



REQUEST FOR CHANGE/ALTERATION FORM

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

Policy Number :

PART I PARTICULARS OF LIFE ASSURED / POLICYHOLDER / JOINT LIFE ASSURED

Name of Policyholder / Assignee / Trustee (please underline Surname) :	Name of Life Assured/Joint Owner/2nd Assignee (please underline Surname) :
NRIC / Passport No. :	NRIC / Passport No. :

PART II

1 (i) Change / Correction Of Name <i>(Please attach photocopy of NRIC (front & back) / Passport and Deed Poll)</i>
New Name :
1 (ii) Change / Correction of NRIC / Passport No. <i>(Please attach photocopy of NRIC (front & back) / Passport)</i>
New NRIC / Passport No. :
1 (iii) Change of Signature <i>(Please attach photocopy of NRIC (front & back) / Passport with new specimen signature)</i>
New Signature :
1 (iv) Change in Occupation
New Occupation: Exact Nature of work (New Occupation): Name of Employer: Annual Income:

Part III

2. CHANGE OF PAYMENT MODE / METHODS																	
(i) Payment Frequency	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (Accept GIRO only)																
(ii) Payment Methods	<input type="checkbox"/> Cash / Cheque <input type="checkbox"/> GIRO (Please submit Application Form for Interbank GIRO)																
3. CHANGE / ALTERATION TO POLICY																	
(i) <input type="checkbox"/> Deletion of Rider(s)																	
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;">Name of Rider(s)</th> <th style="width: 15%;">Sum Assured</th> <th style="width: 15%;">Term</th> <th style="width: 10%;">Premium</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of Rider(s)	Sum Assured	Term	Premium												
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(ii) <input type="checkbox"/> Reduce Sum Assured																	
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;">Name of Plan/ Rider(s)</th> <th style="width: 25%;">New Sum Assured</th> <th style="width: 25%;">New Premium</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of Plan/ Rider(s)	New Sum Assured	New Premium													
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4. CHANGE OF CONSENT FOR DO NOT CALL (DNC) OPTION

(Updating of DNC option is at client level)

(i) Giving consent.

Please check the box below if you would like TMLS to contact you by the following modes of communication about our marketing, advertising and promotional information, materials and/or documents relating to insurance products and/or services that TMLS may be selling, marketing, offering or promoting, whether such products or services exist now or are created in the future.

- postal mail
- electronic mail
- phone call / voice call
- SMS / MMS (text messages)

Please note that this change in consent shall supersede and replace any prior marketing consent that you have previously provided to the Company

Note: For update of contact details and email address, please complete the Change of Address / Contact Form.

5. OTHERS

6. 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																																											
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* 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(Rev. July 2017) can be obtained from <http://www.irs.gov>.

Request for Change/Alteration Form



PART IV 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 no application is valid until this Request for Change / Alteration form is received by the Company during the lifetime of the Policyholder and Life Assured and is accepted by the Company.
- c) I understand and agree that the above application shall not be considered as effected by reason of any money paid or settlement made in payment of, or on account of any premium, until this form has been duly approved by the authorized officer of the Company.
- d) 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.
- e) I understand and agree that if the Company accepts my application, the Incontestability and Suicide Provisions (if any) thereof shall have effect from the approval date of my application.
- f) I understand and agree that if my application is accepted, it may be subject to terms, conditions and exclusions imposed by the Company.
- g) I agree that:
 - (i) 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;
 - (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.

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.

Date & Signature of Policyholder / Assignee / Trustee
(if other than Life Assured)

Date & Signature of Life Assured / Joint Owner / 2nd Assignee
(if applicable)

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