

APPLICATION FOR CHANGE OF LIFE ASSURED

Policy Number	Name and NRIC/Passport of Policyowner(s)	Financial Consultant's Code and Name											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:15%; height: 20px;"> </td><td style="width:15%; height: 20px;"> </td><td style="width:15%; height: 20px;"> </td><td style="width:15%; height: 20px;"> </td><td style="width:15%; height: 20px;"> </td><td style="width:15%; height: 20px;"> </td><td style="width:15%; height: 20px;"> </td></tr> </table>								<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>		

Tick the required boxes, fill in the details and sign next to any amendments made.

Section 1: PRUFirst Gift / PRUFirst Promise Baby Announcement

PRUFirst Gift / PRUFirst Promise Baby Announcement: A copy of Birth Certificate is submitted as proof of birth together with this application form. Please proceed to the last page for acknowledgement. (L4MAJALT)

Section 2: Change of Life Assured for PRUSelect Vantage Premier (PSVP) / PRULife Vantage Achiever III (PLVA III) / PRULife Vantage Achiever Prime (PLVAP) / PRUuniversal Vantage (PUV) / PRUVantage Assure (PVA) / PRUlifetime Income II (PLTI II) / PRUlifetime income Premier III (PLIP III) / PRULife Vantage Achiever Prime II (PLVAP II)

Important Notes:

- For PSVP:** 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.
- For PLVA III, PLIP III, PLVAP II:** Individual policy - Policyowner can choose to change Life Assured only once throughout the policy term from 3rd policy year. Company owned policy - Policyowner can choose to change Life Assured anytime throughout the policy term from 3rd policy year.
- For PLVAP, PLTI II:** Individual policy - Policyowner can choose to change Life Assured only once after premium paying term. Company owned policy - Policyowner can choose to change Life Assured anytime after premium paying term.
- For PUV:** Policyowner can choose to change Life Assured only once throughout the policy term on any Policy Anniversary.
- For PVA:** Individual policy - Policyowner can choose to change Life Assured 3 times throughout the policy term from 3rd policy year. Company owned policy - Policyowner can choose to change Life Assured anytime throughout the policy term from 3rd policy year.
- A new Certificate of Life Assurance will be issued and the certificate date will be re-stamped accordingly.
- Not applicable for SRS plan.

Required Documents for adding a new life assured:

- 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.
- Copy of NRIC(s) of New Life Assured to be submitted together with this Application.

Please complete the health declaration under Section 3.

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 <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	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 <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>																																								
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: <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <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><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>																				3. NRIC/Passport/BC No: <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <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><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>																					
4. Nationality: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	4. Nationality: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>																																								
5. Date of birth: (dd/mm/yyyy) <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"><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><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>																					5. Date of birth: (dd/mm/yyyy) <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"><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><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>																				
6. Have you smoked any cigarettes in the past 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you smoked any cigarettes in the past 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No																																								
7. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	7. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed																																								
8. Occupation: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	8. Occupation: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>																																								
9. Annual Income: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	9. Annual Income: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>																																								
10. Relationship to Owner/Payor: <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Others (Please specify): _____	10. Relationship to Owner/Payor: <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Others (Please specify): _____																																								

Were you advised by a Financial Consultant to effect any of the alteration in Section 2? (*Please tick [√])
 If "yes", please ask your Financial Consultant to complete the "Financial Consultant's Acknowledgement" below. Yes No

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):

Section 3 : Health Declaration

Section 3A : Previous Insurance Details (Complete where applicable)

Details of Previous Insurance Application	New Life Assured	
	Yes	No
1. Does the combined coverage of your existing and pending life insurance policy(ies) exceed \$500,000?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any application for or reinstatement of your life, critical illness, disability or health insurance policy pending or has it been withdrawn, deferred, declined or accepted at special rates or terms with this or any other office?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you making or have you made any claims, including hospitalisation claims, on any policy with this or any other office?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is this proposal intended to exercise conversion or increasibility option on any policy(ies) listed below?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is this proposal to replace or intended to replace any policy(ies) with this or any other office? Warning - It is usually disadvantageous to replace an existing insurance policy with a new one. Some disadvantages are: 1) You may not be insurable on standard terms; 2) You may have to pay a higher premium in view of higher age; 3) This may result in losing the financial benefit accumulated over the years; 4) Other terms and conditions may differ. Warning - In your own interest, we advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision in your best interests.	<input type="checkbox"/>	<input type="checkbox"/>

If "yes" to question 1 to 5, please fill in the details below.

