



Policy Number

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Service Request Form

Who can complete this form

Policyholder, Trustee or Assignee, whichever is applicable.

2 Simple Steps to file a request

- (1) Complete this form
- (2) You can submit this form through any 1 of these channels:
 - a) By Post to:-
 - Operations Department
 - AXA Insurance Pte Ltd
 - 8 Shenton Way #24-01 AXA Tower
 - Singapore 068811
 - b) By Hand to; (i) your Financial Consultant; or (ii) Customer Care Counter at AXA Tower

FOR OFFICE USE ONLY

Received Date:

072018

1. MY SERVICE REQUEST

<input type="checkbox"/> Update My Contact Information	<input type="checkbox"/> Update My Personal Information	<input type="checkbox"/> Change Of Payment Mode/Method
<input type="checkbox"/> Change Of Policy Benefit Details	<input type="checkbox"/> Change Of Policy Member(s)	<input type="checkbox"/> Change Of Indexation Option
<input type="checkbox"/> Life Replacement Option (LRO)	<input type="checkbox"/> Change Signature	<input type="checkbox"/> Request For Duplicate Of Policy Document

2. UPDATE MY CONTACT INFORMATION

Residential Address

Mailing Address (if different from Residential Address)

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Note:

We will be sending a notification of the change of address to your former address AND your new address. For P.O.Box, please provide proof of ownership.

For Residential Address, please provide:

- NRIC or
- Passport or
- Proof of new address: utility bill, fixed telephone line, bank statement etc

*No email will be sent for this option.

New Mailing address applies to all existing Life/ILP/Shield /GlobalCare policies with AXA. (Except for General Insurance policies).

Yes No

If you have selected No, please specify the Policy Number for the new address to be applied on.

Home telephone number (with country code)

 -

Mobile number (with country code)

 -

Office telephone number (with country code)

 -

Email address (Please ensure email address is clear & legible)

I wish to receive policy information through the communication modes selected below.

Please tick one box only:

SMS and Email
 SMS and Post*
 Email
 Post*

3. UPDATE MY PERSONAL INFORMATION

<input type="checkbox"/> Policyholder	<input type="checkbox"/> Life Assured
<input type="checkbox"/> Correction of Name	<input type="checkbox"/> Correction of Name
_____	_____
<input type="checkbox"/> NRIC / Birth Certificate / Passport Number	<input type="checkbox"/> NRIC / Birth Certificate / Passport Number
_____	_____

Note:
Please provide a photocopy of relevant documents:
- NRIC/Birth Certificate/Passport
- Deed Poll (applicable for Change of Name)

Update of change in Tax Residency (CRS)/US Person status:

Policyholder Trustee/Assignee Nominee

Please find enclosed completed and signed Tax Residency Self-Certification Form for the recent change in Tax Residency.

Please find enclosed completed and signed W8/W9 Form for the recent change in US citizenship/tax residency/"US Person" status for US federal income tax purposes.

Note:
Please provide a photocopy of relevant documents:
- NRIC/Passport/Certificate of residence issued by authorized government body
- Certificate of Loss of Nationality of the US

4. CHANGE OF PAYMENT MODE/METHOD

Change of Payment Mode (Please put a ✓ tick where applicable)

Annual Semi-Annually Quarterly Monthly*
Only Giro Premium payment is allowed.

Change of Premium Payment Method (Please put a ✓ tick where applicable)

Giro eGiro Cash or Cheque Others _____

Note:
To apply for Giro, please complete a fresh Direct Debit Authorisation (DDA) form. To apply for eGiro, please log onto your DBS/POSB Internet Banking account.

5. CHANGE OF POLICY BENEFIT DETAILS

Increase*/Decrease of Basic Sum Assured to \$ _____

Change of Supplementary Benefit / Rider

Note:
*For increase / addition of supplementary benefit / rider, please submit Health Declaration form.

Rider Name	Add*	Delete	Increase*	Decrease	New total Sum Assured/Coverage
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Note:
* Please complete the Health Declaration form.

Change Plan (applicable for H&S and Global Care plan only)

Upgrade to _____ (Plan Type)* Downgrade to _____ (Plan Type)

Co-insurance option (for Global Care plan only) Co-insurance option (for Global Care plan only)

Yes No Yes No

Conversion of policy to a new policy (applicable only to policy with convertible option)**

Conversion of policy to Paid-Up Assurance
All attaching riders and supplementary benefits, if any, will be terminated.

Note:
** Please complete the life insurance application form.

6. CHANGE OF POLICY MEMBER(S) – applicable for H&S plan only

Member Name(s) & NRIC or Birth Certificate (BC)	Add*	Delete
a. _____	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>

Note:
*For addition of members, please submit a copy of member's NRIC or BC and Health Declaration form.

7. CHANGE OF INDEXATION OPTION

Activate Indexation option for my policy*

Cancel Indexation option for my policy

Note:

* Please complete the Health Declaration form.

