
3. Non-Forfeiture Provisions Request

Unless indicated otherwise, changes to the non-forfeiture provisions will be effective on the policy's monthly anniversary date closest to the date this form was received in good order.

- Extended Term Insurance
- Reduced Paid-Up Insurance

Any policy loan will be paid off from the cash value.

Note: For Paid-Up Amount other than provided under non-forfeiture provisions, please complete Policy Change Application, MPS-1 (Change Application Individual Life Insurance - Part I) and Part II (*Enclose Policy with this Request*).

4. Request to Cancel Rider (*Enclose Policy with this Request*)

Unless indicated otherwise, the cancellation of the rider will be effective on the policy's monthly anniversary date closest to the date this form was received in good order.

Rider (name): _____

Rider (name): _____

Rider (name): _____

5. Other Financial Transactions

I apply for:

- Full amount deposit
- \$ _____
- Paid-Up Additions

The funds are to be applied as follows:

- Issue check to Owner
 - Pay premium due
 - Reduce or repay policy loan
 - Other (specify): _____
-

Transamerica Life (Bermuda) Ltd. ("The Company")

Signed at: _____ on _____
City, Country Date (mm/dd/yyyy)

Owner's Daytime Phone No.

Owner's NRIC/Passport No.

Signature of Owner (include Title, if Corporation or Trust)

Witness to Signature of Owner

Address of Owner

Address of Witness

Signature of Irrevocable Beneficiary (if applicable)

Witness to Signature of Irrevocable Beneficiary (if applicable)

Address of Irrevocable Beneficiary (if applicable)

Address of Witness

Collateral Assignee (if any) Name & Title

CORPORATION IS THE OWNER: One officer other than the Insured or Owner must sign below the name of the corporation. The officer's title (President, General Manager, Vice President, Secretary or Assistant Secretary) and company stamp must follow the signature. A corporate resolution is required to support any signature. A beneficiary change to someone other than the corporation requires the signature of two authorized officers, other than the Insured, or a corporate resolution.

Servicing Solicitor Information

Solicitor: _____ Producer ID (Solicitor): _____

Solicitor: _____ Producer ID (Solicitor): _____

Enclosed is Policy Check for \$ _____

Mail Reply to: Agency Policy Owner

General Notices

I understand that the Company makes no representations and assumes no liability for the tax implications, if any, of this transaction.

The Company does not offer tax or legal advice. Because tax laws are subject to change and different interpretations, we recommend that you seek counsel from a qualified tax advisor.