



Plan Number

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**C. Change of Financial Adviser**

I would like to change my Financial Adviser

Name of Financial Adviser			
Name of Company			
Mobile Number		RNF Number	

**D. Politically Exposed Person (PEP) Declaration**

A Politically Exposed Person (PEP) is a natural person who is, or has been entrusted with prominent public functions whether in Singapore, a foreign country or an international organisation. Prominent public function includes the roles held by head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state-owned corporations, senior political party officials, members of the legislature, and senior management of international organisations.

If you, or any of the beneficiaries, are a PEP or a family member\* or close associate\*\* of a PEP\*, you must disclose this information.

\* A "family member" means a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of the PEP.

\*\* A "close associate" means a natural person who is closely connected to a PEP, either socially or professionally.

Name of PEP	
Title of PEP	
Name of person related to PEP	
Relationship to PEP	

**E. Personal Data Use Statement**

Marketing Consent

I hereby consent to Metis SG (including Representatives of Metis SG) and their service providers to contact me (even though my telephone numbers) are already registered or may be registered on the National Do Not Call Registry, by way of:

Voice Call     Mail/Email/Any other avenues of marketing activities     SMS

for marketing purposes and provide me/us with marketing, advertising and promotional information, materials and/or documents relating to products and services marketed by Metis SG or its related companies.

I do not wish to receive marketing updates/information about products and services distributed, marketed and/or introduced by Metis SG and its authorised representatives

**F. Change of Signature**

New Signature Specimen

Please sign below:

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**G. Others**

Please specify any other personal information that you would like the change.

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**Plan Number**

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Full Name of Applicant  
(As in NRIC/FIN/Passport including any alias and other names)

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Signature

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Date

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