

Policy Number

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# Policy Novation Form

(Change of Ownership)

**FOR OFFICE USE ONLY**

Received Date:

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HSBC Life Ver. 1.0

**Who can complete this form**

Policyholder and to-be policyholder of the Pulsar, Polaris, Optimus and HSBC Life Wealth Treasure policy.

**3 Simple Steps to file a request**

- (1) Read the "Before you proceed" section of some important reminders
- (2) Complete this form
- (3) You can submit this form through any 1 of these channels:
  - a) By Post to:-  
Operations Department  
HSBC Life (Singapore) Pte. Ltd.  
Robinson Road Post Office  
P.O. Box 1094  
Singapore 902144
  - b) By Hand to ; (i) your Financial Planner or (ii) By Email via cc.life@mail.life.hsbc.com.sg

## 1. BEFORE YOU PROCEED

Please take note of the following before you proceed:

- (1) We do not accept photocopies of form.
- (2) This request is only applicable to Pulsar, Polaris, Optimus & HSBC Life Wealth Treasure policies.
- (3) The new Policyholder must have insurable interest in the Life Assured of the policy at the point of this request.(e.g. New Policyholder has to be an existing Life Assured's spouse/child or himself.)

## 2. EXISTING POLICYHOLDER INFORMATION

Name of Existing Policyholder: \_\_\_\_\_ ("Existing Policyholder")

NRIC / Passport Number: \_\_\_\_\_

## 3. NEW POLICYHOLDER INFORMATION

Name of New Policyholder: \_\_\_\_\_ ("New Policyholder")

NRIC / Passport Number: \_\_\_\_\_

Marriage Certificate / Birth Certificate Number: \_\_\_\_\_

Relationship to Life Assured: \_\_\_\_\_

#### 4. CONTACT INFORMATION OF NEW POLICYHOLDER

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 former address AND new address.

Please provide a photocopy of relevant documents:

P.O.Box Address:

- NRIC/Passport
- Proof of P.O.Box application

Foreign Address:

- NRIC/Passport
- Proof of new address: utility bill, fixed telephone line, valid work permit or employment letter etc

Home telephone number (with country code)

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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\*

\*No email will be sent for this option.

#### 5. POLICY NOVATION TERMS AND CONDITIONS

- (1) Subject to HSBC Life (Singapore) Pte. Ltd.'s ("**HSBC Life**") approval, the Existing Policyholder and New Policyholder agree as follows:
  - (a) Existing Policyholder shall transfer by novation all its rights and obligations under the Policy to New Policyholder so that New Policyholder shall become a party to the Policy and shall assume all of the rights and obligations of Existing Party towards HSBC Life under the terms of the Policy, in substitution for Existing Party; and
  - (b) Existing Policyholder shall be released and discharged from further performance of any obligations under the Policy and all claims, demands, liabilities and obligations under the Policy arising on or after the Effective Date but not, for the avoidance of doubt, from claims, demands, liabilities and obligations under the Policy arising prior to the Effective Date, for which Existing Policyholder shall remain liable.
- (2) Effective Date means: the date as reflected in the Policy endorsement in relation to the novation.

#### 6. DECLARATIONS AND AGREEMENT

- (1) 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 and all covered person(s) that
  - (a) the request for change or addition coverage which require evidence of insurability in the form of health declaration or underwriting (as applicable) and shall not take effect until all of the following conditions are met:
    - i. any required payment for the application is paid in full
    - ii. the application is approved by the Company
  - (b) 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.
- (2) I 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; and
  - (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, HSBC Life shall have the rights to cancel the Policy or repudiate the claim, if any.
- (3) 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.

- (4) By providing this information, I understand and give my consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and its representatives or agents to:
- (a) Collect, use, store, transfer and/or disclose the information, to or with all such persons (including any member of the HSBC Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling HSBC Life 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(ies) with HSBC Life, and for the purposes set out in the Data Use Statement which can be found at [www.hsbc.life.com.sg](http://www.hsbc.life.com.sg) ("Purposes").
  - (b) 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.
  - (c) Contact me to share information about products and services offered by HSBC Life that may be of interest to me by post and e-mail and
    - By telephone
    - By text message
    - By fax

Signature\* of the **Existing Policyholder**

Signature Date



\*The signature of Policyholder should be signed in the same manner as they appear in our records.

Signature of the **New Policyholder**

Signature Date



## 7. TRACK STATUS OF YOUR REQUEST

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



**Your Financial  
Planner**



+65 6880 4888



cc.life@mail.life.hsbc.com.sg

*HSBC Life 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.*