Transamerica Life (Bermuda) Ltd.

(Incorporated in Bermuda with limited liability)

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

INDEXED UNIVERSAL LIFE POLICY SERVICING FORM

IMPORTANT INFORMATION

Please complete in ENGLISH and BLOCK CAPITALS.
Applicable to Genesis Indexed Universal Life (GIUL), Genesis II Indexed Universal Life (GIUL II) and Genesis III Indexed Universal Life (GIUL III).
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

- To change your future premium allocation and/or apply DCA to such allocation(s), please complete section 1.1.
- To cancel and/or apply DCA with current premium allocation, please complete 1.2.
- To change your instructions on how matured Segment Proceeds are to be handled, or transfer funds from the Index Account to the Fixed Account when a Segment matures, please complete section 1.3.
- To request one-time transfer from Fixed Account to Index Account, please complete section 1.4.

1.1 Change of Premium Allocation

	Allocation Percentage		Apply DCA as per the premium allocation (please complete section 1.2)
	GIUL	GIUL II/GIUL III	
Fixed Account	%	%	N/A
Global Index Account/Blended Index Account	%	%	☐
S&P 500 Index Account/Focus Index Account	%	%	☐
S&P 500 Shariah Index Account	N/A	%	☐
VC Uncapped Index Account	N/A	%	☐
Total	**100%**		

Note:
- This premium you select above for allocation to the Fixed Account will not be eligible for DCA.
- 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.

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Section 1 Premium Related Changes (continued)

☑ Select the box that applies

1.2 Dollar Cost Averaging (DCA) Option

☐ Cancel existing DCA Option

☐ Apply / Cancel and apply a new DCA Option (please complete the table and select the option below)

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

	Allocation Percentage	
	GIUL	GIUL II/GIUL III
Global Index Account/Blended Index Account	%	%
S&P 500 Index Account/Focus Index Account	%	%
S&P 500 Shariah Index Account	N/A	%
VC Uncapped Index Account	N/A	%
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 written notice from you.
- By stating the number of transfers above, please note that the DCA Option instruction will be deemed completed once the specified number of transfers has been made. No DCA Option will apply to any future funds unless written instructions are provided from you to set up a new DCA Option.

☐ Option 2. Spread the Net Premium and/or any other amounts designated by you to the Indexed Account monthly over 12 instalments, the DCA will continue until we receive further written notice from you.

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, if the remaining balance for DCA is less than the scheduled monthly amount, the remaining balance will still be transferred for that instalment.
6. For Option 2, the monthly DCA transfer amount is the total of each fund transfer by DCA 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.
9. After we approve your written request to change or cancel any existing instruction under Option 2, all remaining funds will be placed in the Fixed Account (DCA Portion) for a cancellation request, or transferred to your newly selected Index Account for a change request, in the next Segment Start Date.

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Section 1 Premium Related Changes (continued)

☑ Select the box that applies

1.3 Matured Segment Proceeds Handling

☐ Reinvest to a new Segment

☐ Reallocate Segment Proceeds upon maturity as follows (in whole percentage) :

	Allocation Percentage	
	GIUL	GIUL II/GIUL III
Fixed Account (DCA Portion)	%	%
Fixed Account (Non-DCA Portion)	%	%
Global Index Account/Blended Index Account	%	%
S&P 500 Index Account/Focus Index Account	%	%
S&P 500 Shariah Index Account	N/A	%
VC Uncapped Index Account	N/A	%
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.
- Each fund allocation to the Index Account will form one segment on the month when such Segment mature.
- The Fixed Account (Non-DCA Portion) comprises funds in the Fixed Account that are not subject to a DCA instruction.
- The Fixed Account (DCA-Portion) comprises (i) funds from the Fixed Account due for transfer to the Index Account pursuant to a DCA instruction; and (ii) any funds remaining in the Fixed Account due to a DCA instruction being cancelled.

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

☐ Transfer _____% of the Fixed Account (Non-DCA Portion) to the Index Account in the proportion (in whole percentage) as indicated below:

	Allocation Percentage	
	GIUL	GIUL II/GIUL III
Global Index Account/Blended Index Account	%	%
S&P 500 Index Account/Focus Index Account	%	%
S&P 500 Shariah Index Account	N/A	%
VC Uncapped Index Account	N/A	%
Total	**100%**	

☐ Transfer _____% of the Fixed Account (DCA Portion) to the Index Account in the proportion (in whole percentage as indicated below:

	Allocation Percentage	
	GIUL	GIUL II/GIUL III
Global Index Account/Blended Index Account	%	%
S&P 500 Index Account/Focus Index Account	%	%
S&P 500 Shariah Index Account	N/A	%
VC Uncapped Index Account	N/A	%
Total	**100%**	

☐ Transfer _____% of the Fixed Account (Non-DCA Portion) to Fixed Account (DCA Portion) (in whole percentage)

☐ Transfer _____% of the Fixed Account (DCA Portion) to Fixed Account (Non-DCA Portion) (in whole percentage)

Note:
- Please select only one Fund transfer option.
- Fund Transfer from Holding account is not allowed.