- Company, policy no., type of plan, sum assured and year of issue
- Pending, special rate, withdrawn / deferred / decline, claims, conversion or replacement

New Life Assured	
Question No.	Details

Section 3B : Residence/Lifestyle Details (Complete where applicable)

General Details	New Life Assured													
	Yes	No												
1. Aside from studies or leisure, do you plan to travel abroad for more than 6 months in the next 12 months? If "yes", please provide details below.	<input type="checkbox"/>	<input type="checkbox"/>												
<table border="1"> <thead> <tr> <th>Name of Country and City</th> <th>Duration</th> <th>Purpose of Travel (Work/Military Training/ Others, please specify)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of Country and City	Duration	Purpose of Travel (Work/Military Training/ Others, please specify)											
Name of Country and City	Duration	Purpose of Travel (Work/Military Training/ Others, please specify)												
2. Are you currently engaged in or have any intention of engaging in military or private flying other than as a fare-paying passenger or engaging in hazardous sports such as scuba diving, mountain or rock climbing, parachuting or sky diving, any form of racing or any other extreme sports?	<input type="checkbox"/>	<input type="checkbox"/>												

P03032022

3. Do you consume alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been treated for drug or alcohol addiction?	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" to questions 2 to 4, please provide details below.		
<ul style="list-style-type: none"> • specify activity • when, type, quantity consumed and frequency of consumption per week 		
New Life Assured		
Question No.	Details	

Section 3C : Health Details				(Complete where applicable)	
Health Details				New Life Assured	
				Yes	No
1. Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder, dementia/Alzheimer's disease, Parkinson's disease, tuberculosis, or any hereditary disease?				<input type="checkbox"/>	<input type="checkbox"/>
New Life Assured					
Relationship	Condition / Cause of death	Age at Onset	If Deceased, Age at Death		
2. Have you consulted any doctor(s) in the last three years?				<input type="checkbox"/>	<input type="checkbox"/>
<p>NOTES:</p> <p>(i) You are not required to disclose genetic test results which are solely done for biomedical research.</p> <p>(ii) You need to disclose predictive genetic test for Huntington's Disease (HTT) if the cover you applied had a total sum assured (including other policies with Prudential) that exceeds S\$2,000,000 for death, or S\$2,000,000 for total permanent disability, or S\$500,000 for critical illness respectively. Otherwise you do not need to disclose your predictive genetic test result.</p> <p>(iii) You need to disclose predictive genetic test for breast cancer (BRCA1, BRCA2), if the critical illness cover you applied had a total sum assured (including other policies with Prudential) that exceeds S\$500,000. Otherwise you do not need to disclose your predictive genetic test result.</p> <p>(iv) Notwithstanding the above, you may disclose your predictive genetic test result to us if the result is favourable and may help in your application.</p> <p>(v) You confirmed that you have read and understood the Moratorium on Genetic Testing and Insurance Infographic (which is available at https://www.lia.org.sg).</p>					
3. Have you undergone predictive genetic tests on Huntington's Disease (HTT); breast cancer (BRCA 1, BRCA 2); or in the past 5 years, have you had any tests done such as X-ray, ultrasound, CT scan, biopsy, electrocardiogram (ECG), blood or urine test?				<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had or been told to have or been treated for:-					
a. Epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous/mental disorders?				<input type="checkbox"/>	<input type="checkbox"/>
b. Diabetes, thyroid disorders or any other endocrine disorders?				<input type="checkbox"/>	<input type="checkbox"/>
c. Ear discharge, nose bleeds, double vision, impaired sight, hearing or speech or any other disorders of ear, eye, nose or throat?				<input type="checkbox"/>	<input type="checkbox"/>
d. Asthma, bronchitis, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/discomfort or any other lung disorders?				<input type="checkbox"/>	<input type="checkbox"/>
e. Raised cholesterol, high blood pressure, heart attack, heart murmur, mitral valve prolapse or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, diseases of or any other disorders of the heart or blood vessels?				<input type="checkbox"/>	<input type="checkbox"/>
f. Gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?				<input type="checkbox"/>	<input type="checkbox"/>
g. Jaundice, abnormal liver function test, Hepatitis B carrier or any form of hepatitis, liver disorders or gall bladder disorders?				<input type="checkbox"/>	<input type="checkbox"/>
h. Blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or urogenital organs?				<input type="checkbox"/>	<input type="checkbox"/>
i. Slipped disc, gout, any form of arthritis, osteoporosis (weak bones), or any other disorder, pain or injury to the muscles?				<input type="checkbox"/>	<input type="checkbox"/>
j. Cancer, tumour, cyst, lump or growth of any kind?				<input type="checkbox"/>	<input type="checkbox"/>
k. Anaemia, thalassaemia, haemophilia or any other disorders of the blood?				<input type="checkbox"/>	<input type="checkbox"/>
l. Systemic Lupus Erythematosus, Rheumatoid Arthritis, Kawasaki disease or any other disorders of the immune system?				<input type="checkbox"/>	<input type="checkbox"/>

