



Transamerica Life (Bermuda) Ltd.
 Singapore Branch Office
 1 Finlayson Green
 #13-00
 Singapore 049246
 Co. Reg. No. F 06768D

Request to Change Planned Periodic Premium

Insured's Name: _____ Policy No.: _____

Owner's Name: _____

New Premium Payment Mode

- | | | |
|---|--|---|
| <input type="checkbox"/> Annually (DC) | <input type="checkbox"/> Quarterly (DC) (if available) | <input type="checkbox"/> Quarterly-(PAC) (if available) |
| <input type="checkbox"/> Semi-Annually (DC) | <input type="checkbox"/> Monthly (DC) (if available) | <input type="checkbox"/> Monthly-(PAC) (if available) |

New premium amount US\$ _____, New Billings to begin _____
Date (mm/dd/yyyy)

New premium must not be lower than the Required Annual Premium (RAP) or Minimum Required Premium (MRP) of the contract, if applicable. Withdrawals for authorized checking need to be on or before the premium due date.

If this request is to change the payment of the initial premium, the undersigned acknowledges that no payment has been made in excess of the new premium.

Amount paid with this request: US\$ _____

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

 Signature of Owner

Servicing Producer Information

Solicitor's Name _____ Producer ID (Solicitor) _____

(Send completed form to Singapore Branch Office)

