteration form:
    - a. Assured and/or Joint Assured only (if it is **NOT** a Trust policy or Assigned policy); or
    - b. Assured and/or Joint Assured and all Beneficiaries (if policy is written under Section 73 of the Conveyancing and Law of Property Act 1886 (CLPA)); or
    - c. Assured and/or Joint Assured and any Trustee (if policy is written under Section 132 of the Insurance Act 1966); or
    - d. Assured and/or Joint Assured and all Beneficiaries (if policy is written under Section 132 of the Insurance Act 1966); or
    - e. Assignee (if policy is assigned)
- <sup>^</sup> Do note that all signature(s) must be consistent with our records. Please come personally to Singlife if you are unable to sign the previous signature.
5. For cessation of premium holiday, please note that we will deduct the required payment(s)/premium(s) based on your current payment method at the point we receive your change request. If you do not have an existing payment arrangement with us, please make your payment electronically via Interbank Funds Transfer.

If you would like to set up eGiro payment for subsequent premium payments, you can apply through MySinglife > Policy Servicing > Set up eGIRO for Premium Payment

### Fund Switch

1. Fund Switch is only limited to Investment-Linked Funds.
2. Partial switching is allowed. The minimum amount per switch for each fund is the lower of \$1,000 or total value.
3. Switching from Investment-Linked Funds to Asset Plan Regular is NOT allowed.

### Premium Redirection for future Regular Premiums

1. Premium Redirection will be effected from the next renewal premium.
2. Redirection of premium from / to Asset Plan Regular is NOT allowed.

### Premium Holiday

1. Premium Holiday will be effected from the next renewal premium.
2. Please submit request to cease Premium Holiday and resume premium payments from next renewal premium due or payment of all outstanding regular premiums in arrears.

### Change in Dividend Distribution Option

1. Change in Dividend Distribution Option will be effected from the next dividend distribution.
2. The default Dividend Distribution Option is to reinvest all dividends from such ILP sub-fund if:
  - a. the dividend amount is below the minimum dividend cash out amount of S\$40; and/or
  - b. both Cash Out/Reinvest option is selected; and/or
  - c. no selection is indicated.
3. For SRS policy, if cash out option is selected and the minimum dividend cash out amount is S\$40 is met, the dividend will be credited back to the same SRS account.