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Section 2 Disbursement Request

☑ Select the box that applies

Part A - I wish to apply for:

☐ 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).

☐ Withdrawal

Withdrawal Amount: USD _____

Reason for applying for a withdrawal: _____

☐ 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.

☐ For Surrender by collateral assignees

If this policy is being surrendered by a collateral assignee who has surrender rights under the assignment agreement, has the collateral assignee complied with all of the notice provisions to the assignor under the assignment agreement prior to submitting this request?	☐ Yes ☐ No
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 the 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	☐ By Cheque	☐ By Telegraphic Transfer (please complete below Telegraphic Transfer Details Section)
Pay to (if the policy is subject to collateral assignment)	☐ Policy Owner	☐ Assignee

☐ Apply to Policy Number:

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

☐ Other _____ (subject to review and approval)

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Section 2 **Disbursement Request (continued)**

☑ Select the box that applies

Telegraphic Transfer Details

Correspondent Bank Information (if applicable)

Correspondent Bank Name	
Correspondent Bank Swift Code	
Correspondent Bank Address	

Beneficiary Bank Information

Beneficiary Account Holder Name	
Beneficiary Account Number	
Beneficiary Swift Code	
Beneficiary Bank Name	
Beneficiary Bank Address	

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

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Section 3 Contingent Owner Designation

☑ Select the box that applies

IMPORTANT NOTES

- Applicable to Genesis III Indexed Universal Life (GIUL III)

1. You may alter or revoke a Contingent Owner designation by submitting a Written Request to us any time while the Policy is in force and the Insured is living, and to the extent permitted by law.
2. Any designation made herein is subject to the terms and conditions of the Policy and any requirements as we may prescribe from time to time at our discretion.
3. We shall not be responsible for notifying any person who has been appointed as the Contingent Owner of the appointment. In appointing a Contingent Owner, you agree and acknowledge that you will be responsible for notifying the relevant individual of such appointment, and the relevant individual need to reach out to us proactively for Contingent Owner to replace Insured/Owner.
4. Any request to replace the Contingent Owner with the Contingent Owner, must be submitted to and approved by us within one (1) year of the date of the death of the deceased Insured or Owner (as applicable), otherwise the Contingent Owner appointment will be revoked.
5. The appointment of a Contingent Owner will not change any prior beneficiary designations unless you specifically direct us otherwise.
6. You may not designate a minor as a Contingent Owner unless he/she is the Insured. Where a minor Contingent Owner becomes the Owner, the parent or person standing in loco parentis to the minor, or the legally appointed guardian of the minor, shall assume the rights of the Owner until the minor comes of age.

Contingent Owner: ☐ Designate / ☐ Cancel

Full Name (As shown on ID Card/Passport)	☐ Mr ☐ Mrs ☐ Ms ☐ Other			
	Given Name(s)		Surname	
Date of Birth	(dd/mm/yyyy)		Place of Birth	City, Country
Gender	☐ Male ☐ Female			
ID Number and Passport	ID Number			
	Nationality		Place of Issue	
	Passport No.		Date of Expiry	(dd/mm/yyyy)

Section 4 Death Benefit Payout Option

☑ Select the box that applies

Applicable to Genesis III Indexed Universal Life (GIUL III)

☐ Change Death Benefit Payout Option to be in lump sum.

Note :

Once we have accepted your request, the Death Benefit will be payable in a lump sum when due and no further change is allowable for the Death Benefit Payout Option.

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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

1. Were you advised by an Adviser to surrender this policy? If "yes", please ask your adviser to complete the "adviser's acknowledgement" below.	☐ Yes	☐ No
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.	☐ Yes	☐ No
3. I want to surrender my policy.	☐ Yes	☐ 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	X		
Name of Adviser/Financial Adviser Representative			
Adviser/Financial Adviser Representative's ID number		Date	(dd/mm/yyyy)

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☑ Select the box that applies

Signatures

I/We confirm that I/we am/are not an undischarged bankrupt, subject to any winding up, receivership or judicial management proceedings, and that there are no pending or threatened bankruptcy or winding up, receivership or judicial management proceedings against me/us. For the avoidance of doubt, where the Collateral Assignee is a bank, licensed financial institution or other regulated lending institution, the declaration set out in this paragraph shall not apply to the Collateral Assignee.

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	
(ID Number) _____ Type ☐ NRIC ☐ Passport ☐ Other _____		X	
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.

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☑ Select the box that applies

Signatures (continued)

Signature of Witness to Irrevocable Beneficiary (if applicable)

Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
ID Number		Signature	
(ID Number) Type ☐ NRIC ☐ Passport ☐ Other _____		X	
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			
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	
(ID Number) Type ☐ NRIC ☐ Passport ☐ Other _____		X	
Address			

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

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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.

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