



Office Received Date

Financial Consultant's name

Financial Consultant's number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Application for Plan Downgrade/Change Payment Method-PruShield/PruExtra

Please complete in capital letters and tick boxes (✓) as appropriate.

Section:

- A. Plan Downgrade
- B. Change of PruShield Main Plan Payment Method

IMPORTANT NOTES

1. Downgrade request for PruShield and PruExtra (if any) can only take effect from the next monthly anniversary. PruShield with PruExtra (if any) will be downgraded concurrently. All premiums for PruExtra if on monthly mode must be paid to current month.
2. Product Summary Cover Page and the Product Summary are required for all Downgrade requests.
3. During the Plan Downgrade, the premiums deducted may be that of the PruShield and PruExtra (if any) policy(ies) which you had previously applied for ("Old Policy"). If your payment mode for PruExtra is on a monthly basis, the excess premiums between the Old Policy and the Downgraded Plan will be used to offset the premiums payable at the next premium due date. If your payment mode for PruExtra is on an annual basis, the excess premiums between the Old Policy and Downgraded Plan will be refunded to you upon completion of the Plan Downgrade.
4. For Switch request to PruShield Standard Plan, the existing PruExtra (if any) will be terminated.
5. For change of PruShield main plan payment method, it is only applicable from Medisave to Cash plan or vice versa upon policy anniversary.
6. The Financial Consultant stated on this form (if different from the Financial Consultant stated in your proposal form) becomes your Servicing Agent for this policy.
7. The new deductible and policy/benefit limits of the new plan following your application to change will be applicable from the Cover Start Date indicated in the new Certificate of Life Assurance. Medical expenses incurred from the Cover Start Date of the new plan will be processed according to the terms and conditions of the new plan. If you have any outstanding claims to be filed to us for your current PruShield plan, please do so before you request for change of plan.

Details of the Policyowner / Payer

Name of Policyowner / Payer (According to NRIC/Passport/BC) – Please underline surname	NRIC/BC/FIN number
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Details of Life Assured

<input type="checkbox"/> Singapore Citizen/ Singapore PR (Please provide a copy of Life Assured's NRIC if there is a change since last inception of the policy)	<input type="checkbox"/> Foreigner (Please provide a copy of the eligible valid passes)
Relationship to Policyowner# <small># The grandparent or sibling must be a citizen of Singapore or permanent resident of Singapore to be applicable.</small>	
PruShield (Main plan) Policy Number <input type="text"/>	PruExtra (Rider) Policy Number <input type="text"/>

Section A: Plan Downgrade

Downgrade to:	Downgrade to:	
<input type="checkbox"/> PruShield Plus	<input type="checkbox"/> PruExtra Premier Copay	<input type="checkbox"/> PruExtra Plus +
<input type="checkbox"/> PruShield Standard Plan	<input type="checkbox"/> PruExtra Preferred CoPay	<input type="checkbox"/> PruExtra Plus CoPay
	<input type="checkbox"/> PruExtra Premier Lite *+	<input type="checkbox"/> PruExtra Plus Lite **
	<input type="checkbox"/> PruExtra Premier Lite CoPay	<input type="checkbox"/> PruExtra Plus Lite CoPay

* Not applicable for PruShield Foreigner Plan

+ Not applicable for PruExtra Premier CoPay, PruExtra Preferred CoPay and PruExtra Premier Lite CoPay Plan

Section B: Change of PruShield Main Plan Payment Method (Please submit within the 30-day period preceding the policy's anniversary date)**Switch to:**

<input type="checkbox"/> Medisave	<input type="checkbox"/> Full Cash	Yes	No
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Were you advised by a Financial Consultant to effect any of the alteration above?

If "yes", please ask your Financial Consultant to complete the "Financial Consultant's Acknowledgement" below

<input type="checkbox"/>	<input type="checkbox"/>
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Financial Consultant's Acknowledgement

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

Signature of Financial Consultant

Date:

Declaration and Authorisation

Please read carefully before signing this form.

- 1) I/We hereby request that the policy stated above be downgraded in accordance with my/our instructions as stated in this form.
- 2) I/We acknowledge that:
 - My/Our Financial Consultant has explained the products features, fees, charges and the implications associated with the downgrade of my/ our existing integrated Shield Plan ("Downgraded Plan") to my/our satisfaction. I/ We declare that my/our decision to proceed with the downgrade is that of my/our own and solely based on my/our own judgment.
 - I/We are aware that each Life Assured can only have one integrated Shield Plan. I/We understand, acknowledge and agree that my/our existing integrated Shield Plan will be replaced by the Downgraded Plan upon its commencement.
 - I/We have received a copy of the Product Summary(ies) and the contents have been explained to my/our satisfaction.

