

AMERICAN INTERNATIONAL ASSURANCE COMPANY, LIMITED

(A Member Company of American International Group Inc., USA)

For Official Use Only

REQUEST FOR CHANGE FORM (For Life Policy only)

TO: POLICY SERVICES DEPARTMENT / CUSTOMER SERVICE (Please tick the appropriate boxes)

Policy No:									
(Please submit multiple change forms if the request is different for each policy)									
Name of Insured:		Unit Code:				Unit Name:			
NRIC/Passport No:		*FSC Code:				*FSC Name:			
Name of Payor/Owner:		Unit Location:				*FSC Tel No:			

* Financial Services Consultant

PART A - TYPES OF REQUEST

<p>(1) REINSTATEMENT WITH REDATING</p> <input type="checkbox"/> Reinstatement with Redating (Please submit Full/Simplified Health Certificate. No other changes with Redating are allowed except for Change of Mode. For Reinstatement without Redating, only Full/Simplified Health Certificate needs to be submitted)	<p>(8) CHANGE OF PLAN</p> Existing Plan/Face Amt: _____ New Plan/Face Amt: _____ (Please submit Full Health Certificate and Policy Contract if change from Life Plan to Endowment or vice versa)																				
<p>(2) CHANGE OF MODE OF PAYMENT</p> <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (Please submit GIRO/DDA Form directly to GIRO Section)	<p>(9) REVIEW MEDICAL RATING OR EXCLUSION</p> <input type="checkbox"/> Review Medical Rating <input type="checkbox"/> Review Exclusion (Please submit Full Health Certificate)																				
<p>(3) TERMINATION OF MRTA POLICY</p> <input type="checkbox"/> Terminate Single Premium MRTA To be replaced by: _____ <input type="checkbox"/> Terminate Regular Premium MRTA To be replaced by: _____ (Please submit Policy Contract)	<p>(10) DELETE/ADD RIDERS</p> <input type="checkbox"/> Delete Riders (Supplementary Contracts/Agreements) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Riders to be deleted:</th> <th style="width:20%;">Face Amt</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <input type="checkbox"/> Add Riders (Supplementary Contracts/Agreements) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Riders to be added:</th> <th style="width:20%;">Face Amt</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> (Please submit Full Health Certificate for Addition of Riders)	Riders to be deleted:	Face Amt									Riders to be added:	Face Amt								
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<p>(4) CHANGE OF OCCUPATION</p> New Occupation*: _____ Since: _____ (*Please state exact duties): _____ Company Name: _____ Nature of Business: _____ Business Address: _____	<p>(11) REDUCE/INCREASE FACE AMOUNT</p> <input type="checkbox"/> Reduce Face Amount <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Basic Plans/Riders</th> <th style="width:20%;">New Face Amt</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <input type="checkbox"/> Increase Face Amount <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Basic Plans/Riders</th> <th style="width:20%;">New Face Amt</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> (Please submit Full Health Certificate for Increase of Face Amount)	Basic Plans/Riders	New Face Amt							Basic Plans/Riders	New Face Amt										
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<p>(5) TERM CONVERSION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Plan/Riders To Convert</td><td> </td></tr> <tr><td>Face Amt To Convert</td><td> </td></tr> <tr><td>Remaining Face Amt (If Any)</td><td> </td></tr> <tr><td>Cancel Remaining Face Amt</td><td style="text-align: center;"><input type="radio"/> YES <input type="radio"/> NO</td></tr> <tr><td>New Policy Number</td><td> </td></tr> </table> (For partial conversion, indicate whether to cancel remaining face amount)	Plan/Riders To Convert		Face Amt To Convert		Remaining Face Amt (If Any)		Cancel Remaining Face Amt	<input type="radio"/> YES <input type="radio"/> NO	New Policy Number		<p>(6) REQUEST FOR ETI & RPU</p> <input type="checkbox"/> Request for ETI <input type="checkbox"/> Request for RPU										
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<p>(7) CHANGE OF POLICY DATE</p> New Policy Date: _____ \ _____ \ _____ M M D D Y Y Y Y	<p>(12) OTHERS</p>																				

