

Policy Alteration Form

Warning: Pursuant to Section 25(5) of the Insurance Act (Cap 142), you are to disclose in this proposal form fully and faithfully, all the facts which you know or ought to know, otherwise the policy may be void.

Name of Proposer	NRIC / Passport Number / FIN	Policy Number
Name of Life Insured (if other than the Proposer)	NRIC / Passport Number / FIN	

A. Change of Billing Instruction

Change of Payment Frequency

Yearly
 Half-Yearly
 Quarterly
 Monthly*

* Payment must be made via GIRO/ Maybank Credit Card

Change of Payment Method to Cash / Cheque (Not applicable to monthly mode of payment)

B. Change of Monthly Income / Cash Benefit Option *(delete accordingly)*

Leave monthly income / yearly cash benefit with Etiqa (deposit at prevailing non-guaranteed interest)

Receive monthly income / yearly cash benefit via Direct Credit# to:

Name of Bank Bank Account Number
 Branch Name of Account Holder

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

C. Free look Cancellation

I would like to exercise the Free Look option under my policy. (Please select 1 option below)

I have enclosed the Original Policy Contract.

I/We hereby declare that the original policy contract was not received/lost/misplaced and cannot be found. I/We will not hold Etiqa liable and shall jointly and severally indemnify, defend and hold harmless Etiqa from and against any and all liabilities, losses, demands, claims, costs and expenses arising out of or in connection with the said policies that Etiqa may incur by paying the amounts due under the policies without receiving the original policy contract.

I understand pay out under the policy shall be strictly in accordance with the policy terms and conditions. By choosing this option, the insurance contract and all rights/ titles and interest under the Policy shall be terminated. I request Etiqa to please process the cancellation of my policy under the Free look option and refund the premium after adjusting the applicable charges (if any).

Please refund premium by:

Credit Card
 (For initial payment paid by Credit Card)

Direct Credit# to:

Name of Bank Bank Account Number
 Branch Name of Account Holder

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

D. Appointment of New Secondary Life Insured (for applicable plans only)

Name of Secondary Life Insured: <input style="width: 400px;" type="text"/>	Salutation: <input style="width: 100px;" type="text"/>
NRIC / Passport Number: <input style="width: 150px;" type="text"/>	Date Of Birth: <input style="width: 100px;" type="text"/>
Relationship to Policyholder: <input style="width: 150px;" type="text"/>	Nationality: <input style="width: 100px;" type="text"/>
Gender: <input style="width: 100px;" type="text"/>	
Citizenship: <input style="width: 100px;" type="text"/>	
Address: <input style="width: 600px;" type="text"/>	

Note:

The original Policy owner can appoint, change or remove the secondary Life insured up to 3 times during the policy term, subject to the following conditions:

- a) The secondary Life insured must be either the spouse or child (below age 17) of the original policy owner
- b) Appointment of secondary Life insured is not allowed if the policy has a nomination of beneficiary; and
- c) Appointment of secondary Life insured is not allowed if the policy has a trust or will

E. Withdrawal of Existing Secondary Life Insured (for applicable plans only)

I wish to withdraw the existing Secondary Life Insured with immediate effect.

F. Policy Changes

<input type="checkbox"/> Increase in Sum Insured / Face Value / Guaranteed Death Benefit <i>(refer to Notes 1 to 4)</i>	From _____ to _____
<input type="checkbox"/> Reduction in Sum Insured / Face Value / Guaranteed Death Benefit <i>(refer to Notes 5 & 6)</i>	From _____ to _____
<input type="checkbox"/> Add Riders <i>(refer to Notes 2, 4 & 5)</i>	Please indicate rider name, sum assured and cover term:
<input type="checkbox"/> Remove Riders	Please indicate the rider to be removed:
<input type="checkbox"/> Convert policy to Paid-Up	
<input type="checkbox"/> Change of Occupation <i>(Premium payable may increase due to change in occupation)</i>	Please indicate new occupation and duties:
<input type="checkbox"/> Reinstatement <i>(Only allowed for policy lapsed less than 1 year & interest charge applies)</i>	<i>For Non-GIO plans, please refer to Note 2</i>
<input type="checkbox"/> Other Changes	

Note:

1. Applicable only for policies issued less than 6 months.
2. Please complete "Health Declaration Form" (Non-GIO).
3. Revised Policy Illustration is required.
4. Please complete Fact Find Form.
5. Revised Policy Illustration is required if the policy is issued for less than 6 months.
6. For policies which have acquired cash value, please submit a copy of the policy owner's NRIC or passport.

Declaration and Authorisation

I wish to make changes to the policy indicated in this form. I understand and agree that the changes:

- (a) Information given in this form is complete;
- (b) Are subject to the underwriting and acceptance
- (c) If accepted, may be subject to terms, conditions and exclusions imposed by Etiqa;
- (d) Will take effect only when Etiqa accepts and approves my request and notifies me in writing of the effective date of the changes.
- (e) I confirm that the payment information provided by me in this form is true and correct and undertake to immediately inform the Company of any change in the same and will not hold the Company liable in the event that any payment transaction into my Account is delayed or cannot be effected due to incorrect or incomplete information being provided in this form, and/or for any other reason beyond the reasonable control of the Company.

By providing the information in this application form and submitting this application, I/We further request for and consent to the collection, use and disclosure of my personal data by Etiqa and its related corporations, its agents and Etiqa sharing such personal data with Etiqa's business partners, marketing partners and the Co-Brand Partner (as may be relevant), as well as their authorised service provider, for the purpose of this form.

Signature of Policyowner

Signature of Assignee / Trustee* *(delete accordingly)*

Date:

Date: