

## APPLICATION FOR ALTERATION (Form 2)

**Warning: Statement pursuant to Section 25(5) of the Insurance Act, you are to disclose in this application form fully and faithfully, all the facts which you know or ought to know, otherwise you may receive nothing from the policy.**

Policy Number <input style="width:95%; height: 25px;" type="text"/>	Name of Life Assured and NRIC/Passport <input style="width:95%; height: 25px;" type="text"/>	Financial Consultant's Code and Name <input style="width:95%; height: 25px;" type="text"/>
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Change of Occupation to: \_\_\_\_\_  
(Please provide details of exact duties. Use a separate sheet if necessary)

Change of Date of Birth / Gender: \_\_\_\_\_  
(Please attach copy of NRIC/Passport or relevant documents)

Increase coverage of PruLink Protection Account at life stage events: -  
 Marriage       Becomes a parent/delivers a baby       Adoption of a child through legal means

Increase the basic Sum Assured of PruLink Protection Account from \$ \_\_\_\_\_ to \$ \_\_\_\_\_  
(Note: - Please tick, fill up amount and provide documentary evidence. Terms and Conditions apply)

\* Increase PruLink Regular Premium from \$ \_\_\_\_\_ to \$ \_\_\_\_\_  
**Note: - Minimum increase for PruLink Assurance Account and PruLink Protection Account : Monthly \$50, Quarterly \$150 , Half-yearly \$300 , Annually \$600**  
 • Minimum increase for PruLink Premier Saver Account: Monthly \$200 , Quarterly \$600 , Half-yearly \$1200 , Annually \$2400  
 • Regular Premium excludes premiums of Supplementary Benefits.  
 • Increase in regular premium is not available for CPFIS policies

\* Increase my Recurrent Single premium from \$ \_\_\_\_\_ to \$ \_\_\_\_\_  
**Life Assured to complete the health questions below.**  
 • Note: - Minimum increase: Monthly/Quarterly \$150 (SRS,Cash) / Half-yearly \$300 (SRS, Cash)/ Annually \$600 (CPFIS - OA, CPFIS-SA, SRS, Cash)

\* Include my PruLink Regular Savings Option / Enhanced Accumulator Option (regular) of \$ \_\_\_\_\_  
**Note--Minimum inclusion: Monthly \$50, Quarterly \$150, Half-yearly \$300, Annually \$600**  
 • Life Assured to complete the health questions below for increase of PruLink Regular Savings  
 • For amount that exceeds \$5,000/- completion of Supplementary Proposal” form is required.  
 • For any inclusion or increase in PruLink Regular Savings Option / Enhanced Accumulator Option to an existing crisis waiver benefit that is attached to the policy, completion of Supplementary Proposal Form is required.

\* Existing Payer Security benefit amount on a juvenile policy will be adjusted for alteration of benefits resulting in changes to the total premium payable on a juvenile life. Similarly, Crisis Waiver benefit amount will be adjusted when there is an alteration to the regular premium or regular savings.

- |                                                                                                                                                                                                                                                                                                                                                                                                          | Yes                      | No                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Since the last declaration made in relation to this policy, have you ever had or been told to have or been treated for cancer, tumor or growth, diabetes, high blood pressure, raised cholesterol, stroke, heart disease, respiratory disease, mental disorder, kidney disease, liver disease including hepatitis, or any other illness, disorder, injury, disability, operation or hospitalisation ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Since the last declaration made in relation to this policy, have you had any test done, such as X-ray, ultrasound, CT scan, biopsy, electrocardiogram (ECG), anti-HIV (AIDS), blood or urine test?                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |

**Declaration:**

- I understand and agree to the following:
- Information given in this application is complete.
- Prudential Assurance Company Singapore (Pte) Limited (“Prudential”) reserves the right to call for any medical evidence to assess the health of the life assured at my expense.
- Should I decide not to take up the application after a Certificate of Life Assurance is issued by Prudential, the amount refundable to me shall be determined by Prudential after taking into account the premium paid, the bid and offer prices and medical fees incurred. Should Prudential decline this application, the amount paid for the increase in regular savings premium will be refunded.
- This application will not be effective until a Certificate of Life Assurance or official letter is issued by Prudential confirming the change.

