ABSOLUTE ASSIGNMENT FORM (ASSIGNOR TO SINGLE ASSIGNEE WHO IS AN INDIVIDUAL)





| Po | olicy Number |
|----|---|
| lm | portant Notes: |
| 1. | Both Assignor and Assignee must complete this agreement and submit it together with the mandatory documents listed in the Checklist for Additional Documents Required for Assignment. |
| 2. | Assignor and Assignee must be at least 18 years old and witnessed by 2 witnesses who must be 21 years old at the time this form is completed. |
| 3. | This document is for the convenience of the Assignor in assigning his or her policy. Singapore Life Ltd. does not accept any responsibility for the use of this form. If in doubt, independent advice from a lawyer should be sought. |
| 4. | The following policies may not be assigned: |
| | |

- (a) policy that is not inforce.
- (b) policies purchased with funds from Central Provident Fund contribution pursuant to the Central Provident Fund Investment Scheme (CPFIS).
- (c) policies subject to trust under any Trust or Irrevocable Nomination.
- (d) policies pledged in connection with the Home Protection Scheme (HPS) exemption.
- (e) policies with rider(s) insuring Assignor (Policy Owner) unless rider(s) are terminated before assignment.
- (f) policies purchased with funds from Supplementary Retirement Scheme (SRS)
- 5. If the Assignor/Assignee/Witness fills up the form incorrectly, the person correcting his or her details must countersign any amendment made in this form.

| SECTION A: ASSIGNMENT AGREEMENT | | | |
|---|---|--|--|
| This assignment agreement (this 'Agreement') is made on in Singapore, by and between: | | | |
| The Assignor (Policy Owner) | | | |
| Name | | NRIC/Passport No./ UEN No. | |
| Address | | Postal Code | |
| | | Country | |
| The Assignee | | | |
| Name | | NRIC/Passport No. | |
| Address | | Postal Code | |
| | | Country | |
| Email | | Mobile Number | |
| Nationality | | Relationship to Policy Owner | |
| Country of Residence | | Date of Birth | |
| Gender Male Female | | | |
| Now this Agreement wit | nesseth as follows: | | |
| The Assignor assi the survivor of the | ns the following policy and all monies, rn and to his/her executors, administrato | eceivable hereunder and all benefits secured thereby to the Assignee and to rs and assigns absolutely: | |
| Singapore Life Ltd Policy No. | Life A | ssured | |

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The Assignor and Assignee hereby represent and warrant that:

1. Not voiding a policy.

The Assignor has not and will not do or knowingly cause anything to be done which may render the Policy void or voidable or prevent the Assignee from receiving or be deprived of the right to receive the moneys assured or to become payable under the Policy; with effect from the date of the assignment, a receipt signed by the Assignee shall fully discharge Singapore Life Ltd. from its liabilities and obligations under the Policy in respect of which the receipt is given.

Bind and inure.

The Assignor agrees that this absolute assignment shall be binding on and inure to the benefit of the Assignee, his or her successor(s), assigns and personal representative(s).

3 Free and clear

The Assignor warrants that the rights and benefits assigned under Assignment are free and clear of any liens, encumbrances, adverse claims or interests. The Assignor confirms that any prior nomination made on the Policy has been duly revoked.

4. Legal rights.

The Assignor warrants to have full rights and full warranty to make this assignment and transfer. The Assignor agrees that subject to applicable laws and the terms of the Policy, the Assignee shall have the sole right to own, surrender and exercise any and all options under the Policy including, the right to receive all proceeds payable under the Policy.

Capacity

Both the Assignor and Assignee are age 18 and above.

Bankruptcy.

Individual Assignee warrants he or she is not an undischarged bankrupt and no bankruptcy application (including any statutory demand) or order has been made against the Assignee within the last twelve (12) months.

