

Policy Alteration Request Form

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

Name of Policy Owner	NRIC / Passport Number	Policy Number
Name of Life Insured	NRIC / Passport Number	

A. Change of Billing Instruction

Change of Payment Frequency

Yearly
 Half-Yearly
 Quarterly
 Monthly*

* Payment must be made via GIRO

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

B. Change of Policy Benefit / Coupon Payout Option

Leave yearly cashback with Etiqa (Deposit at prevailing non-guaranteed Interest)

Receive yearly cashback by Cheque

Receive yearly cashback by Direct Credit to;

Name of Bank and Branch _____

Bank account number _____

Name of account holder _____

^ Please ensure the account holder is the Policy Owner

C. Policy Changes

Increase in Sum Insured ^Note 1 to 4

From _____ to _____

Reduction in Sum Insured ^Note 4 to 5

From _____ to _____

Increase in Premium ^Note 1 to 4
Only for Investment Linked product

From _____ to _____

Reduction in Premium ^Note 4 to 5
Only for Investment Linked product

From _____ to _____

Add Riders ^Note 2 to 3

Please indicate rider name, sum assured and cover term

Remove Riders

Please indicate the riders to remove

Convert Policy to Paid-Up

Change premium due option from Automatic Premium Loan (APL) to paid-up

Freelook

C. Policy Changes (continued) Others Change of Occupation
Premium payable may increase due to change in occupation

Please state the exact duties:

Note:

1. For policies issued less than 2 years and have not acquired any cash value.
2. Please complete "Fact find form".
3. Please complete "Health Declaration" form.
4. Please submit a revised Benefit Illustration. Not required if it is to decrease the sum assured or premium of a policy which has acquired cash value.
5. For policies which have acquired cash value, please submit a copy of the policy owner's or assignee's NRIC or passport.

D. 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 application 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) I have paid the required premiums in full; and
- (e) will take effect only when Etiqa accept and approve my request and notify me in writing of the effective date of the changes.

By providing the information in this application form and submitting this application, I 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.

Name and Signature of Policy Owner

Name and Signature of *Assignee / Trustee

Date:

Date:

** Please delete accordingly*