POLICY SERVICING HEALTH DECLARATION FOR LIFE PRODUCTS

* P O L C H G *

Singlife

Important Notes:
Pursuant to Section 23(5) of the Insurance Act 1966, you are to disclose in this application form fully and faithfully all facts which you know or ought to know, otherwise the insurance effected may be void. 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 licensed Financial Adviser Representative but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Regulations based on the Singapore Income Tax Act 1947, Foreign Account Tax Compliance Act ("FATCA"), OECD Common Reporting Standard for Common Exchange of Financial Account Information ("CRS") require Singapore Life Ltd. ("Singlife") to collect certain information about an Account Holder's tax residence. We may be legally obliged to give the Inland Revenue Authority of Singapore (IRAS) this information, along with information relating to your policies, which may be shared between different countries' tax authorities.

- For Singlife Disability Income, please complete Section 3,4,5,6,7,8,A,B,C, and Declaration.
- For MyCoreCI Plan and Singlife Essential Critical Illness Care, please complete Section 3,4,5,6,9,A,B,C, and Declaration.
- For Singlife Simple Term, please complete Section 3,6,10,A,B,C, and Declaration.
- For all other plans, please complete Section 3,4,5,6,7,A,B,C, and Declaration.

To help us collect this information, we need you to complete the questions in Section A and Section B in the Declaration portion.

1. YOUR POLICY DETAILS

Policy Number | Plan Name

Name of Assured/Assignee | NRIC/Passport No./Company UEN

Name of Joint Assured/Joint Assignee | NRIC/Passport No.

Name of Life Assured | NRIC/Passport No.

Name of Joint Life Assured | NRIC/Passport No.

2. TYPES OF ALTERATION REQUEST (Please tick (✓) the appropriate box)

1. ☐ Policy Reinstatement
2. ☐ Increase of Sum Assured of Basic Plan/Rider(s)

Basic Plan (Please write in full)	Current Sum Assured (SGD)	New Sum Assured (SGD)

3. ☐ Change of Occupation (Please complete Section 3 and Declaration)
4. ☐ Others, please specify:

3. EMPLOYMENT DETAILS (Applicable to all plans)

DETAILS OF LIFE ASSURED AND/OR JOINT LIFE ASSURED	Assured/Life Assured	Joint Assured/Life Assured
Country of Residence Note: Country of residency refers to country you resided in for more than 183 days in the last 12 months		
Occupation		
Annual Fixed Income (SGD)		
Exact duties with details		
Nature of Business		
Nature of Employer and address		

4. DECLARATION OF EXISTING POLICIES (Applicable to all plans except Singlife Simple Term)

(Please tick (✓) the appropriate box or/and fill in the details)	Assured/ Life Assured		Joint Assured/ Life Assured	
	Yes	No	Yes	No
Do you have life insurance coverage and/or are you also applying for insurance with another insurance company? If 'Yes', please provide the coverage amount in equivalent Singapore dollars below.	☐	☐	☐	☐

	Life (Death)	Total & Permanent Disability	Critical Illness	Personal Accident	Disability Income
Assured/Life Assured					
Joint Assured/Life Assured					

5. LIFESTYLE QUESTIONS (Applicable to all plans except Singlife Simple Term)

(Please tick (✓) the appropriate box or/and fill in the details)	Assured/ Life Assured		Joint Assured/ Life Assured	
	Yes	No	Yes	No
1. In the last 12 months preceding the date of this application, have you been residing in Singapore for more than 183 days?	☐	☐	☐	☐
2. In the last 12 months/next 12 months, have you spent/plan to spend more than 90 days outside of your current country of residence (excluding studies or leisure)?	☐	☐	☐	☐

	Country and city visited	Purpose and frequency of travel	Duration per trip	Travel Period
Assured/Life Assured				
Joint Assured/Life Assured				

5. LIFESTYLE QUESTIONS (cont'd) (Applicable to all plans except Singlife Simple Term)

(Please tick (✓) the appropriate box or/and fill in the details)	Assured/ Life Assured		Joint Assured/ Life Assured	
	Yes	No	Yes	No
3. Think about your hobbies and interests. Do you take part in any of the following or plan to in future? - scuba diving - private flying - motor sports - mountain or rock climbing (excluding artificial wall climbing) - skydiving or parachuting - other extreme or high-risk sports? If 'Yes', please provide the activities and complete Hazardous Pursuits Supplementary Questionnaire (Q39) from our corporate website.	☐	☐	☐	☐

