



REPLACEMENT OF CERTIFICATE (ROC) APPEAL FORM

Certificate Details:

New Certificate No.: _____
Existing Certificate No.: _____
Replacement Type: _____

Person Covered
Name: _____
NRIC No.: _____
Our Ref.: _____

Please answer all questions and provide reasons / supporting documents, if any.
(Please tick (✓) in the box where appropriate)

- What was the Certificate Holder's objective when participating in the Existing Certificate?
 - Protecting the family against death, emergency and himself/herself against disability and critical illness
 - Provisions for children's education
 - Security in retirement
 - Regular savings for the future
 - Lump sum investment

2. What was the reason(s) for lapsing, surrendering, cancelling or expiring the Existing Certificate?

3. Can the existing certificate be reinstated? Yes No

Please give justification for not reinstating the Existing Certificate:

4. What was the Certificate Holder's objective in participating in the New Certificate?

5. Please provide other justifications/documents to support this appeal, if any.

Certificate Details:

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Existing Certificate No.: _____

Replacement Type: _____

Person Covered

Name: _____

NRIC No: _____

Our Ref.: _____

CERTIFICATE HOLDER'S DECLARATION

I hereby declared that I have reviewed this ROC Appeal form and to my best belief and knowledge, the advice and recommendation given by the Life Planner is sound and appropriate. I confirm that I am aware of the disadvantages of replacing my Existing Certificate with a new one and the replacement was done in the best interest of my/my family's needs and decision has been made by me in utmost good faith without any undue influence from any parties.

Signature of Certificate Holder

Name :

NRIC No. :

Date :

*Certificate Holder's signature must match with the signature in with New Certificate.

LIFE PLANNER'S DECLARATION

I hereby declared that the above is true to the best of my knowledge. The above analysis/advice is based on the facts furnished in this Appeal Form. I have taken reasonable steps to ensure that the advice is suitable for the Certificate Holder, having regard to the facts disclosed and other relevant facts of which I should reasonably be aware of. I have also explained to the Certificate Holder about the features of the New Certificate and have given sufficient information to enable the Certificate Holder to make an informed decision.

Signature of Life Planner

Name :

Life Planner Code :

Unit/ Agency/ Region :

Date :

Note:

Please provide any documents in support of your appeal.