



# REQUEST FOR CHANGES FORM

## YOUR POLICY DETAILS

Policy Number

Name of Assured/Assignee

NRIC/Passport No./Company UEN

## 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. In addition, I acknowledge, confirm, and agree that any change indicated below shall not take effect until it has been received and accepted by Singapore Life Ltd. ("Singlife").

## 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

 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 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

Full Name (as in NRIC/FIN/Passport)  
(Please underline surname)

Salutation  Mr  Mrs  Mdm  Ms  Dr

NRIC/Passport No.

Date of Birth (DD/MM/YY)

Gender  Male  Female

Race  Chinese  Malay  Indian  Others

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

to  years

to  Age Next Birthday of the original Life Assured

12.  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 recognised local or foreign tertiary institutions |

**Note: 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.  Retrenchment Benefit

I/We declared that I/we have been retrenched or unemployed and remains involuntarily unemployed for a period of three (3) consecutive months.

**Note: Please submit proof of document within 6 months from the date of retrenchment or unemployment.**

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 Advance Premium Facility/Life Stage Benefit)

### 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 Singapore Bank Accounts only. Not applicable for policies bought under the CPFIS-OA, CPFIS-SA, ASPFIS or SRS.** All SGD payments will be credited to your nominated bank account linked to 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:

Name of Bank  Account No.

Please 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).

## PAYMENTS SETTLEMENT (Applicable for Advance Premium Facility/Life Stage Benefit) (continued)

### 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.

## 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](http://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.

## YOUR DECLARATION AND AUTHORISATION (continued)

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.

### **For where the Assured/Assignee, Joint Assured, Life Assured, Joint Life Assured and/or Trustee is/are individuals**

For and on behalf of myself and all Life Assured, I/we consent to Singlife collecting, using and/or disclosing my/our personal data (whether contained in this form or obtained from other sources; existing data in Singlife's record or to be collected in future) for the following purposes:

- for the processing of the above transaction for any such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife; and
- for statistical, research, audit, compliance and regulatory purposes.

For and on behalf of myself and all Life Assured, 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/our financial adviser, where applicable); (ii) the Government of Singapore, where applicable; (iii) statutory boards, where applicable; and (iv) organisations approved by the Government of Singapore, 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, for and on behalf of myself and all Life Assured, 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, where applicable; (iii) statutory boards, where applicable; and (iv) organisations approved by the Government of Singapore, where applicable, for the above purposes and managing my/our relationship with Singlife related group of companies.

For and on behalf of myself and all Life Assured, 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.

### **For where the Assured/Assignee, and/or Trustee is/are Legal Entities**

For and on behalf of the Assured/Assignee and/or Trustee, I/we hereby represent, undertake and warrant to Singlife that:

- (a) for any personal data of individuals that the Assured/Assignee and/or Trustee will be or is disclosing to Singlife, whether directly or through an intermediary, that the Assured/Assignee and/or 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 and/or Trustee to collect, use and/or disclose the individuals' personal data to Singlife for the following purposes:
    - for the processing of the above transaction, for any such other purposes ancillary or related to the administering of the Assured's/Assignee's and/or Trustee's policy(ies), account(s) and/or managing the Assured's/Assignee's and/or 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 (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, where applicable; (iii) statutory boards, where applicable; and (iv) organisations approved by the Government of Singapore, where applicable, whether located in Singapore or elsewhere, for the purposes as described above and managing the Assured's/Assignee's and/or Trustee's account(s) and/or relationship with Singlife related group of companies;
- (b) any personal data of individuals that the Assured/Assignee and/or Trustee will be or is disclosing to Singlife are accurate. Further, the Assured/Assignee and/or 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 sub-clause (a); and
- (d) it shall otherwise assist Singlife to comply with the Personal Data Protection Act 2012 and all subsidiary legislation related thereto.

**YOUR DECLARATION AND AUTHORISATION (continued)**

Notwithstanding anything to the contrary, for and on behalf of the Assured/Assignee and/or Trustee, I/we 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 and/or Trustee, his/her(their) agents) whatsoever, in respect of any matter of, by reason of or in respect of:

- (a) any breach of any of the provisions in this clause; and/or
- (b) any action or omission by the Assured/Assignee and/or Trustee, that causes Singlife and/or any of Singlife related group of companies to be in breach of the Personal Data Protection Act.

For and on behalf of the Assured/Assignee and/or Trustee, I/we 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 and/or Trustee upon posting and/or where the Assured/Assignee and/or Trustee continues 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 acknowledge, confirm and agree that the changes requested shall be effective only when it is received and accepted by Singlife. I/ We understand that Singlife may require further information or documentation. I/We declare the information is true and complete.

|   |   |               |               |  |  |
|---|---|---------------|---------------|--|--|
| <p>Signature of Assured/Life Assured/<br/>Authorised Signatory^</p> | <p>Name (as in NRIC/Passport) or Full Name of Company</p> <input style="width: 100%; height: 20px;" type="text"/>   |               |               |  |  |
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| Mobile number   | Email address   |               |               |  |  |
| <input style="width: 150px; height: 20px;" type="text"/>            | <input style="width: 200px; height: 20px;" type="text"/>  |               |               |  |  |
| <p>Signature of Joint Assured/Life Assured</p>                      | <p>Name (as in NRIC/Passport)</p> <input style="width: 100%; height: 20px;" type="text"/>   |               |               |  |  |
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| <input style="width: 150px; height: 20px;" type="text"/>            | <input style="width: 200px; height: 20px;" type="text"/>  |               |               |  |  |
| <p>Signature of Assignee/Trustee(s)*</p>                            | <p>Name (as in NRIC/Passport) or Full Name of Company</p> <input style="width: 100%; height: 20px;" type="text"/>   |               |               |  |  |
|   | <table border="0"><tr><td style="padding-right: 20px;">Mobile number</td><td>Email address</td></tr><tr><td><input style="width: 150px; height: 20px;" type="text"/></td><td><input style="width: 200px; height: 20px;" type="text"/></td></tr></table> | Mobile number | Email address | <input style="width: 150px; height: 20px;" type="text"/> | <input style="width: 200px; height: 20px;" type="text"/> |
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| <p>Date (DD/MM/YYYY)</p>  | <input style="width: 150px; height: 20px;" type="text"/>  |               |               |  |  |

## IMPORTANT NOTE

- a) \*Signature of Trustee(s)/Assignee are required for policies under Trust/Assignment.
- 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](http://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.
- f) Signature(s) must be consistent with our record.
- g) ^Authorised signatory: where Assured is a legal entity, please provide documents showing the signatory's authority to sign for and on behalf of company or bind the company by his/her signature and company stamp, if applicable.
- h) Both the Assured and the Life Assured above the age of 16 are to sign on this Application.