

Transamerica Life (Bermuda) Ltd.

(Incorporated in Bermuda with limited liability)

Singapore Branch Office 18 Cross Street #12-02 Cross Street Exchange Singapore 048423 T: +65 6212 0620 F: +65 6223 2001 Co. Reg. No. T05FC6768E

CHANGE OF NAME / SIGNATURE 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).

							Select the box that applies	
Change name / signature of: Insured Policy Owner								
Insured's Name				Pol	icy Number			
Alias Name (if any)	(1)			(2)				
Policy Owner's Name								
Alias Name (if any)	Name (if any) (1) ((2)				
Name Change		From (former name):						
Name Ghange		To (new name):						
Alias Name (if any)		(1)			(2)			
New Signature			Date					
x						ld/mm/yyyy)		
NOTE: If a new partnership has been formed, complete Transfer of Ownership Form.								

				Select the box that applies		
Current Signature of Policy Owner*						
Signed at	(Country)	Date		(dd/mm/yyyy)		
Name						
Phone Number		Number				
Signature (include Title	e, if Corporation or Trust)			x		
Signature of Witness to Policy Owner						
Signed at	(Country)	Date		(dd/mm/yyyy)		
Name						
	ID Number		Signature			
Type				x		
Address						

* Note:

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

For internal use							
	A duplicate of this request has been filed at TLB's branch office and entered on its records.						
	Date Recorded	└ _ (dd/mm/yyyy)	Ву				