

## POLICY ALTERATION FORM

(For changes to Policy Sum Assured, Riders, Payment Arrangement, Smoker status, Insured's Occupation, Payout Option, DFT Account, Conversion to Reduced Paid-Up or Extended Term Issuance)

### 1. POLICY INFORMATION

Policy number

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Name of Policy Owner/Trustee/Assignee

NRIC/Passport/Entity Registration No.

Name of Life Insured (If different from Policy Owner)

NRIC/Passport No.

### 2. REQUEST TYPES

#### A. Change of Sum Assured

##### i. Increase Sum Assured of Basic Plan/Rider(s)/Supplementary Benefit(s)

Basic Plan/Rider/Supplementary Benefit - Please write in full	New Sum Assured amount (\$)

- ◆ Please attached revised Policy Illustration.
- ◆ Please submit a valid Fact Find Form completed with your financial Adviser.
- ◆ Please submit a completed Declaration of Insurability Form.

##### ii. Decrease Sum Assured of Basic Plan/Rider(s)/Supplementary Benefit(s)

Important note: For Traditional policies, a decrease in Sum Assured is considered a partial surrender, kindly complete "Full / Partial Surrender Form".

Basic Plan/Rider/Supplementary Benefit - Please write in full	New Sum Assured amount (\$)

- ◆ Please attached revised Policy Illustration.

#### B. Addition/Deletion of Rider(s)/Supplementary Benefit(s)

##### i. Add Rider(s)/Supplementary Benefits(s)

Rider/Supplementary Benefit - Please write in full	Sum Assured amount (\$)

- ◆ Please attached revised Policy Illustration.
- ◆ Please submit a valid Fact Find Form completed with your financial Adviser
- ◆ Please submit completed Declaration of Insurability Form.

##### ii. Delete Rider(s)/Supplementary Benefits(s)

Rider/Supplementary Benefit - Please write in full

#### C. Change Payment Arrangement

##### i. Change Payment Frequency to

- ☐ Annually
 ☐ Semi-annually
 ☐ Quarterly
 ☐ Monthly
- ◆ Please submit Application for Interbank GIRO Form



#### D. Change in Smoker Status

##### i. Change to non-Smoker

- a) I/We declare that the Life Insured has not smoked or used tobacco or nicotine products including cigarettes or cigars in the last 12 months.
- b) I/We confirm that the Life Insured has no intention of smoking or used any tobacco or nicotine products in the future.
- c) I/We declare that the Life Insured had not been advised by a doctor to cease smoking or using a product containing tobacco or nicotine due to a specific medical condition.
- d) I/We declare that the Life Insured has not been advised by doctor to have a medical condition caused by or associated with smoking or using tobacco or nicotine products.

Please provide your reason/motivation to quit smoking or using tobacco or nicotine products:

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- ♦ Please submit a completed Declaration of Insurability Form

#### E. Change Occupation Details of Insured

##### i. New Occupation Details

- New Occupation: .....
- Effective date of New Occupation: ..... (dd) / ..... (mm) / .....(yyyy)
- Name of New Employer: .....
- Address of New Employer: .....  
.....  
.....
- Nature of Business / Industry: .....
- Exact Nature of work: .....
- Current Annual Earned Income: .....

#### F. Changes to Cashback/Dividend Payout Option

##### i. Change Cashback Payout Option to

- ☐ Accumulate ☐ Paid-Out (Please complete section G)

##### ii. Change Dividend Payout Option to

- ☐ Accumulate ☐ Paid-Out (Please complete section G)

#### G. Application/Update of Direct Fund Transfer (DFT) Account Please select only one option below

Note:

- i) These instructions will supersede any previous instructions (if any) regarding the mode of payment.
- ii) DFT facility will Not be applicable for Policy that is the subject of a trust nomination created under Section 49L of the Insurance Act (Cap. 142).

##### i. Application/Changes to DFT Account

- ☐ To link my DFT Account to my PayNow

NRIC/FIN :  -  -

- ♦ This NRIC/FIN proxy must belong to the Policy Owner/Assignee.
- ♦ You must register for PayNow using your NRIC/FIN no. as proxy to receive payments on this policy.

