

POLICY SERVICE REQUEST 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			

Select the box that applies

1. Request for Replacement of Lost Policy

The undersigned hereby certifies that the policy number listed above is lost and request the following:

Complete copy of policy(ies), if available.

if the original policy is found, it must be returned to TLB at the address above.

2. Request to Reduce Sum Assured

Unless otherwise indicated,

(i) the reduction in sum assured for Universal Life policy(ies) will be effective on the policy's monthly anniversary date and closest date to when this form was received in good order.

(ii) the reduction in sum assured for Term Life policy(ies) will be effective on the policy's next premium due date and closest date to when this form was received in good order.

Policy: New Sum Assured in policy currency _____

Rider(s): _____ (Specify)

New Rider Amount in policy currency _____

Any cash value released is to be applied as follows (the outstanding policy loan cannot exceed the cash value of the reduced policy).

Pay by cheque to policy owner

Pay Premium due: _____

Reduce or repay policy loan

Other: _____

Note: On interest sensitive plans, surrender charges will be assessed, if applicable.

For Trendsetter Ultra Term Life,

(i) Sum assured reduction will also apply to Total and Permanent Disability Benefit (TPDB) so that the sum assured of TPDB will not exceed the policy's sum assured, if applicable.

(ii) Waiver of Premium Benefit will be terminated if the sum assured of TPDB equals to the policy's sum assured, if applicable.

3. Non-Forfeiture Provisions Request

Unless indicated otherwise, changes to the non-forfeiture provisions will be effective on the policy's monthly anniversary date closest to the date this form was received in good order.

Extended Term Insurance

Reduced Paid-Up Insurance

Any policy loan will be paid off from the cash value.

4. Request to Cancel Rider

Unless indicated otherwise, the cancellation of the rider will be effective on the policy's monthly anniversary date closest to the date this form was received in good order.

Rider (name): _____

Rider (name): _____

Rider (name): _____

5. Other Financial Transactions

I apply for :

Full amount deposit

_____ in policy currency

From the following policy fund(s) :

Paid-Up Additions (Additional information may be required and is subject to underwriting)

The funds are to be applied as follows :

Issue cheque to policy owner

Pay premium due

Reduce or repay policy loan

Other (specify): _____

6. Change of Automatic Premium Loan ("APL")* Options

Apply APL

Cancel APL

* APL is applicable to policies with regular premium payment only.

Select the box that applies

Signature of Policy Owner*

Signed at	(Country)	Date	<input type="text"/>
Name	<input type="text"/>		
Phone Number	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	
Country Code		Area Code	Phone Number
Signature (include Title, if Corporation or Trust)			X

Signature of Witness to Policy Owner

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

Signature of the Irrevocable Beneficiary (if applicable)

Signed at	(Country)	Date	<input type="text"/>
Name	<input type="text"/>		
Phone Number	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	
Country Code		Area Code	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.

Select the box that applies

Signature of Witness to Irrevocable Beneficiary (if applicable)

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

Signature of Collateral Assignee (if any)*

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

* 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. Because tax laws are subject to change and different interpretations, we recommend that you seek counsel from a qualified tax advisor.