7. Prohibited Person.

The Assignee understands and agrees that Singapore Life Ltd. is entitled not to accept or process this application should a person connected with the relevant Policy be found to be a Prohibited Person. A Prohibited Person means a person or entity (including any director or direct/ indirect shareholder or person having executive authority or natural persons appointed to act on your behalf, beneficiaries, or your beneficial owners or beneficiaries' beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting Singapore Life Ltd. from providing insurance coverage, transaction business with or otherwise offering any economic benefits to any other beneficiaries or assignees under the relevant Policy. The decision of Singapore Life Ltd. shall be final. The Assignee further agrees that in the event that Singapore Life Ltd. becomes aware subsequently that a person connected with the relevant Policy has become a Prohibited Person, Singapore Life Ltd. may block and/or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. As an ongoing obligation, the Assignee will immediately inform Singapore Life Ltd. if there are any changes to the identities, status/constitution/ establishment, particulars and identification documents of these persons. If an application is accepted or processed by Singapore Life Ltd. despite a person connected with the relevant Policy being a Prohibited Person, Singapore Life Ltd. shall be entitled to block/or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.

8. United States person status.

The Assignee agrees to notify Singapore Life Ltd. within 30 days of my/our United States Person status changing for the purposes of United States federal income tax.

9. Illegal funds.

The Assignee declares that the funds for payment of premium is not the proceeds of crime, money laundering and not intended to facilitate terrorist activities.

10. Tax Compliant

Any funds placed by the Assignee with Singapore Life Ltd., and any profits that he or she generate, are compliant with tax laws of the countries where the Assignee lives or which the Assignee is subject to.

11. Additional information.

The Assignee understands that Singapore Life Ltd. may reasonably request for additional information or seek clarification when required by regulations.

12. Trust Nomination.

The Assignee confirms that any nomination made on the Policy has been duly revoked.

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| 13. | Governing Law. This Agreement is governed by the laws of Singapore. | | | | |
|-----|---|---|--|--|--|
| 14. | Marketing Consent. Let's stay in touch - on your terms (Assignee) Experience better ways to financial freedom with our exclusive offetell us if you're interested and update your preference anytime. | ers and news via email, mail, calls and messaging platforms. Simply | | | |
| | Yes please, I want to hear about offers and news just for me. | No thanks, I don't want to hear about offers and news just for me. | | | |
| | Update your preference anytime, anywhere at MySinglife (www.sin | glife.com/mysinglife) or contact Singlife at +65 6827 9933. | | | |
| 15. | the following purposes: | and/or disclosing my/our personal data (contained in this form) for | | | |
| | policy(ies), account(s) and/or managing my/our relationship of or statistical, research, audit, compliance and regulatory pur where applicable, to provide the Assignee with information all | | | | |
| | and services (including marketing offers and promotions). | | | | |
| | | personal data to Singlife related group of companies, third party ding my/our financial advisers, where applicable), whether located | | | |
| | Where applicable, I/we confirm that for the personal data of other individuals (contained in this form) that I/we have disclosed to Singlife, that I/we have prior to disclosing such personal data to Singlife, obtained the appropriate consent from the individual(s) to: permit me to collect, use and/or disclose the individual(s)'s personal data to Singlife for the above purposes; permit Singlife to collect, use and/or disclose the individual(s)'s personal data for the above purposes; and permit Singlife to disclose and/or transfer the individual(s)'s personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable), whether located in Singapore and/or elsewhere, for the above purposes. | | | | |
| | found on https://singlife.com/en/pdpa) as may be amended, supple that I/we am/are aware that the latest version of such terms (ame Singlife's website and such version shall bind me/us upon posting a | and by the terms of Singlife's Data Protection Notice (which may be mented and/or substituted by Singlife from time to time, and confirm ended, supplemented and/or substituted version) will be posted on and/or where I/we continue to use the relevant products and services thdraw my/our consent or revoke the assignment as indicated here. | | | |
| 16. | US Person Declaration. | | | | |
| | The Assignee is not a US Person nor acting on behalf of a cor | ntrolling person who is a US Person. | | | |
| | The Assignee is a US Person. (Please submit the US IRS W-9 | form to us for each person.) | | | |
| | IN WITNESS whereof the parties hereto have duly executed this A | greement on the date first above written. | | | |
| | | | | | |
| | | | | | |
| | N | | | | |
| | Signature of Assignor / Policy Owner or authorised signatory(ies) and Company Stamp if applicable) | Signature of Assignee | | | |
| 1 | Name | Name | | | |
| [| Designation | NRIC/Passport No./UEN No. | | | |
| 1 | NRIC/Passport No./UEN No. | // | | | |
| | Date (DD / MM / YYYY) | Date (DD / MM / YYYY) | | | |

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Note: Mobile number and email address provided above will replace our records accordingly.

