



REQUEST FOR CHANGE

Policy Number : _____ Date : _____

Assured / Trustee / Assignee : _____ NRIC No : _____

I request that the following change(s) be made to the policy(ies). I understand that the alteration(s) will not be effective until I receive an official letter from AXA Life confirming the change(s).

A. Personal Changes	
<input type="checkbox"/> Change Name or NRIC No. of *Assured / Life Assured to _____ <i>(Note : Please attach documentary proof for changes)</i>	<input type="checkbox"/> Change of Address / Telephone nos. _____ _____ _____ Postal Code _____ Telephone Nos. _____(O) _____(R) _____(HP/P) Email Address _____
<input type="checkbox"/> Change of Citizenship to _____ <i>(Note : Please attach documentary proof for changes)</i>	
<input type="checkbox"/> Change of Signature Old Signature _____ New Signature _____	
B. Payment Changes	
<input type="checkbox"/> Change Mode <i>(Please tick option and use Giro for 'Monthly' mode)</i> <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	<input type="checkbox"/> Advance Premium Payment of \$ _____ for _____ instalments *(Annual / Semi-Annual / Quarterly / Monthly) <input type="checkbox"/> Standing Order to Deposit Future Cash Advances <input type="checkbox"/> Cancellation of Standing Order to Deposit Future Cash Advances <input type="checkbox"/> Change Amex credit card number <i>(For policies previously sold under AMEX)</i> New Credit Card number : _____ Card expiry date : _____
<input type="checkbox"/> Change Method <i>(Please fill in the DDA form for payment through Giro)</i> <input type="checkbox"/> Cash / Cheque <input type="checkbox"/> Giro	
<input type="checkbox"/> Change Bank <i>(Please fill in a fresh DDA form)</i>	
C. Policy Changes	
<input type="checkbox"/> *Reduction / Increase of Sum Assured for <i>(Please attach Health Declaration form for increase of Sum assured – terms apply)</i> <input type="checkbox"/> Basic Policy From \$ _____ To \$ _____	<input type="checkbox"/> Riders / Benefit _____ <i>(Please specify rider / benefit name)</i> From \$ _____ To \$ _____

C. Policy Changes (cont)	
<input type="checkbox"/> *Reduction / Increase of Premium Amount <i>(Please attach Health Declaration form for increase of premium amount – terms apply)</i> From \$ _____ To \$ _____ <input type="checkbox"/> Cancellation of Rider / Supplementary Benefits _____ <i>(Please specify rider / benefit name)</i> <input type="checkbox"/> Inclusion of Rider / Supplementary Benefits <i>(Please attach Health Declaration form for Inclusion of rider/benefit)</i> Benefit Name _____ Sum Assured _____	<input type="checkbox"/> Inclusion / Termination of Member(s) <i>(Please attach Health Declaration form for Inclusion of member(s))</i> Member Name(s) _____ <input type="checkbox"/> Change Commencement date to _____ <input type="checkbox"/> Cancel Bonus Utilization Scheme (BUS) <input type="checkbox"/> Cancellation of Policy (WEF) _____ <div style="text-align: right;"><i>(DD/MM/YYYY)</i></div> <input type="checkbox"/> *Activation / Cancellation of Indexation Option <input type="checkbox"/> Withdrawal of Future Premium Deposit (FPD)
D. Other Changes	
<input type="checkbox"/> Conversion of policy to Paid-Up Assurance <i>(all attaching riders and supplementary benefits, if any, will be terminated)</i> <input type="checkbox"/> Conversion of *policy / rider of _____ <i>(Please specify policy / rider name)</i> for the sum assured of \$ _____ to a new policy. <i>(Please attach new proposal form)</i> <input type="checkbox"/> Review of *Occupational / Health Extra _____ <i>(Please specify type of extra and attach Health Declaration or any supporting documents)</i>	<input type="checkbox"/> Commence Premium Holiday (ILP RP policies) From _____ to _____ <input type="checkbox"/> Stop Premium Holiday <i>(Choose one of the options):</i> Option (1) <input type="checkbox"/> Stop Premium Holiday on _____ from last Premium Due (Paid To Date) _____ <i>(DD/MM/YYYY)</i> Option (2) <input type="checkbox"/> Stop Premium Holiday on current Premium Due Date _____ <i>(DD/MM/YYYY)</i> <input type="checkbox"/> Others (please specify) _____ _____ _____

DECLARATION AND AUTHORISATION

1. For Change of Address request, I/We hereby declare that the address given is not that of my financial adviser.

Dated this _____ day of _____ (month) _____ (year)

Signature of Assured / Trustee/ Assignee

NRIC No. _____

Signature of Life Assured
(if other than Assured)

Adviser Name : _____

Contact Numbers : HP _____

Office _____

Organisation Name : _____