8. LIFE REPLACEMENT OPTION (LRO)

Change of Life Assured
(Please attach a copy of the new Life Assured's NRIC and the Marriage Certificate or Birth Certificate, as applicable)

New Life Assured

Name

NRIC/ Marriage Certificate/
Birth Certificate/ Passport No.

Smoking Status (only applicable for adult)

Smoker

Non-smoker

Note:

For **Optimus, Pulsar, Polaris, AXA Wealth Treasure** policies, upon replacement of the Life Assured, the Insurance Charge will be based on the attained age, gender and smoking status (if applicable) of the new Life Assured. The Cost of Insurance Charge (COI) only applies if you chose the Enhanced Death Benefit (if any) under your policy.

Note:

* All riders covering the new Life Assured will be subject to full underwriting.

* Please complete the Health Declaration form.

Add Rider (only applicable to *INSPIRE FlexiProtector* and *INSPIRE FlexiSaver*)*

Waiver of Premium

Waiver of Premium Plus

Duration of Rider _____

9. CHANGE OF SIGNATURE

I hereby request to change the signature in the record of the above policy to the NEW signature/Right/Left Thumb Print as appended below. The NEW signature/Thumbprint shall henceforth be used for all purposes and requests in connection with the above policy.*

Old Signature/Thumbprint

New Signature/Thumbprint

Note:

* If you are not able to reproduce the old signature, you will have to visit our office personally to make these changes. Otherwise, we required you to sign the new signature on copy of NRIC and witness by servicing adviser.

10. OTHER REQUEST(S)

Please specify below

11. REQUEST FOR DUPLICATE OF POLICY DOCUMENT

Please check the box and fill in the Policy Number(s). Please note that a processing fee of S\$20.00 is applicable for issuance of duplicate policy document.

By checking this box, I, _____, of NRIC No. /Passport No _____, hereby declare that the original Policy document(s) of Policy Number(s) _____ has/have been misplaced/lost.

I further declare that the original policy has not, to the best of my knowledge and belief, been pledged, assigned or otherwise parted with for value or otherwise to any person or persons whomsoever who has or could have any right, title or claim thereto as against or paramount to my title thereto, and I have not received notice of and am not aware of such claim.

In consideration of AXA Insurance Pte Ltd (AXA) agreeing at my request to issue to me a duplicate copy of the aforesaid policy which has been misplaced.

a. I, for myself, my executors and administrators agree and undertake to hold AXA fully indemnified against all actions, suits, proceedings, costs, losses and expenses whatsoever which may be taken or made against AXA or incurred or become payable by AXA on demand and in full such sum as AXA may be liable to pay, together with

interest at 8% per annum from the date of payment by AXA until the date of payment by me or my executors or administrators under this Indemnity in the event of AXA being called upon to make payment thereafter under the said policy to any person or persons lawfully claiming under the same;

- b. I undertake to surrender and return the original policy to AXA for cancellation at the first opportunity that the original policy which is now misplaced be found.

12. DECLARATIONS AND AGREEMENT

I hereby request that my policy be changed in accordance with the particulars as indicated in this application form, and I understand and on behalf of myself / ourselves / the Child and all covered person(s) that

- (1) the request for change or addition coverage which require evidence of insurability in the form of health declaration and shall not take effect until all of the following conditions are met:
 - (a) any required payment for the application is paid in full
 - (b) the application is approved by the Company
- (2) the request for changes other, shall be effective from the date of this request once approved unless otherwise specified by the Company.
- (3) this form and the evidence of insurability of the covered person(s) (if applicable) shall be the basis for the change in this policy and will form part of the policy, unless otherwise specified.
- (4) HEREBY DECLARE on behalf of myself and all covered persons referred to in this request form ("Relevant Persons") that
 - (a) all statements and answers to all questions, whether or not written by my own hand, are to the best of my knowledge and belief complete and true;
 - (b) should any statement(s) be incomplete, false, wrong or inaccurate, or should there be any omission(s) on my / our part in disclosing the information, the Company shall have the rights to cancel the Policy or repudiate the claim, if any.
- (5) The information I have provided is my personal data and, where it is not my personal data, that I have the consent of the owner of such personal data to provide such information.
- (6) By providing this information, I understand and give my consent for AXA and their respective representatives or agents to:
 - i. Collect, use, store, transfer and/or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my or our relationship and policy/policies with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").
 - ii. Collect, use, store, transfer and/or disclose personal data about me, the Life Assured and those whose personal data I have provided from sources other than myself for the Purposes.
 - iii. Contact me to share information about products and services offered by AXA that may be of interest to me by post and e-mail and

By telephone

By text message

By fax

Name of Policyholder / Assignee /Trustee

NRIC / Passport No.

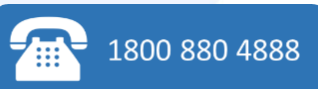
Signature* of Policyholder / Assignee /Trustee

Signature Date

*The signature(s) of Policyholder / Assignee should be signed in the same manner as they appear in our records.

13. TRACK STATUS OF YOUR REQUEST

If you have any query on your request, please reach us via



AXA is committed to making your service experience as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.