SECTION B: NOTICE OF ASSIGNMENT

To: Singapore Life Ltd., Policy Servicing Department

I/We hereby give you notice of the absolute assignment of the above Policy issued by Singapore Life Ltd. ("Singlife").

I/We hereby acknowledge that the date of the assignment shall be the date as specified next to the Policy Owner/Assignor's signature as attached.

I/We hereby hold Singlife free of any liability or responsibility for any payments made to the Assignor and carrying out its other obligations to the Assignor prior to the receipt of this Notice of Assignment.

I/We understand that Singlife is not a party of this assignment, and assumes no responsibility for the validity or legality of the assignment.

Yours Sincerely,

| | Name |
|-----------------------|-----------------------|
| | NRIC/Passport No. |
| Signature of Assignee | Date (DD / MM / YYYY) |

SECTION C: SIGNATURE AND PARTICULARS OF WITNESSES

I confirm that this form was completed and signed in my presence.

I consent to Singapore Life Ltd ("Singlife") collecting, using and disclosing my personal data for the following purposes:

- (i) for administering the above transaction, and
- (ii) for statistical, research, compliance, audit and regulatory purposes.

I also consent to Singlife disclosing and/or transferring my personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my financial adviser, where applicable) whether located in Singapore or elsewhere, for the above purposes.

Witnessed by:

| O' | O' and an extension for A and a second |
|--|--|
| Signature of Witness for Assignor (must be age 21 and above) | Signature of Witness for Assignee (must be age 21 and above) |
| Name | Name |
| NRIC/Passport No. | NRIC/Passport No. |
| | |
| Mobile Number | Mobile Number |
| | |
| | |
| Date (DD / MM / YYYY) | Date (DD / MM / YYYY) |

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SECTION D: DECLARATION & AUTHORISATION

PART 1: DECLARATION OF POLITICALLY EXPOSED PERSON[^] ("PEP")

| | Yes | es No | If Yes, please provide the following details | | | |
|--|-----|-------|--|-----------------|-----------------------|--|
| | | | Name of PEP | Exact Role Held | Relationship with PEP | |
| The Assignee is a PEP. | | | | | | |
| The Assignee is a close associate [^] of a PEP. | | | | | | |

If you are a PEP or you are related to a PEP, please complete B66 - Enhanced Customer Due Diligence Questionnaire.

- ^ Politically Exposed Person (PEP) is an individual who is or has been entrusted with prominent public functions whether in Singapore or a foreign country. Prominent public function as defined in "MAS Notice 314 Prevention of Money Laundering and Countering the Financing of Terrorism" 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.
- ^^ Close associate means a natural person who is either a family member or closely connected to a politically exposed person, either socially or professionally. Family member means a parent, stepparent, child, stepchild, adopted child, spouse, sibling, stepsibling and adopted sibling of the politically exposed person.

PART 2: CUSTOMER DUE DILIGENCE ON ASSIGNEE

PART 2A: INFORMATION ON ASSIGNEE

Important Notes:

As part of the Customer Due Diligence measure in accordance with MAS 314, we would require the customer to provide full details in the origin of funds you are using to pay the premiums. Documentary evidence may be required in some cases. We do advise you to read through the following sections carefully and seek assistance from your legal advisor / financial adviser / representative on filling up the form. Any information given by the legal advisor / financial ad

| Reason for assignment (tick one only): | | | | | | |
|--|---|--|--|--|--|--|
| Gift | Sale Others (please specify): | | | | | |
| Financial Backgroun | Financial Background: | | | | | |
| Employment Status | Employed Self-Employed Unemployed / Retired | | | | | |
| Annual Income | | | | | | |
| Occupation | Exact duties | | | | | |
| Name of Employer | | | | | | |

Are you a member of senior management (with executive rights to make/influence financial decisions) or working as a dealer/trader/counter staff/casino dealer/debt collector in the following industries?

- a. Casino or other types of gaming or gambling operations
- b. Precious metals or precious stones
- c. Money Services Business (excluding banks) including Moneylenders, Pawnbrokers, Money-Changing, Credit Loans, Remittance etc.
- d. Oil or Petroleum Industry
- e. Virtual/Digital Currencies

Yes No

Nature of Business

If answer is Yes, please complete and submit the B66 - Enhanced Customer Due Diligence Questionaire.

