



Alteration to Application Form (B58)

Warning: Pursuant to Section 25(5) of the Insurance Act (Cap. 142), you are to disclose in this application form fully and faithfully all facts which you know or ought to know, otherwise the insurance effected may be void.

Particulars of Life Assured

Name: _____

Identity Card / Passport No.: _____ Contract No.: _____

Alteration Request

I/We hereby request that my/our Application to be altered as indicated below with the understanding and agreement that the change when effected shall be an amendment to and will form part of the original Policy issued and also be binding on any person who shall have or claim any interest under the above Policy.

Alterations on Premium Payments

- Change **Frequency of Premium Payment** to:
 Yearly Half-Yearly Quarterly Monthly
(Note: MyCare, MyCarePlus, MyShield and MyHealthPlus applications are only on Yearly payment mode)
- Change **Initial Premium Payment Method** to:
 Cash / Cheque Credit Card *(Please submit duly signed Credit Card Authorisation Form)*
- Change **Subsequent Premium Payment Method** to:
 Cash / Cheque Interbank GIRO *(Please submit duly signed Application Interbank GIRO Form)*

Alterations on Policy (Please submit duly signed Policy Illustration)

- Change of **Policy Commencement Date** to: _____ (DD/MM/YYYY)
- Increase / Decrease of **Single Premium*** to: _____
* Please provide reason for alteration: _____

- Increase / Decrease of **Basic Sum Assured*** to: _____
* Please provide reason for alteration: _____

- Change **Policy Term** to: _____

8. Change **Premium Payment Term** to: _____

9. Change of **Monthly Benefit** to: _____

10. Change of **Benefit Payout Duration** to: _____

11. Addition of **Supplementary Benefit(s) / Rider(s)***:

(Please specify Supplementary Benefit(s) / Rider(s) to be added)

12. Increase / Decrease of Sum Assured* for **Supplementary Benefit(s) / Rider(s)**:

(Please specify the revised Sum Assured and the Supplementary Benefit(s) / Rider(s) affected)

13. Deletion of **Supplementary Benefit(s) / Rider(s)***:

(Please specify Supplementary Benefit(s) / Rider(s) to be deleted)

* If you have ticked (11), (12) or (13) above, please provide reason for alteration:

14. Change of **Investment Choices** (before commencement of Policy):

Fund Code	Fund Name	Allocation (in whole numbers)
		%
		%
		%
		%
		%
		%
		%
		%
Total		100%

Note: Where discrepancy exists between fund codes and fund names, Aviva will refer to the fund codes for investment application.

15. **Others**, please provide details:

Declaration

I/We agree to inform Aviva Ltd if there is any change in my/our financials and/or health status between the date of this Declaration and the date full insurance coverage is provided by Aviva Ltd to me/us. I/We understand that the term of accepting me/us as a risk for insurance coverage may vary according to such information received.

I/We agree that the above alteration(s) and declaration(s) shall form part of my/our Application for the Insurance. I/We understand that any alteration is subject to the acceptance of Aviva at its sole discretion.

This Application will not be valid until I/we have been informed in writing that Aviva has accepted this Application or issued the Policy Documents.

<p>Signature of Main Life Assured</p> <p>➤ For age next birthday 17 years and above ➤ Your signature must be consistent with our record</p>	<p>Signature of Assured / Joint Assured</p> <p>➤ Applicable if different from Main Life Assured ➤ Your signature must be consistent with our record</p>
<p>Name</p> <p>➤ As in NRIC / Passport</p>	<p>Name</p> <p>➤ As in NRIC / Passport</p>
<p>NRIC / Passport Number</p>	<p>NRIC / Passport Number</p>
<p>Date</p> <p>➤ DD/MM/YYYY</p>	<p>Date</p> <p>➤ DD/MM/YYYY</p>
<p>Mobile Number</p> <p>➤ This will replace our records accordingly</p>	<p>Mobile Number</p> <p>➤ This will replace our records accordingly</p>
<p>Email address</p> <p>➤ This will replace our records accordingly</p>	<p>Email address</p> <p>➤ This will replace our records accordingly</p>