

INDEXED UNIVERSAL LIFE POLICY SERVICING FORM

IMPORTANT INFORMATION

Please complete in ENGLISH and BLOCK CAPITALS.

Applicable to Genesis Indexed Universal Life (GIUL) and Genesis II Indexed Universal Life (GIUL II).

The percentage must be in whole.

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").

Change request will be effective once all requirements are satisfied and approved by TLB.

Please note a Lock-in Date applies in respect of the funds allocated to the Index Account.

Please refer to the relevant terms in the policy contract.



Scan this QR code for the
Lock-in Date Schedule and
the latest Cap Rates of the
Index Account

Insured's Name		Policy Number	
Policy Owner's Name (If different)			

Section 1

Premium Related Changes

☒ Select the box that applies

For Genesis Indexed Universal Life (GIUL), please complete section 1.1 - 1.4
For Genesis II Indexed Universal Life (GIUL II), please complete section 1.5 - 1.8

Genesis Indexed Universal Life

1.1 Change of Premium Allocation

New Premium Allocation:

Fixed Account: _____ % (in whole percentage)

Blended Index Account: _____ % (in whole percentage)

☐ Apply DCA as per the option below -> complete Option 1 or Option 2.

Focus Index Account: _____ % (in whole percentage)

☐ Apply DCA as per the option below -> complete Option 1 or Option 2.

Total: _____ % **(must equal 100%)**

- Note:**
- The fund transfer to index account via DCA will be temporarily placed in Fixed Account.
 - This premium allocation instruction will supersede any previous instruction when it is approved and effective.
 - The approved premium allocation will only apply to future premium payments received and is not applicable to funds already allocated.

1.2 Dollar Cost Averaging (DCA) Option

☐ Apply/Change ☐ Cancel

I wish to transfer funds to Index Account via DCA options:

Blended Index Account: _____ % (in whole percentage)

Focus Index Account: _____ % (in whole percentage)

Total: _____ % (must equal 100%)

☐ Option 1. Specific Amount to be transferred to the selected sub-account(s) of Index Account

Monthly Amount: \$ _____ (in whole dollar amount)

Number of transfers (optional): _____ (minimum 2 months)

If the number of transfers is not specified, the DCA will continue until we receive further notice from you.

☐ Option 2. Transfer until the Fixed Account fund value exhausted. This option is only available when you wish to allocate all premiums to Index Account via DCA

Number of Transfers: _____ (minimum 2, maximum 12)

Please note the following regarding the DCA option offered by TLB for this product:

1. This DCA instruction will take effect from the next Segment Start Date and will supersede the previous one when it is approved and effective.
2. DCA option allows you to transfer funds to the Index Account at monthly instalments, minimum 2 months and until further notice. DCA does not assure a profit nor protect against a loss in a declining market.
3. Segments created from transfers under DCA will be created on the 15th of each calendar month, provided that your instruction in this request form is approved prior to the Lock-in Date of the relevant Segment. Otherwise, it will be created on the Segment Start Date of the following calendar month.
4. The specified amount (Net Premium) in Option 1 above is the whole dollar amount to be transferred from the Fixed Account to the Index Account for each scheduled DCA monthly transfer.
5. For Option 1, at the time of any scheduled transfer, a transfer will be deemed to have taken place even where the balance of the Fixed Account at the time has fallen to zero or below the specified monthly amount to be transferred. The total number of transfers selected will not be extended as a result.
6. For Option 2, the monthly DCA transfer amount is the Fixed Account value on the transfer date divided by the remaining number of instalments.
7. Selection or change of the DCA option will not affect premium allocation of your policy and change in premium allocation will not affect the DCA option.
8. You may change or cancel your DCA instructions by sending us a written request. Your instructions will take effect from the next Segment Date following approval of your written request.

1.3 Change of the Matured Segment Proceeds Handling

☐ Reinvest to a new Segment

☐ Reallocate Segment Proceeds upon maturity as follows:

Fixed Account: _____ % (in whole percentage)

Blended Index Account: _____ % (in whole percentage)

Focus Index Account: _____ % (in whole percentage)

Total: _____ % (must equal 100%)

Note: • This instruction will take effect from the earliest Segment Maturity Date and will supersede any previous instruction when it is approved and effective.

1.4 One-time Fund Transfer from the Fixed Account to the Index Account (maximum four times per Policy Year)

☐ Transfer _____ % (in whole percentage) of the Fixed Account value to the Index Account

Blended Index Account: _____ % (in whole percentage)

Focus Index Account: _____ % (in whole percentage)

Total: _____ % (must equal 100%)

Note: • For any funds allocated or transferred to the Index Account, Segment will be created on 15th of each calendar month, provided that the instruction in this form is approved prior to the Lock-in Date of the relevant Segment. Otherwise, it will be created on the Segment Start Date of the following calendar month.

