



APPLICATION FOR ALTERATION (FORM 2)

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Type of Alteration	n·															
A. Change in Occu		claration fo	or Chang	ge in S	moker	Status		C. Incr	ease i	n Sum	Assur	ed	D. C	onvers	sion to	Paid Up
E. Reduction in sum assured F. Reduction in Premiu							ncellatio	n in Su	pplem	entary	Benefi	its				f Policy
Tick all required	boxes, fill in the detail	ils and sig	n next to	any a	mendr	nents n	ade. Re	fer to	Legen	d for A	lterat	ion ef	ective	date.		
A. Change in Occ	upation#															
New Occupation					Job	Details										
B. Declaration for	change in smoker	status#														
intention of smo	at the Life Assured h king cigarettes in the to page 2 to acknow	e future.							s and l	/we co	onfirm	that th	ne Life	Assui	red ha	as no
·	Assured (For Majo								otion	٨٥٥٥١١	nt / D	rotoct	ion DI	us Ac	coun	4
_		or Life Ex	/ent)* –	Appli	Cable	IO FK)	FIOLE	CHOIT A	ACCOU	IIL / F	rotect	ION FI	us Ac	Count	l.
Additional Sum	Assured Amount:															
Increase covera	ge at life stage even	its (Pleas	e tick [√] and	provide	e docur	nentary	evide	nce. T	erms a	and C	onditic	ns ap	plied.)		
Marriage	E	Becomes	a paren	t/deliv	ers a b	oaby			Ado	ption c	of a ch	ild thr	ough l	egal m	neans	
D. Conversion to P	aid Up#															
Conversion to p	aid-up assurance (al	II attachin	g suppl	ement	tary be	nefits,	f any, v	vill be	termin	ated)						
Note: All accum	ulated Cashback / C	Cash Ben	efit, if ar	ny, wil	l be pa	id out a	and the	Cashl	ack/	Cash l	enefi	t optio	n will t	be cha	nged	to
"Payout by Dire	ct Credit". In order to	effect su	ıch cha	nge, p	olease	provide	bank d	details.)							
Direct Credit to:	Name of bank an	nd branch														
	Bank Account nu	Bank Account number														
Name of Account Holder						1										
	Note: The name of bank account				r must	be Pol	cy Owr	ner / Tı	ustee	(s) / As	signe	e				
E. Reduction in Su	m Assurad										-					
E. Reduction in Su	III Assureu											D	Revise	d Am	ount	
Basic Sum Assured:													CVISC			
Investment Link#	nle##															
Non-Investment Link ^{##} No. Plan Type			Min			Notes										
					ed	A godfol cook velve godf										
1 Non-Investment Link policy with cash- value				iding o rpe	n	A partial cash value may be payable. *Please refer to policy documents for minimum sum assured allowed.										
2 PRUlink Assurance Account			\$6,000			a) Disability Provider benefit would be cancelled automatically if basic										
							assured eductior					not ann	olicable	for th	is nlan	tyne
3 PRULink- Protection Account / Protection Plus Account / Enhanced Protector			\$10,000			The	minimun	n sum	assure	d is at	least 4	10% of	the sta	andard	life m	aximum
						sum	assured	for De	ath / T	otal an	d Perr	manen	t Disab	oility / T	ermin	al
4 PRUTerm Vantage / Term Vantage /			\$500,000			Reduction must be in multiples of \$10,000.00										
Accelerated Disability (Term Assure) PRUUniversal Vantage Limited Pay			USD\$500,000			Reduction must be in multiples of USD \$10,000.00. The sum assured										
6 DDI Cook an	,				<u> </u>	reduction charge will apply for the first 5 policy years. Reduction of basic sum assured will reduce Max Protection Multiplier										
6 PRUCash and PRUSave Max Limited Pay / PRUSave Limited Pay				iding o rpe	ori	sum assured accordingly.										
7 PRULife Vantage Elite			\$35,000			Applicable for ages 1 to 17 ANB at entry										
			\$100,0	000		Appli	cable fo	r ages	17 to	70 ANE	3 at en	try				
		_										Re	evised	i Amo	unt	
Sum Assured o	f Supplementary Bei	nefit														
Monthly frequenc	y Premium Paying##			(P	lease .S	Specify)										
	uency Premium Paving	or Unit-de	ducting#	(, ,		, /										

Additional Terms and Conditions

If you reduce your sum assured and this request has been received and officially accepted by us:

- 1. There will not be a refund of premiums previously paid. For avoidance of doubt, there will not be a refund of premiums of the differences between the original and reduced sum assured;
- 2.Your accumulated bonus (if any) would be reduced and any future bonuses will be based on the revised sum assured.
- 3.We will refund you the difference in cash value (if any) between the original and reduced sum assured, less any amounts you owe us.

