

## APPLICATION FOR ALTERATION (FORM 2)

Policy Number	Name and NRIC/Passport of Life Assured	Financial Consultant's Code and Name
<input style="width:100%; height:100%;" type="text"/>	<input style="width:100%; height:100%;" type="text"/>	<input style="width:100%; height:100%;" type="text"/>

**Type of Alteration:**

- |                             |  |   |                          |
|-----------------------------|--|---|--------------------------|
| A. Change in Occupation     | B. Declaration for Change in Smoker Status | C. Increase in Sum Assured                | D. Conversion to Paid Up |
| E. Reduction in sum assured | F. Reduction in Premium                    | G. Cancellation in Supplementary Benefits | H. Termination of Policy |

Tick all required boxes, fill in the details and sign next to any amendments made. Refer to Legend for Alteration effective date.

**A. Change in Occupation#**

New Occupation  Job Details

**B. Declaration for change in smoker status#**

I/We declare that the Life Assured has not smoked cigarettes in the last twelve months and I/we confirm that the Life Assured has no intention of smoking cigarettes in the future.  
Please proceed to page 2 to acknowledge the acceptance of the above declaration.

**C. Increase in Sum Assured (For Major Life Event)# – Applicable to PRULink - Protection Account / Protection Plus Account.**

Additional Sum Assured Amount:

Increase coverage at life stage events (Please tick [✓] and provide documentary evidence. Terms and Conditions applied.)

- Marriage       Becomes a parent/delivers a baby       Adoption of a child through legal means

**D. Conversion to Paid Up#**

Conversion to paid-up assurance (all attaching supplementary benefits, if any, will be terminated)

**Note:** All accumulated Cashback / Cash Benefit, if any, will be paid out and the Cashback / Cash benefit option will be changed to "Payout by Direct Credit". In order to effect such change, please provide bank details.)

Direct Credit to:

Name of bank and branch	<input style="width:100%; height:20px;" type="text"/>
Bank Account number	<input style="width:100%; height:20px;" type="text"/>
Name of Account Holder	<input style="width:100%; height:20px;" type="text"/>

**Note:** The name of bank account holder must be Policy Owner / Trustee(s) / Assignee

**E. Reduction in Sum Assured**

Basic Sum Assured: **Revised Amount**

Investment Link#  
Non-Investment Link##

No.	Plan Type	Min Sum Assured	Notes
1	Non-Investment Link policy with cash-value	Depending on plan type	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 sum assured is less than \$10,000.00. b) Reduction of sum assured to "0" is not applicable for this plan type.
3	PRULink- Protection Account / Protection Plus Account / Enhanced Protector	\$10,000	The minimum sum assured is at least 40% of the standard life maximum sum assured for Death / Total and Permanent Disability / Terminal Illness.
4	PRUTerm Vantage / Term Vantage / Accelerated Disability (Term Assure)	\$500,000	Reduction must be in multiples of \$10,000.00
5	PRUUniversal Vantage Limited Pay	USD\$500,000	Reduction must be in multiples of USD \$10,000.00. <b>The sum assured reduction charge will apply for the first 5 policy years.</b>
6	PRUCash and PRUSave Max Limited Pay / PRUSave Limited Pay	Depending on plan type	Reduction of basic sum assured will reduce Max Protection Multiplier sum assured accordingly.
7	PRULife Vantage Elite	\$35,000	Applicable for ages 1 to 17 ANB at entry
		\$100,000	Applicable for ages 17 to 70 ANB at entry

Sum Assured of Supplementary Benefit  **Revised Amount**

Monthly frequency Premium Paying## (Please Specify)  
Non-monthly frequency Premium Paying or Unit-deducting#

**Additional Terms and Conditions**

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

- 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;
- Your accumulated bonus (if any) would be reduced and any future bonuses will be based on the revised sum assured.
- 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 Regular Premium Investment Linked policy)**

<input type="checkbox"/> PRULink Regular Premium / Recurrent Single Premium <b>Notes:</b> 1. Regular premium excludes premiums of Supplementary Benefits. 2. Minimum reduction is by \$50 for Regular Premium. 3. For policy with Early Crisis Cover Provider, the minimum Regular Premium is \$150 monthly.	<b>Revised Amount</b> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
<input type="checkbox"/> Reduction of PRULink Regular Savings Option / Enhanced Accumulator Option (Regular) <b>Note:</b> If you have more than one option, the latest option will be reduced.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
<input type="checkbox"/> PRUSelect Vantage / PRUSelect Premium (Charges apply during initial Contribution Period) <b>Notes:</b> Minimum premium after reduction is as follows:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										

PRUSelect Vantage		PRUSelect
5 years premium payment term	10, 15, or 20 years premium payment term	10, 15, or 20 years premium payment term
\$36,000 / USD\$28,800 per annum	\$9,000 / USD\$7,200 per annum	\$4,200 per annum

**G. Cancellation in Supplementary Benefits**

To cancel the following supplementary benefits (please specify): \_\_\_\_\_  
 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)##**

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.

I wish to terminate this policy L4TERM1

**For Any Alteration done in Section E to Section H:**

**Were you advised by a Financial Consultant to effect any of the alteration above? (\*Please tick [✓])**  Yes  No  
 If "yes", please ask your Financial Consultant to complete the "Financial Consultant's Acknowledgement" below.

**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):

**Legend:**

- # Alterations will be done with effect from the next monthly anniversary.
- ## Alterations will be done with effect from the next premium due.

**Declaration – Please read carefully before signing this application**

- I understand and agree that the information given in this application is complete.
- I understand and agree that 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.
- 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.

**Signature of Policyowner / Trustee / Assignee**

Name:  
Date (dd/mm/yyyy):

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

Name:  
Date (dd/mm/yyyy):

**Signature of Life Assured (for child age 17 next birthday and above)**

Name:  
Date (dd/mm/yyyy):