

**Important Notes:**

- For Policy purchased using CPF or SRS monies, the net amount payable on surrender will automatically be credited into the Owner’s CPFIS-OA Investment A/C, CPFIS-SA or SRS Investment A/C.
- For Policy purchased using cash and which falls within the purview of Section 73 of the CLPA, the net amount payable on surrender will automatically be made payable to the Trustee(s). Signature of the Trustee(s) will also be required if Policy is created under Trust. Please note that any proceeds made to Trustee(s) are for the benefits of the beneficiary(ies).
- The form must be completed in ink. Signature must be consistent with our record. Names should be written as they appear in NRIC/Passport. Please submit photocopies of NRIC or Passport as documentary evidence if the name per our record is different from the name per your NRIC or passport.
- For surrender of Policy, Policy contract and photocopy(ies) of NRIC/PP/BC (both sides) of Policy Owner(s), Assignee, Trustee(s) and Life Insured(s) should be submitted with this form.

Please read carefully before making a decision on your insurance policy

We wish to highlight to you that an insurance policy is intended to meet your long-term financial needs. Therefore, in surrendering your policy (fully or partially) before its maturity date, you are losing valuable benefits, and it may not be possible for you to obtain a similar level of protection on the same terms in the future.

- Additional Fees/Charges**

If you surrender your policy, fully or partially and then buy a new policy or other investment product, you will incur new charges. These may include:

- (i) Distribution Fee
Commission is paid to Agents/Financial Representatives on all new insurance policies/investment products.
- (ii) Policy Fee
A policy fee is usually incurred for each policy.

- Other Options**

If your policy has acquired a cash value, you may choose to:

- (i) Apply for a cash loan to meet short term financial needs; OR
- (ii) Convert to a reduced paid up insurance.

- Change in Terms and Conditions**

Surrendering your insurance policy for another policy could result in higher premiums and loss of specific policy features due to changes in age or health.

Owner/Assignee/Trustee’s Completion

I/We* apply for the following transaction(s):

- | | |
|--|---|
| <input type="checkbox"/> Full withdrawal of Reversionary Bonus | <input type="checkbox"/> Termination of JH Super Reversionary Rider |
| <input type="checkbox"/> Reduction in Face Amount ^{&} | <input type="checkbox"/> Termination of JH Guaranteed Endowment Rider |
| <input type="checkbox"/> Surrender of Policy | <input type="checkbox"/> Termination of JH Single Premium Rider |

[&] Please also complete Section III of the **Application for Change in Policy Form** to indicate the amount of reduction.

My/Our* reason(s) is/are*:

Please provide answers to the question below:

Were you advised by a Representative to apply for the above requested transaction(s)? Yes[#] No
[#] [If your answer is “Yes”, please ask your Representative to complete the “Representative’s Acknowledgement” below.]

Representative’s Acknowledgement[#]

“I have explained to the above Policyowner/Assignee/Trustee the alternative options available and the implications of the requested transaction(s). I have recommended the transaction(s) for the following reasons:

Signature of Representative

Name:

Code:

Date:

Representative’s Manager Review

- I agree with Representative’s recommendation for the requested transaction(s).
 - I disagree with Representative’s recommendation for the requested transaction(s). The following actions have been taken to rectify the situation:
- _____
- _____
- _____

Signature of Representative’s Manager

Name:

Branch/Unit:

Date:

**Policyowner/Assignee/Trustee’s Declaration**

I/We* declare that:

- **I/We* have read and understood the statements above. I/We* am/are* aware that should I/we wish to buy a similar policy in future I/we* may incur additional charges and may not be able to secure similar terms and conditions.**
- The net amount payable on surrender of the Policy or termination of the Rider and/or withdrawal of bonus is calculated with reference to the date of receipt of this application by the Company. If the application is submitted to the Company by a representative, the application is deemed received by the Company when the representative submits the application to the Company.
- This Policy is not assigned to any other party.
- I/We* am/are* not an undischarged bankrupt(s), in winding up, receivership or judicial management. There are currently no pending bankruptcy proceedings, winding up proceedings, receivership or judicial management proceedings against me/us*.
- To the best of my/our* knowledge, the beneficiary(ies) is/are* not an undischarged bankrupt(s), in winding up, receivership or judicial management. There are currently no bankruptcy proceedings, winding up proceedings, receivership or judicial management proceedings against him/her/them*.
- I/We* understand and agree that policy proceeds made payable to Trustee(s) are for the benefit of beneficiary(ies).
- I/We* agree to indemnify and hold harmless the Company from and against all demands, claims, actions, damages, suits, proceedings, assessments, judgements, costs and legal and other expenses arising as a result of the Company acting in accordance with these instructions.
- Where I/We* have applied to withdraw the bonus and/or reduce the face amount, I/We agree that receipt of the monies (including receipt in the CPFIS-OA/ CPFIS-SA/SRS Account) shall be full and final settlement of any and/or all of the Company’s obligations to-date under the Policy/Rider (as the case may be) with respect to bonus and/or the amount to be paid with respect to reduction in face amount and I/We hereby waive all my/our claim(s) which I/We may have under the Policy/Rider to date with respect to bonus and/or amount to be paid with respect to reduction in face amount.
- Where I/We* have applied to surrender the Policy or terminate the Rider, I/We agree that receipt of the monies (including receipt in the CPFIS-OA/CPFIS-SA/SRS Account) shall be full and final settlement of any and/or all of the Company’s obligations to-date under the Policy/Rider (as the case may be) and I/We hereby waive all my/our claim(s) which I/We may have under the Policy/Rider.
- I/We* understand that surrender of the Policy will also result in the termination of any rider(s)/supplementary benefit(s) attached to it.

Signature of Owner/Trustee/Assignee**Signature of Trustee(s) (if different from Owner/Assignee)**_____
Name (as per NRIC):

NRIC/Passport No.:

Contact No.:

Date:

Name (as per NRIC):

NRIC/Passport No.:

Contact No.:

Date:

Representative’s Name & Code:

Branch:

Contact No.: