



022021

Service Request Form

FOR OFFICE USE ONLY

Received Date:

Who can complete this form?

Policyholder, Trustee or Assignee, whichever is applicable.

2 Simple Steps to file a request

(1) Complete this form

(2) You can submit this form and all necessary documents, through any of these channels:

a) By Post to:

Operations Department

AXA Insurance Pte Ltd

8 Shenton Way #24-01 AXA Tower

Singapore 068811

b) By Hand to; (i) your Financial Consultant; or (ii) Customer Care Counter at AXA Tower

Policy Number			
Name of Policyholder/Trustee/Assignee		NRIC/FIN/Passport No.	
Name of Life Assured		NRIC/FIN/Passport No.	

1. UPDATE MY CONTACT INFORMATION**Residential Address****Mailing Address (if different from Residential Address)**

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New Mailing address applies to all existing Life/ILP/Shield /GlobalCare policies with AXA. (Except for General Insurance policies).

 Yes No, please specify the Policy Number to be applied on _____

Is there a change to your tax residency due to the change in your residential /mailing address and/or telephone number(s)?

 Yes* No

*If response is "Yes", please also complete update of change in Tax Residency (CRS)/US Person status section on page 2.

Please take note of the following before you proceed:

- For P.O.Box, please provide proof of ownership.
- For Residential Address, please provide copy of NRIC /Passport and Proof of new address: Utility bill, fixed telephone line bill, bank statement etc.

Home telephone number (with country code)**Mobile number** (with country code)

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Office telephone number (with country code)**Email address** (Please ensure that the email address is clear & legible)

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2. UPDATE MY PERSONAL INFORMATION

Type of Request	Policyholder	Life Assured
Change of Name:		
Update of NRIC/Passport Number:		
Update of Nationality:		

Update of change in Tax Residency (CRS)/US Person status:
 Policyholder Trustee/Assignee Nominee

Please find enclosed completed and signed Tax Residency Self-Certification Form for the recent change in Tax Residency.
 Please find enclosed completed and signed W8/W9 Form for the recent change in US citizenship/tax residency/"US Person" status for US federal income tax purposes.

Take note of the following before you proceed:

- Please provide a photocopy of relevant documents:
 - NRIC/Birth Certificate/Passport/ Deed Poll (application for Change of Name and update of Nationality)
 - Certificate of citizenship issued by authorized government body
 - Certificate of Loss of Nationality of the US

3. CHANGE OF PAYMENT MODE/METHOD

Change of Payment Mode

<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly*
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*Only Giro premium payment is allowed.

Change of Premium Payment Method

<input type="checkbox"/> Giro	<input type="checkbox"/> e-Giro	<input type="checkbox"/> Cash/Cheque	<input type="checkbox"/> Others _____
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Please take note of the following before you proceed:

- Monthly premium payment is only applicable for payments made by Giro. *
- To apply for Giro, please complete Application for premium payment by Interbank Giro Form
- To apply for eGiro, please log onto your DBS/POSB internet Banking Account.

4. CHANGE OF POLICY BENEFIT DETAILS

Increase*/Decrease of Basic Sum Assured to \$ _____

Change of Supplementary Benefit / Rider

Rider Name	Add*	Delete	Increase*	Decrease	New total Sum Assured/Coverage
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

H & S Change of Plan

<input type="checkbox"/>	Upgrade*	New Plan Type _____
<input type="checkbox"/>	Downgrade	

GLOBALCARE Change of Plan

<input type="checkbox"/>	Upgrade*	New Plan Type _____
<input type="checkbox"/>	Downgrade	

Co-insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	20% Co-insurance (Out-patient) and \$3k deductible (Inpatient) option
<input type="checkbox"/>	20% Co-insurance (Out-patient) and \$5k deductible (Inpatient) option
<input type="checkbox"/>	20% Co-insurance (Out-patient) and \$10k deductible (Inpatient) option

Change of Indexation Option

<input type="checkbox"/> Activate Indexation option for my policy*	<input type="checkbox"/> Cancel Indexation option for my policy
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Please take note of the following before you proceed:

- For increase/ Additional of supplementary Benefit/rider, update of plan and activation of indexation option, please submit Health Declaration Form. *

5. CHANGE OF POLICY MEMBER(S)- applicable for H&S plan only

Member Name(s)	NRIC or Birth Certificate	Add*	Delete
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>

Please take note before you proceed:

- For addition of members, please submit a copy member's NRIC or birth certificate and Health Declaration Form *

6. LIFE REPLACEMENT OPTION (LRO)

Change of Life Assured *(Please attach a copy of the new Life Assured's NRIC and the Marriage Certificate or Birth Certificate, as applicable.)*

New Life Assured Details

Name	
NRIC/ Marriage Certificate/ Birth Certificate/ Passport No.	
Smoking Status (only applicable for adult)	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker

Add Rider

<input type="checkbox"/> Waiver of Premium	<input type="checkbox"/> Waiver of Premium Plus	Duration of Rider _____
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Please take note before you proceed:

- All riders covering the new Life Assured will be subject to full underwriting. Please complete the Health Declaration form. *

7. TRANSFER OF COVERAGE

(For AXA Flexi Protector/AXA Life Treasure bundled with AXA **EmpoweredMum** plan only)

Change of Life Assured (Please attach a copy of New Life Assured's Birth Certificate.