PART B - CHANGE OF INSURED/PAYOR INFORMATION

(13) CHANGE OF PERSONAL PARTICULARS OF INSURED/PAYOR

New Name: _____ New Date of Birth:

M	M

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D	D

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Y	Y	Y	Y

New NRIC/Passport No: _____ New Gender: M F

(Please submit NRIC/Passport/Deed Poll for Change of Name. Please submit NRIC/Passport for Change of NRIC/Passport No/DOB/Gender)

(14) CHANGE OF PAYOR (FOR JUVENILE POLICY)

Declaration A

(1) That the Payor/Owner/Beneficiary of this policy be changed from (Name of Existing Payor) _____
 (Relationship: _____ of the Insured) to (Name of New Payor) _____
 (Relationship: _____ of the Insured).

(2) That, I (Name of Existing Payor) _____, hereby relinquish and transfer my right to exercise all privileges, rights and options provided under this policy to the said (Name of New Payor) _____ who is the new Payor/Owner/Beneficiary subject to the terms and conditions contained in the said policy and the Juvenile Endorsement attached hereto.

(3) **That PB/PBC** on the previous Payor, (Name of Existing Payor) _____ be deleted.

(4) **That PB/PBC** is now requested on the new Payor, (Name of New Payor) _____

(5) That (Name of New Contingent Beneficiary) _____ be named as Contingent Beneficiary.
(**If applicable) (***) PB - Payor Benefit, PBC - Payor Benefit Comprehensive)

Declaration B

That (Name of Original Payor of this policy) _____ had passed away on (Date) _____ per attached Death Certificate Number _____. As I am the contingent beneficiary (*mother/father of Insured) as stated in the application for assurance, I will be the new payor of the policy. As such, I append below my Specimen Signature for the purpose of identification and I shall pay the future premiums of this policy as and when they fall due. I also wish to appoint Estate as the new contingent beneficiary. (*Delete as appropriate)

New Payor Name: _____ NRIC/Passport No: _____

Date of Birth:

M	M

 \

D	D

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Y	Y	Y	Y

 Gender: M F

Relationship to Insured: _____ New Payor's Signature

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(Please submit NRIC/Passport of New Payor. Complete Full Health Certificate if Payor Benefits are applicable)

(15) VESTING RIGHTS (This is allowed only if the age of the Juvenile Insured is below 21 years old)

I, Payor/Owner of the policy, wish to retain the rights to this policy.

PART C: DECLARATION & AUTHORISATION

- I understand that no request is valid until this change form is received by the Company during the life time of the Insured and is finally accepted by the Company. I/We hereby request that this policy(ies) be changed in accordance with the above particulars.
- I understand and agree that the application of the Contracts (Rights of Third Parties) Act 2001 (No. 39 of 2001) and any subsequent revision or replacement thereof is expressly excluded insofar as this contract of insurance is concerned.
- For addition of riders (i.e. supplementary contracts/agreements), I/We have received a copy of (1) Benefit Illustration (applicable to riders with cash value or unit linked riders), (2) Product Summary, (3) "Your Guide to Life Insurance" and (4) "Your Guide to Health Insurance" (applicable only to accident and health insurance products), the contents of which have been explained to me/us to my/our satisfaction.

Signature / Name / NRIC of Witness / Date

Signature of Insured / Date

Signature / Name / NRIC of Witness / Date

Signature of Owner/Trustee(s)/Assignee(s) if any / Date

ENDORSEMENT (BY THE COMPANY) - ATTACHED TO AND FORMING PART OF THE ABOVE POLICY

In accordance with the above request, it is hereby understood and agreed that with effect from _____ (Endorsement Date) the policy is amended as per above request for change. All other provisions and benefits of this policy shall remain unchanged. The application of the Contracts (Rights of Third Parties) Act 2001 (No. 39 of 2001) and any subsequent revision or replacement thereof is expressly excluded insofar as this contract of insurance is concerned.

REGISTRAR

DATE