



**REQUEST FOR TERMINATION OF PREMIUM HOLIDAY
(INVESTMENT LINKED - RP)**

KINDLY COMPLETE FULLY IN BLOCK LETTERS.

If the indicated request is not satisfied or completed, Tokio Marine Life Insurance Singapore Ltd. reserves the right not to carry out the request unless the request is amended accordingly.

POLICY NO.

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I/We , _____ the Policyholder, Trustee(s) or Assignee authorize and request Tokio Marine Life Insurance Singapore Ltd. to terminate the premium holiday on the above policy with effect from _____ (the next premium due date of the policy). In addition,

I/We do not wish to reinstate the premium-paying rider(s) (if any) which has/have lapsed during the premium holiday.

I/We enclose a cheque of *\$ _____

I/We wish to reinstate the premium-paying rider(s) which has/have lapsed during the premium holiday as follows: all of them only the riders as indicated below

Premium paying riders : _____

(Please also complete the SUPPLEMENTARY PROPOSAL FORM and submit this together with this form)

I/We enclose a cheque of *\$ _____ (Basic Premium payable : _____ #)

(Total Rider(s) Premium : _____ # payable)

The aggregate must equal to the cheque amount

* Amount(s) indicated is based on your Policy's currency.

Notes:

1. Request must be submitted before the premium is due. Otherwise, it will be processed based on the next premium due following our acceptance.
2. Completed form(s) and payments via cheque for the above amount must be submitted together. If your policy is under GIRO, the GIRO deduction will only be activated for premiums which fall due after the approval date of your request.
3. Any premium-paying rider(s) which is / are not reinstated at this juncture will not be allowed to be reinstated subsequently.





DECLARATION & AUTHORISATION

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 / Assignee / Trustee

Name : _____
NRIC No. : _____
Date : _____