

ALTERATION FORM (SAFRA POLICY ONLY)

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP. 142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

Name of Proposer (as shown in NRIC)	NRIC No.
Name of Insured (as shown in NRIC)	NRIC No.
Relationship of Insured with Proposer	Policy No.

SAFRA Plan

Level Premium	Age Banded Premium
<input type="checkbox"/> SAFRA LIVING POLICY <input type="checkbox"/> SAFRA INSURANCE SCHEME	<input type="checkbox"/> SAFRA LIVING CARE <input type="checkbox"/> SAFRA ESSENTIAL TERM

Change Of Personal Particulars

Change of Name or NRIC of Policyholder/Insured <small>(Note: Please attach documentary proof for change(s). For e.g. copy of deed poll)</small>	Change of E-mail
Change of Address <input type="checkbox"/> For SAFRA only <input type="checkbox"/> For SAFRA and all NTUC Income policies	Change of Contact Number (O) (H) (HP)

The insured/dependant's address will be updated as per the Policyholder's address.

Termination of SAFRA Policy

<input type="checkbox"/> Termination of Policy			
Reason(s) for termination:	<input type="checkbox"/> Migrated/Overseas	<input type="checkbox"/> No longer a SAFRA Member	<input type="checkbox"/> Prefers Endowment Policies
	<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Bought a new insurance plan with lower premium/higher coverage *	
	<input type="checkbox"/> Others, please specify _____		

* Please delete where inapplicable.

Reinstatement of SAFRA Policy

<input type="checkbox"/> Reinstatement of Policy			
Reason(s) for Policy Lapse:	<input type="checkbox"/> Overseas (Work/Studies)	<input type="checkbox"/> Failure to renew SAFRA membership	
	<input type="checkbox"/> Others, please specify _____		

Please complete and submit the Declaration of Continued Insurability Form. Reinstatement is subject to underwriting approval.

Conversion of Policy

Policy Changes	From	To
<input type="checkbox"/> Change of Plan	SAFRA Living Policy	SAFRA Living Care
<input type="checkbox"/> Change of Plan	SAFRA Insurance Scheme	SAFRA Essential Term

Important Notes:

- If you switch from the existing level premium scheme to the age-banded premium scheme, you will not be able to switch back to the level premium scheme in the future. You may also wish to note that the amount of premium in the age-banded premium scheme increases as the insured grows older.
- If you are under the yearly premium payment mode, conversion from the existing level premium scheme to the age-banded premium scheme will be effected when your policy is due for renewal.
- For conversion to **SAFRA Living Care**, insured must be age 55 and below. For conversion to **SAFRA Essential Term**, insured must be age 60 and below.

Change of Payment Mode

Payment Changes	From	To
<input type="checkbox"/> Change of Payment Mode	Monthly	Yearly
<input type="checkbox"/> Change of Payment Mode	Yearly	Monthly

Change of payment mode request can only take effect upon policy anniversary date. Please submit your request 2 months before your policy anniversary.

GH/1001/SAFRA/12/2010

Change in Sum Assured

Policy Changes	From	To
<input type="checkbox"/> Increase Sum Assured		
<input type="checkbox"/> Decrease Sum Assured		

Important Notes:

- For increase in sum assured, please complete and submit the Declaration of Continued Insurability form.
- For increase in sum assured for SAFRA Insurance Scheme and for Living Policy, insured must be below the age of 35.
- If you are under the yearly premium payment mode, change in sum assured will be effected when your policy is due for renewal.

Declaration by Proposer

I agree to inform NTUC Income as soon as possible if there is any change in the state of my and/or the life to be insured's health or if I and/or the life to be insured plan to seek any medical consultation, investigation or treatment between the date of this application and before the date the policy is issued by NTUC Income. I understand that NTUC Income may impose terms, including limiting or reducing the insurance cover or sum assured of this proposal according to the information provided by me.

I declare and warrant that the answers given in this application are true, correct and complete and I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information. I agree that this application and other written answers, statements, information or declarations made by me or on my behalf shall form the basis of the contract of insurance between me and NTUC Income and if anything untrue, incorrect or incomplete is stated, the insurance policy issued shall not be valid. I agree that NTUC Income's liability shall only commence when the proposal is accepted by them, the first premium is paid in full and written notification of the commencement of cover is made known to me.

I am aware that I can seek advice from an insurance adviser before I sign this application. Should I choose not to, I take sole responsibility to ensure that this product is appropriate for my financial needs and insurance objectives.

Signature of Proposer

Date (dd/mm/yyyy)

SAFRA's Certification

The above is certified to be a SAFRA member.

Authorised Signature	Date (dd/mm/yyyy)	Amount Paid (\$)	Date of Receipt (dd/mm/yyyy) & Receipt No.	Collected By HQ / JR / MF / TP / TM / YS
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Mail to: SAFRA National Service Association, c/o Business Development Division, 2 Telok Blangah Way, Singapore 098803.
For further enquiries, please contact SAFRA at 6377 9144/6377 9147.

GH/1001/SAFRA/12/2010