F. Reduction in Premium## (only for Re	egular Premium Investment	Linked policy))									
_	,			F	Revise	ed Am	ount					
PRULink Regular Premium / Recurrent Single Premium												
Notes: 1. Regular premium excludes premiums of Supplementary Benefits.												
2. Minimum reduction is by \$50 for Regular Premium.												
3. For policy with Early Crisis Cover	3. For policy with Early Crisis Cover Provider, the minimum Regular Premium is \$150 monthly.											
Reduction of PRULink Regular Savir Note: If you have more than one opt		Regular)										
PRUSelect Vantage / PRUSelect Pre Notes: Minimum premium after redu		initial Contributi										
PRUS	elect Vantage				PRUSelect							
5 years premium payment term	years premium payment term 10, 15, or 20 years premi					years premium payment term						
\$36,000 / USD\$28,800 per annum		\$4,200 per annum										
G. Cancellation in Supplementary Benefits												
To cancel the following supplementary benefits (please specify):												
Monthly fraguency Promium Poving##									2 000	collec		
Non-monthly frequency Premium Paying Non-monthly frequency Premium Paying or Unit-deducting# Notes: Concurrent supplementary benefits (if any) will be cancelled. H. Termination of Policy (Without cash value)##											1.	
	•				-:			£			_	
I am aware that should I wish to terminate and 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.											r	
I wish to terminate this policy								L4TE	RMI			
For Any Alteration done in Section E to	o Section H:											
Were you advised by a Financial Cons		eration above	? (*Pleas	se tick [√]	I)							
If "yes", please ask your Financial Consul						Ν.		Yes			No	
Financial Consultant's Acknowledgmen	<u>nt:</u>											
I have explained to the above Policyhold	•	ications of effec	cting the s	selected a	alterati	ion(s	s) to th	nis insu	rance	e polic	cy.	
I have recommended the alteration(s) for the following reasons											\	
		Sig	gnature of	Finar	ncial	Cons	ultant					
			Da	ate (dd/mm	n/yyyy)	:)	
Legend: # Alterations will be done with effect from the ## Alterations will be done with effect from the												
Declaration – Please read carefully I	·	on										
I understand and agree that the information												
I understand and agree that Prudential Assur		ted ("Prudential") re	eserves the	right to call	l for any	y						
medical evidence to assess the health of the life assured at my expense. 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 effective until a Certificate of Life Assurance or official letter is sent by Prudential confirming acceptance of the change. 												
Note to Housing Protection Sc	· · · · · · · · · · · · · · · · · · ·											
Please note that if you have used the above policy to be exempted from the CPF Board's Home Protection Scheme (HPS), the policy												
must remain in force so that you and your family are protected from losing your HDB flat in the event of death, terminal illness or total permanent disability. If there are changes to the above policy, your exemption would be voided and you would be required to reapply for										or		
exemption from HPS by purchasing other private policies or apply to be insured under HPS. Otherwise, if you are using CPF monies to service the monthly instalment, CPF Board may automatically extend HPS coverage to you, based on the declared percentage that you)		
service the monthly instalment, CPF B are exempted for, subject to you being		id HPS coverag	je to you,	, based or	n the c	decla	ared p	ercenta	age th	nat yo	u	
Signature of Policyowner / Trustee / Ass	•	0:										
Signature of Folicyowner / Trustee / Ass	nignee	Signature of 1	rustee(s	s) / Joint C	wner	(S) (I	t any)					
Name:		Name:										
Date (dd/mm/yyyy)	Date (dd/mn	n/yyyy)										
Signature of Life Assured (for child ag	e ir next birthday and abov	c)										
Name: Date (dd/mm/yyyy)												
Date (da/11111/yyyy)												

Prudential Assurance Company Singapore (Pte) Limited (Reg. No.: 199002477Z)
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Part of Prudential Corporation plc