

APPLICATION FOR ALTERATION (FORM 2)

Policy Number	Name 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. Change in Retirement Age
D. Increase in Sum Assured	E. Conversion to Paid Up	F. Retention of Multiplier Benefit
G. Removal of Secondary Life Assured	H. Vary Payout Period Option	I. Reduction in Basic Sum Assured / Face Value / GMI
J. Reduction in Premium	K. Cancellation of Supplementary Benefits	L. Termination of Policy

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

Legend:
Alterations will be done with effect from the next monthly anniversary.
Alterations will be done with effect from the next premium due.

A: Change in Occupation#

New Occupation Job Details

B. Declaration for Change in Smoker Status#

I/We declare that 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 4 to acknowledge the acceptance of the above declaration.

C: Change in Retirement Age (only for PRUVantage RetireCare)

Notes:

1. Any change in the retirement age will affect the start date of the Care Fund benefit and the monthly income payments.
2. You cannot change the retirement age once the monthly income payments or Care Fund benefit has started.

I would like to change my Retirement Age to years old.

D. Increase in Sum Assured (For Major Life Event)* - Applicable to eligible plans only

Additional Sum Assured Amount:

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

<input type="checkbox"/> Marriage	<input type="checkbox"/> Becomes a parent/delivers a baby	<input type="checkbox"/> Adoption of a child through legal means
<input type="checkbox"/> Divorce	<input type="checkbox"/> Death of a spouse	<input type="checkbox"/> Children entering primary or secondary school
<input type="checkbox"/> Marriage of the children		

E: 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.

Receive Cashback/ Cash benefit by

PayNow*

Direct Credit (Please complete bank details below)

Note: If payout option is not selected, payout will be defaulted to PayNow.

*Please ensure that you have signed up for PayNow with your bank using your NRIC/FIN. Other Terms & Conditions apply. (<https://prudential.com.sg/pn-tnc>).

To register for PayNow:
Log in to your bank's internet or mobile banking account > Sign up for PayNow > Link your PayNow to your NRIC/FIN.

Direct Credit to (this option is not applicable for USD policy):

Name of Bank and Branch	
Bank Account Number	
Name of Account Holder (The name of the bank account holder must be Policyowner/Trustee(s)/Assignee)	

Notes:

1. A copy of the bank book or bank statement (stating name of bank, account holder name and account number) must be submitted for a direct credit request unless the direct credit account was previously provided to and accepted by Prudential.
2. We also accept:
 - a. copies of bank statements where bank balances and bank transactions are blacked out; or
 - b. truncated e-statements downloaded from the bank's mobile application, as long as the document shows the account holder's name and account number on the same page.

F: Retention of Multiplier Benefit (only for PRUActive LinkGuard)

I would like to retain the Multiplier Benefit throughout the remainder of my policy term.

Note: Multiplier Benefit cannot be removed once it has been retained beyond age 50. However, policyholder can reduce the sum assured under the option 'reduce sum assured'. Terms and conditions apply.

G. Removal of Secondary Life Assured

I wish to remove the secondary life assured of this policy.

Name of Secondary Life Assured (According to NRIC/Passport/BC)

NRIC/Passport/BC No. of Secondary Life Assured

H. Vary Payout Period Option (only for PRUActive Retirement policies)

Option to vary Payout Period is limited to:

- (i) Only applicable for one time, within one year prior to start of annuity payout
- (ii) New payout will be based on annuity conversion factor at the time of conversion and not based on annuity conversion at point of sale
- (iii) Vary by year(s) and not by month(s) and
- (iv) Cannot be less than 10 years or more than age 100

I would like to change my payout period to years.

I. Reduction in Basic Sum Assured / Face Value / Guaranteed Monthly Income (GMI)

Notes:

1. For Investment Linked products, alterations will be done with effect from the next monthly anniversary.
2. For Non-Investment Linked products, alterations will be done with effect from the next premium due.