Warning – It is usually disadvantageous to replace an existing policy, as such, any decision should only be made after careful consideration and comparison. These disadvantages include: not being insurable on standard terms; higher premiums due to age or health conditions; loss of financial benefits accumulated over time and different terms and conditions under the new policy.
- 3) I/We understand that if I/we do not hold Singapore citizenship status, it is my/our sole responsibility to ensure that, by completing and submitting this proposal, I/we will not breach or violate any of the applicable local laws and regulations of the jurisdiction of the country of my/our nationality (the "Applicable Local Laws"). I/We hereby fully indemnify and hold harmless Prudential and its officers, employees and agents against all losses, damages, civil penalties and expenses (including but not limited to legal expenses on a solicitor-client basis) that may be suffered by any of them in connection with any breach or violation on my/our part of the Applicable Local Laws.
- 4) I/We hereby consent that the above stated Financial Consultant becomes my/our Servicing Agent (if applicable) for this policy. I/we am/are also agreeable to the release of policy information under the policy to the Financial Consultant.
- 5) I/We declare that I/we am/are not an undischarged bankrupt and that I/we have committed no act of bankruptcy within the last twelve months and that no receiving order or adjudication in bankruptcy has been made against me/us during that period.
- 6) I/We expressly authorise and consent to Prudential, its officers, employees and representatives collecting and using, at their sole discretion, any and all information relating to me/us, including my/our personal particulars, my/our transactions and dealings and my/our policy or policies of insurance with Prudential, and disclosing such information to any of the following persons, whether in Singapore or elsewhere:
 - (a) Prudential's holding companies, branches, representative offices, subsidiaries, related corporations or affiliates;
 - (b) any of Prudential's contractors or third party service providers or distribution partners or professional advisers or agents;
 - (c) any regulatory, supervisory or other authority, court of law, tribunal or person, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice;
 - (d) any actual or potential assignee(s) or transferee(s) of any rights and obligations of Prudential under or relating to my/our policy or policies for any purpose connected with the proposed assignment or transfer; and
 - (e) any credit bureau, insurer or financial adviser,for the purposes of underwriting, customer servicing, statistical analysis, investigation of Prudential's representatives and monitoring undesirable sales practice.
- 7) I/We declare that the agent/sales staff have advised me/us that:

An Integrated Shield Plan comprises two parts- a MediShield Life portion provided by the Central Provident Fund Board (CPFB) and an additional private insurance coverage provided by the Insurance Company. As Integrated Shield Plan premiums are higher than MediShield Life premiums, there should be sufficient monies in my/our Medisave account(s) or I/we should have enough cash to pay for MediShield Life premiums on an ongoing basis before I/we consider purchasing an Integrated Shield Plan.
- 8) I/We understand that the existing payment arrangement will apply for subsequent premium payments.
- 9) Where either:
 - (a) premium payment is to be made from my Medisave account or
 - (b) in the event of unsuccessful renewal deduction from my child/ward's Medisave account, if premium payment was intended to be made from my child/ward's Medisave account;

I/We authorise the Central Provident Fund Board (the "CPFB") to deduct premium(s) due for the Life/Lives to be Insured as named under this application (the "Life/Lives to be Insured") from my/our Medisave account (including any new Medisave account(s) which I/we may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act (Chapter 36), the MediShield Life Scheme Act (Act No. 4 of 2015) and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPFB from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).

I authorise the CPFB to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued following this application. Such information includes but is not limited to:

 - (a) payment and amount of premiums due, including the deduction of premiums from my/our Medisave account and my/our Medisave account balance;
 - (b) the making of refunds under the PMIS, as the CPFB shall reasonably consider appropriate; and
 - (c) the amount of premium subsidies for the Life/Lives to be Insured and the amount of additional premium applicable to the Life/Lives to be Insured.
- 10) Where premium payment is to be made from my child/ward's Medisave Account, as indicated in this form, then I, the Proposer,
 - (a) on behalf of my child/ward, hereby authorise the CPFB to deduct from my child/ward's Medisave Account, the whole or part of the premium due for this application, in accordance with the provisions of the Central Provident Fund Act (Chapter 36), the MediShield Life Scheme Act (Act No.4 of 2015) and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPFB from time to time;
 - (b) hereby confirm that I have received the notification letter confirming the successful grant deposited into my child/ward's Medisave Account; and
 - (c) agree to be the backup payer in the event of any unsuccessful renewal deduction from my child/ward's Medisave Account (unless otherwise stated).
- 11) I/We am/are aware that I can seek advice from a Financial Consultant before I/we sign this form. Should I/we choose not to, I/we take sole responsibility to ensure that this product is appropriate for my/our financial needs and insurance objectives.

Signature of Policyowner/Payer

Date:

Signature of Financial Consultant (Witness)

Date:

PRODUCT SUMMARY COVER PAGE: PRUSHield/PRUExtra Change of Plan (Upgrade/downgrade)

The following Product Summary(ies) is/are for information only and shall not constitute a contract of insurance. The Product Summary(ies) is/are a simplified description of the key product features. Please refer to the exact terms and conditions, specific details and exclusions applicable to this (these) insurance product(s) in the policy documents that can be obtained from your Prudential Financial Consultant.

Details of Product Provider:

Prudential Assurance Company Singapore (Pte) Limited ("Prudential Singapore"), 30 Cecil Street, #30-01 Prudential Tower, Singapore 049712 Tel: 1800-3330 333 is the product provider. The Prudential Financial Consultant shall explain to you that Prudential Singapore is responsible for the product features and contractual provisions.

Plan Types:

The following product summaries are attached:

- PRUSHield Premier and PRUSHield Plus
- PRUSHield Standard Plan
- PRUExtra Plus CoPay, PRUExtra Plus Lite CoPay
- PRUExtra Premier CoPay, PRUExtra Preferred CoPay and PRUExtra Premier Lite CoPay
- PRUExtra Plus*
- PRUExtra Lite* (PRUExtra Premier Lite and PRUExtra Plus Lite)

* Only applicable for downgrades from a PRUExtra Premier, PRUExtra Plus or PRUExtra Premier Lite plan (purchased before 8 March 2018).

You, the Policyowner have read and acknowledged the receipt of all the pages of the Product Summary(ies). The contents have been explained to your satisfaction.