

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 1 to 9, the request has to be completed and signed by Assured/Assignee/Trustee(s) where applicable.

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.

1. **Conversion** to Reduced Paid-up Assurance
 Conversion 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 / cheque.
2. **Deletion** of Supplementary Benefit(s) / Rider(s) :- _____
(Please specify Supplementary Benefit(s) / Rider(s) to be deleted)
3. **Deletion** of Insured Person(s) for Medical Policy :- _____
(Please specify Insured Person(s) to be deleted)
4. **Termination** of Basic Plan
(Only applicable for policies without cash value; Termination is with effect from next premium due date)
5. **Reduction** in Sum Assured (Basic plans) to :- \$ _____
(Only applicable for Policies that have not acquired cash value; Not applicable for Mortgage Policies)
6. **Reduction** in Sum Assured of Supplementary Benefit(s) / Rider(s) to :- \$ _____
_____ (Please specify name of Benefit / Rider)

Alterations on Premium Payments (Mode / Frequency)

7. Change frequency of premium payment to:
 Yearly Half-yearly Quarterly Monthly
(Please note that if there is existing policy loan and interest repayment, the declaration/billing will be in accordance with the new frequency but the amount remain unchanged. If you wish to amend the repayment instalment amount, please contact our Customer Service Executive for a revised Authorisation form)
8. Cancellation of payment through GIRO with immediate effect.
 Inter bank GIRO (DDA) POSB GIRO My/Our Bank A/c No: _____
9. Reactivate payment through GIRO. **(Applicable for policies deactivated by the application of Non Forfeiture Loan only)**
 Inter bank GIRO (DDA) POSB GIRO My/Our Bank A/c No: _____

Signature of Assured(s) / Assignee(s) / Trustee(s)
(Please note that signature / thumb print must be consistent with our record)

Date

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Name of Assured/Assignee/Trustee(s) : _____

Identity No. : _____

Alterations on Client's Personal Particulars

- 10. Correction or Change of Name / Identity Number / Nationality
(Please enclose documentary evidence – photocopy of Deed Poll, Identity Card, Passport or Birth Certificate)
- 11. Change of contact numbers to: _____ (Res) _____ (Off) _____ (Pager)
_____ (Hp) _____ (Fax)
- 12. Change of email address to : _____
- 13. 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.

This client alteration request is completed by: _____
(Signature of Assured / Assignee / Trustee(s)) Date _____

or

_____ Date _____
(Name & Signature of Financial Adviser / CS Executives)

- 14. Change of Signature
(Please ensure that the previous signature is signed and it must be consistent with our record)

Name of Signatory Previous Signature New Signature Date