

#### Transamerica Life (Bermuda) Ltd.

(Incorporated in Bermuda with limited liability)

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# REQUEST FOR SURRENDER FORM

## IMPORTANT INFORMATION

Please complete in ENGLISH and BLOCK CAPITALS.

If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.

The policy of insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. (TLB).

Once the policy has been surrendered, the policy owner(s) will no longer be able to access the policy on myTLB.

Insured's Name				Policy Number			
Poli	cy Owner's Name						
net ca (1) th	ash value, is hereby disc	harged and term any lien, assign	ons. If a full surrender is elected, it is a ninated. The undersigned certifies tha ment or legal claim by any person or o nkruptcy proceedings.	t:			
						Select the box that applies	
1.	Surrender						
	☐ Full	□ Pa	artial Partial S	Surrender Amount: U	ISD		
	Reason to full surrender / partial surrender:						
2.	<ol> <li>Payment Instruction         I/We, hereby, authorise TLB to arrange proceeds as follows (If no option is selected, proceeds will be paid by cheque to policy owner):     </li> </ol>						
	Pay Out						
F	Payment Method		☐ By cheque (applicable to amount less than USI equivalent. For USD cheque, a local cheque will be issued.)		(Please com	graphic Transfer uplete below Telegraphic tails Section.)	
	Pay to: if the policy is subject to assignment.)	collateral	☐ Policy Owner		☐ Assignee	3	
☐ Pay Premium due to This Policy							
	☐ Apply to Policy Number:						
	☐ Loan Repayment ☐ Pay Premium						
	Others(subject to review and approval)					w and approval)	

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		Select the box	that app		
Telegraphic Transfer Details					
Correspondent Bank Information (if ap	plicable)				
Correspondent Bank Name					
Correspondent Bank Swift Code					
Correspondent Bank Address					
Beneficiary Bank Information					
Beneficiary Account Holder Name					
Beneficiary Account Number					
Beneficiary Swift Code					
Beneficiary Bank Name					
Beneficiary Bank Address					
Note: Payment must be made to po	olicy owner/assignee only.				
For Surrender by collateral assignees:					
	complied with all of the notice provisions to the assignor under sitting this request?	☐ Yes			
Is the policy subject of the collateral assi	gnment the same as the one identified at the top of this form?	☐ Yes			

| | | TLB 917SGE RFS 1123

# Acknowledgement of the important notice of Early Surrender of policy

### IMPORTANT NOTICE

#### What You Should Know About Early Surrender of Your Insurance Policy

- 1. An insurance policy is intended to meet your long-term financial needs. Therefore, it may be disadvantageous for you to surrender a policy early or before its maturity date. Some disadvantages are:
  - You are losing valuable benefits from the policy:
    - You are losing the insurance protection offered by your policy;
    - You may not be able to achieve your intended financial objective;
    - This may result in losing the financial benefit accumulated over the years.
  - It may not be possible for you to obtain a similar level of protection on the same terms in the future.
    - You may not be insurable on standard terms;
    - You may have to pay a higher premium in view of higher age;
    - 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.

#### 2. Additional Charges/Fees

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

- Distribution Fee
  - Commission is paid to agents/financial advisers on all new insurance policies/investment products.
- Policy Fee
  - A policy fee is usually incurred for each policy.
- 3. Other Options:

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

- Apply for a cash loan to meet short term financial needs; or
- · Convert to a reduced or paid up extended term insurance policy; or
- Reduce the policy regular premiums (applicable only to regular premiums policies).
- 4. Seeking Advice From Your Financial Adviser Representative

Therefore, it is important to seek advice from your financial adviser representative before early surrender of your policy. Your financial adviser representative can advise you on your options other than withdrawing the policy, explain the implications of each option and provide appropriate recommendations to you, taking into account your investment objectives, financial situation and particular needs.

			✓ Select the be	ox that applies			
4.1	Were you advised by an Adviser to surrender this policy?  If "yes", please ask your adviser to complete the "adviser's acknowledgement" below.			□ No			
4.2	I have read and understood the above statements. I am aware that should I wish to buy a similar policy in future I may incur additional charges and I may not be able to secure similar terms and conditions.			□ No			
4.3	I want to surrender my policy.		☐ Yes	□No			
"I ha	Financial Adviser Representative's Acknowledgement  "I have explained to the above policyowner / trustee / assignee the alternative options available and the implications of early surrender of this insurance policy." I have recommended the surrender of this policy for the following reasons:						
	nature of Adviser/Financial iser Representative			Х			
	ne of Adviser/Financial Adviser resentative						
,	ser/Financial Adviser resentative's ID number	Date L	(dc	d/mm/yyyy)			

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			Select the box that applies				
Signatures							
Signature of Policy Owner	,*						
Signed at	(Country)	Date	(dd/mm/yyyy)				
Name							
Phone Number	Country Code Area Code	Phone Number					
Signature (include Title, if C	Signature (include Title, if Corporation or Trust)						
If a collateral assignee is su this section blank	If a collateral assignee is surrendering, please sign below and leave this section blank						
Signature of Witness to Po	olicy Owner						
Signed at	(Country)	Date	L L L L L L L L L L L L L L L L L L L				
Name							
	ID Number		Signature				
Type							
			X				
Address							
Signature of Irrevocable Beneficiary (if applicable)							
Signature of Irrevocable B	Beneficiary (if applicable)						
Signature of Irrevocable E		Date					
	Geneficiary (if applicable)  (Country)	Date					
Signed at		Date  Phone Number	L L L L L L L (dd/mm/yyyyy)				
Signed at  Name	(Country)		L L L L L L L L L L L L L L L L L L L				
Signed at  Name	(Country)  Country Code Area Code		(dd/mm/yyyy)				

\* Note: To update your contact information, please submit the Personal Information Update Form available from your financial adviser representative.

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			☑ Select the box that applies	
Signatures (Conti	inued)			
Signature of Witness	to Irrevocable Beneficiary (if applicable)			
Signed at	(Country)	Date	(dd/mm/yyyy)	
Name				
ID Number		Signature		
Type			X	
Address				
as a result of any claims	agrees to hold TLB harmless and shall fully inder s, demands, actions, expenses or costs of whatev tructions to exercise the policy surrender provisio	er nature howsoever arisir		
Signature of Collatera	al Assignee (if any)*			
Signed at	(Country)	Date	(dd/mm/yyyy)	
Name				
Phone Number	Country Code Area Code PI	none Number		
Signature (include Title	e, if Corporation or Trust)		х	
Signature of Witness	to Collateral Assignee (if any)			
Signed at	(Country)	Date	(dd/mm/yyyy)	
Name	(			
	ID Number		Signature	
Type NRIC Passport Other			X	
Address				

\* Note:
To update your contact information, please submit the Personal Information Update Form available from your financial adviser representative.

## **GENERAL NOTICES**

TLB makes no representation and assumes no liability for the tax implication, if any, of this transaction. TLB does not offer tax or legal advice. Because tax laws are subject to change and different interpretations, we recommend that you seek counsel from a qualified advisor.

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