

CHANGE OF PERSONAL PARTICULARS FORM

(For changes to Customer's Personal & Contact Details, Marketing Consent, Addresses or CRS/FATCA Declaration)

1. POLICY INFORMATION

Policy number

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Changes will be applied to all policies for which you are a party to.

Name of Policy Owner/Trustee/Assignee

NRIC/Passport/Entity Registration No.

Name of Life Insured (If different from Policy Owner)

NRIC/Passport No.

For any change in Name/NRIC/FIN/Passport/Entity Reg., please specify the old/previous details.

2. UPDATE OF PERSONAL PARTICULARS

For the following sections, please complete only the sections which you would like to update.

A. Change of Personal Details

Update the following details for: Policy Owner/Trustee/Assignee Life Insured

i. New Name

◆ Please attach a copy of Deed Poll/NRIC/Passport. For Entity, attached a copy latest ACRA business profile

ii. New NRIC/Passport No.

◆ Please attach a copy of NRIC/Passport/Birth Certificate

iii. New Nationality

◆ Please attach copy of supporting document (e.g. NRIC/Passport/etc.)

- Singapore Citizen Singapore PR, please state citizenship _____
- Others, please state citizenship _____

B. Change of Contact Details

i. New Home No.

+ _____ - _____

ii. New Mobile No.

+ _____ - _____

iii. New Office No.

+ _____ - _____

iv. New Email Address

C. Change of Marketing Consent (Please complete either i or ii)

i. Marketing Consent

I / We hereby consent to CTPIS (including Representatives of China Taiping), China Taiping group of companies and their service providers to contact me / us (even though my / our telephone number(s) are already registered or may be registered on the National Do Not Call Registry), by way of:

- Voice Call Mail Email / Any other Avenues of Marketing Activities SMS

for marketing purposes and provide me / us with marketing, advertising and promotional information, materials and / or documents relating to products and services marketed by China Taiping or its related companies.

ii. Withdrawal of Marketing Consent

I would like to opt-out of being informed of marketing, advertising and promotions information, materials and / or documents relating to products and service marketed by China Taiping or its related companies, via the following communication channels:

- Voice Call Mail Email / Any other Avenues of Marketing Activities SMS

Please allow up to 30 days from the submission of the completed form for your option to take effect.



D. Change of Address (Please complete either i or ii)

i. Update New Residential & Mailing address for all policies

Postal Code _____ Country _____

◆ Please submit the following document(s) to show proof of the Residential Address (i.e. front and back of your NRIC/ Letters from government or banks, or utility or telephone bills (dated within the last 3 months)

OR

ii. Special Instructions for update of address

Update **only** residential address for all policies or;

◆ Please submit the document(s) to show proof of the Residential Address

Update **only** mailing address for all policies or for the indicated policy(ies); Policy No. _____

Postal Code _____ Country _____

E. Change of Signature (Please complete either i or ii)

Policy Owner/Assignee

Trustee

▪ Trustee Name _____

▪ Trustee NRIC/Passport No. _____

▪ Trustee contact No. _____

i. I can recall my signature and I would like to update it to my new signature for all future transactions.

<p>_____ New Signature</p>	<p>_____ Old Signature (consistent with China Taiping Insurance (Singapore) Pte Ltd "CTPIS" record)</p>
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OR

ii. I cannot recall my old Signature. I would like to use this new Signature for all future transactions.

<p>_____ New Signature</p> <p>◆ Please attach a photocopy of the Passport / NRIC (front and back) with your new signature on it <u>and</u> certified true copy by below witness.</p> <p>Please approach your Financial Adviser or visit our Customer Service Centre to witness.</p> <p><u>Witness Declaration</u></p> <p>I hereby declare that:</p> <ol style="list-style-type: none">1. I personally attended to abovenamed Policy Owner/Assignee/Trustee and certify that he/she is the Policy Owner/Assignee/Trustee of the aforesaid policy.2. The abovenamed Policy Owner/Assignee/Trustee has requested to change his/her signature on CTPIS record to the New signature as reflected on this form.3. I personally witnessed the abovenamed Policy Owner/Assignee/Trustee execution of the New Signature on this form.	
<p>Witness Name</p> <p>_____</p>	
<p>Witness Signature of your Financial Adviser Representative / Customer Service Officer</p> <p>_____</p>	<p>Adviser code</p> <p>_____</p>

3. TAX RESIDENCY DECLARATION *Mandatory section for the following Request Types

For **individuals**, please complete this section if you have updated the following information,

- New Citizenship
- New Address to another country
- New Contact No. to another country

OR you would like to update your tax residency declaration with CTPIS.

