

# WITHDRAWAL OF POLICY BENEFITS FORM

**1. POLICY INFORMATION**

 Policy number 

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Name of Policy Owner/Trustee/Assignee	NRIC/Passport/Entity Registration No.
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**2. REQUEST TYPE**
**A. Withdrawal of Policy Benefit**

I/We would like to withdraw the cashback benefits which have been deposited with CTPIS. The Policy Owner/Trustee(s)/Assignee understand the following:

1. I understand that I would not be able to re-deposit the cash benefits once I have withdrawn the amount.
2. For approved applications, the sum payable will be subject to applicable limits and will be paid net of any outstanding policy loan or other sum due from you under your policy.

**Partial Withdrawal of Cashback Benefit of amount \$ \_\_\_\_\_.**  
 Please note that the minimum withdrawal amount is \$200 or the full amount available under your policy, whichever is lower.

**Full Withdrawal of Cashback Benefit**

**3. PAYMENT INSTRUCTIONS**

*For policy under Trust Nomination, please also complete Part B.*

**A. Direct Fund Transfer (DFT)**

Note:

- i) These instructions will supersede any previous instructions (if any) regarding the mode of payment.
- ii) DFT facility will Not be applicable for Policy that is the subject of a trust nomination created under Section 49L of the Insurance Act (Cap. 142).

**i. Changes to my DFT Account**

To link my DFT Account to my **PayNow**  
 NRIC/FIN : 

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- ◆ This NRIC/FIN proxy must belong to the Policy Owner/Assignee.
- ◆ You must register for PayNow using your NRIC/FIN no. as proxy to receive payments on this policy.

OR

- To link my DFT Account to my/our **designated bank account**
- ◆ This account must belong to the Policy Owner/Assignee.
  - ◆ Please **submit a copy of your bank book or recent bank statement** for account verification.  
 (You need to circle the account for crediting if your statement shows more than 1 bank account)
  - ◆ Bank account must be a Singapore Bank account and the amount payable must be denominated in Singapore dollars.

Bank Account Number	
Name of Bank	
Bank branch code	



**B. Payment instruction for policy under Trust Nomination - Section 49L (Insurance Act)**

Note:

- i) **Proceeds will be paid to:** The Trustee for the Benefit of the Nominee(s). The payee indicated below, must be any trustee other than the Policy Owner. Payment will be made by cheque.

<p><b>Details of Payee</b></p> <ul style="list-style-type: none"> <li>◆ Please enclose a copy of the Payee's NRIC /Passport</li> </ul> <p>Name: _____ NRIC/Passport No.: _____</p>
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**4. DECLARATION & ACKNOWLEDGEMENT**

1. I/We understand the contents of this Application and confirm that I/We wish to perform the transaction selected above.
2. I/We confirm that this Policy is not assigned to any other party or is assigned only to the assignee who has signed this form.
3. I/We confirm that I/we/the beneficiaries am/are not undischarged bankrupt(s), in winding up, receivership or judicial management and there are currently no pending or threatened bankruptcy proceedings, winding up proceedings, receivership or judicial management proceedings against me/us/the beneficiaries.
4. I/We agree to indemnify and hold CTPIS harmless against any and all losses (whether direct, indirect, special or consequential) suffered by me/us or any third party arising from or in connection with CTPIS accepting and acting on my/our instructions (including where relevant, the use of the Electronic Services) except where such loss is attributable to gross negligence by CTPIS or willful default.
5. I/We confirm that the above information is true and correct, and I/We authorise CTPIS to effect the change(s) requested on my/our policy(ies).
6. If I/We opt to link my/our DFT account to my/our PayNow, I/We agree to register for PayNow using my/our NRIC/FIN number (if this has not been done already) and for all payments under the Policy to be paid via PayNow. I/we further agree that any payment made via the PayNow facility to my/our NRIC / FIN number shall be good and valid discharge of any liability which CTPIS may owe under the Policy.
7. I/We am/are aware that this Application will not be effective until it is formally accepted by CTPIS.
8. I/We further confirm that I/we have read and understood and hereby consent to the collection, use, disclosure and processing of my/our personal data in accordance with and agree to be bound by CTPIS Privacy Policy which is made available on our website at <http://www.sg.cntaiping.com/privacypolicy> ,as may be amended from time to time.
9. I/We agree on my/our behalf and on behalf of every life insured person that in addition to the release of information to any medical source, or other entity mentioned in this Application Form, CTPIS is authorized to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me/us/any life insured person, that is received by CTPIS to its Representatives and relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organisations, my/our adviser, financial institutions, CPF agent banks, credit agencies, investigators, service providers (who may have to disclose my/our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

<p>_____  <b>Signature of Policy Owner/Trustee(s)/Assignee<sup>1</sup></b></p>	<p>_____  <b>Date</b></p>
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<sup>1</sup> For policies that are assigned, the assignee needs to fill in and sign this form.  
 For entities, this form must be signed by the authorised signatory of the company and company stamp is required.



**Please remember to...**

- ✓ **Countersign on any amendments.**
- ✓ **Ensure that the appropriate sections have been completed.**
- ✓ **Ensure that all signature(s) are consistent with our records.**
- ✓ **Submit this form and any relevant documents to us within 30 days from your date of signing.**

**Completed?** You may submit this form to us via MAIL or Email.  
**MAIL** – 3 Anson Road #16-00 Springleaf Tower Singapore 079909  
**EMAIL** – [Customer.Service@sg.cntaiping.com](mailto:Customer.Service@sg.cntaiping.com) (Form submission must be received from your email address registered with CTPIS)