m. Any other illness, disorder, injury, disability, operation or hospitalisation not mentioned above?		<input type="checkbox"/>	<input type="checkbox"/>
5. Have you or your spouse (if applicable) been told to have, or have received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition?		<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had HIV testing done for purposes other than pregnancy testing, Singapore PR application and SAF overseas military training?		<input type="checkbox"/>	<input type="checkbox"/>
7. Have you in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skins lesions?		<input type="checkbox"/>	<input type="checkbox"/>
Remarks: If "yes" to questions 2 to 7, please provide details below.			
<ul style="list-style-type: none"> Name of the condition and date of diagnosis Name and address of each doctor/hospital Duration of illness/injury and date of recovery as appropriate Type of tests done, reason for undergoing the tests, dates, and results of tests done. Copy of the above test(s), if any. 			
New Life Assured			
Question No.	Details / Results		
Health Questions for Female Life only (for child, applicable if age next birthday >16)		New Life Assured	
		Yes	No
8. Have you been told to repeat Pap smear within the next six months or ever had an abnormal Pap smear, mammogram, ultrasound of the pelvis or breasts, biopsy, colposcopy or any other gynaecological investigations?		<input type="checkbox"/>	<input type="checkbox"/>
9. For females who have conceived or are currently pregnant (if not applicable, please indicate 'N/A') Have you ever had:-			
a. any complications during gestation or childbirth (eg. gestational diabetes, hypertension, protein in urine, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>
b. Given birth to a baby with Down's syndrome or any other congenital anomalies? (Only applicable if PruSmart Lady Rider is attached)		<input type="checkbox"/>	<input type="checkbox"/>
c. Any test or intend to do any test to exclude Down's syndrome or any congenital anomalies of the baby during gestation? (Only applicable if PruSmart Lady Rider is attached)		<input type="checkbox"/>	<input type="checkbox"/>
10. Are you now pregnant? If yes, how many weeks? _____		<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had or been told to have or been treated or intend to be treated or consult a physician for:-			
a. Any disease or disorder of the breasts including breast lump, cyst, fibrocystic disease, mammary dysplasia, carcinoma in situ, cancer or growth?		<input type="checkbox"/>	<input type="checkbox"/>
b. Any disease or disorder of the cervix uteri, uterus, ovaries, vulva or fallopian tubes including ovarian cysts, abnormal uterine or vaginal bleeding, fibroid, polyp, carcinoma in situ, cancer or growth?		<input type="checkbox"/>	<input type="checkbox"/>
If "yes" to question 8 to 11b, please provide details below.			
<ul style="list-style-type: none"> type, reason, date of test done and result of test (copy to be submitted if available) 			
New Life Assured			
Question No.	Details / Results		

Section 3D : Declarations

Please read carefully before signing the Application for Change of Life Assured form:

1) Commencement of Assurance

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.

