



INVESTMENT TRANSACTION SERVICE FORM
For Global Savings/Investment Plans

Policy No.

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Important Notes :

- You are to disclose in this application form fully and faithfully, all the facts which you know or ought to know, otherwise, nothing may be payable under the Policy
- Please read the useful and important information on the next page before completing

1) Fund Switch

(i) Funds to be redeemed/switched out

	Fund Code		Percentage %
_____	(_____)	Fund	_____
_____	(_____)	Fund	_____
_____	(_____)	Fund	_____
_____	(_____)	Fund	_____
_____	(_____)	Fund	_____

(ii) Funds to be subscribed/switched into

_____	(_____)	Fund	_____
_____	(_____)	Fund	_____
_____	(_____)	Fund	_____
_____	(_____)	Fund	_____
_____	(_____)	Fund	_____

Total 100%

2) Premium Redirection for Future Renewal Premiums (For regular premium plans only)

Funds to be allocated	Fund Code		Percentage %
_____	(_____)	Fund	_____
_____	(_____)	Fund	_____
_____	(_____)	Fund	_____
_____	(_____)	Fund	_____
_____	(_____)	Fund	_____

Total 100%

3) Change of Regular Premium (For regular premium plans only)

Increase / Reduce* Premium Amount (in contract currency) from _____ to _____

* Please delete accordingly.

4) Apply for Premium Holiday (For regular premium plans only)

Commence Premium Holiday

Cease Premium Holiday



Useful & Important Information

General

1. The application will be processed upon receipt of this request and other documentation or written information as the Company may require (including the delivery of the Policy if required).
2. Please complete one form per Policy.
3. Signature of Trustee(s) will be required if Policy is written under Section 73 of the Conveyancing and Law of Property Act (CPLA), or under trust.
4. Please sign according to the signature on the Application Form.

Fund Switch

1. Switching out is subject to the minimum switch per fund. There are 10 free switches per policy year. Subsequent switches will be charged accordingly to the policy contract provision.
2. Units will be sold and replaced based on the Bid price of the respective Funds on the next appropriate Fund Valuation Date following the date the Units are cancelled. Please note that the fund valuation date may vary with different fund houses.

Premium Redirection of Future Renewal Premium

1. Premium redirection will be effected from the next premium due date.

Change of Regular Premium

1. The increase in Regular Premium or Reduced Regular Premium must meet the minimum premium amount stated in the policy contract provision.
2. Unless specified in part (2), the current premium allocation of unit will remain unchanged.

Premium Holiday

1. Premium Holiday will commence on next premium due date and after the Initial Contribution Period.
2. For cessation of Premium Holiday, please submit payment of all outstanding Regular Premiums.

Declaration

I declare that no material facts, that is, any fact likely to influence the assessment and acceptance of this application have been withheld and to the best of my knowledge and belief, the information furnished is true and complete. A photographic copy of this authorisation shall be as valid as the original.

I further declare I am not an undischarged bankrupt and I have committed no act of bankruptcy within the last twelve months and no bankruptcy order has been made against me during that period.

I authorise National General Insurance Co. (PSC) to act upon instructions given by facsimile or by electronic means with regard to the Units subscribed for (and any further Units purchased) or any matter in connection with them or any of them without liability in respect of any transfer, payment or any other act done according to such instructions and notwithstanding that it shall be shown the same was not signed or sent by me. I agree to indemnify National General Insurance Co. (PSC) in respect of any loss arising in respect of acting on instructions given by facsimile or by electronic means or a decision not to act on the basis of such instructions or for any loss arising from the non-receipt of such instructions. I am aware that insurance is a long term financial commitment and I am aware that I can seek advice from a licensed Financial Advisor before I sign this application.

Should I choose not to, I take sole responsibility to ensure that this application is appropriate to meet my financial needs and insurance objectives.

If a material fact is not disclosed in this application, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Advisor but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Signature of Policyholder / Life Assured

Name: _____

Passport / Identity No.: _____

Date: _____

Signature of Joint Policyholder / Joint Life Assured

Name: _____

Passport / Identity No.: _____

Date: _____

Signature of Trustee / Assignee

Name: _____

Passport / Identity No.: _____

Date: _____

Signature of Trustee

Name: _____

Passport / Identity No.: _____

Date: _____