



APPLICATION FORM

YOUR POLICY DETAILS

Policy Number

NRIC/Passport No./Company UEN

Name of Assured / Assignee

SECTION A: CHANGE IN LIFE ASSURED

☐ Change of Life Assured (Please complete Section A and D)

DETAILS OF NEW LIFE ASSURED

Full Name (as in NRIC/Passport) (Please underline surname)

Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr

NRIC/Passport No.

Date of Birth (DD/MM/YY)

Gender

☐ Male ☐ Female

Country of Birth

Nationality

Residential Address

Occupation

Smoking Status

☐ Non-Smoker ☐ Smoker

Relationship to Assured

Relationship to Joint Assured

Relationship to Contingent Owner

Are you a member of senior management or 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
- e. Virtual or digital currencies

☐ Yes ☐ No

If you answered 'Yes', please complete B66 – Enhanced Customer Due Diligence Questionnaire.

POLITICALLY EXPOSED PERSON ("PEP") DECLARATION

Are you a politically exposed person (PEP) or is a **Family Member** or a **Close Associate** of a PEP?

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

☐ Yes ☐ No

Name of PEP

Relationship to PEP

"PEP" refers to a natural person who holds or has held prominent public functions, whether locally or internationally, which includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives or state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

SECTION B: APPLICATION OF SECONDARY LIFE ASSURED

- ☐ Appointment/Change of Secondary Life Assured (Please complete Sections B1 and D)
- ☐ Removal of Last Appointed Secondary Life Assured (Please complete Section D)
- ☐ Effecting of Secondary Life Assured to take over as Life Assured upon Death of Life Assured (Please complete Sections B1, B2 and D)

SECTION B1: PARTICULARS OF SECONDARY LIFE ASSURED

(As per last appointment during Life Assured lifetime for effecting of Secondary Life Assured)

Full Name (as in NRIC/Passport) (Please underline surname)		Salutation	☐ Mr	☐ Mrs	☐ Mdm	☐ Miss	☐ Dr
NRIC/Passport No.	Date of Birth (DD/MM/YY)		Gender				
			☐ Male ☐ Female				
Country of Birth	Nationality	Marital Status					
Relationship to Assured	Relationship to Joint Assured	Relationship to Contingent Owner					
Residential Address							
Employment Status	☐ Employed	☐ Self-employed	☐ Unemployed/Retired				
Occupation	Exact Duties						
Name of Employer	Nature of Business		Annual Income				
			SGD				
Are you a member of senior management or 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.							
☐ Yes ☐ No							
d. Oil or petroleum							
e. Virtual or digital currencies							
If you answered 'Yes', please complete B66 – Enhanced Customer Due Diligence Questionnaire.							

POLITICALLY EXPOSED PERSON ("PEP") DECLARATION

Are you a politically exposed person (PEP) or is a **Family Member** or a **Close Associate** of a PEP? ☐ Yes ☐ No

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

Name of PEP	Relationship to PEP

"PEP" refers to a natural person who holds or has held prominent public functions, whether locally or internationally, which includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives or state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

SECTION B2: PARTICULARS OF SECONDARY LIFE ASSURED*(only for Effecting of Secondary Life Assured to take over as Life Assured upon Death of Life Assured)*

Name of Life Assured (as in NRIC/Passport) (Please underline surname)

Date of Death (DD/MM/YY)

Country and Place of Death (Please specify the name of hospital in the event death occurred in hospital)

Please submit a copy of Death Certificate and/or Letter from ICA (Immigration and Checkpoint Authority) on the invalidation of Deceased's Singapore NRIC/Passport in the event death occurred overseas.**SECTION C: ADDITION / REMOVAL OF LIFE ASSURED***(Only applicable for Singapore Family Accident Care)*

- ☐ Removal of Life Assured (Please complete Section C1 and D)
- ☐ Addition of Life Assured (Please complete Sections C2, C3 and D)

SECTION C1: REMOVAL OF LIFE ASSURED

Full Name (as in NRIC/Passport) (Please underline surname)

Full Name (as in NRIC/Passport) (Please underline surname)

Full Name (as in NRIC/Passport) (Please underline surname)

Full Name (as in NRIC/Passport) (Please underline surname)

SECTION C2: PARTICULARS OF LIFE ASSURED**PARTICULARS OF LIFE ASSURED 1**

Full Name (as in NRIC/Passport) (Please underline surname)

Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr

NRIC/Passport No.

