



TERMINATION OF GIRO SERVICE

I / We wish to terminate my / our GIRO authorization in respect of the below mentioned:

Name of Billing Organisation	:	TOKIO MARINE LIFE INSURANCE SINGAPORE LTD.
Name & Branch of Financial Institution	:	_____
Name of Account Holder(s)	:	_____
Bank Account Number	:	_____

Name of Policyholder / Assignee / Trustee(s)	:	_____
Policy Number	:	_____
Termination Date	:	_____

DECLARATION & AUTHORISATION

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.

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(s)	_____ Signature of Account Holder	_____ Date
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