Genesis II Indexed Universal Life

1.5 Change of Premium Allocation

	Genesis II Indexed Universal Life (in whole percentage)	Apply DCA as per the option below -> complete Option 1 or Option 2
Fixed Account	%	N/A
Global Index Account	%	<input type="checkbox"/>
S&P 500 Index Account	%	<input type="checkbox"/>
US Market Index Account	%	<input type="checkbox"/>
S&P 500 Shariah Index Account	%	<input type="checkbox"/>
Total	100%	

Note:

- The fund transfer to index account via DCA will be temporarily placed in Fixed Account.
- This premium allocation instruction will supersede any previous instruction when it is approved and effective.
- The approved premium allocation will only apply to future premium payments received and is not applicable to funds already allocated.

1.6 Dollar Cost Averaging (DCA) Option

☐ Apply/Change

I wish to transfer funds to Index Account via DCA options (in whole percentage):

Global Index Account	%
S&P 500 Index Account	%
US Market Index Account	%
S&P 500 Shariah Index Account	%
Total	100%

☐ Option 1. Specific Amount to be transferred to the selected sub-account(s) of Index Account

Monthly Amount: \$ _____ (in whole dollar amount)

Number of Transfers (optional): _____ (minimum 2 months)

If the number of transfers is not specified, the DCA will continue until we receive further notice from you.

☐ Option 2. Transfer until the Fixed Account fund value exhausted. This option is only available when you wish to allocate all premiums to Index Account via DCA.

Number of Transfers: _____ (minimum 2, maximum 12)

☐ Cancel

Please note the following regarding the DCA option offered by TLB for this product:

1. This DCA instruction will take effect from the next Segment Start Date and will supersede the previous one when it is approved and effective.
2. DCA option allows you to transfer funds to the Index Account at monthly instalments, minimum 2 months and until further notice. DCA does not assure a profit nor protect against a loss in a declining market.
3. Segments created from transfers under DCA will be created on the 15th of each calendar month, provided that your instruction in this request form is approved prior to the Lock-in Date of the relevant Segment. Otherwise, it will be created on the Segment Start Date of the following calendar month.
4. The specified amount (Net Premium) in Option 1 above is the whole dollar amount to be transferred from the Fixed Account to the Index Account for each scheduled DCA monthly transfer.
5. For Option 1, at the time of any scheduled transfer, a transfer will be deemed to have taken place even where the balance of the Fixed Account at the time has fallen to zero or below the specified monthly amount to be transferred. The total number of transfers selected will not be extended as a result.
6. For Option 2, the monthly DCA transfer amount is the Fixed Account value on the transfer date divided by the remaining number of instalments.
7. Selection or change of the DCA option will not affect premium allocation of your policy and change in premium allocation will not affect the DCA option.
8. You may change or cancel your DCA instructions by sending us a written request. Your instructions will take effect from the next Segment Date following approval of your written request.

1.7 Matured Segment Proceeds Handling

- ☐ Reinvest to a new Segment
- ☐ Reallocate Segment Proceeds upon maturity as follows:

	Genesis II Indexed Universal Life (in whole percentage)
Fixed Account	%
Global Index Account	%
S&P 500 Index Account	%
US Market Index Account	%
S&P 500 Shariah Index Account	%
Total	100%

Note: • This instruction will take effect from the earliest Segment Maturity Date and will supersede any previous instruction when it is approved and effective.

1.8 One-time Fund Transfer from the Fixed Account to the Index Account (maximum four times per Policy Year)

- ☐ Transfer _____ % of the Fixed Account value To (in whole percentage):

Global Index Account	%
S&P 500 Index Account	%
US Market Index Account	%
S&P 500 Shariah Index Account	%
Total	100%

Note: • For any funds allocated or transferred to the Index Account, Segment will be created on 15th of each calendar month, provided that the instruction in this form is approved prior to the Lock-in Date of the relevant Segment. Otherwise, it will be created on the Segment Start Date of the following calendar month.
• Fund Transfer from Holding account is not allowed.

Part A - I wish to apply for:1. ☐ Loan☐ Maximum Loan Amount Available☐ Partial Loan Amount: USD _____

Reason for applying for a loan: _____

The policy is hereby assigned to TLB as sole security for the loan. TLB has a first lien on the policy to the extent of any loan balance and any unpaid interest on the loan balance. Except as stated below, the undersigned certifies that:

- (1) the policy is not subject to any lien, assignment or legal claim superior to TLB's interest by any person or organisation who is not a party to this request; and
- (2) that the undersigned is not involved in pending bankruptcy proceedings. Exception (if any).

