



APPLICATION FOR CONVERSION (Traditional Plan)

KINDLY COMPLETE FULLY IN BLOCK LETTERS.

Please tick boxes (✓) as appropriate and delete at (*) accordingly.

Policy Number	
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PART I

PARTICULARS OF POLICYHOLDER

Name of Policyholder (please underline Surname)	NRIC / Passport No.
Name of Life Assured (please underline Surname)	NRIC / Passport No.

PART II

I wish to exercise the convertibility option under my existing Plan / Rider.

Existing Plan / Rider Name

Sum Assured to be Converted
(as per contract currency)

*New Plan

Note : * Refers to a SGD denominated regular premium whole life or endowment plan.

Please tick if there is a balance of sum assured after conversion

- I wish to terminate the balance of sum assured of my current Policy/Rider.
 I wish to keep the balance of sum assured of my current Policy/Rider.

Please note that the following documents are compulsory for this application:

Proposal form

Applicant's Health Declaration must be completed if:

- (a) Total sum assured for new basic plan and rider(s) is higher than the current total sum assured;
 (b) Additional rider(s) attached to the new plan

Policy Illustration

Adviser's Confidential Report

product Summary

Copy of NRIC / Passport (Certified True Copy by Adviser)

Fact-Find Form

GIRO Form (if any)



PART III

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.

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
Date:

Signature of Life Assured
Date:

For Company / Trust Applications	
I/We hereby represent and warrant that the information contained herein is true and complete and may be relied upon for the basis for underwriting the application.	
Signature of Trustee / Authorised Officer	Name of Trustee / Authorised Officer

Signature of Witness / Adviser		Name of Adviser	
Name of Witness / Adviser	NRIC No. of Witness / Adviser	Unit / FA / Bank	TMLS Adviser’s Code

FOR OFFICE USE ONLY :

New Policy No.
Data Entry Staff

Inception Date of New Policy
Date