6. GENERAL QUESTIONS (Applicable to all plans)

(Please tick (✓) the appropriate box or/and fill in the details)	Assured/ Life Assured		Joint Assured/ Life Assured	
	Yes	No	Yes	No
1. What is your height and weight? Height (m):				
Weight (kg):				
2. Are you a smoker? If 'Yes', how many sticks of cigarettes do you smoke per day in the last 12 months? (including social smokers, cigar smokers or those who have given up within the last 12 months)	☐	☐	☐	☐
Sticks per day:				

7. HEALTH QUESTIONS
(Applicable to all plans except Singlife Simple Term, MyCoreCI Plan, and Singlife Essential Critical Illness Care)

(Please tick (✓) the appropriate box or/and fill in the details)	Assured/ Life Assured		Joint Assured/ Life Assured	
	Yes	No	Yes	No
1. Many of our customers consume alcohol socially or occasionally. Do you consume alcoholic drinks? If 'Yes', what is the total number of standard alcoholic drinks you drink per week? (1 standard alcoholic drink equates to 330ml beer, 125ml glass of wine or 30ml nip of spirits) Total per week:	☐	☐	☐	☐
2. In the last 10 years, have you: a) received treatment for alcohol dependency; or b) used addictive substances	☐ ☐	☐ ☐	☐ ☐	☐ ☐
3. Please complete this question if you are applying for Life cover greater than S$2,000,000 or Disability Income cover greater than $4,000. Do you have a regular doctor? If 'Yes", please provide details below:	☐	☐	☐	☐

Assured/Life Assured

Name and address of doctor consulted	Reason for consultation	Date of last consultation
		☐ ≤ 12 months ☐ >12 months

Joint Assured/Life Assured

Name and address of doctor consulted	Reason for consultation	Date of last consultation
		☐ ≤ 12 months ☐ >12 months

7. HEALTH QUESTIONS (cont'd)

(Applicable to all plans except Singlife Simple Term, MyCoreCI Plan, and Singlife Essential Critical Illness Care)

(Please tick (✓) the appropriate box or/and fill in the details)	Assured/ Life Assured		Joint Assured/ Life Assured	
	Yes	No	Yes	No
4. Are you (a) A resident in Singapore (Citizen, Permanent Resident, or pass holder with more than 90 days of permitted stay) and have total cover including multiplier benefits (current application plus existing cover with us and other insurers) exceeding - **S$2,000,000 for life cover** or - **S$500,000 critical illness benefit** or - **S$10,000 disability income monthly benefit**, OR	☐	☐	☐	☐
(b) A non-resident in Singapore or here on visit pass?	☐	☐	☐	☐

If 'Yes' to Question 4, please answer the question on **predictive** genetic tests below.
If 'No', you do not need to tell us about your **predictive** genetic test results, unless it is negative and may help your application.

	Predictive Genetic Test	Life Cover	Critical Illness Benefit or Disability Income Benefit
Assured/ Life Assured	Breast cancer (BRCA1)	Not applicable	☐ Not tested before/Not applicable ☐ Result normal/Negative ☐ Result out of range/positive/uncertain
	Breast cancer (BRCA2)		☐ Not tested before/Not applicable ☐ Result normal/Negative ☐ Result out of range/positive/uncertain
	Huntington's disease (HTT)	☐ Not tested before ☐ Test done; please state results and submit a copy of the report: _____	
Joint Assured/ Life Assured	Breast cancer (BRCA1)	Not applicable	☐ Not tested before/Not applicable ☐ Result normal/Negative ☐ Result out of range/positive/uncertain
	Breast cancer (BRCA2)		☐ Not tested before/Not applicable ☐ Result normal/Negative ☐ Result out of range/positive/uncertain
	Huntington's disease (HTT)	☐ Not tested before ☐ Test done; please state results and submit a copy of the report: _____	

7. HEALTH QUESTIONS (cont'd)

(Applicable to all plans except Singlife Simple Term, MyCoreCI Plan, and Singlife Essential Critical Illness Care)

