HSBC Insurance

HSBC

Request For Amendment Form

Name of policyowner :		Policy number :	
Identification number :		Contact number :	
Advisor's name :		Advisor number :	

Change of Personal Details **(RA1)**

- ❑ Change of address

  New mailing address: _____

  Residential address if differ from mailing address: _____
- ❑ Change of name of policyowner/certificate holder (Note: Must provide certified true copy of NRIC or deed poll as proof of change).

  Please specify new name: _____
- ❑ Change of NRIC number (Note: Must provide certified true copy of NRIC as proof of change).
- ❑ Change of signature (Note: Must provide photocopy of NRIC as proof of change).

Old signature as they appear in our record _____ New signature _____

Change of Billing Instruction **(RA3)**

- ❑ Change frequency of payment/contribution to (note IV) ❑ Annual ❑ Semi-annual ❑ Quarterly ❑ Monthly
- ❑ Change payment/contribution method to cash/cheque (not applicable to monthly mode of payment)

Policy Changes **(RA3)** (Note: Personal Financial Review (PFR) must be submitted)

- ❑ Increase of premium contribution (note V) to _____
- ❑ Reduce in premium contribution (note III) to _____
- ❑ Increase of sum insured/benefit amount (note I & II)
- ❑ Reduction of sum insured/benefit amount (note III & IV)
- ❑ Addition of supplementary benefits (note I & II)
- ❑ Deletion of supplementary benefits (note I & IV)
- ❑ Addition of FlexiPay (note IV)

- ❑ Alpha conversion **(RA5)** (Note: Personal Financial Review (PFR) must be submitted)
- ❑ Others **(OTH)**

  Please specify: _____

Note:

(I) For **critical illness supplementary benefit**, I confirm that my adviser/wakil has explained and I understand that the definition for some of the critical illnesses is different from those, if any, purchased before 1 July 2003 and the admission of a critical illness claim depends on its definition in my policy/certificate contract

(II) To enclose Adult Health Certificate/Juvenile Health Certificate accordingly for such changes. The premium contribution must be sufficient to support the sum insured/ Benefit.

(III) The new sum insured/benefit must meet the minimum statutory amount where applicable.

(IV) The alternations made to the Policy and/or Supplementary Benefit(s) will terminate the existing FlexiPay (if any) that is attached to the Policy. You may apply for a new FlexiPay. If the relevant documents for a new FlexiPay is not received by the Company upon alterations to the Policy and/or Supplementary Benefit(s) and/or the FlexiPay, the existing FlexiPay will be terminated and the FlexiPay Surrender Value will be payable to you.
When a new FlexiPay is being attached to the Policy upon alteration, the new FlexiPay is subjected to the new interest rate (if any). It will be based on the prevailing interest rate, terms and conditions at the point of alteration.

(V) For product launched before 15 February 2007, increase can only be done on policy/certificate anniversary. To enclose Adult Health Certificate if premium waiver riders affected.

Signature of life insured/participant NRIC no.:	*Signature of policyowner/certificate holder/trustee/assignee NRIC no.:*	*Date (dd/mm/yyyy)*