

APPLICATION TO ADJUST YOUR CRISIS MULTIPLIER FLEX (CMF) COVERAGE (FOR PRULIFE MULTIPLIER FLEX ONLY)

Policy Number

Name and NRIC/Passport Number of Life Assured

Financial Consultant's Code and Name

 Tick all the required boxes, fill in the details and sign next to any amendments made.

Important Notes

- This application is only applicable to **PRULife Multiplier Flex Plan**, for which Crisis Multiplier Flex (CMF) Coverage is eligible to be adjusted arising from the premium adjustment that will take effect starting from the next policy anniversary date.
- If you wish to keep your PLMF premiums close to the current amount (before the premium adjustment), you may choose to reduce your CMF coverage while maintaining your existing coverage for Terminal Illness (TI), Total and Permanent Disability (TPD), and Death, whichever is applicable to your plan by submitting the application and fulfill the terms and conditions below:
 - This option is permanent and cannot be reversed. The reduced CMF coverage will lower the payout you receive if you make a Critical Illness claim in the future.
 - This option can only be exercised once during your policy term and must be **within 180 days** from the date of the "Important Update on Your PRULife Multiplier Flex Plan" letter; and
 - Your "Important Update on Your PRULife Multiplier Flex Plan" letter offers and indicate the option 'Adjust Only Your Crisis Multiplier Flex (CMF) Coverage', and the recommended CMF coverage or sum assured amount.
 - You must not have exercised 'Adjust Your Overall PLMF Coverage' or 'Reduction in Sum Assured' after the date of the letter.
 - If you have an Early CMF rider and its current coverage is higher than the reduced CMF coverage, your Early CMF coverage or sum assured amount will be automatically reduced to match the revised CMF coverage amount. Otherwise, it will remain unchanged.
 - The application will take effect from the next monthly anniversary.
 - Please complete the revised amount for sum assured of CMF below as per the amount provided on the letter you received (Refer to 2c). Please note that the application will be rejected if the amount differs from the amount stated on the letter. The revised amount is in multiples of \$1,000, subject to a minimum sum assured of \$10,000 after reduction.
- If you have doubt on this CMF Coverage please contact your Financial Consultant.

A. Reduction in Sum Assured of Crisis Multiplier Flex (CMF) for PRULife Multiplier Flex plan

Notes:

- Alterations will be done with effect from the next monthly anniversary.**
However, if the next premium due is not yet paid, the alterations will take effect from the current premium due date instead.

☐ Sum Assured of Crisis Multiplier Flex (CMF):

Revised Amount

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Additional Terms and Conditions

If you reduce the sum assured and this request has been received and officially accepted by us:

- If you have an Early CMF rider and its current coverage is higher than the reduced CMF coverage, your Early CMF coverage or sum assured amount will be automatically reduced to the same amount of the revised CMF coverage amount.
- There will not be a refund of premiums previously paid. For avoidance of doubt, there will not be a refund of premiums of the differences between the original and refund sum assured.

For Alterations done above:

Were you advised by a Financial Consultant to effect any of the alteration above? (*Please tick [✓])

☐ Yes ☐ No

If "yes", your Financial Consultant will need to complete the "Financial Consultant's Acknowledgement" below.

Financial Consultant's Acknowledgement:

- I have explained to the above Policyholder/Trustee/Assignee the implications of effecting the selected alteration(s) to this insurance policy.
- I have recommended the alteration for the following reasons

Signature of Financial Consultant

Date (dd/mm/yyyy):

Declaration – Please read carefully before signing this application

- I understand and agree that the information given in this application is complete.
- I am aware that should I wish to reinstate my original benefits or buy a new policy with similar benefits in future, I may incur additional charges and I may not be able to secure similar insurance coverage, terms and conditions.
- I understand that if I choose to effect the selected alteration(s), it may affect the attainment of my financial objectives identified by my Financial Consultant in my last Personal Financial Record and Personal Financial Analysis or Prudential Way Planner.
- I understand that if I choose to effect this option, it is permanent and cannot be reversed. The reduced CMF coverage will lower the payout I receive if I make a Critical Illness claim in the future.
- This application will not be effective until a Certificate of Life Assurance or official letter is sent by Prudential confirming acceptance of the change.

Note to Housing Protection Scheme (HPS) Policyholders

Please note that if you have used the above policy to be exempted from the CPF Board's Home Protection Scheme (HPS), the policy must remain in force so that you and your family are protected from losing your HDB flat in the event of death, terminal illness, or total permanent disability. If there are changes to the above policy, your exemption would be voided, and you would be required to reapply for exemption from HPS by purchasing other private policies or apply to be insured under HPS. Otherwise, if you are using CPF monies to service the monthly installment, CPF Board may automatically extend HPS coverage to you, based on the declared percentage that you are exempted for, subject to you being in good health.

Signature of Policyowner / Trustee / Assignee

Name:
Date (dd/mm/yyyy)

Signature of Trustee(s) / Joint Owner(s) (if any)

Name:
Date (dd/mm/yyyy)

Signature of Life Assured (for child age 17 next birthday and above)

Name:
Date (dd/mm/yyyy)

Do not staple. Glue all sides firmly

Please send us your application with this prepaid business reply folder.

1. Fold along the dotted lines.
2. Fold and insert your application form and any other required documents into this prepaid business reply folder.
3. Seal along the edges of this prepaid business reply folder with clear tape (do not staple).
4. Drop your sealed prepaid business reply folder into your nearest post box.

**BUSINESS REPLY SERVICES
PERMIT NO. 00364**



PRUDENTIAL ASSURANCE COMPANY SINGAPORE (PTE) LIMITED
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