

PARTICULARS OF LIFE INSURED AND POLICY OWNER / TRUSTEE / ASSIGNEE

Name of Life Insured	NRIC / Passport / Unique Entity Number

Name of Policy Owner / Trustee / Assignee	NRIC / Passport / Unique Entity Number

Policy Number(s)	Policy Currency
 	SGD / RMB / USD

Please tick the relevant box(es) and fill in the required details.

Amendments (if any) have to be counter-signed by the Policy Owner / Trustee / Assignee.

 (1) Change Payment Frequency
 Yearly Half-yearly Quarterly Monthly*

* Please complete and submit the Application for Interbank GIRO Form if there is no existing GIRO arrangement.

 (2) Change Payment Method
 Cheque / Bank Transfer GIRO* GIRO Bank Account Change*

 * Please complete and submit the Application for Interbank GIRO Form. The GIRO Form and our Business Reply Envelope (BRE) can be downloaded from our website: www.chinalife.com.sg (Customer Care Section – Customer Forms).

 (3) Withdraw Cash Bonuses / Coupons / Return of Premiums (“Payouts”)
 Withdraw all accumulated Payouts and interest in full#

For Renminbi (RMB) denominated policies only - Please complete the relevant section on Page 2 to facilitate payments.

 (4) Withdraw Accumulated Reversionary Bonuses
 Withdraw all accumulated reversionary bonuses in full. The cash value of the reversionary bonuses, which is an amount that is less than the accumulated reversionary bonuses that have been declared and allocated, will be payable.


(5) **Reduction in Sum Insured**

Current Sum Insured	Current Premium	New Sum Insured	New Premium

Important Notes:

- A partial cash value may be payable for participating policies.
- Reduction is subject to the minimum sum insured or premium allowed under your policy.
- Transaction can only be carried out on the next premium due date or next policy anniversary (where applicable).
- A revised Policy Illustration (New Sum Insured) is required.

(6) **Inclusion of Rider(s)**

Name of Rider Please write full name of rider	Life to be Insured Please tick <input checked="" type="checkbox"/> the appropriate box
	<input type="checkbox"/> Policy Owner <input type="checkbox"/> Life Insured
	<input type="checkbox"/> Policy Owner <input type="checkbox"/> Life Insured
	<input type="checkbox"/> Policy Owner <input type="checkbox"/> Life Insured

Important Notes:

- The inclusion of rider(s) will take effect from the next policy anniversary date.
- Please submit the request 2 months before the next policy anniversary date.
- We reserve the right to reject the request if the application is submitted more than 2 months before the next policy anniversary.
- Please refer to the Checklist for Mid-term Inclusion of Rider(s) for the list of documents to be submitted.
- Please attach the checklist with this form for submission.

(7) **Deletion of Rider(s)**

Name of Rider - Please write full name of rider

Important Notes:

- The deletion of rider(s) will take effect from the next premium due date.
- There is no pro-rated refund of premium.

(8) **Conversion of Policy to Reduced Paid-Up Insurance**

Important Note: All attaching riders or supplementary benefits, if any, will be terminated.

(9) Review of Loading or Exclusion Imposed

Important Note: Please submit supporting medical evidence.

(10) Change Payout Option for Regular Benefit Payouts

Accumulate Regular Benefit Payouts with China Life Insurance Singapore.

Pay Regular Benefit Payouts via Direct Credit to:

Name of Bank Account Holder (as per Bank's record)*	
Name of Bank#	
Bank Account Number	

Please also attach a copy of your bank statement/passbook bearing the Name of Bank Account Holder, Name of Bank and Bank Account Number.

Note:

* Bank Account Holder must be the Policy Owner / Trustee / Assignee.

"Bank" refers to a bank that supports GIRO payment. This includes all major banks such as BOC, Citibank, DBS, HSBC, ICBC, OCBC, SCB and UOB.

For the full list of GIRO participating banks, please refer to https://abs.org.sg/docs/library/swift_bic_codes.pdf

For Renminbi (RMB) denominated policy only

Complete section below to facilitate payment:

Beneficiary Name (as per Bank's record)*	
Beneficiary Bank Name	
Beneficiary Bank Account Number	
Beneficiary Bank Swift Code	
#Intermediary Bank Name for RMB (if any)	
#Intermediary Bank Swift Code (if any)	

Note:

* Beneficiary must be the Policy Owner / Trustee / Assignee.

Please check with the beneficiary bank to determine which intermediary bank it uses to process RMB transactions. All beneficiary and intermediary bank charges (if any) are to be borne by the Policy Owner / Trustee / Assignee.

DECLARATION AND AUTHORISATION

I/We acknowledge that my/our application for policy alteration is subject to the acceptance and approval of China Life Insurance (Singapore) Pte. Ltd. ("CLIS") and will be effective only upon its issuance of a confirmation letter.

Where I/we have requested for and authorised any payment to be paid to me/us whether via direct credit to my/our designated bank account or otherwise, the amounts which are paid or credited would constitute a valid discharge of the payments due to me/us.

I/We agree to indemnify and hold CLIS harmless from and against all claims, losses, damages and legal costs that may arise from CLIS acting on my/our request as set out in this form.

I/We declare that I/we am/are not an undischarged bankrupt(s). I/We have not committed any act of bankruptcy within the last twelve (12) months or received an order or adjudication in bankruptcy made against me/us during the last twelve (12) months.

I/We understand that CLIS has a Personal Data Protection Notice (available at www.chinalife.com.sg) which applies to the management of personal data held by CLIS, and I/we have read and understood the terms therein, and accept and agree to these terms without any limitation and qualification.

Applies to an application for inclusion of rider(s) only:

I/We acknowledge that the servicing rights of the policy and its riders will be transferred to the Representative stated in this form.*

 Signature of Policy Owner / Trustee / Assignee

 Contact Number

 Date

 Signature of Life Insured
 (if attained age 16 and above)

 Contact Number

 Date

 Signature of Representative*

 Contact Number*

 Date*

 Representative Code*

 Bank / FA Firm*

 Branch*

* Required for Application for Inclusion of Rider(s) only