



## REQUEST FOR CHANGE OF SERVICING ADVISER

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

Note: For policy that has existing Optional Advisory Service Fee (OASF) arrangement, please note that the OASF will be automatically revoked upon change of servicing adviser to another Financial Advisory Firm. Please submit a fresh OASF form if you wish to continue such OASF payment to your new servicing adviser.

1. PARTICULARS OF POLICYHOLDER / JOINT OWNER / ASSIGNEE	
Name of Policyholder / Assignee / Trustee:	Name of Joint Owner/2nd Assignee:
NRIC / Passport No. :	NRIC / Passport No. :

2. DETAILS OF NEW SERVICING ADVISER	
(i) Name of New Adviser	
(ii) New Adviser TMLS Code	
(iii) Name of Financial Advisory Firm	

3. POLICY DETAILS
<input type="checkbox"/> Change will apply to all my existing In-force policies under my NRIC/Passport No. as indicated above OR <input type="checkbox"/> Change will apply to the following policy(ies): <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

**DECLARATION & AUTHORISATION**

- a) I hereby request that the policy(ies) stated in this form be changed in accordance with the above application;
- 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 Tokio Marine Life Insurance Singapore Ltd (the "Company"); and
- c) I agree that:
  - (i) 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;

PS - Client/Adviser Request



- (ii) where the Company becomes aware that I/We, the Life Assured or any person or entity connected with the Policy/relevant Policy (see paragraph (iii) below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in paragraph (i), 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
- (iii) 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.

**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](http://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](http://www.tokiomarine.com), which I / we have read, understood and agreed to the same.

\_\_\_\_\_  
Signature of Policyholder / Assignee / Trustee

\_\_\_\_\_  
Signature of Joint Owner / 2nd Assignee (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date