



Policy Benefits Withdrawal Form

Important Notes:

1. This form must be completed in ink. Any amendments must be countersigned. The signature(s) must be consistent with our records.
2. Only original forms are accepted. Fax/scanned forms are not accepted as a qualified application.
3. A copy of Policy Owner / Assignee / Trustee's NRIC / passport is required for the policy benefit withdrawal.

Name of Policy Owner / Trustee(s) / Assignee	NRIC / Passport Number / FIN	Policy Number
Name of Life Insured (if different from above)	NRIC / Passport Number / FIN	

1a. Cash Benefit / Monthly Income Withdrawal (for applicable plans only)

I wish to withdraw my Cash Benefit / Monthly Income (please select one option)

IN FULL*. I wish to withdraw the full Cash Benefit / Monthly Income amount.

PARTIALLY#. I wish to withdraw

* This is a one-time request

The minimum withdrawal amount is S\$1,000. For any amount less than S\$1,000.00, a FULL withdrawal is required.

1b. Bonus Withdrawal (for applicable plans only)

I wish to withdraw my Bonus (please select one option)

IN FULL*. I wish to withdraw the full Bonus amount.

PARTIALLY. I wish to withdraw#

* This is a one-time request.

The minimum withdrawal amount is S\$1,000. For any amount less than S\$1,000.00, a FULL withdrawal is required.

2. Payment Instructions

Please select one option:

By PayNow,

PayNow will only be applicable for payment up to S\$200,000 and for Policy Owner who have their Singapore NRIC linked with the participating banks. Only applicable for SGD policy.

By Direct Credit*

Name of Bank Bank Account Number

Branch Name of Account Holder

Use cash benefit/Bonus to repay outstanding Automatic Premium Loan/Policy Loan# for Policy Number

Use Cash Benefit / Monthly Income to repay outstanding premium due for Policy Number

Note:

* Please ensure that the account holder is the Policy Owner, we do not Direct Credit into third party's bank account.

You can only make a request to use the withdrawn policy benefits to repay loans on your own policy(ies).

Declaration and Authorisation

PayNow

I/We confirm that I/we have registered with PayNow and I/we have linked my/our Singapore NRIC to my/our bank account ("PayNow Account") whereby I/ we am/are the legal and beneficial owner of the PayNow Account. I/We hereby authorise and instruct Etiqa Insurance Private Limited to deposit the payment that is payable to me/us into my/our PayNow Account as well as to verify my/our PayNow Account with the respective Bank (where necessary). In the event that the PayNow transaction is unsuccessful, I/we agree and acknowledge that a cheque for the payment will be issued to me/us.

Direct Credit

I/We authorise Etiqa to credit payments due to me/us to the above account and confirm that the information provided by me/us in this form is true and correct. I/We will not hold Etiqa liable for delays or errors in payment transaction(s) due to incorrect or incomplete information or any other reason beyond Etiqa's reasonable control. Notwithstanding the above, Etiqa reserve the rights to issue payment to me/us via Cheque.

3. Declaration & Authorisation

Data Protection and Consent for Use of Information

I/We give consent to Etiqa Insurance Pte. Ltd. ("Etiqa") to collect, use, disclose and/or process my/our personal data/personal information set out in this form and any other personal information provided by me/us (collectively the "Personal Information") and disclose and transfer such Personal Information to any persons and organisations, whether within or outside Singapore, including but not limited to medical sources, hospitals, doctors, other healthcare professionals, laboratories, regulator, dispute resolution centres and insurers, their associated persons/organisations, my/our or the insured person's employers or financial service providers, or their third party service providers or representatives (collectively "Third Parties") for the purpose(s) of

1. processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
2. carrying out and/or dealing with my instructions or responding to any enquiries by me;
3. administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
5. complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")

US Tax Declaration & Acceptance

By ticking the appropriate box, I/We declare my tax status under United States ("US") tax law. I/We understand that a false statement or misrepresentation of tax status by a US person (for the purpose of US federal income tax) ("US Person") leads to penalties under US law.

Non-US Person

Non-US Person

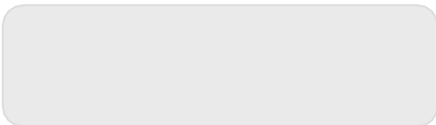
I/We represent and warrant that I/we am/are not a US Person, and I/we am/are not acting for, or, on behalf of, a US Person. If my/our tax status changes and I/we become a US Person. I/We understand that Etiqa, believing this statement to be true, will rely on it and act on it. In the event this statement is false, Etiqa reserves the right and shall be entitled to cancel or terminate this Policy and pay reasonable compensation to me/us in consideration of such cancellation or termination as may be required under Singapore laws.

Non US Person with a US Address (or green card holder claiming tax treaty benefits) [Form W8BEN]

US Person (US Tax ID Number: _____) [Form W9]. For US Persons, please complete the W9 Form.

I/We agree to indemnify Etiqa in respect of any false or misleading information regarding my/our US tax status

US Citizens/Residents, please sign here



Signature of Policy Owner / Trustee(s) / Assignee

Please read carefully before signing the application

1. I/We have read and understand the contents of this Application and confirm that I/we wish to withdraw the policy benefits which have been deposited with Etiqa .
2. I/We confirm that this Policy is not assigned to any other party or is assigned only to the Assignee who has signed this Application.
3. I/We confirm that I/we are not undischarged bankrupt(s) and there are currently no pending or threatened bankruptcy proceedings against me/us.
4. I/We aware that this Application will not be effective until it is officially accepted by Etiqa. No reversal of transaction is allowed once my/our Application is accepted.
5. I/We agree to indemnify and hold Etiqa harmless against any and all losses (whether direct, indirect, special or consequential) including legal costs suffered by me/us or any third party arising from or in connection with Etiqa accepting and acting on instructions which appear to be from me/us except where such loss is attributable to Etiqa's negligence or wilful default.
6. I/We understand that I/we would not be able to re-deposit the policy benefits once I/we have withdrawn the amount.
7. I/We understand that withdrawal of policy benefit and bonus will reduce the coverage and value of the policy. If the policy is surrendered, the surrender value payable (if any) may be less than the total premium paid.

Signature of Policy Owner

Signature of Trustee(s) / Assignee

Name:

Name:

Date:

Date: