



CHANGE OF PAYMENT FREQUENCY FORM

Polic	y Numbe	er			N	RIC/Pa	C/Passport numb			er of Policyowner			Name of Policyowner
	• Tick	the real	ired boxe	s fill	in the	details	and si	ian an	d date i	the a	pplicati	ion.	
 Tick the required boxes, fill in the details and sign and date the application. If you made any amendments, sign next to the amendments made. 													
Cha	ange of p	ayment	frequenc	y fron	n Mont	thly to	Non-M	lonthly	/ can or	nly be	e effect	ed on	the next policy anniversary date.
Otherwise, advance premium payment is required for immediate processing. For example, from monthly to annual mode, the													
policyholder will have to pay the balance monthly premiums up to the next policy anniversary before the change to the annual premium													
can be effected. If the current payment method of your policy is by credit card, this advance premium payment will be charged to the same credit card. If the current payment method of your policy is via GIRO or other payment methods, please make a payment to us													
for the advance premium.													
	Annu	ally											
	¬ . .												
	_ Half-\	early											
	_												
	Quart	erly											
	_												
	Mont	hly *											
* For change of payment frequency to monthly, your payment method has to be via Credit Card or GIRO.													
				-			-	•					our credit card via PRUaccess or iPay.
	For application for regular premium payment by GIRO, please enrol via iPay for DBS/POSB bank or submit Application for Premium Payment by Interbank GIRO application form for other banks.												
	The state of the s												
Declaration (Please read carefully before signing this application)													
I 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.													
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Si	gnature	of Polic	cyowner(s) / T	rustee	(s) / A	ssign	ee(s)				Sign	ature of Joint Policyowner / Trustee (if applicable)
N	lame:											Nan	ne:
D	ate (dd/r	nm/yyyy	/):)			Date	e (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

PRUDENTIAL ASSURANCE COMPANY SINGAPORE (PTE) LIMITED

Robinson Road P.O. Box 492 Singapore 900942 Postage will be paid by addressee. For posting in Singapore only.