



**FlexiPay Surrender Form**

Policy no.		
Adviser's no.		
Adviser's name		
Name of policyowner:		NRIC number :
Mailing Address: <i>(This address will replace your existing address in our record, if differ)</i>		Contact number :

**Important notes:**

- (1) Any withdrawal of FlexiPay will result in the interest earned to be less than 2.6% p.a.
- (2) An early withdrawal of the FlexiPay usually involves high costs and the FlexiPay Surrender Value payable may be less than the total FlexiPay premiums paid.
- (3) If your application to surrender the FlexiPay has been accepted by the Company,
  - (a) the FlexiPay Surrender Value, if any, less any amount that is due and owing to us, will be payable to you, and
  - (b) the Policy continues to be valid and you will be required to resume payment of the Premiums in accordance with the terms of your Policy.
- (4) You may write to us to apply for a new FlexiPay. The new FlexiPay will be based on the prevailing interest rate and terms and conditions at the point of application. We have the right to require documents or information to be provided at your expense to support your request.

I would like to surrender the FlexiPay of the above policy. I acknowledge that I have read the above important notes and have considered the implications of surrendering the FlexiPay.

\_\_\_\_\_  
 Signature of trustee/assignee  
 Name (as in IC) :  
 NRIC no :

\_\_\_\_\_  
 Signature of policyowner

\_\_\_\_\_  
 Signature of trustee/assignee  
 Name (as in IC) :  
 NRIC no :

\_\_\_\_\_  
 Date

**The signature(s) of policyowner/trustee/assignee should be signed in the same manner as they appear in our record.**