For **Entities**, please complete a separate **Entity Tax Residency Self-certification form**

A. Common Reporting Standards (CRS) Tax Residency Self-Certification

WARNING: Singapore Income Tax Act imposes a penalty of a fine not exceeding \$10,000 and / or imprisonment of up to 2 years, on individual that is known to provide false or misleading information. For more information, please refer to Section 105M of Income Tax (Amendment No. 2) Bill 2016.

i. Details of Tax Residency

Please provide information on your Tax Residency (This will be applicable to where you are liable to pay income taxes). If you have any questions on how to define your Tax Residency status, please visit <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance> or speak to a professional tax adviser.

CRS Declaration of Tax Residency (Tick where applicable. You may select more than 1)	
1. I am a tax resident of Singapore Taxpayer Identification Number (TIN): _____	<input type="checkbox"/> Please complete Part iii
2. I am a tax resident of other country(ies) / jurisdiction(s)	<input type="checkbox"/> Please complete both Part ii & iii

ii. Details of Foreign Tax Residency(ies)

Please provide ALL the country(ies) (excluding Singapore) in which you are a tax resident and the associated Taxpayer Identification Number (TIN).

Country/Jurisdiction of Tax Residency	Taxpayer Identification Number (TIN)	If you are unable to provide the TIN, Please tick one of the reasons*	If Reason B has been selected, please indicate why TIN is not available
1		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
2		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
3		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

*Reason	Description
A	The country where the Account Holder (Assignee) is liable to pay tax does not issue TINs to its residents.
B	The Account Holder (Proposer) is otherwise unable to obtain a TIN or equivalent number. (Please explain why you are unable to obtain a TIN if you have selected this reason)
C	No TIN is required. (Note: Only select this reason if the authorities of the country of tax residency entered above do not require the TIN to be disclosed.)

Clarification of Tax Residency

If your declared country(ies)/jurisdiction(s) of tax residency does not include the country of your **residential/ mailing address, contact number, country of birth, nationality or citizenship**, please provide the reason below.

iii. Acknowledgement of Tax Residency

- I confirm that I am not a tax resident of any country(ies) other than the one(s) that I have declared above. I shall notify CTPIS within 30 days from date of change.

B. DECLARATION ON U.S STATUS

- I am not a U.S. Person / Person with U.S. Indicia and I am not acting for / on behalf of a U.S Person / Person with U.S Indicia. If my tax status changes and I become a U.S Person / Person with U.S Indicia. I shall notify CTPIS within 30 days from date of change.
- I am a U.S. Person / Person with U.S. Indicia (please delete accordingly) and I have submitted the Declaration for U.S Person and U.S Indicia Form.

Please specify Tax Payor Identification No. (TIN)

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♦ For definition of U.S Person under/or U.S Indicia, please visit <https://www.irs.gov>
Please note that Form W-9 / Form W-8BEN need to be completed for U.S Person or Person with U.S Indicia.

4. DECLARATION AND AUTHORISATION

1. I/We understand the contents of this Application and confirm that I/We wish to perform the transaction selected above.
2. /We/The beneficiaries are not undischarged bankrupt(s). There are currently no pending or threatened bankruptcy proceedings against me/us.
3. Save as provided in this form, information provided on the Life Insured's health, occupation and engagement of hazardous activities is complete and remains accurate.
4. I/We agree to provide the Company with information of any change to the Life Insured's health, occupation or engagement of hazardous activities.
5. I/We confirm that the above information is true and correct, and I/We authorise the Company to effect the change(s) requested on my policy(ies).
6. I/We agree to indemnify and hold harmless the Company 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 the Company accepting and acting on my/our instructions (including where relevant, the use of the Electronic Services) except where such loss is attributable to the Company's gross negligence or willful default.
7. I/We are aware that this Application will not be effective until it is formally accepted by the Company.
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.

<hr/> Signature of Policy Owner/Trustee/Assignee¹	<hr/> Date
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¹ If there is an update of Signature, please use your new Signature



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? For the following transaction(s), please send us the original form with relevant documents via **MAIL**.

♣ Change of Signature

For other Requests, 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 (Form submission must be received from your email address registered with CTPIS)