

POLICY ALTERATION FORM

(For changes to Policy Sum Assured, Rider, Supplementary Benefit, Payment Arrangement, Smoker status, Payout Option, DFT Account, Insured's Occupation, Ad hoc premium top-up, Insured's region class, Change of Life Insured & Policy Conversion)

1. POLICY INFORMATION

Policy number

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Name of Policy Owner/Trustee/Assignee

NRIC/Passport/Entity Registration No.

Name of Joint Policy Owner (if applicable)

NRIC/Passport No.

Name of Life Insured (If different from Policy Owner)

NRIC/Passport No.

2. REQUEST TYPES

A. Change of Sum Assured

i. Increase Sum Assured of Basic Plan/Rider(s)/Supplementary Benefit(s)

This change will be effective from your policy's next premium due date.

Basic Plan/Rider/Supplementary Benefit - Please write in full	New Sum Assured amount

- ◆ Please attached revised Policy Illustration
- ◆ Please submit a valid Fact Find Form completed with your Financial Adviser Representative
- ◆ Please submit a completed Declaration of Insurability Form as further underwriting is required

ii. Decrease Sum Assured of Basic Plan/Rider(s)/Supplementary Benefit(s)

This change will be effective from your policy's next premium due date.

Please note that for Traditional Policies, a decrease in Sum Assured is considered a partial surrender of the Policy.

Basic Plan/Rider/Supplementary Benefit - Please write in full	New Sum Assured amount

B. Addition/Deletion of Rider(s)/Supplementary Benefit(s)

i. Add Rider(s)/Supplementary Benefits(s)

Rider/Supplementary Benefit - Please write in full	New Sum Assured amount

- ◆ Please attached revised Policy Illustration.
- ◆ Please submit a valid Fact Find Form completed with your Financial Adviser Representative.
- ◆ Please submit a completed Declaration of Insurability Form as further underwriting is required.



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B. Addition/Deletion of Rider(s)/Supplementary Benefit(s) - Cont'd

ii. Delete Rider(s)/Supplementary Benefits(s)

This change will be effective from your policy's next premium due date.

Rider/Supplementary Benefit - Please write in full

C. Change Payment Arrangement

i. Change Payment Frequency to

- Annually
 Semi-annually
 Quarterly
 Monthly
 ♦ Please submit Application for Interbank GIRO Form

D. Change in Smoker Status

i. Change to non-Smoker

- a) I/We declare that the Life Insured has not smoked or used tobacco or nicotine products including cigarettes or cigars in the last 12 months.
- b) I/We confirm that the Life Insured has no intention of smoking or used any tobacco or nicotine products in the future.
- c) I/We declare that the Life Insured had not been advised by a doctor to cease smoking or using a product containing tobacco or nicotine due to a specific medical condition.
- d) I/We declare that the Life Insured has not been advised by doctor to have a medical condition caused by or associated with smoking or using tobacco or nicotine products.

Please provide your reason/motivation to quit smoking or using tobacco or nicotine products:

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- ♦ Please submit a completed **Declaration of Insurability Form**.
- ♦ For Infinite Universal policies, please submit Urine Cotinine Test Report of Life Insured.

E. Changes to Cashback Payout Option

i. Change Cashback Payout Option to

- Accumulate
 Paid-Out (Please complete section F)

F. Application/Update of Direct Fund Transfer (DFT) Account Please select only one option below

Note:

- i) These instructions will supersede any previous instructions (if any) regarding the mode of payment.
- ii) DFT facility will Not be applicable for Policy that is the subject of a trust nomination created under Section 49L of the Insurance Act (Cap. 142).

i. Application/Changes to DFT Account

- To link my DFT Account to my PayNow

NRIC/FIN : - -

- ♦ This NRIC/FIN proxy must belong to the Policy Owner/Assignee.
- ♦ You must register for PayNow using your NRIC/FIN no. as proxy to receive payments on this policy.

- To link my DFT Account to my/our designated bank account

- ♦ This account must belong to the Policy Owner/Assignee.
- ♦ Please submit a **copy of your bank book or recent bank statement** for account verification.
(You need to circle the account for crediting if your statement shows more than 1 bank account)
- ♦ Bank account must be a Singapore Bank account and the amount payable must be denominated in Singapore dollars.

Bank Account Number:
Name of Bank:
Bank branch code:

G. Change Occupation Details of Insured

i. New Occupation Details

- New Occupation:
- Effective date of New Occupation: (dd) / (mm) /(yyyy)
- Name of New Employer:
- Address of New Employer:
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- Nature of Business / Industry:
- Exact Nature of work:
- Current Annual Earned Income:

H. Ad hoc Premium Top-up (Only applicable to Universal Life policies)

i. Ad Hoc Top-Up amount

Minimum top-up amount: USD 5,000

I. Change in Region Class of Insured (Only applicable to Universal Life policies)

i. New Country of Residency

- ◆ Please submit the following document(s) to show **proof of the Residential Address** (i.e. front and back of your NRIC/ Letters from government or banks, or utility or telephone bills (dated within the last 3 months).
- ◆ Please submit a completed **Individual Tax Residency Self-certification Form**.