(Please tick (✓) the appropriate box or/and fill in the details)	Assured/ Life Assured		Joint Assured/ Life Assured	
	Yes	No	Yes	No
5. Have you ever had, or undergone medical tests, consultations or treatments for, or are you currently experiencing symptoms related to, any of the following?				
a) Heart attack, coronary artery disease, chest pain, heart valve disorder, irregular heartbeat, or any other heart conditions	☐	☐	☐	☐
b) Stroke, epilepsy, or any other neurological conditions	☐	☐	☐	☐
c) Diabetes or raised blood sugar (indicated as above normal limits in any test results)	☐	☐	☐	☐
d) Thyroid conditions or any other endocrine conditions	☐	☐	☐	☐
e) Cancer (any types or forms)	☐	☐	☐	☐
f) Any type of tumour, lump, cyst, or growth	☐	☐	☐	☐
g) Anxiety disorders, depression, or any other mental health conditions	☐	☐	☐	☐
h) Kidney or liver (e.g., hepatitis B or C) conditions	☐	☐	☐	☐
i) Leukaemia, Lymphoma, or any other blood conditions	☐	☐	☐	☐
j) Systemic Lupus Erythematosus (SLE) or any other autoimmune conditions	☐	☐	☐	☐
k) HIV infection or any other sexually transmitted diseases	☐	☐	☐	☐
6. In the last 5 years, have you had, or undergone medical tests, consultations or treatments for, or are you currently experiencing symptoms related to, any of the following?				
a) High blood pressure or raised cholesterol (indicated as above normal limits in any test results)	☐	☐	☐	☐
b) Asthma or any other respiratory conditions	☐	☐	☐	☐
c) Arthritis, back or neck conditions, joint limitations, or nerve issues (e.g., weakness, numbness, tingling, etc.)	☐	☐	☐	☐
d) Eye or ear conditions (other than those that can be corrected by glasses or lenses e.g., short-/long-sightedness, etc.)	☐	☐	☐	☐
7. Other than conditions stated above, in the last 5 years, have you had:				
a) i. Any biopsies, CT/MRI scans, or scopes; or ii. Any investigations related to the prostate, breasts, ovaries, or uterus?	☐	☐	☐	☐
b) Any test results indicated as abnormal or not within normal limits (e.g., blood or urine examination, ECG, pap smear, mammogram, imaging scans, screening tests, etc.)?	☐	☐	☐	☐
c) Any health conditions which required any of the following? - specialist consultation - hospitalisation for more than 5 days - absence from work or school for more than 10 consecutive days - medication, treatment, or follow-up consultations, over a period of more than 4 weeks	☐	☐	☐	☐
8. Other than conditions stated above, were you, have you been, or are you currently:				
a) i. Awaiting or recommended to go for any medical tests, consultations, treatments, or follow-ups; or ii. Awaiting any test results (e.g., blood or urine examinations, imaging scans, screening tests, etc.)?	☐	☐	☐	☐
b) Experiencing symptoms or conditions that might require medical opinion (other than minor illnesses e.g., cold, flu, etc.)?	☐	☐	☐	☐
c) Experiencing any restriction or difficulty in performing activities of daily living* (washing, dressing, feeding, toileting, mobility/walking or moving around and transferring)?	☐	☐	☐	☐
*Please refer to Product Summary for its definitions.				

7. HEALTH QUESTIONS (cont'd)

(Applicable to all plans except Singlife Simple Term, MyCoreCI Plan, and Singlife Essential Critical Illness Care)

If you have answered 'Yes' to any one of Questions 5, 6, 7, and/or 8, please complete the following (with clear indication of Question No.):

Question no	Medical condition and exact diagnosis	Date of first symptoms or diagnosis	Details of tests, dates and results
		☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs ☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs	

☐ Assured/ Life Assured

☐ Joint Assured/ Life Assured

Have you made a full recovery with no further treatment, symptoms or complications?

☐ Yes (to provide duration since full recovery)

☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs

☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs

☐ No (to provide treatment and medication given)

Name and address of doctor consulted

Question no	Medical condition and exact diagnosis	Date of first symptoms or diagnosis	Details of tests, dates and results
		☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs ☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs	

☐ Assured/ Life Assured

☐ Joint Assured/ Life Assured

Have you made a full recovery with no further treatment, symptoms or complications?