Basic Sum Assured / Face Value / Guaranteed Monthly Income (GMI):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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. <i>Note: Please refer to policy documents for minimum sum assured allowed.</i>
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	PRULink – Enhanced Protector II	\$10,000	The minimum sum assured is at least 35% of the standard life maximum sum assured for Death / Total and Permanent Disability / Terminal Illness.
5	PRUTerm Vantage / Term Vantage / Accelerated Disability (Term Assure)	\$500,000	Reduction must be in multiples of \$10,000.00
6	PRUUniversal Vantage Limited Pay	USD\$500,000	Reduction must be in multiples of USD \$10,000.00. The sum assured reduction charge will apply for the first 5 policy years.
7	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.
8	PRULife Vantage Elite	\$35,000 \$100,000	Applicable for ages 1 to 17 ANB entry Applicable for ages 17 to 70 ANB entry
9	PRUActive LinkGuard	\$100,000	Reduction in Basic Sum Assured can only be done after 25 months of regular premiums have been fully paid. Reduction in Basic Sum Assured will lead to lower maximum Crisis Protect and Crisis Care Sum Assured allowable.

<input type="checkbox"/> Sum Assured of Supplementary Benefit		Revised Amount							

(Please Specify)

Notes:

1. For Monthly frequency Premium Paying Supplementary Benefits, alterations will be done with effect from the next premium due.
2. For Non-monthly frequency Premium Paying or Unit-deducting Supplementary Benefits, alterations will be done with effect from the next monthly anniversary.

Additional Terms and Conditions

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

1. 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 refund sum assured;
2. Your accumulated bonus (if any) would be reduced, and any future bonuses will be based on the revised sum assured.
3. We will refund you the difference in cash value (if any) between the original and reduced sum assured, less any amounts you owe us.

J. Reduction in Premium^{##} (only for Regular Premium Investment Linked policy)

Note: For reduction of Savings/Accumulator Option to \$0, please fill in section I Reduction in Basic Sum Assured / Face Value / Guaranteed Monthly Income (GMI) instead.

<input type="checkbox"/> PRULink Regular Premium / Recurrent Single Premium	Revised Amount							

Notes:

1. Regular premium excludes premium 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.

<input type="checkbox"/> Reduction in PRULink Regular Savings Option / Enhanced Accumulator Option (Regular)	
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Note: If you have more than one option, the latest option will be reduced.

<input type="checkbox"/> PRUSelect Vantage / PRUSelect Premium (Charges apply during initial Contribution Period)	
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Minimum premium after reduction is shown in the table below:

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

K. Cancellation of Supplementary Benefits

Notes:

1. Please state the name of the supplementary benefit to be cancelled below.
2. Concurrent supplementary benefits (if any) will be cancelled.
3. For Monthly frequency Premium Paying Supplementary Benefits, alterations will be done with effect from the next premium due.
4. For Non-monthly frequency Premium Paying or Unit-deducting Supplementary Benefits, alterations will be done with effect from the next monthly anniversary.

To cancel the following supplementary benefits: _____

L. 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.

L4TERMI

For Any Alterations done in Section I to L:

Were you advised by a Financial Consultant to effect any of the alteration above? (*Please tick [√])

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

Yes No

Financial Consultant's Acknowledgement:

- 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):

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.

Note to Housing Protection Scheme (HPS) Policyholders

Please note that if you have used the above policy to be exempted from the CPF Board’s Home Protection Scheme (HPS), the policy must remain in force so that you and your family are protected from losing your HDB flat in the event of death, terminal illness, or total permanent disability. If there are changes to the above policy, your exemption would be voided, and you would be required to reapply for exemption from HPS by purchasing other private policies or apply to be insured under HPS. Otherwise, if you are using CPF monies to service the monthly installment, CPF Board may automatically extend HPS coverage to you, based on the declared percentage that you are exempted for, subject to you being in good health.

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)