

Aviva Ltd

4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 Tel: (65) 6827 9933 Fax: (65) 6827 7474
Company Reg. No.: 196900499K GST Reg No: MR-8500166-8

Request for Changes to Individual Life Policies

Policy No. :

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Name of Assured/Assignee/Trustee(s) :

Identity No. :

Please tick (✓) appropriate box and complete the request accordingly.
For items 8 & 9, the request has to be completed and signed by the Assured / Assignee / Trustee(s) where applicable.

Alterations on Client's Personal Particulars

1. Correction or Change of Name / Identity Number / Nationality
(Please enclose documentary evidence – photocopy of Deed Poll, Identity Card, Passport or Birth Certificate)
 2. Change of contact numbers to: _____ (Res) _____ (Off) _____ (HP)
 3. Change of email address to : _____
 4. Change of address to : _____

_____ Postal Code: _____
- for all policies and Navigator accounts for the above-mentioned policy(ies) / account(s) only

As a precaution against unauthorised changes to addresses, acknowledgements will be sent to both new and previous addresses.

Alterations on Premium Payments (Mode / Frequency)

5. Change frequency of premium payment to:
 Yearly Half-yearly Quarterly Monthly
6. Cancellation of payment through Inter bank GIRO (DDA) with immediate effect.
My/Our Bank A/c No: _____
7. Reactivate payment through Inter bank GIRO (DDA).
My/Our Bank A/c No: _____

Alterations on Policy :

I am aware that insurance is a long term commitment and I can seek advice from a licensed financial adviser representative before I sign this application. Should I choose not to, I take sole responsibility to ensure that this application is appropriate to meet my financial needs and insurance objectives. I understand that by making changes to my Policy, I may be losing valuable benefits and it may not be possible for me to obtain a similar level of protection on the same terms in the future.

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.

8. Termination of Plan
(Termination is with effect from next premium due date)
9. Reduction in Sum Assured :- \$ _____

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

Date

(Please note that signature / thumb print must be consistent with our record)