☐ Yes (to provide duration since full recovery)

☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs

☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs

☐ No (to provide treatment and medication given)

Name and address of doctor consulted

Question no	Medical condition and exact diagnosis	Date of first symptoms or diagnosis	Details of tests, dates and results
		☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs ☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs	

☐ Assured/ Life Assured

☐ Joint Assured/ Life Assured

Have you made a full recovery with no further treatment, symptoms or complications?

☐ Yes (to provide duration since full recovery)

☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs

☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs

☐ No (to provide treatment and medication given)

Name and address of doctor consulted

7. HEALTH QUESTIONS (cont'd)

(Applicable to all plans except Singlife Simple Term, MyCoreCI Plan, and Singlife Essential Critical Illness Care)

If you have answered 'Yes' to any one of Questions 5, 6, 7, and/or 8, please complete the following (with clear indication of Question No.):

Question no	Medical condition and exact diagnosis	Date of first symptoms or diagnosis	Details of tests, dates and results
		☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs ☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs	

☐ Assured/ Life Assured

☐ Joint Assured/ Life Assured

Have you made a full recovery with no further treatment, symptoms or complications?

☐ Yes (to provide duration since full recovery)

☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs

☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs

☐ No (to provide treatment and medication given)

Name and address of doctor consulted

Question no	Medical condition and exact diagnosis	Date of first symptoms or diagnosis	Details of tests, dates and results
		☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs ☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs	

☐ Assured/ Life Assured

☐ Joint Assured/ Life Assured

Have you made a full recovery with no further treatment, symptoms or complications?

☐ Yes (to provide duration since full recovery)

☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs

☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs

☐ No (to provide treatment and medication given)

Name and address of doctor consulted

9. Consider the medical history of your family. Have any of your biological parents or siblings been diagnosed with or passed away from any of the following before age 60? - stroke - diabetes - polycystic kidney disease - familial hypercholesterolemia - cancers of the colon, breast or ovary - multiple sclerosis, muscular dystrophy - heart attack, coronary artery disease, cardiomyopathy - Alzheimer's disease, Huntington's disease, Parkinson's disease - any other hereditary conditions requiring regular or ongoing consultation	☐ ☐	☐ ☐

Assured/Life Assured

Medical condition	Relationship	Age of diagnosis	Age of death (if applicable)

Joint Assured/Life Assured

Medical condition	Relationship	Age of diagnosis	Age of death (if applicable)

8. FOR SINGLIFE DISABILITY INCOME

(Please tick (✓) the appropriate box or/and fill in the details)	Life Assured	
	Yes	No
1. Are you a CPF contributor?	☐	☐
2. Have you been self-employed for less than 2 years? If 'Yes', please provide details below:	☐	☐

Date of self-employment	Job designation	Nature of previous occupation and exact duties	Annual Income (Joint Assured/ Life Assured)

3. In your occupation, what percentage of your time do you spend performing manual or physical duties (eg. Driving, lifting, and cleaning)?		
a) Less than 25%	☐	☐
b) 25% to 50%	☐	☐
c) 51% to 75%	☐	☐
d) More than 75%	☐	☐
If it is 25% or more, please provide details on the exact manual or physical duties/nature of work.		
4. How many hours on average do you work per week?		
a) < 40 hours	☐	☐
b) 40 to 55 hours	☐	☐
c) 56 to 60 hours	☐	☐
d) > 60 hours	☐	☐
If you work < 40 hours per week, is this a part time job?	☐	☐
5. Have you been in your current occupation for less than 2 years?	☐	☐
If 'Yes', are there any similarities between your current and previous job duties and nature of work? If 'No', please provide details of your previous occupation (job designation, job duties, job duration, nature of work)		
6. Does your occupation require you to travel overseas for more than 25% of the time? If 'Yes', please provide details:	☐	☐
a) 26% to 40%	☐	
b) 41% to 50%	☐	
c) > 50%	☐	
Name of countries, cities, frequency, and duration of each stay.		
7. Do you hold more than one occupation? If 'Yes', how many hours do you work per week in this occupation?	☐	☐
a) < 40 hours	☐	
b) 40 to 55 hours	☐	
c) 56 to 60 hours	☐	
d) > 60 hours	☐	
Please provide details of your additional occupation (job duties, nature and monthly salary)		