New Life Assured Details

Name:	
NRIC/ Birth Certificate/ Passport No.:	

Please take note of the following before you proceed:

- Within 60 days from the Child's birth, the Mother can opt to transfer the cover of the AXA Flexi Protector/AXA Life Treasure (and any applicable riders) to the Child without any medical underwriting.
- Beyond 60 days from the birth of her Child, any request for transfer will be subject to the prevailing underwriting guidelines. The option to transfer will expire 60 days before the first Policy Anniversary of the AXA Life Treasure Policy.

8. CHANGE OF SIGNATURE

I hereby request to change the signature in the record of the above policy to the NEW signature/Right/Left Thumb Print as appended below. The NEW signature/Thumbprint shall henceforth be used for all purposes and requests in connection with the above policy. *

Policyholder's Old Signature/Thumbprint

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Policyholder's New Signature/Thumbprint

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Please take note of the following before you proceed:

- If you are not able to reproduce the old signature, you will have to visit our office personally to make these changes.
- Please submit a photocopy of NRIC with the new signature signed on it.

9. CHANGE OF RETIREMENT INCOME/ CASH BENEFIT OPTION

<input type="checkbox"/>	Received retirement income / Cash benefit payout by Cheque
<input type="checkbox"/>	Deposit the retirement income/Cash Benefit with AXA to earn interest at non-guaranteed interest rate)

Please take note of the following before you proceed:

- If you wish to change the payout option from deposit to payout by cheque, please submit Policy Value Withdrawal Form to withdrawal ALL the deposited retirement income/Cash Benefit.
- Please note the change of payout option must be submitted at least 1month before the next payout due.

10. OTHER REQUESTS

<input type="checkbox"/> Conversion of policy to Paid-Up Assurance (All attaching riders and supplementary benefits, if any, will be terminated.)
<input type="checkbox"/> Conversion of policy to a new policy (applicable only to policy with convertible option) **

Please take note of the following before you proceed:

- Please complete the life insurance application form concurrently.

<input type="checkbox"/> Others, please specify:	
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11. REQUEST FOR DUPLICATE OF POLICY DOCUMENT

By checking this box, I, _____, of NRIC No. /Passport No _____, hereby declare that the original Policy document(s) of Policy Number(s) _____ has/have been misplaced/lost.

I further declare that the original policy has not, to the best of my knowledge and belief, been pledged, assigned or otherwise parted with for value or otherwise to any person or persons whomsoever who has or could have any right, title or claim thereto as against or paramount to my title thereto, and I have not received notice of and am not aware of such claim.

In consideration of AXA Insurance Pte Ltd (AXA) agreeing at my request to issue to me a duplicate copy of the aforesaid policy which has been misplaced.

a. I, for myself, my executors and administrators agree and undertake to hold AXA fully indemnified against all actions, suits, proceedings, costs, losses and expenses whatsoever which may be taken or made against AXA or incurred or become payable by AXA on demand and in full such sum as AXA may be liable to pay, together with interest at 8% per annum from the date of payment by AXA until the date of payment by me or my executors or administrators under this Indemnity in the event of AXA being called upon to make payment thereafter under the said policy to any person or persons lawfully claiming under the same;

b. I undertake to surrender and return the original policy to AXA for cancellation at the first opportunity that the original policy which is now misplaced be found.

c. I agree to receive the duplicate policy documents by :

Hardcopy (mailing address) **Email Copy*** _____

NOTE: The policyholder is required to pay an **admin fee of \$20.00** for the set of hardcopy of duplicate policy documents.

No admin fees are payable for requests to receive the **documents by email.**

***Please ensure that you are using your registered email address with AXA.**

12. DECLARATION AND AUTHORISATION

I hereby request that my policy be changed in accordance with the particulars as indicated in this application form, and I understand and on behalf of myself / ourselves / the Child and all covered person(s) that:

- 1) The request for change or addition coverage which require evidence of insurability in the form of health declaration and shall not take effect until all of the following conditions are met:
 - (a) any required payment for the application is paid in full
 - (b) the application is approved by the Company
- 2) The request for changes other, shall be effective from the date of this request once approved unless otherwise specified by the Company.
- 3) This form and the evidence of insurability of the covered person(s) (if applicable) shall be the basis for the change in this policy and will form part of the policy, unless otherwise specified.
- 4) There is no reversal once the application is approved by the Company.
- 5) All statements and answers to all questions, whether or not written by my own hand, are to the best of my knowledge and belief complete and true.
- 6) Should any statement(s) be incomplete, false, wrong or inaccurate, or should there be any omission(s) on my / our part in disclosing the information, the Company shall have the rights to cancel the Policy or repudiate the claim, if any.
- 7) The information I have provided is my personal data and, where it is not my personal data, that I have the consent of the owner of such personal data to provide such information.

8.) I agree to indemnify and hold harmless AXA Insurance Pte Ltd from and against any and all demands, claims, actions, damages, suits, proceedings, assessments, judgements, costs, losses (whether direct, indirect, special or consequential) including legal costs, and other expenses arising from or in connection with AXA Insurance Pte Ltd accepting and acting on these instructions.

- 9.) By providing this information, I understand and give my consent for AXA and their respective representatives or agents to:
- i. Collect, use, store, transfer and/or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my or our relationship and policy/policies with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").
 - ii. Collect, use, store, transfer and/or disclose personal data about me, the Life Assured and those whose personal data I have provided from sources other than myself for the Purposes.
 - iii. Contact me to share information about products and services offered by AXA that may be of interest to me by post and e-mail and

By telephone

By text message

By fax

Signature* of Policyholder / Assignee /Trustee

Signature Date

*The signature(s) of Policyholder / Assignee should be signed in the same manner as they appear in our records.

13. TRACK STATUS OF YOUR REQUEST

If you have any query on your request, please reach us via



AXA is committed to making your service experience as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.