

## 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 Policyowner / 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 S\$

\* 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# S\$

\* 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 Direct Credit^

Name of Bank  Bank Account Number

Branch  Name of Account Holder

Use cash benefit/monthly income to repay outstanding premium due S\$  for Policy Number

Note:

^ Please ensure the account holder is the Policyowner. We do not Direct Credit into a 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# You can only make a request to use the withdrawn policy benefits to repay loans on your own policy(ies).

### 3. Declaration & Authorisation

#### Data Protection and Consent for Use of Information

I/We give consent to Etiqa Insurance Pte. Ltd. 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
4. 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

I/We represent and warrant that I/we am/are not US Person, and I/we am/are not acting for, or, a US Person. If my/our tax status changes and I/we become a US Person, I/we agree that I/we shall notify the insurance company(ies) within 30 days from the date of change

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

US Person (US Tax ID Number: ) (Form W9)

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

#### **US Citizens/Residents, please sign here**

Signature of Policyowner / 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 Insurance Pte Ltd (EIPL).
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 EIPL. No reversal of transaction is allowed once my/our Application is accepted.
5. I/We agree to indemnify and hold EIPL 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 EIPL accepting and acting on instructions which appear to be from me/us except where such loss is attributable to EIPL'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.

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 Policyowner

Name:

Date:

Signature of Trustee(s) / Assignee

Name:

Date: