

APPLICATION FOR ALTERATION (FORM 1)

Policy Number

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Name of Policyowner

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Financial Consultant's Code and Name

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Type Of Alteration:

A. Payment Method

D. Termination of Incremental Sum Assured Benefit

G. Portfolio Solutions


B. Advance Premium Payment

E. Payout Option

Prudential Assurance Company Limited

C. Maturity Payout Option

F. Fund Distribution Option

-  • Tick all the required boxes, fill in the details, sign and date the application, and sign next to any amendments made.
- A copy of the bank book or bank statement stating account holder name and number must be submitted for a direct credit request unless the direct credit account was previously provided to and accepted by Prudential.

A. Payment Method

For change to other payment methods, please submit a GIRO application form or enrol your credit card via PRUaccess.

☐ Cash/Cheque

B. Advance Premium Payment (not applicable for PRULink single premium, PRUSelect and PRUSelect series policies)

The maximum amount of advance payment allowed is 2 years of premiums (current year plus one more year of premium due).

*Premium cannot be advanced past the policy's re-rating date.

☐ Advance the payment of \$

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 for premium due from

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 mm/yyyy

C. Maturity Payout Option

For change of Yearly Instalment maturity payments to lump sum payment.

☐ Lump Sum

*The settlement option monies during the maturity installment payout period are not covered under the Policyowners' Protection Scheme and rank after policy liabilities and equally with our unsecured liabilities in the event of our insolvency.

D. Termination of Incremental Sum Assured Benefit (for PRUActive series policies only)

- ☐ I would like to terminate the Incremental Sum Assured benefit from my policy. When the Incremental Sum Assured benefit ends, I understand, acknowledge and agree that:
- Prudential will stop adding the incremental amount to the death benefit; and
 - I will not be able to re-activate the Incremental Sum Assured benefit.

E. Payout Option

1. I wish to select the following payout option for Yearly CashBack/Cash Benefit, Non-Guaranteed Monthly Income and Cash Reward

- ☐ Leave in the policy (Not applicable for PRUSave Privilege Accelerator plans)
- ☐ Receive payout by Direct Credit from the end of 2nd policy anniversary onwards. Please proceed to complete the bank details in section 3.

2. I wish to select the following payout option for Monthly Income Option (applicable for PruActive Retirement policies only)

- ☐ Leave in the policy
- ☐ Receive payout by Direct Credit. Please proceed to complete the bank details in section 3.

3. Direct Credit to (this option is not applicable for USD policy):

Name of Bank and Branch												
Bank Account Number												
Name of Account Holder (The name of the bank account holder must be Policyowner/Trustee(s)/Assignee)												

*This account supersedes previous bank details submitted for direct credit of distributions for the policy. A copy of the bank book or bank statement stating account holder name and number must be submitted for a direct credit request unless the direct credit account was previously provided to and accepted by Prudential.

F. Fund Distribution Option

1. Applicable for selected funds only: PruLink Asian Income Fund (PAEF), PruLink Emerging Market Income Bond Fund (PEDF), PruLink Dynamic Income Fund (PDIF), and PruLink Asian Income and Growth Fund (Dis) (PABD), PruLink Singapore Dynamic Bond Fund (Dis) (PSFD), PruLink Global Equity Fund (Dis) (GEQD), PruLink Global Managed Fund (Dis) (GMAD)

Options	Funds						
	PAEF	PEDF	PDIF	PABD	PSFD	GEQD	GMAD
Receive Distribution:							
a) For cash – Please proceed to complete bank details in part 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) For SRS – Credited back to same SRS account							
Reinvested into the same funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please complete the bank details for payout distribution. If the details are incomplete, the distribution would be reinvested.

Name of bank and branch												
Bank account number												
Name of Account Holder - The name of the bank account holder must be Policyowner/Trustee(s)/Assignee												

*This account supersedes previous bank details submitted for direct credit of distributions for the policy. A copy of the bank book or bank statement stating account holder name and number must be submitted for a direct credit request unless the direct credit account was previously provided to and accepted by Prudential.

G. Portfolio Solutions (applicable for PRULink policies, PruSelect and PruSelect Vantage series policies)

☐ I would like to sign up for Portfolio Solutions and agree that a quarterly report will be sent to my email address at _____

I hereby confirm that this email supersedes any existing email records. I acknowledge and accept the terms and conditions as stipulated below:

Terms and Conditions for Portfolio Solutions Application:

1. I acknowledge that the reports and/ or information that I shall receive in connection with the Portfolio Solutions is for reference and general information only. All investment decisions are made independently by me, after duly considering and understanding the investment product(s), benefits and risks.
2. The Portfolio Solutions that you are signing up for will give you access to confidential and proprietary information of Mercer (Singapore) Pte Ltd ("Mercer") and is intended for your exclusive reference, for general information purposes only. This information is not intended as investment advice and shall not be relied on as such.
3. Notwithstanding any information provided to you in connection with the Portfolio Solutions, you are advised to read the fund information booklet(s) with respect to the relevant investment products before deciding whether to invest in such products. Neither Prudential nor Mercer gives any representations or warranties as to the accuracy of any information provided to you in connection with the Portfolio Solutions. Neither Prudential nor Mercer accepts any responsibility or liability for any loss or damage which you may suffer arising out of or in connection with your use of the Portfolio Solutions. Where appropriate, you are encouraged to seek independent legal, tax and other professional advice.
4. As there may be market fluctuations and change in market conditions, you are also encouraged to refer to the subsequent model portfolios that will be updated on a quarterly basis. Such subsequent updated model portfolios can be obtained via PRUaccess.
5. Any opinion on or rating of investment products contained under the model portfolio or provided by Mercer, Prudential or any Prudential Financial Consultant in connection with the Portfolio Solutions is not intended to convey any guarantee as to the future investment performance of such investment products. In addition, past performances of investment products cannot be relied upon as a guide to future performance of such products.
6. Notwithstanding anything above, Prudential reserves the right to discontinue the Portfolio Solutions at any time without reference or notification to you.

H. Vary Payout Period Option (for PruActive Retirement policies only)

Option to vary Payout Period is limited to:

- (i) Only applicable for one time, within one year prior to start of annuity payout
- (ii) New payout will be based on annuity conversion factor at the time of conversion and not based on annuity conversion at point of sale
- (iii) Vary by year(s) and not by month(s) and
- (iv) Cannot be less than 10 years or more than age 100

☐ I would like to change my payout period to years.

Declaration (Please read carefully before signing this application)

- I / We understand that the alteration will not be effective until an official letter is sent by Prudential Assurance Company Singapore (Pte) Limited ("Prudential") confirming acceptance of the change.
- I / We hereby authorise Prudential to credit payments due to me / us to the above account. Amounts so credited would constitute valid discharge of payments due to me / us under the above policy(ies).

Signature of Policyowner/Trustee/Assignee

Name:
Date (DD/MM/YYYY):

Signature of Trustee(s)/Joint Owner(s) (if any)

Name:
Date (DD/MM/YYYY):

Please send us your application with this prepaid business reply folder.

1. Fold along the dotted lines.
 2. Fold and insert your application form and any other required document into this prepaid business reply folder.
 3. Seal along the edges of this prepaid business reply folder with clear tape (do not staple).
 4. Drop your sealed prepaid business reply folder into your nearest post box.
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