



CHANGE OF PAYMENT FREQUENCY FORM

| Policy Number | NRIC/Passport number of Policyov | wner Name of Policyowner | |
|---|---|---|-------------------------------|
| | | | |
| Tick the required boxes, fill in theIf you made any amendments, s | ne details and sign and date the app sign next to the amendments made | • | |
| | | | |
| Otherwise, advance premium paymer policyholder will have to pay the balanc can be effected. If the current paymen | nt is required for immediate proce ce monthly premiums up to the nex t method of your policy is by credit | effected on the next policy anniversary date. cessing. For example, from monthly to annual to policy anniversary before the change to the anitic card, this advance premium payment will be continuous or other payment methods, please make a page | nual premium harged to the |
| Annually | | | |
| Half-Yearly | | | |
| Quarterly | | | |
| Monthly * | | | |
| * For change of payment frequ | ency to monthly, your payment me | thod has to be via Credit Card or GIRO. | |
| For application for regular pre | mium payment by Credit Card, ple | ease enrol your credit card via PRUaccess or iPa | ıy. |
| | emium payment by GIRO, please en nk GIRO application form for other | nrol via iPay for DBS/POSB bank or submit Appi banks. | ication for |
| Declaration (Please read carefully be | fore signing this application) | | |
| I understand that the alteration will r Limited ("Prudential") confirming ac | | etter is sent by Prudential Assurance Compa | ny Singapore (Pte |
| Signature of Policyowner(s) / Trust Name: | ee(s) / Assignee(s) | Signature of Joint Policyowner / Truste | ±e (if applicable) |
| Date (dd/mm/yyyy): | | 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.

Postage will be paid by addressee. For posting in Singapore only. Do not staple. Glue all sides firmly

BUSINESS REPLY SERVICES PERMIT NO. 00364

հոլիսիիկիրիկիսի

PRUDENTIAL ASSURANCE COMPANY SINGAPORE (PTE) LIMITED

Privy Box No. 920427 Singapore 929292