

Date: _____
Day Month Year

REQUEST FOR CHANGE FORM (RFC)

Policy No : _____	I/C or Birth Certificate No. _____
Life Assured: _____	_____
Policy Owner: _____	_____

I / We hereby request that the above policy to be changed according to the following particular marked . Please refer to overleaf for details.

Financial Alteration	Relevant Details	Non-financial Alteration	Relevant Details						
F1 <input type="checkbox"/> Change Frequency of Premium Payment	Change to: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	N1 <input type="checkbox"/> Change Method of Payment	Change to: <input type="checkbox"/> Angkasa Deduction <input type="checkbox"/> Bank Deduction <input type="checkbox"/> Credit Card <input type="checkbox"/> Salary Deduction <input type="checkbox"/> Direct (Cash/Cheque)						
F2 <input type="checkbox"/> Change of Sum Assured	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Change</td> <td style="width: 15%;">From</td> <td style="width: 15%;">To</td> </tr> <tr> <td>Basic Sum Assured</td> <td>_____</td> <td>_____</td> </tr> </table>	Change	From	To	Basic Sum Assured	_____	_____	N2 <input type="checkbox"/> Change of Name, IC No or other personal details	
Change	From	To							
Basic Sum Assured	_____	_____							
F3 <input type="checkbox"/> Change of Term	Change Term: From _____ To _____	N3 <input type="checkbox"/> Request of Policy Contract Duplication	Please indicate reason :						
F4 <input type="checkbox"/> Deletion of Rider	1. _____ 2. _____	N4 <input type="checkbox"/> Change of Signature <input type="checkbox"/> Policy Owner <input type="checkbox"/> Life Assured	<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto;"></div> <p>New Signature's Specimen</p>						
F5 <input type="checkbox"/> Inclusion of Rider (with consent to Auto-Deduction of Units During Premium Holiday and this is only applicable to Investment Linked Product)	1. _____ 2. _____ <u>Auto-Deduction of Units During Premium Holiday</u> Note: Should you not agree to the auto deduction of units during Premium Holiday, you may opt to Apply to cancel your supplementary contract(s)/rider(s) to reduce the amount of risk charges deduction.	N5 <input type="checkbox"/> Change of Auto Credit Account No	Bank : _____ Account No. : _____						
F6 <input type="checkbox"/> Non-Forfeiture Option	<input type="checkbox"/> Extended Term Insurance <input type="checkbox"/> Reduced Paid Up Insurance	N6 <input type="checkbox"/> Change of Payout Option (see overleaf for the policy allowed)	<input type="checkbox"/> Keep into account <input type="checkbox"/> To payout - <input type="checkbox"/> Cheque - <input type="checkbox"/> Auto Credit						
<input type="checkbox"/> Others, please specify: _____		<input type="checkbox"/> Change of Contact Details <input type="checkbox"/> Correspondence Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Email Address							

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Signature of Witness

Name:

I/C No:

Tel No:.....

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Signature of Policy Owner or Life Assured

Name:

I/C No:

Tel No:.....

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Signature of *Assignee/Trustee(s)

Name:

I/C No:

Tel No:.....

*Please delete whichever is not applicable

EIBLPsAdmRfcBI1210

Important Note on Document Required for Alterations

* Financial Alterations are only allowed after 1st policy year for Investment Linked Regular Premium policies.

* Financial Alteration	Rules	Document Required
F1 Change Frequency of Premium Payment	<ol style="list-style-type: none"> Effective from next due for new frequency of premium payment. RFC must reach Etiqa one month before the effective date of change. 	
F2 Change of Sum Assured	<ol style="list-style-type: none"> Effective from next due date For increase Basic Sum Assured: Allowed within 6 months and effective from the Policy Commencement Date. RFC must reach Etiqa one month before the effective date of change. 	1. Health Declaration Form to be completed - applicable only for increase of Sum Assured.
F3 Change of Term	<ol style="list-style-type: none"> Allowed within 6 months from the Policy Commencement Date. RFC must reach Etiqa one month before the effective date of change. 	1. Health Declaration Form to be completed
F4 Deletion of Rider	<ol style="list-style-type: none"> Effective from next due date. RFC must reach Etiqa one month before the effective date of change. 	
F5 Inclusion of Rider	<ol style="list-style-type: none"> Effective from next Policy anniversary date. RFC must reach Etiqa one month before the effective date of change. <u>Auto-Deduction of Units During Premium Holiday:</u> Only applicable to Investment Linked product 	<ol style="list-style-type: none"> Health Declaration Form to be completed Sales Illustration / Quotation
F6 Non – Forfeiture Option	<ol style="list-style-type: none"> RFC must reach Etiqa one month before the effective date of change. 	
Non-financial Alteration	Rules	Document Required
N1 Change Method of Payment	<ol style="list-style-type: none"> Relevant supporting document. 	<p>() Angkasa Deduction</p> <ol style="list-style-type: none"> Biro Form Had Kelayakan form Certified copy Identity Card Pay slip <p>() Bank Deduction</p> <ol style="list-style-type: none"> Auto debit Form Certified copy of Identity Card Certified copy of ATM card or photocopy of Bank Passbook <p>() Credit Card -</p> <ol style="list-style-type: none"> Premium payment through Visa / Master Card form Certified copy of Identity Card Certified copy of credit card <p>() Salary Deduction</p> <ol style="list-style-type: none"> Salary Deduction form
N2 Change of Name, IC No or other personal details	<ol style="list-style-type: none"> Documentary of proof is required. 	1. Certified copy of Identity Card / Birth Certificate / Passport is required for change of name, IC No or date of birth.
N3 Request of Policy Contract Duplication	<ol style="list-style-type: none"> Applicable only for Active policy. 	<ol style="list-style-type: none"> Declaration Loss of Policy with Stamp Duty of RM10. Policy Fee of RM30
N4 Change of Signature	<ol style="list-style-type: none"> Must be witnessed by Etiqa Branch Manager, Customer Service Executive or Financial Executive. 	1. Certified copy of Identity Card / Passport
N5 Change of Auto Credit Account No		<ol style="list-style-type: none"> Certified copy of Identity Card / Passport Photocopy of Bank Passbook
N6 Change of Payout Option	<ol style="list-style-type: none"> Applicable only to plan MaxSave Plus and Twin Special Effective on next payout due date 	1. If auto credit, photocopy of Bank Passbook
N7 Conversion / Change Plan	<ol style="list-style-type: none"> Allowed within 6 months from Policy Commencement Date. 	<ol style="list-style-type: none"> Completed proposal form Return original copy of Policy schedule