2) Information Provided to Prudential

I/We declare that the information given in this Change of Life Assured form and any information supplied to Prudential or to the medical examiner of Prudential is true and that no material facts (i.e. facts likely to influence the assessment and acceptance of this Change of Life Assured form) have been withheld and to the best of my/our knowledge and belief the information given herein is true and complete and shall be the basis of my/our contract with Prudential. I/We further acknowledge and agree that Prudential can request supporting documents in relation to the information requested in this form.

3) Provision of Medical Information and Updating of Personal Details

(a) Medical Information

I/We agree and authorise:

- (i) Any medical source, insurance office or organisation to release to Prudential; and
- (ii) Prudential to release to any medical source or insurance office any relevant information concerning the Life Assured at any time, irrespective of whether the Change of Life Assured form is accepted by Prudential.
A photographic copy of this authorisation shall be as valid as the original.

(b) Payment of Medical Fees

I/We agree to pay to Prudential any medical fee incurred by Prudential under this Change of Life Assured form should I/We fail to take up the policy within 21 days from the date of Prudential's acceptance of the Change of Life Assured form at standard rates.

(c) Updating of the Change of Details

I/We agree to inform Prudential if there is any change in the state of health, occupation, financial status or lifestyle including without limitation engagement in hazardous activities of the Life to be Assured between the date of this Change of Life Assured form or medical examination and the issue of my/our policy. Additionally, I/we agree to inform Prudential if I/we apply for additional insurance policy(ies) between the date of this Change of Life Assured form or medical examination and the issue of my/our policy. On receiving this information, Prudential is entitled to accept or reject my/our proposal.

4) Electronic Receipt of Policy Documents and Correspondences

I/We acknowledge and accept that if I/we had opted to receive my/ our Policy Document and/or correspondences relating to my/our Policy ("Correspondences") electronically, my/our Policy Documents and/or Correspondences will be made available in my/our PRUaccess. PRUaccess is Prudential's secure customer internet portal on Prudential's corporate website. I/We understand and agree to be notified via email and/or SMS to retrieve my/our Policy Document and/or Correspondences in PRUaccess once my/our application has been officially approved by Prudential and/or Correspondences are available for viewing. If I/we had opted to receive Correspondences electronically, I/we acknowledge that the terms and conditions governing Policy Document and/or electronic correspondence (a copy of which is available upon request) have been explained to me/ us and I/we agree to be bound by them. I/We understand that not all of the Correspondences are currently available via electronic statements. I/We consent to Prudential providing me/us with Correspondences that are unavailable electronically in hard copy. I/We agree and accept that Prudential will not be responsible for any consequences arising from my/our failure to (i) provide Prudential with a true, complete and accurate email address and mobile number and/or (ii) notify Prudential of any change(s) to my/our email address and mobile number. I/We acknowledge and accept that my/our Policy Document and/ or Correspondences will be delivered via post if my/our email address and mobile number are not provided in this proposal.

5) Deemed Delivered

I/We understand that all correspondence and documents from Prudential are considered delivered and received (i) if made available electronically via PRUaccess, upon receipt of the relevant SMS and/or email notification informing me/us that the document is accessible on PRUaccess; and (ii) if posted, 7 days after the date of posting to the last known address notified to Prudential.

