

APPLICATION FOR CHANGE OF LIFE ASSURED

Policy Number <input style="width:100%; height: 20px;" type="text"/>	Name and NRIC/Passport of Policyowner(s) <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/>	Financial Consultant's Code and Name <input style="width:100%; height: 20px;" type="text"/>
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 Tick the required boxes, fill in the details and sign next to any amendments made.

Section A: PRUFirst Gift Baby Announcement

PRUFirst Gift Baby Announcement: A copy of Birth Certificate is submitted as proof of birth together with this application form. Please proceed to page 2 for acknowledgement.

(L4MAJALT)

Section B: Change of life assured for PRUSelect Vantage Premier

Important Notes for addition and deletion of life assured for PRUSelect Vantage Premier plan:

1. Addition or deletion of life assured is allowed only twice during the policy term. If policyholder requests to change the Life Assured, it will be considered as a deletion of an existing life assured followed by addition of a new life assured; hence, the 2 times entitlement will be fully utilized and no further request will be entertained.
2. A new Certificate of Life Assurance will be issued and the certificate date will be re-stamped accordingly.
3. Not applicable for SRS plan.

Required Documents for adding a new life assured:

- 1) The proof of insurable interest (i.e. birth certificate, marriage certificate, ACRA, Business Search, Letter of employment, etc.) Underwriter reserves the right to call for further evidence if required.
- 2) Copy of NRIC(s) of New Life Assured to be submitted together with this Application

Life Assured Details	Life Assured Details
<input type="checkbox"/> Addition (Complete All) <input type="checkbox"/> Deletion (Complete 1 to 3)	<input type="checkbox"/> Addition (Complete All) <input type="checkbox"/> Deletion (Complete 1 to 3)
1. Full Name (According to NRIC/Passport/BC) – Please underline surname: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Madam <input type="checkbox"/> DR <input style="width:100%; height: 20px;" type="text"/>	1. Full Name (According to NRIC/Passport/BC) – Please underline surname: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Madam <input type="checkbox"/> DR <input style="width:100%; height: 20px;" type="text"/>
2. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	2. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
3. NRIC/Passport/BC No: <input style="width:100%; height: 20px;" type="text"/>	3. NRIC/Passport/BC No: <input style="width:100%; height: 20px;" type="text"/>
4. Nationality: <input style="width:100%; height: 20px;" type="text"/>	4. Nationality: <input style="width:100%; height: 20px;" type="text"/>
5. Date of birth (dd/mm/yyyy) <input style="width:100%; height: 20px;" type="text"/>	5. Date of birth (dd/mm/yyyy) <input style="width:100%; height: 20px;" type="text"/>
7. Have you smoked any cigarettes in the past 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Have you smoked any cigarettes in the past 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	8. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
9. Occupation: <input style="width:100%; height: 20px;" type="text"/>	9. Occupation: <input style="width:100%; height: 20px;" type="text"/>
10. Annual Income: \$ <input style="width:100%; height: 20px;" type="text"/>	10. Annual Income: \$ <input style="width:100%; height: 20px;" type="text"/>
11. Relationship to Owner / Payor: <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Others (specify): _____	11. Relationship to Owner / Payor: <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Others (specify): _____

(L3MINALT)

P0112017

Declaration – Please read carefully before signing this application

Please read carefully before signing the Application for Change of Life Assured for PruSelect Vantage Premier form:-
I/We understand that 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.

I/We confirm that the Information given in this application is complete.

I/We further declare that I/we am/are not an undischarged bankrupt and that I/we have committed no act of bankruptcy within the last twelve months and that no receiving order or adjudication in bankruptcy has been made against me/us during that period.

I/We understand that for non-Singapore policy, the Singapore-dollar return will depend on prevailing exchange rates which may be highly volatile. Prudential does not bear the loss resulting from any currency conversion or the cost of charges incurred on any transaction pertaining to currency conversions.

I/We understand that if I/we do not hold Singapore citizenship status, it is my/our sole responsibility to ensure that, by completing and submitting this supplementary proposal, I/we will not breach or violate any of the applicable local laws and regulations of the jurisdiction of the country of my/our nationality (the "Applicable Local Laws"). I/We hereby fully indemnify and hold harmless Prudential and its officers, employees and agents against all losses, damages, civil penalties and expenses (including but not limited to legal expenses on a solicitor-client basis) that may be suffered by any of them in connection with any breach or violation on my/our part of the Applicable Local Laws.

All correspondence and documents from Prudential to me/us will be considered delivered and received in the ordinary course of the post, 7 days after the date of posting to the last known address notified to Prudential.

I/We expressly authorise and consent to Prudential Assurance Company Singapore (Pte) Limited ("Prudential"), its officers, employees and agents disclosing, at their sole discretion, any and all information relating to me/us, including my/our personal particulars, my/our transactions and dealings and my/our policy or policies of insurance with Prudential, to any of the following persons, whether in Singapore or elsewhere:

(a) Prudential's holding companies, branches, representative offices, subsidiaries, related corporations or affiliates;

(b) any of Prudential's contractors or third party service providers or distribution partners or professional advisers or agents;

(c) any regulatory, supervisory or other authority, court of law, tribunal or person, in any jurisdiction, where such disclosure is required by law, regulation, judgment or order of court or order of any tribunal or as a matter of practice;

(d) any actual or potential assignee(s) or transferee(s) of any rights and obligations of Prudential under or relating to my/our policy or policies for any purpose connected with the proposed assignment or transfer; and

(e) any credit bureau, insurer or financial adviser, for such purpose(s) that Prudential in its reasonable opinion considers appropriate including but not limited to purposes of underwriting, customer servicing, investigation of Prudential's representatives and monitoring undesirable sales practices.

Signature of Policyowner (1) / Trustee / Assignee

Date (dd/mm/yyyy):

Signature of Policyowner (2) / Trustee / Assignee

Date (dd/mm/yyyy):

Signature of Life Assured (1)
(Age 17 age next birthday and above)

Date (dd/mm/yyyy):

Signature of Life Assured (2)
(Age 17 age next birthday and above)

Date (dd/mm/yyyy):

Were you advised by a Financial Consultant to effect any of the alteration in Section B? (*Please tick [✓])

If "yes", please ask your Financial Consultant to complete the "Financial Consultant's Acknowledgement" below.

Yes No

Signature of Policyowner (1) / Trustee / Assignee

Date (dd/mm/yyyy):

Signature of Policyowner (2) / Trustee / Assignee

Date (dd/mm/yyyy):

Financial Consultant's Acknowledgment:

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

Signature of Financial Consultant

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.

**BUSINESS REPLY SERVICE
PERMIT NO. 00364**



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