Date of Birth (DD/MM/YY)

Gender

☐ Male ☐ Female

Country of Birth

Nationality

Marital Status

Relationship to Assured

Residential Address

Employment Status ☐ Employed ☐ Self-employed ☐ Unemployed/Retired

Occupation

Exact Duties

Name of Employer

Nature of Business

Annual Income

SGD

SECTION C2: PARTICULARS OF LIFE ASSURED

PARTICULARS OF LIFE ASSURED 2

Full Name (as in NRIC/Passport) (Please underline surname)

Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr

NRIC/Passport No.

Date of Birth (DD/MM/YY)

Gender

☐ Male ☐ Female

Country of Birth

Nationality

Marital Status

Relationship to Assured

Residential Address

Employment Status ☐ Employed ☐ Self-employed ☐ Unemployed/Retired

Occupation

Exact Duties

Name of Employer

Nature of Business

Annual Income

SGD

PARTICULARS OF LIFE ASSURED 3

Full Name (as in NRIC/Passport) (Please underline surname)

Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr

NRIC/Passport No.

Date of Birth (DD/MM/YY)

Gender

☐ Male ☐ Female

Country of Birth

Nationality

Marital Status

Relationship to Assured

Residential Address

Employment Status ☐ Employed ☐ Self-employed ☐ Unemployed/Retired

Occupation

Exact Duties

Name of Employer

Nature of Business

Annual Income

SGD

SECTION C2: PARTICULARS OF LIFE ASSURED

PARTICULARS OF LIFE ASSURED 4

Full Name (as in NRIC/Passport) (Please underline surname)

Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr

NRIC/Passport No.

Date of Birth (DD/MM/YY)

Gender

☐ Male ☐ Female

Country of Birth

Nationality

Marital Status

Relationship to Assured

Residential Address

Employment Status ☐ Employed ☐ Self-employed ☐ Unemployed/Retired

Occupation

Exact Duties

Name of Employer

Nature of Business

Annual Income

SGD

SECTION C3: HEALTH DECLARATION

1. I/We hereby declare that I/we do not have any physical defects, impairments, deformities and/or conditions affecting mobility, sight and/or hearing.
2. For the past 5 years, I/we do not have an abnormal medical test result from any diagnostic examinations or tests done (including blood tests) nor have I/we been admitted to any hospital, health care or rehabilitation centre for more than 5 days.
3. I/We are currently not experiencing any symptoms or considering seeking medical advice or treatment for my/our health.
4. I/We are not suffering from any medical conditions and am/are not receiving any medical advice, treatment or consultation in connection with my/our health other than for minor ailments
5. I/We confirm that not more than one of my/our parents or siblings has been diagnosed with either cancer, heart disease, stroke or any hereditary disorders before attaining the age of 60 years old.
6. I/We have not had any application, renewal or reinstatement of Life, Critical Illness, Accident or Health policy been deferred, declined or accepted on special rates or terms.

Declaration 2 to 6 are applicable to Weekly Income Cover II and Weekly Income Cover II (Family).

☐ I/We declare that the above underwriting declarations are fulfilled (where applicable).

SECTION D: AUTHORISATION AND DECLARATION

Section D1: Declaration of Appointment, Removal and Effecting of Secondary Life Assured

1. I hereby request that the person identified above be appointed the Secondary Life Assured under my Basic Policy. I hereby declare and accept that:
 - a. I am the Policy Owner;
 - b. I am appointing the person named above as Secondary Life Assured in his lifetime and good health and such appointment is made during the current Life Assured's lifetime;
 - c. the details furnished on this form (including but not limited to those concerning the proposed Secondary Life Assured) are full, complete and accurate;
 - d. this appointment shall supersede any and all prior appointments of the Secondary Life Assured;
 - e. there is no coverage on the life of the Secondary Life Assured until upon the death of the Life Assured, where:
 - Singapore Life Ltd. ("Singlife") will determine whether or not the Secondary Life Assured will become the new Life Assured in accordance with our prevailing rules and guidelines, and if such change is approved and effected by Singlife, no death benefit shall be payable and the Basic Policy shall continue to be in force and provide cover on the life of the Secondary Life Assured; and
 - if Singlife does not approve and effect the change in life assured persons, the Policy shall terminate as of the death of the Life Assured and the death benefit will be paid in accordance with the Policy;
 - f. my proposed appointment of the above named Secondary Life Assured is subject to Singlife's approval and the terms and conditions of the Policy; and
 - g. the appointment of a Secondary Life Assured (and in the event that the Secondary Life Assured becomes the Life Assured, as the case may be) does not result in a change or transfer of policy ownership in any way.
2. I, the Secondary Life Assured, hereby declare that:
 - a. I agree with the appointment as a Secondary Life Assured by the Policy Owner;
 - b. I acknowledge that I will not be notified in the event that this appointment is revoked or when the coverage under the policy may be effected on my life upon the death of the Life Assured.