6) PRUaccess – Customer Internet Portals

I/We understand and accept that if I/we do not already have a PRUaccess PIN, Prudential will notify me/us via SMS or post to activate my/our PRUaccess PIN. PRUaccess is Prudential's secure customer internet portal on its corporate website, for policyholders to access important information about their policy and to perform selected policy transactions. I/We understand and agree that in case of any dispute, the policy documents contained in PRUaccess shall be the governing and prevailing version.

7) No Offer or Solicitation Outside Singapore

I/We understand that:

- (a) the investment funds (the "Funds") offered under the product that I/we am/are applying for has not been approved for offer, sale or purchase by any authority outside Singapore;
- (b) this Change of Life Assured form and all other documents relating to the Funds do not constitute an offer to sell or a solicitation of any offer to buy or subscribe for any securities in any jurisdiction in which such distribution or offer is not authorised to any person; and
- (c) in particular, this Change of Life Assured form and all other documents relating to the Funds do not constitute an offer to sell or the solicitation of any offer to buy or subscribe for any securities in the United States of America ("US") to or for the benefit of US persons (being residents of the US or partnerships or corporations organised under the laws of the US or any state, territory or possession thereof).

For purposes of the above Clause, "residents of US" means:

- (a) any person who is a US citizen;
- (b) any person who is a lawful US permanent resident for immigration purposes; or
- (c) any person who meets a "substantial presence test" (i.e. present in the US for at least one hundred and eighty three (183) days in the current year or alternatively present in the US for at least thirty-one (31) days in the current year and the sum of the number of days present in the US for the current year and the first two (2) preceding years discounted at one-third for the first preceding year and one-sixth for the second preceding year, equals or exceeds one hundred and eighty-three (183).

8) Marketing and Sales Conducted in Singapore

I/We confirm that the entire marketing and selling process in respect of my/our proposed increase/inclusion in benefits has been conducted in Singapore, which includes but is not limited to the following:

- (a) I/We have received all of the insurance related marketing materials in Singapore;
- (b) The agent/sales staff has explained the details of my/our proposed increase/ inclusion in benefits in Singapore;
- (c) I/We have signed all the documents in respect of my/our proposed increase/inclusion in benefits (including but not limited to the Change of Life Assured form Form) in Singapore; and
- (d) I/We have paid the initial premium in respect of my/our proposed increase/inclusion in benefits in Singapore.

9) Documents Received and Explained

I/We declare that I/We have received a hardcopy/downloaded copy of each of the following:

- "PruPlanner / Financial Needs Analysis",
- "Benefit Illustration",
- "Product Summary",
- "Vernacular" (where applicable),
- "Fund Information Booklet" or "Prospectus", together with the "Product Highlights Sheet" (where applicable),
- "Your Guide to Life Insurance" and/or "Your Guide to Health Insurance" and the contents have been explained to me/us to my/our satisfaction.

10) Singapore Policy

I/We understand that the policy applied for herein shall be underwritten as a Singapore policy and be entered in the register of Singapore policies of Prudential.

11) Bankruptcy

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.

12) Currency Conversions

I/We understand that for a non Singapore-dollar 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.

13) Breach of Applicable Local Laws

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 Change of Life Assured form, 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.

14) Authority to Collect, Use and Disclose

I/We expressly authorise and consent to Prudential, its officers, employees and agents collecting, using and 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:

- Prudential's holding companies, branches, representative offices, subsidiaries, related corporations or affiliates;
- any of Prudential's contractors or third party service providers or distribution partners or professional advisers or agents;
- 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;
- 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
- any credit bureau, insurer or financial adviser, for the purposes of underwriting, customer servicing, statistical analysis, investigation of Prudential's representatives, monitoring undesirable sales practices, conducting customer due diligence, reporting to regulatory or supervisory authorities and for auditing.

Where any personal data ("3rd Party Personal Data") relating to another person ("Individual") (e.g. insured persons, family members, and beneficiaries) is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the Individual for Prudential, its officers, employees and representative(s) to collect and use the 3rd Party Personal Data and to disclose the 3rd Party Personal Data to the persons enumerated above, whether in Singapore or elsewhere, for the purposes stated above and in Prudential's Privacy Notice.

