

What you should know about early full/partial withdrawal of your investment-linked policy.

An insurance policy is intended to meet your long-term financial needs. Therefore, in fully or partially withdrawing a policy before its maturity date, you are losing valuable benefits. It may not be possible for you to obtain a similar level of protection on the same terms in the future.

Additional Charges/Fees

If you withdraw your investment-linked policy, fully or partially and then buy a new investment-linked policy or other investment product, or top up on your existing investment-linked policy or other investment product, you will incur new charges. These may include:

- **Distribution Fee**

Commission is paid to Agents/Financial Advisers on all new insurance policies / investment products.

- **Administration Charge**

There could be some sales charge/withdrawal fee that is charged for each new policy / investment product.

- **Policy Fee**

A policy fee is usually incurred for each policy.

- **Fund Switching Facility**

When the fund you have bought is not meeting your initial or current investment objective, you may switch to other fund(s) offered by the Company at its bid price without incurring any charges.

- **Other Options**

You may enquire whether there are other options available under your policy to meet your short term financial needs.

- **Changes in Terms and Conditions**

Withdrawing your insurance policy for another policy could result in loss of specific policy features due to changes in age or health.

Policyowner/Trustee/Assignee's Acknowledgement

Were you advised by an Adviser to withdraw this policy? Yes No

If "yes", please ask your Adviser to complete the "**Adviser's Acknowledgement**" below.

"I have read and understood the above statements. I am aware that should I wish to buy a similar policy in future I may incur additional charges and I may not be able to secure similar terms and conditions. I am also aware that the withdrawal/surrender value of the cancelled units will depend on the Bid price on the Valuation Date following receipt of this document duly completed and signed by all relevant persons, including my Adviser, as applicable."

I want to withdraw my policy (fully or partially)

Signature of Policyowner/Trustee/Assignee

Date

Adviser's Acknowledgement

"I have explained to the above Policyowner/Trustee/Assignee the alternative options available and the implications of early withdrawal of this investment-linked policy." I have recommended (the policyowner may not be his client yet) the withdrawal of this policy for the following reasons:

Signature of Adviser

Adviser's Code

Name of Adviser

Date

To: Assured/Trustee/Assignee

REQUEST FOR SURRENDER OF POLICY NUMBER : _____

We refer to your request to withdraw (fully or partially) the above Policy.

This insurance policy is intended to meet your long term financial needs. Therefore, in surrendering the Policy before its maturity date, you may be losing valuable benefits, and it may not be possible for you to obtain a similar level of protection on the same terms in the future. Surrendering this insurance policy for another policy could also result in higher premiums and loss of specific policy features due to changes in age or health.

Furthermore, if you surrender this policy and then buy a new investment-linked policy you may incur new charges/fees as follows:

Distribution Fee

Commission is paid to Financial Adviser representative on all new insurance policies.

Administration Charge

There could be sales charge/withdrawal fee that is charged to each policy.

Policy Fee

A policy fee is usually incurred for each policy.

Fund Switching Facility

You may also wish to consider switching to other fund(s) offered by the Company at its bid price, if the fund you have bought is not meeting your initial or current investment objective.

Partial Withdrawal Facility

Other option include partial withdrawal of units to meet your short term financial needs.

However, if you still wish to withdraw this Policy, please forward all the following documents to us:

- 1) The enclosed Withdrawal/Surrender form(s) and Appendix A to be duly completed and signed.
- 2) A photocopy of the Life Assured's Identity Card, Passport or Birth Certificate for our verification and record.
- 3) Your Original Policy/Statutory Declaration to be made under Oath.
(Please have your mail registered if you are sending it by post.)
- 4) Others: _____

Should you require any assistance, please call our Customer Service Executives at 6827 9933. Kindly note that our operating hours are from 8.45 a.m. to 5.30 p.m., Mondays to Fridays, excluding Public Holidays.

Customer Services

Note: 1) If you are receiving our form(s) by fax, please ensure that the form returned to us is on plain Paper (not thermal paper) with the original pen-ink signatures.