9. FOR MYCORECI PLAN AND SINGLIFE ESSENTIAL CRITICAL ILLNESS CARE

(Please tick (✓) the appropriate box or/and fill in the details)	Life Assured	
	Yes	No
1. Do you suffer from any of the following conditions as advised or diagnosed by a doctor? If 'Yes', please provide details.	☐	☐

	Life Assured		Latest reading within the last 12 months as provided by a doctor
	Yes	No	
Diabetes Mellitus/Pre-diabetes/ Gestational Diabetes Please tick (✓) accordingly ☐ Type 1 Diabetes Mellitus ☐ Type 2 Diabetes Mellitus Year your condition was first diagnosed _____ ☐ Pre-diabetes: Impaired Fasting Glucose (IFG) or Impaired Glucose Tolerance (IGT) ☐ Gestational Diabetes Mellitus (GDM)	☐	☐	HbAfc value _____ %
High Blood Pressure	☐	☐	Systolic: _____ Diastolic: _____
Raised Total Cholesterol	☐	☐	Total Cholesterol _____ mg/dL
Raised Triglycerides	☐	☐	Tick the range that your latest Triglycerides reading fall under: ☐ < 501 mg/dL ☐ 501 - 750 mg/dL ☐ 751 - 1000 mg/dL ☐ 1001 - 1250 mg/dL ☐ > 1250 mg/dL

2. Have you ever had or been treated for heart disease, chest pain, stroke or Transient Ischaemic Attack, cancer, carcinoma-in-situ, tumours, lumps, nodules, polyps, cysts, liver disease, disease of the respiratory system, kidney disease (including protein or blood in urine), diabetic eye disease (e.g retinopathy), diabetic ketoacidosis, diabetic nerve damage (peripheral neuropathy) or neurological disease (e.g. epilepsy), HIV infection or any deformity/ disability? ☐ ☐

If you have answered 'Yes' to Question 2 above, please complete the following:

Question no	Medical condition and exact diagnosis	Date of first symptoms or diagnosis	Details of tests, dates and results
		☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs ☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs	
☐ Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? ☐ Yes (to provide duration since full recovery) ☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs ☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs ☐ No (to provide treatment and medication given)		Name and address of doctor consulted

9. FOR MYCORECI PLAN AND SINGLIFE ESSENTIAL CRITICAL ILLNESS CARE (cont'd)

(Please tick (✓) the appropriate box or/and fill in the details)	Life Assured	
	Yes	No
3. (a) In the last 5 years, have you experienced recurring signs and symptoms, or been advised to seek medical consultation, investigation (eg. imaging, mammogram, biopsy, prostate examination etc.) and/or treatment for a condition other than high blood pressure, elevated total cholesterol/ triglycerides and high blood sugar?	☐	☐
(b) In the last 5 years, have you been hospitalised for at least 7 consecutive days?	☐	☐

If you have answered 'Yes' to Question 3 (a) and (b) above, please complete the following:

Question no	Medical condition and exact diagnosis	Date of first symptoms or diagnosis	Details of tests, dates and results
		☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs ☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs	

☐ Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? ☐ Yes (to provide duration since full recovery) ☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs ☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs ☐ No (to provide treatment and medication given)	Name and address of doctor consulted

4. Have two or more of your biological parents, brothers or sisters ever been diagnosed with cancer before age 50? If 'Yes', please complete the following:	☐	☐

Assured/Life Assured

Type of cancer	Relationship	Age of diagnosis	Age of death (if applicable)

10. FOR SINGLIFE SIMPLE TERM

(Please tick (✓) the appropriate box or/and fill in the details)	Life Assured	
	Yes	No
1. Have you ever had or been treated for: a. Cancer or Carcinoma-in-situ, b. Chest pain, heart attack or coronary heart disease, c. Stroke or transient ischaemic attack, d. Diabetes, e. Chronic kidney disease f. Arthritis?	☐	☐
2. In the last 5 years, have you had: a. Blood disorder, b. Mitral valve prolapse, c. Hepatitis B, d. High blood pressure, e. Raised cholesterol f. Thyroid disorder? If you have answered 'Yes' to Question 2 above, please complete the following:	☐	☐