15) No Tax Advice

I/We will obtain my/our own advice on the tax implications and/or any other ancillary implications in respect of the application for this policy. I/We acknowledge that Prudential and/or its representatives do not make any representations and cannot assume any responsibility in respect of these matters.

16) Other Requirements

(a) Applicable Requirements including Foreign Account Tax Compliance Act (FATCA) and OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (CRS)

I/We acknowledge that Prudential may be obliged to comply with or choose to have regard to, observe or fulfil the laws, regulations, orders, guidelines, codes, market standards, good practices, requests, requirements, or expectations of or agreements with public, judicial, taxation, governmental and other regulatory authorities or self-regulatory bodies in various jurisdictions (the "Authorities" and each an "Authority") as promulgated and amended from time to time (the "Applicable Requirements"). These Applicable Requirements include but are not limited to FATCA which the United States Internal Revenue Service has promulgated and the CRS. In this connection, I/we agree that Prudential may disclose my/our personal information (which shall include but are not limited to my/our nationality, date and place of birth, addresses, telephone numbers, tax status, tax identification numbers, tax residency changes or policy details) to any Authority and withhold payments otherwise payable to me/us under my/our policy as may be reasonably necessary to ensure Prudential's compliance or adherence (whether voluntary otherwise) with the Applicable Requirements.

(b) Consent to Collection, Use and Disclosure in relation to Applicable Requirements

I/We hereby consent to Prudential's, its officers', employees' and agents', collection, use and disclosure of my/our particulars or any information (which shall include my/our nationality, date and place of birth, addresses,

telephone numbers, tax status, tax identification numbers, tax residency changes or details concerning my/our policy) to any Authority for the purpose of compliance with or adherence (whether voluntary or otherwise) to or otherwise in connection with the Applicable Requirements ("the Purpose") and/or I/we will be deemed to so consent when I/we provide Prudential, its officers, employees and agents, from time to time, with my/our particulars or any information when having been informed herein that my/our particulars or any information I/we provide may be collected, used and disclosed for the Purpose. Such disclosure may be effected by Prudential directly or sent and/or disclosed through any of its Head Office(s) or other related corporations or in such manner as it deems fit. For the purposes of the foregoing and notwithstanding any other provision in this proposal form or any other agreements between us, Prudential may need me/us to provide further information as may be required for disclosure to any Authority and it may request that I/we provide the same to it within such time as may be reasonably required.

(c) Updating of Information

I/We agree to update Prudential in a timely manner of any change of any detail previously provided to Prudential whether at time of application or at any other times. In particular, it is very important that I/we notify Prudential immediately if, where I/we are individuals, my/our nationality, addresses, telephone numbers, tax status, tax identification numbers, tax residency or personal identification numbers change or if I/we become tax resident in more than one country, or, where we are a corporation or any other type of entity, if our registered address, address of our place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control more than 25% of our shares or ownership interest or control), tax status, tax residency changes or if I/we become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, Prudential may request certain documents or information from me/us. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms or self-certifications.

(d) Assistance to Prudential

Notwithstanding any other provision in this Change of Life Assured form or any other agreements between us, I/we agree to provide Prudential with such assistance as may be necessary to enable it to comply with its obligations under all Applicable Requirements concerning me/us or my/our policies with Prudential.

(e) Consequences of Failure to Report Information

If I/we do not provide or update Prudential with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete, I/we agree that some or all of the benefits under the policy of assurance may not be available to me/us. In particular, I/we consent to and agree that Prudential may, in order to ensure its ongoing compliance or adherence (whether voluntary or otherwise) with the Applicable Requirements, and to the extent permitted by law, terminate the policy and/or withhold payment of any amount due to me/us (or my/our personal representatives) under my/our policy as may be reasonably necessary to comply with the Applicable Requirements and/or deduct such amount from any policy moneys payable to me/us and/or pay the same to any relevant Authority as the relevant Authority or Applicable Requirements may require.