- ☐ To link my DFT Account to my/our designated bank account

- ♦ This account must belong to the Policy Owner/Assignee.
- ♦ Please submit a **copy of your bank book or recent bank statement** for account verification.  
(You need to circle the account for crediting if your statement shows more than 1 bank account)
- ♦ Bank account must be a Singapore Bank account and the amount payable must be denominated in Singapore dollars.

Bank Account Number: .....

Name of Bank: .....

Bank branch code: .....

## H. Conversion to Reduced Paid-Up

### i. Conversion of policy

- ☐ I/We would like to convert my policy to Reduced Paid-Up (RPU)

## I. Other Request

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## 3. DECLARATION AND AUTHORISATION

1. I/We understand the contents of this Application and confirm that I/We wish to perform the transaction selected above.
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 form.
3. /We/The beneficiaries are not undischarged bankrupt(s). There are currently no pending or threatened bankruptcy proceedings against me/us.
4. Save as provided in this form, information provided on the Life Insured's health, occupation and engagement of hazardous activities is complete and remains accurate.
5. I/We confirm that the above information is true and correct, and I/We authorise China Taiping Insurance (Singapore) Pte. Ltd ("CTPIS") to effect the change(s) requested on my policy(ies).
6. I/We agree to indemnify and hold CTPIS harmless against any and all losses (whether direct, indirect, special or consequential) suffered by me/us or any third party arising from or in connection with CTPIS accepting and acting on my/our instructions (including where relevant, the use of the Electronic Services) except where such loss is attributable to CTPIS's gross negligence or willful default.
7. If I/We opt to link my DFT account to my PayNow, I/We agree to register for PayNow using my NRIC/FIN number (if this has not been done already) and for all payments under the Policy to be paid via PayNow. I/we further agree that any payment made via the PayNow facility to my NRIC / FIN number shall be good and valid discharge of any liability which CTPIS may owe under the Policy.
8. I/We are aware that this Application will not be effective until it is formally accepted by CTPIS.
9. I/We further confirm that I/we have read and understood and hereby consent to the collection, use, disclosure and processing of my/our personal data in accordance with and agree to be bound by CTPIS Privacy Policy which is made available on our website at <http://www.sg.cntaiping.com/privacypolicy>, as may be amended from time to time.
10. I/We agree on my/our behalf and on behalf of every life insured person that in addition to the release of information to any medical source, or other entity mentioned in this Application Form, CTPIS is authorized to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me/us/any life insured person, that is received by CTPIS to its Representatives and relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organisations, my/our adviser, financial institutions, CPF agent banks, credit agencies, investigators, service providers (who may have to disclose my/our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

\_\_\_\_\_  
**Signature of Policy Owner/Trustee/Assignee<sup>1</sup>**

\_\_\_\_\_  
**Date (dd/mm/yyyy)**

<sup>1</sup> For policies that are assigned, the assignee needs to fill in and sign this form.

For entities, form must be signed by the authorised signatory of the company and company stamp is required.



**Please remember to...**

- ✓ **Countersign on any amendments.**
- ✓ **Ensure that the appropriate sections have been completed.**
- ✓ **Ensure that all signature(s) are consistent with our records.**
- ✓ **Submit this form and any relevant documents to us within 30 days from your date of signing.**

**Completed?** For the following transaction(s), please send us the original form with relevant documents via MAIL.

♣ Increase of Sum Assured/ Riders/Supplementary Benefits    ♣ Addition of Riders/ Supplementary Benefits    ♣ Change in Smoker Status

For other Requests, you may submit this form to us via MAIL or Email.

**MAIL** – 3 Anson Road #16-00 Springleaf Tower Singapore 079909

**EMAIL** – [Customer.Service@sg.cntaiping.com](mailto:Customer.Service@sg.cntaiping.com) (Form submission must be received from your email address registered with CTPIS)