**Signature of Policyowner and Trustee(s) / Assignee**

Date:

**Signature of Life Assured (if different from Policyowner)**

Date:

# APPLICATION FOR ALTERATION (Form 2)

Policy Number	Name of Life Assured and NRIC/Passport	Financial Consultant's Code and Name

- \* Conversion to paid-up assurance (all attaching supplementary benefits, if any, will be terminated)
- \* Reduce the basic sum assured from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective year \_\_\_\_\_

Please note that:

- A partial cash value may be payable for a non-linked policy which has acquired cash value.
- For PruLink Protection Account, the minimum sum assured (to be reduced to) is 40% of the standard life maximum sum assured for Death/Total and Permanent Disability/Terminal Illness.
- For PruTerm Vantage, the minimum reduction in sum assured is in multiples of \$100,000. Minimum remaining sum assured must be at least \$1,000,000.
- For PruUniversal Vantage Limited Pay, reduction in sum assured is in multiples of US\$100,000. Minimum remaining sum assured must be at least US\$500,000. The sum assured reduction charge will apply for the first 5 policy years.

- \* Reduce the sum assured of Supplementary Benefit \_\_\_\_\_ (please specify) from \$ \_\_\_\_\_ to \$ \_\_\_\_\_
- \* Cancel Supplementary Benefit(s) \_\_\_\_\_ (please specify)
- \* Reduce my PruLink regular premium/recurrent single premium from \$ \_\_\_\_\_ to \$ \_\_\_\_\_  
Regular premium excludes premiums of Supplementary Benefits.  
Minimum reduction is \$50 for regular premium . Minimum recurrent single premium is \$1200 annually.
- \* Reduce/Delete my PruLink Regular Savings Option / Enhanced Accumulator Option (regular) from \$ \_\_\_\_\_ to \$ \_\_\_\_\_  
If you have more than one regular savings option / enhanced accumulator option (regular), the latest option will be reduced.

\* Existing Payer Security benefit amount on a juvenile policy will be adjusted for alteration of benefits resulting in changes to the total premium payable on a juvenile life. Similarly, Crisis Waiver benefit amount will be adjusted when there is an alteration to the regular premium or regular savings.

**Declaration** (Please read carefully before signing this application)

- I am aware that should I wish to reinstate my original benefits or buy a new policy with similar benefits in future, I may incur additional charges and I may not be able to secure similar insurance coverage, terms and conditions.
- I understand that if I choose to effect the selected alteration(s), it may affect the attainment of my financial objectives identified by my Financial Consultant in my last Personal Financial Record and Personal Financial Analysis or Prudential Way Planner.
- This application will not be valid until a Certificate of Life Assurance or official letter is issued by Prudential Assurance Company Singapore (Pte) Limited confirming the change.

**Were you advised by a Financial Consultant to effect any of the alteration above?** Yes  No   
If "yes", please ask your Financial Consultant to complete the "Financial Consultant's Acknowledgement" below

<b>Signature of Policyowner and Trustee(s) / Assignee</b> <div style="border: 1px solid black; height: 30px; width: 95%; margin: 5px auto;"></div> <p style="text-align: center; margin-top: 5px;">Date:</p>	<b>Signature of Life Assured (if different from Policyowner)</b> <div style="border: 1px solid black; height: 30px; width: 95%; margin: 5px auto;"></div> <p style="text-align: center; margin-top: 5px;">Date:</p>
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**Financial Consultant's Acknowledgement**

I have explained to the above Policyowner / Trustee / Assignee the implications of effecting the selected alteration(s) to this insurance policy. I have recommended the alteration(s) to this policy for the following reasons:

**Signature of Financial Consultant**

Date: