

REPLACEMENT POLICY ADVICE RECORD

(To be completed in consultation with your representative – please note that this does not serve as a cancellation of the replaced policy; you must advise the insurer in writing about cancellation of a policy.)

Name and surname of policyholder	
ID no. of policyholder (or registration number in the case of juristic persons)	
Name and surname of representative	
Full name of FSP (brokerage or insurer)	
FSP Number	

New policy

Type of policy (please tick)	Policy or application number	Insurer
Investment Risk		
Investment Risk		
Investment Risk		

Policy being replaced

Type of policy (please tick)	Policy or application number	Insurer
Investment Risk		
Investment Risk		
Investment Risk		

1. Reasons why replacement may not be advisable

If you do replace any policy, we want to ensure that you make an informed choice. Please mark with an 'X' in each block below to indicate that the following information has been carefully discussed with you by your representative:

- ☐ You will **pay some charges and fees twice** (e.g. commission, underwriting expenses and other initial charges levied by the insurer) – initially on the existing policy and once again on the new policy.
- ☐ You may **pay higher premiums** for risk (or a bigger part of the premium) on the new policy because you are older now or your health situation may have changed.
- ☐ Your new policy may not have the same **life cover or premium** guarantees as the existing policy. Check the period for which the life cover or other cover amounts are guaranteed before the insurer is entitled to change your premiums or reduce or remove cover.
- ☐ Your new policy may not have the same **investment performance guarantees** as the existing policy (if applicable).
- ☐ Your new policy may have **more exclusions, restrictions or waiting periods** particularly if your health has deteriorated.
- ☐ You may **lose the tax advantage** of your existing policy (if applicable).
- ☐ The amount of money that you can withdraw under the new policy may be less (if applicable). A new policy will usually have legal restrictions on access within the first five years.
- ☐ The surrender value or paid up value of your existing policy may be as low as 60% of the policy value before the change, and could be even less than premiums paid in since **unrecovered initial expenses** must first be deducted. Check what charges you will be paying on termination of the old policy and see whether the advantages of the new policy will make up for any such charges.
- ☐ The investment risk under the new policy may be higher. Remember that the past performance of a fund or asset manager of a fund is not necessarily an indication of future performance.
- ☐ The representative informed you **whether the existing/terminated policy could be amended** to provide similar benefits to the replacement policy.
- ☐ If such amendment is/was possible, your representative discussed with you **why it is appropriate that the terminated policy be replaced** by the replacement policy necessarily an indication of future performance.

2. To be completed if the new business was effected via electronic business:

Was the replacement policy effected as a result of the internet telephone direct marketing

2.1 Please indicate the date, time of the phone call/negotiation and (if applicable) reference number:

Date - - Time : Ref no.

2.2 There may be more factors regarding replacements that could influence your decision.

Do you require any further advice? Yes No

3. Declaration

(Signatures compulsory unless the replacement policy was effected as a result of the internet, telephone or direct marketing.)

Representative

I confirm that I have taken all reasonable steps to confirm that the information in this Replacement Policy Advice Record (RPAR) is true and correct. I confirm that in pursuance of my advice to the policyholder to replace the policy(ies) mentioned in the RPAR. I have fully discharged my duties as set out in section 8 (d) of the General Code of Conduct for Authorised Financial Services Providers and their Representatives (the Code) and have retained a record of such advice as required by section 3 of the said Code.

Name

SignatureDate - - **Policyholder**

I confirm that the representative has fully explained the consequences of the replacement of the policy(ies) mentioned in this Replacement Policy Advice Record and I understand the consequences of such replacement(s).

Name

Contact telephone number and/or e-mail address

SignatureDate - -