

**Investment-Linked Policy (ILP) Transaction Request 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.

Name of Policyowner(s)/Trustee/Assignee	NRIC / Passport number / FIN / UEN	Policy Number <i>(Please use ONE form per ILP Policy)</i>

A. Type of Request

- Change of Dividend Payment Option (Section B) Recurring Top-Up Cancellation (Section C)
- Free-Look Cancellation (Section D) Policy Reinstatement (Section E)
- Life Contingency Benefit (Section F)

B. Change of Dividend Payment Option**Important Notes:**

- Please be informed that the frequency of dividend distribution of the ILP sub-funds is determined by the relevant fund manager. You can only be entitled to dividend(s) if you continue to be invested at the end of its dividend declaration date.
- If the submission of the request (including all required documents) is received by Etiqa within three (3) business days from the dividend payout date, we will only effect the change on the next declared dividend payout date.
- We will only process your request upon submission of the completed form and all necessary documents. And we will need at least three (3) business days to process your request.
- For Direct Credit, please provide the account details of the Policyowner(s)/Trustee/Assignee and submit the bank book or statement for verification. If the account is different from our record, we will use what you have provided in this form to process all your payout request including all existing payment.

Funds Name	Dividend Payment Option (please choose 1 option)	
	Reinvest	Payment
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

To receive the payout via direct credit, please provide the account details of the Account Holder below:

Name	NRIC / Passport Number	Bank Account Number	Bank Name & Branch

*For Direct Credit option selected, please **submit a copy of your bank book / statement** for account verification.

C. Recurring Top-up Cancellation (Please tick in the box to confirm your request)

Important Notes:

1. If the submission of request (including all required documents) is received by Etiqa within 10 (ten) business days before your next premium bill date, we will effect the cancellation only on the following renewal billing date and one more top-up premium will be collected.

Yes, please cancel my existing recurring top-up arrangement.

D. Free Look Cancellation (Please tick in the box to confirm your request)

1. I wish to exercise the Free Look Cancellation option for the above stated policy. I understand that Etiqa will refund me the premiums I have paid less any change in the unit price(s) of the Portfolio fund / ILP sub-fund and any costs incurred by the Company. Any partial withdrawal previously paid to me under this policy will also be deducted.
- I have enclosed the Original Policy Contract.
- I hereby declare that the original policy contract was not received/lost/misplaced and cannot be found. I 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.

2. Premium to be refunded into

- Credit Card** (This option is only available if your initial premium payment is paid by Credit Card)
- PayNow Account linked to NRIC** (This option is only available for SGD policy and the maximum amount that can be credited is S\$200,000 only)
- By Direct Credit** (The account must belong to the policy owner. Please submit copy of your bank book / statement for verification)

To receive the premium refund via direct credit, please provide the account details of the Account Holder below:

Name	NRIC / Passport Number	Bank Account Number	Bank Name & Branch

E. Policy Reinstatement (Please tick in the box to confirm your request)

Important Notes:

1. If the policy lapses because the cash-in value of its units falls to zero or become negative, reinstatement is allowed within 12 months from the policy's lapse date, by starting to pay regular premiums again. You may be required to make a top-up in addition to the regular premium before we can reinstate your policy.
2. Etiqa reserves the right to reject the reinstatement if the terms and conditions in the Provisions are not met
3. The offer price will be based on the full premium received by Etiqa provided the payment is received by 3.00pm and is accepted by us. Any submission after 3.00pm will be considered as the next business day's submission.
4. Units will only be allocated to the Policy at the unit price prevailing on the next Valuation Date following the acceptance of this application

I wish to reinstate the above stated policy. I understand that I may be required to make a top-up in addition to the regular premium and I have to pay all fees and charges or outstanding amount that I owe with interest (where applicable) before the policy can be reinstated.

Note:
For policies required top-up, you will need to submit a new top-up form. The form can be found at <https://www.etiqa.com.sg/contact/form-downloads/>

F. Life Contingency Benefit (Please tick in the box to confirm request)

* Option only applicable for Invest builder and Invest achiever Plan

I wish to exercise the Life Contingency Benefit - Waiver of premium shortfall charge of up to twelve (12) months

I understand that this benefit can only be exercised once per policy and after the policy has been incepted for at least twenty four (24) months

Life contingency event (please tick all applicable)

- The Life Insured is hospitalised in a Singapore Hospital for at least six (6) consecutive days;
- The Life Insured is diagnosed with total and permanent disability before age 66 as defined in policy contract;
- The Life Insured is diagnosed with a severe stage critical illness as defined in policy contract;
- The Life Insured is retrenched and remained unemployed for at least thirty (30) consecutive days before reaching age 65 as defined in policy contract.

Important Notes:

1. You are required to notify us in writing within ninety (90) days of the event giving rise to this claim. And to submit supporting documents and evidence of occurrence of the event for our assessment. The costs incurred for the documents will be borne by the claimant.
2. Etiqa reserve the right to assess and reject your claim if the terms and conditions stated in the provisions are not met.
3. Once you have decided to exercise this option, you are not allowed to make any changes to the life contingency benefit.

G. Personal Data Protection

I/We expressly authorise and consent to Etiqa Insurance Pte. Ltd. ("Etiqa"), its officers and employees, at their sole discretion, to disclose any and all information relating to me/us, including my/our personal particulars, my/our transactions and dealings and my/our policies of insurance with Etiqa, to any of the following persons, whether in Singapore or elsewhere, for purposes reasonably required to evaluate my/our application and to provide the product or services which I/we am/are applying for (including any new policy application, renewals and/or alterations), and such other purposes as described in [Etiqa's Data Protection Statement](#) on Etiqa's website:

- a) Etiqa's holding company, subsidiary, branches, representative officers, related corporations or affiliates;
- b) any of Etiqa's contractors or third party service providers or distribution partners or professional advisers or representative;
- c) any regulatory, supervisory or other authority, court of law, tribunal or person, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice;
- d) any actual or potential assignee(s) or transferee(s) of any rights and obligations of Etiqa under or relating to my policy or policies for any purpose connected with the proposed assignment or transfer; and
- e) any credit bureau or insurer, for such purpose(s) that Etiqa in its reasonable opinion considers appropriate including but not limited to the purposes of underwriting, customer servicing and investigation.

H. Declaration and Authorisation

I understand and agree that:

1. The information given in this form is complete and true, and that they form part of any policy issued, or amended, where these answers are, or may be, relied upon by Etiqa Insurance Pte. Ltd.
2. The requests listed in this form is subjected to the terms and conditions as stated in the Policy Contract and is effective only when it has been officially accepted and notified to me by Etiqa Insurance Pte. Ltd.
3. Only a duly completed and signed form is considered a valid request. The request is irrevocable once it is received by Etiqa.
4. To qualify for the next available pricing, the request and full premium (for top-up) must be received by Etiqa Insurance Pte. Ltd. at or before 3pm (Singapore time) on a business day. Any submission or payment (For top-up) after 3.00pm (Singapore time) will be considered as next business day's submission.
5. If there are any pending transaction for this policy (i.e. Top-up, Fund Switch, Withdrawal and Benefits Billing), this application will be processed on the next business day.

6. For other updates on personal details or policy alteration requests, please contact Etiqa Customer Care to obtain the relevant forms. To self-help, go to <https://www.etiqa.com.sg/contact/form-downloads/>

Signature of Policyowner(s) / Assignee

Signature of Trustee (*if any*)

Date : _____

Date : _____

Mobile Number : _____

Mobile Number : _____

Email Address : _____

Email Address : _____