



CHANGE OF ADDRESS / CONTACT FORM

KINDLY COMPLETE FULLY IN BLOCK LETTERS. Please tick boxes (✓) as appropriate and delete at (*) accordingly.

For requests on update to U.S address OR U.S contact number, please complete mandatory Section C FATCA declaration.

Name of Policyholder / Assignee / Trustee (please underline Surname) :

NRIC / Passport No. :

A) CHANGE OF ADDRESS

Please attach copy of NRIC. If address differs from NRIC, please attach Documentary Proof (eg, bank statement, utility bill not more than 6 months old).

If the option below is not selected, the Change of Address will apply for all existing policies.

Apply to all my existing policies

Only apply to Policy No. :

Update Residential Address:

Update Mailing Address:
(If different from Residential Address)

B) UPDATE CONTACT DETAILS (This will apply for all existing policies)

Home Number:

(Country Code)

(Area Code + Number)

Office Number:

(Country Code)

(Area Code + Number)

Mobile Number:

(Country Code)

(Area Code + Number)

Email Address:

C) U.S TAX DECLARATION UNDER FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Policyholder

I am not a U.S Person and I am not acting for / on behalf of a U.S Person / U.S Indicia. If my tax status changes and I become a U.S Person, I shall notify the Company within 30 days from date of change.	<input type="checkbox"/>
I am a U.S Person and I have submitted the completed Form W-9.	<input type="checkbox"/>
TIN of Proposer	TIN of Joint Life Assured
<input type="text"/>	<input type="text"/>

* Please refer to our company website for the definition of U.S Person and U.S Indicia.

* Form W-9 / Form W-8BEN / Form W-8BENE can be obtained from <http://www.irs.gov>.





DECLARATION & AUTHORISATION

I/We understand and agree that:

- (a) Tokio Marine Life Insurance Singapore Ltd (the “Company”) shall not be deemed to provide cover and neither should the Company be liable to pay any claim, provide any benefit under the Policy/relevant Policy or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose the Company (or its parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of its parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, Singapore, the European Union, United Kingdom or United States of America;
- (b) where the Company becomes aware that I/We, the Life Assured or **any person or entity connected with the Policy/relevant Policy** (see paragraph (c) below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in paragraph (a), the Company shall be entitled to block, suspend and/or terminate the Policy/relevant Policy at any time including but not limited to, not making or receiving any payments under the Policy/relevant Policy. The decision of the Company on the aforementioned is final and;
- (c) a person or entity connected with the Policy/relevant Policy includes an assignee, a beneficiary, a trustee, an executor, an administrator, a director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, for my/our beneficial owners or beneficiaries’ beneficial owners. As an ongoing obligation, I/We will immediately inform the Company if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons;
- (d) I hereby request that the policy(ies) stated in this form be changed in accordance with the above applications; and
- (e) I understand and agree that my application is subject to the terms and conditions as stated in the Policy Contract and is effective only when it has been officially accepted and notified in writing to me by the Company.

Common Reporting Standard

In the event of change of information regarding your tax residence or AEOI classification, please advise us of these changes promptly and provide a duly completed Self Certification form within 90 days. The form is available at www.tokiomarine.com.

Personal Data Notice

I / We agree and consent that Tokio Marine Life Insurance Singapore Ltd. may collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in the insurance application form and/or the Tokio Marine Insurance Group’s Data Protection Policy available at www.tokiomarine.com, which I / we have read, understood and agreed to the same.



Signature of Policyholder / Assignee / Trustee

Date