10. FOR SINGLIFE SIMPLE TERM (cont'd)

(Please tick (✓) the appropriate box or/and fill in the details)			Life Assured	
			Yes	No
Question no	Medical condition and exact diagnosis	Date of first symptoms or diagnosis ☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs ☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs	Details of tests, dates and results	
☐ Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? ☐ Yes (to provide duration since full recovery) ☐ 0 – 6 mths ☐ 7 – 12 mths ☐ 1 – 2 yrs ☐ 2 – 3 yrs ☐ 3 – 5 yrs ☐ >5 yrs ☐ No (to provide treatment and medication given)		Name and address of doctor consulted	
3. Have you had any health conditions which led up: - more than 10 consecutive days off work, or - follow-up consultations lasting a month or more, or - treatment for 1 month or more.			☐	☐
4. Have you: - had any abnormal medical investigations, tests or scans, or - been waiting for any pending medical investigations, tests or scans, or - had any symptoms for which you intend or been advised to consult medical advice or investigation.			☐	☐
5. Has any of your natural parents, sisters or brothers died or had breast, ovarian and/or colon cancer before age 65? (*Note: Please complete this question if Critical Illness Cover is attached)			☐	☐
6. Do you have any physical defects, impairments, deformities, behavioural/developmental disorders or conditions affecting mobility, sight, hearing or cognitive functions? (*Note: Please complete this question if Personal Accident Cover is attached)			☐	☐

SECTION A: DECLARATION OF US INDICIA

	Assured/Assignee	Joint Assured	Trustee/Beneficiary	Trustee/Beneficiary
	Name:	Name:	Name:	Name:
Do you have one or more US Indicia*?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Do you give standing instructions to transfer funds to an account maintained in the US?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Do you give effective power of attorney or signatory granted to a person with a US address?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If you have ticked 'Yes', please complete the **United States of America (US) Person Declaration form** that is available at www.singlife.com/en/fatca and return to us.
*US Resident/Citizen/Place of Birth/Taxpayer ID number/Mailing or Residential Address/Contact Number/US "in-care-of" or "hold mail" address

SECTION B: DECLARATION OF TAX RESIDENCY UNDER THE COMMON REPORTING STANDARD (CRS)

	Assured/Assignee	Joint Assured	Trustee/Beneficiary	Trustee/Beneficiary
	Name:	Name:	Name:	Name:
Is there any change in the information that you have provided to Singlife that would result in a change in your tax residency status (for e.g. change in your residence/mailing/ in-care of address, telephone number)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If you have ticked 'Yes', please complete the **CRS Self-Certification Form for Individual/Entity/Controlling Person (whichever is applicable)** that is available at www.singlife.com/en/common-reporting-standard and return to us.

SECTION C: POLITICALLY EXPOSED PERSON ("PEP")

	Assured/Assignee	Joint Assured	Trustee/Beneficiary	Trustee/Beneficiary
	Name:	Name:	Name:	Name:
Are you a politically exposed person (PEP)^ or is a close associate^^ of a PEP?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If you have ticked 'Yes', please provide the following details.

Name of PEP	Title/Position held	Relationship with PEP

^ 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 on 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 person is an immediate family member of a politically exposed person or closely connected professionally. An immediate family member includes parents, siblings, child, and spouse including spouse's parents and siblings.

SECTION D: DECLARATION AND AUTHORISATION

I/We understand that the insurance shall not take effect until this application is accepted, the full premium is received and the endorsement of the benefit(s) is issued by Singlife.

I/We declare that no material fact, that is, any fact likely to influence the assessment and acceptance of this application has been withheld and to the best of my/our knowledge and belief, the information furnished is true and complete. I/We agree to inform Singlife if there is any change in the state of my/our and/or any life assured's health or activities between the date of this application and the date the benefit(s) is issued by Singlife to me/us.

I/We agree that all medical examination reports done for the purpose of this application are properties of Singlife to be used solely for insurance purposes.

I/We authorise any medical source, insurance office or organisation to release to Singlife and similarly Singlife to release to any medical source, insurance office or organisation, to the extent permitted by law, relevant information concerning me/us and/or any life assured at any time, regardless of whether the application is accepted by Singlife. A photographic or electronic copy of this authorisation shall be as valid as the original.