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| PART 2B: ASSIGNEE'S SOUR | CE OF WEALTH AND | SOURCE OF F | UNDS | |
|--|---|---|----------------------|---|
| Source of Wealth Where your wealth is derived from. | Employment/Trac | | Rental income | Investment Income |
| Source of Funds Origin of the funds used to pay premiums. Employment/Trade income Sales of property Savings Maturity or Surrender of Policy Others, please specify | | | | |
| PART 2C: DECLARATION OF U | JS INDICIA | | | |
| | Д | ssignee | | |
| Do you have one or more US Indicia | *? | | | Yes No |
| Do you give standing instructions to | transfer funds to an accour | nt maintained in the l | JS? | Yes No |
| Do you give effective power of attorn | ey or signatory granted to | a person with a US a | address? | Yes No |
| If you have ticked 'yes', please cor www.singlife.com/en/fatca and retu | | of America (US) Per | rson Declaration fo | orm that is available at |
| * US Resident / Citizen / Place of Birth / | Taxpayer ID number / Mailing | or Residential Addres | s / Contact Number / | US "in-care-of" or "hold mail" address |
| PART 2D: DECLARATION OF T | AX RESIDENCY UN | DER THE COMI | MON REPORTI | ING STANDARD (CRS) |
| | A | ssignee | | |
| Are you a tax resident of Singapore | ore? | | | |
| Yes, I am solely a tax reside If your TIN is not your NRIC | | ot have a foreign tax | residency. My Sing | gapore TIN is my NRIC/FIN. |
| No, I am currently a tax resi details below): | dent in the following list of | countries/jurisdictio | ns (include Singap | ore if applicable and provide |
| | | not available, please easons A, B or C | | selected, please explain are unable to obtain a TIN |
| | A | В С | | |
| | A | В С | | |
| | A | В С | | |
| Reason A: The country does not issue TINs to its residents. | | | | |
| Reason B: Unable to obtain TIN or e | Reason B: Unable to obtain TIN or equivalent number. Please tell us why in the box below: | | | |
| | Reason C: TIN is not required. (to be selected only if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction). | | | |

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PART 2D: DECLARATION OF TAX RESIDENCY UNDER THE COMMON REPORTING STANDARD (CRS) (contd)

| Assignee | | | | |
|--|--|--|--|--|
| If your residency address, correspondence address or contact number is different from your country(ies) of tax residence, please select (tick) a reason that applies and submit relevant supporting documents: | | | | |
| I am currently working in country of residence for less than 6 months. | | | | |
| I am on cultural/education exchange program. | I am on cultural/education exchange program. | | | |
| I travel regularly between jurisdictions for home and work. | | | | |
| I am a student at an educational institution. | | | | |
| Others (please elaborate): | | | | |
| | | | | |
| | Name | | | |
| | NRIC/Passport No. | | | |
| Signature of Assignee | Date (DD / MM / YYYY) | | | |

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CHECKLIST OF ADDITIONAL DOCUMENTS REQUIRED FOR ASSIGNEE WHO IS AN INDIVIDUAL

| Singaporean/ Singapore Permanent Resident | A copy of the front and back of Singapore Identification card W8-BEN or W9 - Please complete the correct form (not applicable for term plan) B66 - Enhanced Customer Due Diligence Questionnaire (if applicable) Acknowledgement of Indebtedness Form (if applicable) |
|--|---|
| Other Singapore residents with valid Singapore pass | A copy of the front and back of Employment Pass, Dependent Pass, Long-Term Visit Pass A copy of passport (not less than 6 months to expiry) Proof of address dated within 6 months. E.g.: credit card bills, utility bills, etc. W8-BEN or W9 - Please complete the correct form (not applicable for term plan) B66 - Enhanced Customer Due Diligence Questionnaire (if applicable) Acknowledgement of Indebtedness Form (if applicable) |
| Foreigners | A copy of passport (not less than 6 months to expiry) Proof of address dated within 6 months. E.g. credit card bills, utility bills, etc. W8-BEN or W9 - Please complete the correct form (not applicable for term plan) B66 - Enhanced Customer Due Diligence Questionnaire (if applicable) Acknowledgement of Indebtedness Form (if applicable) |

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