



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) :

Grid for Name of Policyholder / Assignee / Trustee

NRIC / Passport No. :

Grid for 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 3 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. :

Grid for Policy No.

Update Residential Address:

Block / House

Grid for Block / House

Unit No#

Grid for Unit No#

Postal Code

Grid for Postal Code

Street / Road

Grid for Street / Road

Country

Grid for Country

Update Mailing Address:

(If different from Residential Address)

Block / House

Grid for Block / House

Unit No#

Grid for Unit No#

Postal Code

Grid for Postal Code

Street / Road

Grid for Street / Road

Country

Grid for Country

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

Home Number:

Grid for Home Number (Country Code)

(Country Code)

Grid for Home Number (Area Code + Number)

(Area Code + Number)

Office Number:

Grid for Office Number (Country Code)

(Country Code)

Grid for Office Number (Area Code + Number)

(Area Code + Number)

Mobile Number:

Grid for Mobile Number (Country Code)

(Country Code)

Grid for Mobile Number (Area Code + Number)

(Area Code + Number)

Email Address:

Grid for 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.

Checkbox

I am a U.S Person and I have submitted the completed Form W-9.

Checkbox

TIN of Proposer

Grid for TIN of Proposer

TIN of Joint Life Assured

Grid for TIN of Joint Life Assured

* 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

a) I hereby request that the policy(ies) stated in this form be changed in accordance with the above applications.

b) 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 AEOL 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