I/We understand that any payment made at the time of signing this application or thereafter shall be held as a deposit placed with Singlife until acceptance of this application by Singlife , subject to the terms and conditions contained in the receipt issued in respect of the said payment. I/We agree to pay to Singlife the medical fees incurred in assessing the risk under this application (if any) should I/we decide not to accept at the standard rates or revised terms offered by Singlife. Should Singlife decline the application, then I/we shall be entitled to a full refund of the amount tendered for this application. I/We further understand that the assurance granted shall be subject to the conditions in and endorsed on the Policy issued.

I/We also understand that if this application is submitted for reinstatement of Policy, the Policy will be reinstated and the insurance cover restored only when an official letter confirming the reinstatement has been issued by Singlife. Singlife will not be liable for any claims arising between the date of lapsing of the Policy and the reinstatement date of the Policy.

SECTION D: DECLARATION AND AUTHORISATION (cont'd)

I am/We are aware that insurance is a long term commitment and I am/we are aware that I/we can seek advice from a licensed Financial Adviser Representative before I/we sign this application. Should I/We choose not to, I/we take sole responsibility to ensure that this application is appropriate to meet my/our financial needs and insurance objectives.

I/We further declared that I am/we are not an undischarged bankrupt and that I/we have committed no act of bankruptcy within the last twelve months and no receiving order or adjudication order in bankruptcy has been made against me/us during that period.

I/We acknowledge that Singlife may reject any of my/our instructions including, but not limited to, those that, in Singlife's sole and absolute discretion, are deemed incomplete, unclear or ambiguous, or if my/our signature(s) differ(s) from what was originally provided as a specimen to Singlife, and Singlife will not be responsible for any losses that may be incurred by me/us due to such rejection of any of my/our instructions.

I/We understand that Singlife is required under Anti-Money Laundering and Countering Terrorist Financing laws, regulations and/or sanctions administered by any regulatory authorities in any country, not to accept or process application from a Prohibited Person, who is a person or an entity whose director(s) or shareholder(s) or trustee. In the event that a customer subsequently becomes a Prohibited Person, I/we may block and/or terminate the relevant policy, if legally required, including but not limited to, making or receiving any payments under the relevant policy. As an ongoing obligation, I/we will immediately inform Singlife if there are any changes to the identities, status/constitution/ establishment, particulars and identification document of such persons.

For where the Assured/Assignee, Life Assured and/or Trustee is/are individuals
For and on behalf of myself and all Life Assured, I/we consent to Singapore Life Ltd. ("Singlife") collecting, using and/or disclosing my/our personal data (whether contained in this form or obtained from other sources; existing data in Singlife's record or to be collected in future) for the following purposes:
- for the processing of the above transaction for any such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife; and
- for statistical, research, audit, compliance and regulatory purposes.

For and on behalf of myself and all Life Assured, I/we also consent to Singlife disclosing and transferring my/our personal data to (i) Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable); (ii) the Government of Singapore, where applicable; (iii) statutory boards, where applicable; and (iv) organisations approved by the Government of Singapore, where applicable, whether located in Singapore or elsewhere for the above purposes and managing my/our relationship with Singlife related group of companies.

Where applicable, for and behalf of myself and all Life Assured, 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/us 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 (i) Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable); (ii) the Government of Singapore, where applicable; (iii) statutory boards, where applicable; and (iv) organisations approved by the Government of Singapore, where applicable, for the above purposes and managing my/our relationship with Singlife related group of companies.

For and on behalf of myself and all Life Assured, I/we confirm that I/we have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (which may be found on https://singlife.com/en/pdpa) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I/we am/are aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me/us upon posting and/or where I/we continue to use the relevant products and services offered by Singlife to which such terms relate to.