Section D2: Declaration

1. I/We, the legal owner of this policy, hereby request that this policy be changed as indicated above with the understanding and agreement that the change when effected shall be an amendment to and will form part of the original policy issued and also be binding on any person who shall have or claim any interest under the above policy. In addition, I/we acknowledge, confirm, and agree that any change indicated above shall not take effect until it has been received and accepted by Singapore Life Ltd.
2. 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.
3. I/We understand that by making changes to my/our policy, I/we may be losing valuable benefits and it may not be possible for me/us to obtain a similar level of protection on the same terms in the future. Buying another policy in the future could result in higher premiums and loss of specific policy features due to changes in age or health.
4. I/We understand that any payment made at the time of signing this application or thereafter shall be held as a deposit placed with Singapore Life Ltd. ("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.
5. I/We further declare 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 bankruptcy application (including any statutory demand), receiving order or adjudication order in bankruptcy has been made against me/us during that period.
6. 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.
7. I/We have not been the subject of any proceedings of a criminal nature or have been notified of any potential proceedings or of any investigation which might lead to those proceedings, or have been convicted of a criminal offence, or is being subject to any pending proceedings which may lead to such a conviction, under any law in any jurisdiction.
8. Notwithstanding anything to the contrary, I/we agree at all times hereafter to indemnify and hold harmless Singlife and Singlife related group of companies (together with their respective officers, employees and agents) (each an "Injured Party") from and against all claims, losses, damages, actions, proceedings, costs, demands, liabilities (including full legal costs and expenses on a solicitor and client basis) which may be suffered or incurred by the Injured Party or asserted against the Injured Party by any person or entity whatsoever, as a result of acting in accordance with my/our instructions.

SECTION D: AUTHORISATION AND DECLARATION (continued)

Section D2: Declaration

9. I/We understand and agree that:
- (a) Singlife is entitled not to accept or process this application should I/we, or 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 my/our behalf, beneficiaries, or my/our beneficial owners or beneficiaries' beneficial owners) who is/are subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting Singlife from providing insurance coverage, transacting business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant Policy. As an ongoing obligation, I/we shall immediately inform Singlife if there are any changes to my/our or the identities, status/constitution/establishment, particulars and identification documents of these persons. If an application is accepted or processed by Singlife despite a person connected with the relevant Policy being a Prohibited Person, Singlife shall be entitled to block or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise; and
 - (b) Singlife shall act in accordance with the economic sanctions laws, regulations, prohibitions, resolutions, embargoes, restrictions or rules relating to individuals, entities and/or countries, that are applicable to its business operations, including but not limited to those imposed, enacted, administered or enforced by the United Nations, the United States, including without limitation, (i) the Office of Foreign Assets Control of the US Department of Treasury (OFAC); (ii) the United Nations; (iii) the European Commission; (iv) the United Kingdom including without limitation, His Majesty's Treasury (HMT); (v) Singapore, including but not limited to the Monetary Authority of Singapore (MAS); (vi) any other trade or economic sanctions authority or regime in any country that Singlife considers applicable; (together "Sanctions"). Accordingly, Singlife shall not enter into or continue with a contract or business arrangement that could potentially cause Singlife to incur risks of violating, or cause Singlife to violate, Sanctions. Singlife shall have the right to take all action that it deems appropriate to act in accordance with Sanctions, including but not limited to blocking, reporting, suspending and/or terminating Singlife's relationship with me/us and/or any sanctioned person connected with the relevant Policy, and not making or receiving payments under the relevant Policy, without any obligation to notify me/us and/or any sanctioned person under the relevant Policy in advance of taking such actions, or obtain licences from any government to enable the continuance of Singlife's relationship with me/us and/or any such individual or entity.
 - (c) Singlife's decision in sub-paragraphs (a) and (b) above shall be final.
10. I/We request that the above change(s) be made to the policy. I/We acknowledge, confirm and agree that the changes requested shall be effective only when it is received and accepted by Singlife. I/ We understand that Singlife may require further information or documentation. I/We declare the information is true and complete.
11. For where the Assured/Assignee, Joint Assured, Life Assured, Joint Life Assured and/or Trustee is/are individuals
- a. For and on behalf of myself and all Lives Assured, where applicable, I/we consent to 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, where applicable:
 - 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, compliance, audit and regulatory purposes.
 - b. For and on behalf of myself and all Lives Assured, where applicable, I/we consent to Singlife disclosing and transferring my/our 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 or elsewhere, for the above purposes, and managing my/our relationship with Singlife related group of companies.
 - c. Where applicable, for and on behalf of myself and all Lives Assured, where applicable, I/we confirm that for the personal data of 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 individuals to:
 - permit me/us to collect, use and/or disclose the individual's personal data to Singlife for the above purposes;
 - permit Singlife to collect, use and/or disclose the individual's personal data for the above purposes; and
 - permit Singlife to disclose and/or transfer the individual'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, whether located in Singapore or elsewhere, for the above purposes, and managing my/our relationship with Singlife related group of companies.
 - d. For and on behalf of myself and all Lives Assured, where applicable, 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.