(f) Account Holder

I/we certify that I/we are the Account Holder(s) (or am authorized to sign for the Account Holder(s) of all the accounts to which this form relates.

17) Prohibited Person

I understand and agree that Prudential is entitled not to accept or process this Proposal should a person connected with this Change of Life Assured form be found to be a Prohibited Person, meaning a person or entity (including but not limited to any director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my behalf, beneficiaries or my Beneficial Owner(s) or beneficiaries' Beneficial Owner(s) therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting Prudential from providing insurance coverage, transacting business with or otherwise offering any economic benefits to me or any other beneficiaries or assignees under the relevant Policy, and the decision of Prudential shall be final. I further agree that in the event that Prudential becomes aware that a person connected with the policy that is issued based on this application (the "relevant Policy") (including but not limited to any of the Assured, trustee, assignee, Beneficiary, Beneficial Owner, or nominee) is or has become a Prohibited Person, Prudential may block and/or terminate the (i) coverage of that Insured, and/or (ii) relevant Policy, with immediate effect, and shall not thereafter be required to transact any business with any person connected with the relevant Policy in connection with the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. I also agree (as an ongoing obligation) to notify Prudential in writing immediately of any change(s) to the identities, status/constitution/establishment, particulars and identification documents of a person connected with the relevant Policy. If an application is accepted or processed by Prudential despite a person connected with the relevant Policy being a Prohibited Person, Prudential shall be entitled to block and/or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.

Please note that our decision and acceptance of the proposal in your Life Assured form has been made based on the information that you have provided to us in your Life Assured form. In the event that you decide to submit a New Business Supplementary Form containing information which was not provided or disclosed in your Life Assured form, our decision shall be automatically revoked and deemed void and we shall consider your proposal anew based on the fresh information that you have provided in the New Business Supplementary Form read together with the information previously submitted by you in your Life Assured form.

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Consultant but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

我所呈上的英文投保书，是经过我口授而填充的，填后又经用华语重释和解释，我认为完全属实无讹，断无掩埋事实之弊，我同意为这份英文投保书的法律效果负责，特此宣言。

By signing below, I/we confirm that I/we have read, understood, consent to and confirm the contents of the Declarations in this form, in particular, the sections of the Declarations referring to "Consent to Collection, Use and Disclosure in Relation to Applicable Requirements" and "Consequences of Failure to Report Information".

通过在下面签字，我/我们确认本人/吾等已阅读、理解，同意并确认本表格的宣言内容，尤其宣言章节所提及的“同意收集，使用和披露适用要求”，以及“没有通知信息的后果”。

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

Dated in Singapore on:

Signature of Policyowner/Assured/Trustee/Assignee.

Dated in Singapore on:

Signature of 2nd Adult Life Assured

Dated in Singapore on:

Signature and Name of Financial Consultant (Witness)

Dated in Singapore on:

Prudential Assurance Company Singapore (Pte) Limited

Postal Address: Robinson Road P.O Box 492, Singapore 900942

PruCustomer Line: 1800 333 0333 (Local) +65 6333 0333 (Overseas)

Website: www.prudential.com.sg

Part of Prudential plc (United Kingdom)

Additional Information by Financial Consultant

Please tick boxes () where applicable and provide the relevant details

Is there any concurrent new proposal/reinstatement/Mid Term Addition?

Yes No

If yes, please state proposal/policy no(s) :

Does this application qualify for any campaign or discount program by Prudential? (Applicable to selected plans only)

Yes No

If yes, please state campaign type :

Is there any additional information that you wish to inform Prudential about this proposal/policy?

Yes No

If yes, please provide the information.

L2AFCR

Proposal No. (if applicable)

Name of Life to be Assured

NRIC / Passport / BC No.

Financial Consultant's Name

Agency No.

			-						
--	--	--	---	--	--	--	--	--	--

For Official Use :

L2AFCR