For where the Assured/Assignee, and/or Trustee is/are Legal Entities
For and on behalf of the Assured/Assignee, I/we hereby represent, undertake and warrant to Singlife that:
(a) for any personal data of individuals that the Assured/Assignee will be or is disclosing to Singlife, whether directly or through an intermediary, that the Assured/Assignee would have prior to disclosing such personal data to Singlife obtained the appropriate consent from the individuals whose personal data are being disclosed to:
   - permit the Assured/Assignee to collect, use and/or disclose the individuals' personal data to Singlife for the following purposes:
     • for the processing of the above transaction, for any such other purposes ancillary or related to the administering of the Assured's/Assignee's policy(ies), account(s) and/or managing the Assured's/Assignee's relationship with Singlife; and
     • for statistical, research, audit, compliance and regulatory purposes;
   - permit Singlife to collect, use, disclose and/or process the individuals' personal data for the purposes as described above; and
   - permit Singlife to disclose and/or transfer the individuals' personal data to (i) Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable); (ii) the Government of Singapore, where applicable; (iii) statutory boards, where applicable; and (iv) organisations approved by the Government of Singapore, where applicable, whether located in Singapore or elsewhere, for the purposes as described above and managing the Assured's/Assignee's account(s) and/or relationship with Singlife related group of companies;
(b) any personal data of individuals that the Assured will be or is disclosing to Singlife are accurate. Further, the Assured/ Assignee shall give Singlife notice in writing as soon as reasonably practicable should it be aware that any such personal data has been updated and/or changed after such disclosure;

SECTION D: DECLARATION AND AUTHORISATION (cont'd)

(c) it shall give Singlife written notice as soon as reasonably practicable should it be aware that any individual above has withdrawn such consent as set out at sub-clause (a); and
(d) it shall otherwise assist Singlife to comply with the Personal Data Protection Act 2012 and all subsidiary legislation related thereto.

Notwithstanding anything to the contrary, for and on behalf of the Assured/Assignee, I/we undertake to indemnify and at all times hereafter to keep Singlife and Singlife related group of companies (together with their respective officers, employees and agents) (each an "Injured Party") indemnified against any and all losses, damages, actions, proceedings, costs, claims, demands, liabilities (including full legal costs on a solicitor and own client basis) which may be suffered or incurred by the Injured Party or asserted against the Injured Party by any person or entity (including the Assured/Assignee, his/her(their) agents) whatsoever, in respect of any matter of, by reason of or in respect of:
(a) any breach of any of the provisions in this clause; and/or
(b) any action or omission by the Assured/Assignee, that causes Singlife and/or any of Singlife related group of companies to be in breach of the Personal Data Protection Act.

For and on behalf of the Assured/Assignee, I/we have read, understood and agree to be bound by the prevailing terms of Singlife's Data Protection Notice (found on https://singlife.com/en/pdpa) which may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I/we am/are aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind the Assured/Assignee upon posting and/or where the Assured/Assignee continues to use the relevant products and services offered by Singlife to which such terms relate to.

If Singlife accepts any Instalment Premium or any part of Instalment Premium paid after the Grace Period, it does not mean this Policy will continue or be reinstated.

Singlife shall have the right to reject any application for any other reasons.

I/We understand and agree that the changes requested in this application:
a) may require medical evidence, and I/We will pay any costs involved in providing the medical evidence Singlife needs;
b) are subject to Singlife's underwriting and acceptance;
c) if accepted, may be subjected to terms, conditions and exclusions imposed by Singlife; and

will take effect only when Singlife has accepted and approved my/our application, notified me/us in writing of the cover start date and provided that I/we have paid the required premiums (and interest, if applicable) in full.

Signature of Assured/Life Assured/ Authorised Signatory^	Name (as in NRIC/Passport) or Full Name of Company Mobile number / Email address
Signature of Joint Assured/Life Assured	Name (as in NRIC/Passport) Mobile number / Email address
Signature of Assignee/Trustee(s)*	Name (as in NRIC/Passport) or Full Name of Company Mobile number / Email address

Date (DD/MM/YYYY)

Note:
a) Signature(s) must be consistent with our record.
b) *Signature of Trustee(s)/Assignee are required for policies under Trust/Assignment.
c) Both the Assured and the Life Assured above the age of 16 are to sign on this Application.
d) The Assured will declare on behalf of the Life Assured below the age of 16.
e) ^Authorised signatory: where Assured is a legal entity, please provide documents showing the signatory's authority to sign for and on behalf of company or bind the company by his/her signature and company stamp, if applicable.
f) Mobile number and email address provided will replace our record accordingly.