

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

Signature of Collateral Assignee* (if any)

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

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