2. ☐ Withdrawal

Withdrawal Amount: USD _____

Reason for applying for a withdrawal: _____

3. ☐ Full Surrender

Reason for applying for a full surrender: _____

I elect to exercise the policy surrender provisions. It is agreed that the entire liability of TLB, except for payment of the net cash value, is hereby discharged and terminated. The undersigned certifies that:

- (1) the policy is not subject to any lien, assignment or legal claim by any person or organisation who is not a party to this agreement; and
- (2) that he/she/it is not involved in pending bankruptcy proceedings.

4. ☐ For Surrender by collateral assignees

If this policy is being surrendered by a collateral assignee who has surrender rights under the assignment ☐ Yes ☐ No agreement, has the collateral assignee complied with all of the notice provisions to the assignor under the assignment agreement prior to submitting this request?

Is the policy subject of the collateral assignment the same as the one identified at the top of this form? ☐ Yes ☐ No

Part B - I would like to select the amount of loan or withdrawal to be deducted as follows:

- ☐ Option 1: Target account basis with pre-set sequence for exhaustion 1st from the Fixed Account, then from the Holding Account and then from the Index Account on a pro-rata basis (proportionately across Segments if there is more than one Segment)
- ☐ Option 2: Pro-rata from the Fixed Account, Holding Account, Index Account (proportionately across Segments if there is more than one Segment)

Note: • If there is no instruction given on the above, Option 1 will be selected as default option.

Payment Instruction

I/We hereby authorise TLB to pay the proceeds as follows (if no option is selected, proceeds will be paid to the policy owner by cheque):

☐ Pay Out

Payment Method	<input type="checkbox"/> By Cheque	<input type="checkbox"/> By Telegraphic Transfer (Please complete below Telegraphic Transfer Details Section.)
Pay to: (if the policy is subject to collateral assignment)	<input type="checkbox"/> Policy Owner	<input type="checkbox"/> Assignee

☐ Apply to Policy Number: | | | | | | | | | | | | | | | | | | | | | |

☐ Loan Repayment: USD _____ ☐ Pay Premium: USD _____

☐ Other _____ (subject to review and approval)

Telegraphic Transfer Details

Correspondent Bank Information (if applicable)

Correspondent Bank Name	
Correspondent Bank Swift Code	<input type="text"/>
Correspondent Bank Address	<div></div>

Beneficiary Bank Information

Beneficiary Account Holder Name	
Beneficiary Account Number	<input type="text"/>
Beneficiary Swift Code	<input type="text"/>
Beneficiary Bank Name	
Beneficiary Bank Address	<div></div>

Note: Telegraphic transfer payment must be made to policy owner/assignee only.

Acknowledgement of the important notice of Early Surrender of policy (For full surrender only)

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 box 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.		<input type="checkbox"/> Yes	<input type="checkbox"/> 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.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.3 I want to surrender my policy.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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: 			
Signature of Adviser/Financial Adviser Representative	<div>X</div>		
Name of Adviser/Financial Adviser Representative			
Adviser/Financial Adviser Representative's ID number	<div></div>	Date	<div>(dd/mm/yyyy)</div>

Signatures**Signature of Policy Owner***

Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
Phone Number	() - () - ()		
Signature (include Title, if Corporation or Trust) If a collateral assignee is surrendering, please sign below and leave this section blank		X	

Signature of Witness to Policy Owner

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

Signature of the Irrevocable Beneficiary (if applicable)

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 Irrevocable Beneficiary (if applicable)**

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

The collateral assignee agrees to hold TLB harmless and shall fully indemnify TLB on demand against all losses and/or damages that TLB may suffer as a result of any claims, demands, actions, expenses or costs of whatever nature howsoever arising out of TLB acting in accordance with The collateral assignee's instructions to exercise the policy surrender provisions and apply the funds as requested in this form.

Signature of Collateral Assignee (if any)*

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

Signature of Witness to Collateral Assignee (if any)

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

* Note:

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

General Notices

I understand that TLB makes no representations and assumes no liability for the tax implications, if any, of this transaction. TLB does not offer tax or legal advice. Tax laws are subject to change and different interpretations may apply, we recommend that you seek counsel from a qualified tax advisor.

U.S. Income Tax Notice and Withholding Information

Under current U.S. tax law, loans under life insurance policies are generally not subject to U.S. income tax when taken. However, a loan from a Modified Endowment Contract ("MEC") Policy is taxable to the extent of any gain then in the policy. A life insurance contract becomes a MEC when actual premiums paid exceed a specified 7-pay premium limit or when certain changes are made to policy benefits.

If you are a U.S. individual, U.S. entity or foreign entity with U.S. owners or beneficiaries and your policy is a MEC, your loan may be currently taxable by the U.S. TLB will also report a taxable loan to the U.S. on Form 1099 and may withhold U.S. tax on the taxable portion of the loan unless we have received your correct U.S. Taxpayer ID Number (TIN) before paying out the loan amount.