PRUDENTIAL

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

CHANGE OF PAYMENT FREQUENCY FORM

Policy Number	NRIC/Passport number of Policyowner	Name of Policyowner

- *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.*

Change of payment frequency from Monthly to Non-Monthly can only be effected on the next policy anniversary date. Advance premium payment for the requested change, if any, will be required upon submission of this Application Form.

For example, from Monthly to Annual mode, the Policyowner will have to pay the monthly premiums up to the next policy anniversary before the change can be effected. If the current payment method of your policy is by Credit Card, the premium payment required will be charged to the same Credit Card upon receipt of the Application Form. 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 required.

☐ Annual

☐ Half-Yearly

☐ Quarterly

☐ Monthly *

* For change of payment frequency to monthly, your payment method has to be via Credit Card or GIRO.

For application for regular premium payment by Credit Card, please enrol your credit card via **PRU**Services or iPay.

For application for regular premium payment by GIRO, please enrol via **PRU**Services or iPay for participating eGIRO banks^ or approach your Prudential Financial Consultant or a representative of a distributor duly appointed by Prudential Singapore for assistance with other non-participating banks.
^ DBS/POSB, Bank of China, Citibank, HSBC, ICBC, Maybank, OCBC, Standard Chartered Bank and UOB

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.
I/We declare that the information given in this application form is true, correct and complete.

Signature of Policyowner(s) / Trustee(s) / Assignee(s)	Signature of Joint Policyowner / Trustee (if applicable)
Name: Date (dd/mm/yyyy):	Name: Date (dd/mm/yyyy):

P122025

Do not staple. Glue all sides firmly

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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 documents 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.

Postage will be paid by addressee. For posting in Singapore only.

BUSINESS REPLY SERVICES
PERMIT NO. 00364

PRUDENTIAL ASSURANCE COMPANY SINGAPORE (PTE) LIMITED
Privy Box No. 920427
Singapore 929292