J. Change of Life Insured (“Life Replacement”) (Only applicable to Universal Life policies)

Note:

- i) Life Replacement will be effective from your policy's next Policy Monthiversary following the date of approval of this request.
- ii) The New Life Insured must not exceed Age 80 at the time of this request and date of birth must be earlier than the Policy issue date.
- iii) Quit smoking Incentive / No-Lapse Guarantee Privilege, if applicable to the policy, will terminate upon approval of Life Replacement.

i. Change of Life Insured

I/We would like for the current life insured as indicated below,

Full Name of <u>Current</u> Life Insured (to be replaced)	NRIC/Passport No.:

to be replaced by the New Life Insured,

Full Name of <u>New</u> Life Insured	NRIC/Passport No.:

- ◆ Please submit **Universal Life Application for Joint Life-Supplementary** for the new Life Insured.
- ◆ For joint-owned policy, policy ownership must change accordingly with the change of life insured. Please complete additional **Absolute Assignment Form**.

K. Request for Policy Conversion

i. Convert to Reduce Paid-Up

- I/We would like to convert the above policy to Reduced Paid-Up (RPU), to be effective from the next premium due date.

ii. Convert to New plan

- I/We would like to convert the above policy(ies) to the plan indicated as follows:

New Basic Plan - Please write in full	New Sum Assured amount

With this change, the rider(s)/supplementary benefit(s) to be changed as follows:

New Rider/Supplementary Benefit - Please write in full	New Sum Assured amount

L. Other Request

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3. DECLARATION AND AUTHORISATION

1. I/We understand the contents of this Policy Alteration Form and confirm that I/We wish to perform the transaction selected above.
2. I/We confirm that this Policy is not assigned to any other party or is assigned only to the assignee who has signed this form.
3. I/We/The beneficiaries are not undischarged bankrupt(s). There are currently no pending or threatened bankruptcy proceedings against me/us.
4. Save as provided in this form, information provided on the Life Insured's health, occupation and engagement of hazardous activities is complete and remains accurate.
5. I/We confirm that the above information is true and correct, and I/We authorise China Taiping Insurance (Singapore) Pte. Ltd ("CTPIS") to effect the change(s) requested on my Policy(ies).
6. I/We agree to indemnify and hold CTPIS harmless against any and all losses (whether direct, indirect, special or consequential) suffered by me/us or any third party arising from or in connection with CTPIS accepting and acting on my/our instructions (including where relevant, the use of the Electronic Services).
7. If I/We opt to link my DFT account to my PayNow, I/We agree to register for PayNow using my NRIC/FIN number (if this has not been done already) and for all payments under the Policy to be paid via PayNow. I/we further agree that any payment made via the PayNow facility to my NRIC / FIN number shall be good and valid discharge of any liability which CTPIS may owe under the Policy.
8. I/We are aware that the changes set out in this Policy Alteration Form will not be effective until it is formally accepted by CTPIS.
9. I/We confirm that I/we have read and understood and hereby consent to the collection, use, processing and disclosure of my/our personal data in accordance with and agree to be bound by CTPIS Privacy Policy which is made available on our website at <https://www.sg.cntaiping.com/en/privacypolicy>, as may be amended from time to time.
10. I/We agree on my/our behalf and on behalf of every life insured person that in addition to the release of information to any medical source, or other entity mentioned in this Policy Alteration Form, CTPIS is authorized to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me/us/any life insured person, that is received by CTPIS to its Representatives and relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organisations, my/our adviser, financial institutions, CPF agent banks, credit agencies, investigators, service providers (who may have to disclose my/our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

<p>_____</p> <p>Signature of Policy Owner/Trustee/Assignee¹</p>	<p>_____</p> <p>Date (dd/mm/yyyy)</p>
<p>_____</p> <p>Signature of Joint Policy Owner</p>	<p>_____</p> <p>Date (dd/mm/yyyy)</p>

¹ For policies that are assigned, the assignee needs to complete and sign this form.
For entities, form must be signed by the authorised signatory of the company and company stamp is required.



Completed?
You may submit this form to us via MAIL or Email.
MAIL – 3 Anson Road #16-00 Springleaf Tower Singapore 079909
EMAIL – Customer.Service@sg.cntaiping.com (Form submission must be received from your email address registered with CTPIS)

Please remember to...

- ✓ **Countersign on any amendments.**
- ✓ **Ensure that the appropriate sections have been completed.**
- ✓ **Ensure that all signature(s) are consistent with our records.**
- ✓ **Submit this form and any relevant documents to us within 30 days from your date of signing.**