

# REQUEST TO CHANGE PLANNED PREMIUM PAYMENT/PAYMENT MODE 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).

Insured's Name		Policy Number	_____
Policy Owner's Name	_____		

## New Premium Payment Mode

Select the box that applies

Annually (Direct)       Semi-Annually (Direct)       Quarterly (Direct)       Monthly (GIRO)

New premium amount in policy currency

New billings to begin

\_\_\_\_\_  
(dd/mm/yyyy)

New premium must not be lower than the Required Annual Premium (RAP) or Minimum Required Premium (MRP) of the policy, if applicable.

Any change of premium will be subject to certain limitations as described in policy contract and may be subject to approval.

The effective date of the new payment mode must be aligned with the policy year date.

The GIRO option is only available for authorised products. Please check with your financial adviser representative for more details.

For the monthly premium payment mode, GIRO must be set up. Please submit the GIRO form with 2 monthly premium as it normally takes 4 - 6 weeks to set up the GIRO arrangement. If your policy is already in grace period, please submit an additional monthly premium to cover the grace period.

Please be reminded that no "Premium Due Notice" and "Premium Receipt" will be issued to policy paid by "GIRO".

## Signatures

**Signature of Policy Owner\***

Signed at	(Country)	Date	_____ (dd/mm/yyyy)
Name		Phone Number	_____
Signature (include Title, if Corporation or Trust)		_____ X	

\* Note:

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

**Signatures (Continued)**

**Signature of Witness to Policy Owner**

Signed at	(Country)	Date	<input type="text" value="dd/mm/yyyy"/>
Name	<input type="text"/>		
ID Number	Signature		
Type <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="text"/>	<input type="text" value="X"/>		
Address	<input type="text"/>		

**Signature of Collateral Assignee\* (if any)**

Signed at	(Country)	Date	<input type="text" value="dd/mm/yyyy"/>
Name	Phone Number	<input type="text"/>	
Signature (include Title, if Corporation or Trust)		<input type="text" value="X"/>	

**Signature of Witness to Collateral Assignee (if any)**

Signed at	(Country)	Date	<input type="text" value="dd/mm/yyyy"/>
Name	<input type="text"/>		
ID Number	Signature		
Type <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="text"/>	<input type="text" value="X"/>		
Address	<input type="text"/>		

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