Withdrawal/Surrender Form
 for Investment-Linked Plans

Policy No. :

Important Notes

1. The withdrawal/surrender value of the cancelled units will depend on the Bid price on the Valuation Date next following receipt of this request and Original Policy/Statutory Declaration if Original Policy is lost and/or photocopy of Life Assured's Birth Certificate, NRIC or Passport.
2. Please sign according to the signature on the Proposal Form.
3. Signature of the Trustee(s) will be required if Policy is written under Section 73 of the Conveyancing and Law of Property Act (CLPA) , or under Trust.
4. The cheque will be made payable to the Assured or the Trustees (if Policy is written under a Trust e.g Section 73 of the CLPA) or the Assignee (if policy is assigned) or the Agent Bank (if Policy is bought under the CPFIS-OA or ASPFIS-OA) or the CPF Board (if Policy is bought under CPFIS-SA) or SRS Operator if Policy is bought under SRS).
5. Please note that any proceeds made to Trustees are for the benefits of the beneficiaries.

Applicable for Money Manager/Gold Series/Platinum Series/ Wealth Creator Series/MoneySmart
 + (Please tick appropriate box)

*** Partial Withdrawal**

- I authorise and request Aviva Ltd to withdraw as indicated below.
- \$ _____ from _____ Fund
- \$ _____ from _____ Fund
- \$ _____ from _____ Fund
- \$ _____ from _____ Fund
- \$ _____ from _____ Fund
- (Please note that the minimum withdrawal for each fund is \$500 and the remaining value of units in total must not fall below \$1000)

I authorise and request Aviva Ltd to fully surrender all units of all Funds.

*** Full Surrender of Policy**

(Please return the Original Policy and a photocopy of Life Assured's Birth Certificate, NRIC or Passport for cancellation)

I authorise and request Aviva Ltd to surrender the whole Policy.

*** Please note that a surrender charge will be deducted upon withdrawal for all plan types except Money Manager Plans.**

Applicable for Invest Assurance/Capital Protected Fund/Big Plan/MyPlan * (Please tick appropriate box)

- * Partial Withdrawal**
- I authorise and request Aviva Ltd to withdraw the units indicated below.
- _____ units from _____ Fund
- _____ units from _____ Fund
- _____ units from _____ Fund
- (Please note that the minimum withdrawal for each fund is 1000 units and the remaining value of units in total must not fall below 1000 units)

*** Full Surrender of the Policy**
 (Please return the Original Policy and a photocopy of Life Assured's Birth Certificate, NRIC or Passport for cancellation)

Payment Settlement (Not applicable if policy is bought under the CPFIS-OA, ASPFIS, CPFIS-SA or SRS)

If the policy is written under a Trust e.g. Section 73 of the CLPA, cheque will be payable in the names of all the trustees.

If payment is to be made to one party, please complete the following :

I, the Assured/Trustee(s) of the above Policy authorise Aviva Ltd to pay to the following authorised person :

Name of Authorised person : _____ (NRIC No. : _____)
(Please ensure that the authorized person must be the Assured, Beneficiary or one of the trustees.)

** Please delete accordingly.

Please make payment to me by * (Please tick appropriate box):

*cheque

*direct credit to my bank : _____ (Name of Bank)
_____ (Bank Branch)
_____ (Account No.)

I hereby agree that receipt by me of the surrender proceeds less any amount(s) owing to Aviva Ltd, shall be a full and final discharge of the liability of Aviva Ltd under the Policy.

I am aware that should I wish to buy a similar policy in future I may incur additional charges and I may not be able to secure similar terms and conditions. I am also aware of all free switching options.

Signature of Assured/Assignee

Name :
NRIC No. :
Date :

Signature of Assured/Trustee

Name :
NRIC No. :
Date :

Signature of Trustee

Name :
NRIC No. :
Date :

Signature of Trustee

Name :
NRIC No. :
Date :