SECTION D: AUTHORISATION AND DECLARATION (continued)

Section D2: Declaration

12. For where the Assured/Assignee, and/or Trustee is/are Legal Entities

- a. For and on behalf of the Assured/Assignee and/or Trustee, I/we hereby represent, undertake and warrant to Singlife that:
- i. for any personal data of individuals that the Assured/Assignee and/or Trustee will be or is disclosing to Singlife, whether directly or through an intermediary, that the Assured/Assignee and/or Trustee 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 and/or Trustee 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 and/or Trustee's policy(ies), account(s) and/or managing the Assured's/Assignee's and/or Trustee'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 and/or Trustee's account(s) and/or relationship with Singlife related group of companies;
- ii. any personal data of individuals that the Assured/Assignee and/or Trustee will be or is disclosing to Singlife are accurate. Further, the Assured/Assignee and/or Trustee 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;
- iii. 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
- iv. it shall otherwise assist Singlife to comply with the Personal Data Protection Act 2012 and all subsidiary legislation related thereto.
- b. For and on behalf of Assured/ Assignee and/or Trustee, 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.

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) or Full Name of Company

Mobile number

Email address

Signature of Assignee/Trustee(s)*

Name (as in NRIC/Passport) or Full Name of Company

Mobile number

Email address

Signature for Life Assured/Secondary Life Assured

Name (as in NRIC/Passport) or Full Name of Company

Mobile number

Email address

Date (DD/MM/YYYY)

IMPORTANT NOTES

- a) *Signature of Trustee(s)/Assignee are required for policies under Trust/Assignment.
- b) The personal particulars provided in this form, together with any supporting documents submitted, will be used to verify your information and update our records.
- c) Both the Assured and the Secondary Life Assured/Life Assured above the age of 16 are to sign on this Application.
- d) The Assured will declare on behalf of the Secondary Life Assured/Life Assured below the age of 16.
- e) Signature(s) must be consistent with our record.
- f) ^Authorised signatory: where Assured is a legal entity, please provide documents showing the signatory's authority to sign for and on behalf of the company or bind the company by his/her signature and company stamp, if applicable.
- g) A photocopy of the Assured/Joint Assured/Assignee(s) NRIC or Passport (if there are any changes in particulars).
- h) For changes that require payment, we will deduct the required payment from your current payment method. If the payment method of your existing policy is via cash, please refer to www.singlife.com/premium-payments for available payment methods.
- i) If you've used this policy to be exempted from the CPF Board's Home Protection Scheme (HPS), the policy must remain in force and unchanged so that you and your family are protected from losing your HDB flat in the event of death, terminal illness or total permanent disability. If there're changes resulting in reduced coverage to the policy used for HPS exemption, your exemption would be voided and you'd be required to reapply for exemption from HPS by purchasing other private policies or apply to be insured under HPS. Otherwise, if you're using CPF monies to service the monthly instalment, CPF Board may automatically extend HPS coverage to you, based on the declared percentage that you're exempted for, subject to you being in good health.