



Policy Alteration Form

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, 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.

Full Name of Policyowner / Assignee / Trustee* (delete accordingly)	NRIC / Passport Number / FIN	Policy Number
Name of Life Insured (if other than the Proposer)	NRIC / Passport Number / FIN	

Important Note

If your policy has been used for exemption from the CPF Board's Home Protection Scheme (HPS), it must remain in force so that you and your family are protected from losing your HDB flat in the event of death, terminal illness or total permanent disability. If there are changes to the policy including the change of policy ownership, your exemption will be voided and you will be required to reapply for exemption from HPS by purchasing other private policies or apply to be insured under HPS. Otherwise, if you are using CPF monies to service the monthly instalment, CPF Board may automatically extend HPS coverage to you, based on the declared percentage that you are exempted for, subject to you being in good health.

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)

To receive via PayNow (Linked to my NRIC)

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

Name of Bank Bank Account Number
Branch Name of Account Holder

For Direct Credit option selected, please submit a copy of the Bank Passbook or Bank Statement stating account holder's name and account number. Please ensure the account holder is the Policy Owner. We do not Direct Credit into third party's bank account.

C. Free look Cancellation

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

I/We 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/We 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/We request Etiqa to process the cancellation of my/our 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)

To receive via PayNow (Linked to my NRIC)

Direct Credit# to:

Name of Bank Bank Account Number
Branch Name of Account Holder

For Direct Credit option selected, please submit a copy of the Bank Passbook or Bank Statement stating account holder's name and account number. Please ensure 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: Salutation:

NRIC / Passport Number: Date Of Birth: Gender:

Relationship to Policyholder: Nationality: Citizenship:

Address:

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

F. Change of Life Insured (for applicable plans only)

Name of New Life Insured: Salutation:

NRIC / Passport Number: Date Of Birth: Gender:

Nationality: Citizenship: Occupation:

Name of Employer: Nature of Business:

Address:

I/We would like to request for the following change (for applicable plans only):

Increase in Sum Insured / Guaranteed Death Benefit (refer to Notes 1 & 2) From _____ to _____

Reduction in Sum Insured / Guaranteed Death Benefit (refer to Notes 1 & 3) From _____ to _____

Maintain current Sum Insured / Guaranteed Death Benefit (refer to Notes 1 & 2)

Notes:
 1. Please complete "Health Declaration Form".
 2. Revised Policy Illustration is required.
 3. Request will be treated as a partial surrender.

G. Representative Management Charge (for applicable plans only)

I/We wish to change the current percentage of the representative management charge on my policy.

Representative Management Charge: _____ (Note: Agreed percentage per annum between You and Your representative)

Notes:
 1. If you wish to change the percentage of the representative management charge, you must request this change through your representative.
 2. Subject to a maximum of 0.75% per annum.
 3. Changes will take effect from the next policy monthiversary date following the approval of this change.



H. 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.

I. Maturity Instruction	
<input type="checkbox"/> To receive maturity payment via Paynow (Linked to my NRIC)	
<input type="checkbox"/> Receive maturity payment via Direct Credit [#] to:	
Name of Bank	Bank Account Number
Branch	Name of Account Holder
<p># For Direct Credit option selected, please submit a copy of the Bank Passbook or Bank Statement stating account holder's name and account number. Please ensure the account holder is the Policy Owner. We do not Direct Credit into third party's bank account.</p>	

I. Declaration and Authorisation	
<p>I/We wish to make changes to the policy indicated in this form.</p> <ol style="list-style-type: none"> 1. I/We declare that all the information given above is true and complete and I/we have not withheld any material information that may influence the assessment of my/our application. I/We further agree that the information given above shall form the basis of my/our application for insurance. 2. I/We agrees to inform Etiqa Insurance Private Limited ("the Company") of any change in the information provided in this form from the date I/we signed this form to the date that the Company notifies me/us in writing of the effective date of the changes. 3. I/We authorise the Company to obtain, if necessary confidential reports from any doctor/clinic/hospital that I/we have referred above. 4. I/We agree that the changes are subject to underwriting and acceptance. The acceptance may be subject to terms, conditions and exclusions imposed by the Company and will take effect only when the Company accepts and approves my/our request and notifies me/us in writing of the effective date of the changes. 5. I/We 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 provided in this form and/or for any other reason beyond the reasonable control of the Company. <p>I/We further agree and consent that Etiqa Insurance, Singapore, may collect, use, process and disclose the personal data in accordance with the terms and condition as stated in the insurance application form and/or the Etiqa Insurance, Singapore's Data Protection Policy available at www.etiqa.com.sg which I/We have read, understood and agreed to the same.</p>	
Signature of Policyowner / Assignee / Trustee* (delete accordingly)	Signature of Life Insured (Age 16 and above)
Date:	Date: