

INVESTMENT-LINKED ALTERATION FORM



CUSTOMER KNOWLEDGE ASSESSMENT

Name of Assured/Assignee

Policy Number

If you cannot remember your policy number, please consent to us using your NRIC/Passport Number for the purpose of processing this request by providing your NRIC/Passport Number.

NRIC/Passport Number

It is important to find out if you have the knowledge or investment experience to understand the risks and features of unlisted "Specified Investment Products" (SIP) which include unit trusts or Investment-Linked Policy and/or Funds ("investment product"). This assessment is known as Customer Knowledge Assessment.

I understand that any inaccurate or incomplete information provided by me may affect the suitability of the recommendations made.

SECTION A: KNOWLEDGE ACQUIRED

Educational Qualifications

1. Do you have a diploma or higher qualification in any of the following fields? Yes No

If "Yes", please indicate as applicable:

- | | | |
|--|--|--|
| <input type="checkbox"/> Accountancy | <input type="checkbox"/> Actuarial Science | <input type="checkbox"/> Business/Business Admin |
| <input type="checkbox"/> Capital Markets | <input type="checkbox"/> Commerce | <input type="checkbox"/> Economics |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Finance Engineering | <input type="checkbox"/> Financial Planning |
| <input type="checkbox"/> Computational Finance | <input type="checkbox"/> Insurance | |

2. Do you possess any other professional finance-related qualifications? Yes No

(e.g. Chartered Financial Analyst Examination conducted by the CFA Institute, USA and the Association of Chartered Certified Accountants (ACCA) Qualifications)

If "Yes", please specify:

Investment Experience

3. Have you made **at least 6 transactions** in the following unlisted "Specified Investment Products" in the **past 3 years**? Please tick the type of investment traded*: Yes No

- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Collective Investment Schemes (CIS) (e.g. Unit Trusts) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Investment-Linked Policies (ILP) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*You may tick more than one box.

Work Experience

4. Do you have a minimum of **3 continuous years** of working experience* in the **preceding 10 years** involving the following fields? If Yes, please indicate as applicable: Yes No

- | |
|--|
| <input type="checkbox"/> Development/Structuring/Management/Sale/Trading/Research/Analysis of Investment Products |
| <input type="checkbox"/> Provision of training on Investment Products |
| <input type="checkbox"/> Accountancy, Actuarial Science, Treasury, Financial Risk Management and Legal work in financial areas |

*Provision of general support functions in the areas such as operations, HR, corporate services and IT is **not** considered as relevant experience.

SECTION B: OUTCOME OF CKA (from Section A)

Based on guidelines prescribed by the Monetary Authority of Singapore (MAS), if any of the above response is "Yes", you are deemed to have the relevant investment knowledge.

I am assessed:

- TO HAVE** the relevant knowledge and/or experience to understand and purchase/transact in specified investment products.
- NOT TO HAVE** the relevant knowledge and/or experience to understand and purchase/transact in specified investment products.

SECTION C: CLIENT ACKNOWLEDGEMENT OF CKA OUTCOME

I acknowledge that

- I have been given a clear explanation of the objectives for the Customer Knowledge Assessment (CKA);
- I have answered all the relevant questions to the best of my knowledge;
- I understand and agree with the outcome of the Client Knowledge Assessment.

Please **TICK** and **ACKNOWLEDGE** as appropriate:

PASS CKA

1. I understand that I have **PASSED** the CKA assessment, and I **DO NOT WISH** to receive any advice offered by my Financial Adviser Representative. I understand that by choosing not to receive any advice, I will not be able to rely on section 36 of the Financial Advisers Act 2001 (FAA) to file a civil claim in the event of a loss.
2. I understand that I have **PASSED** the CKA assessment and **WISH** to receive advice offered to me by my Financial Adviser Representative. Based on assessment of the suitability of the investment product, I have been advised that:
- The investment product/s that I intend to invest/transact in is/are **SUITABLE** for me, and I would like to **PROCEED** with the investment/transaction.
- The investment product/s that I intend to invest/transact in is/are **NOT SUITABLE** for me, and I would like to **PROCEED** with the investment/transaction.

DID NOT PASS CKA

3. I understand that I **DID NOT PASS** the CKA assessment and **WISH TO PROCEED** with my investment. I understand that I will need to receive advice from my Financial Adviser Representative, who will assess and advise me on the suitability of the investment product for my investment. Based on assessment of the suitability of the investment product, I have been advised that:
- The investment product/s that I intend to invest/transact in is/are **SUITABLE** for me, and I would like to **PROCEED** with the investment/transaction.
- The investment product/s that I intend to invest/transact in is/are **NOT SUITABLE** for me, and I would like to **PROCEED** with the investment/transaction.

Signature of Assured/Assignee/Trustee

Date (DD/MM/YYYY)

SECTION D: FINANCIAL ADVISER REPRESENTATIVE'S ("FAR") ACKNOWLEDGEMENT

FAR Comments (If Applicable)

Name of FAR

FAR Code

Signature of FAR

Date (DD/MM/YYYY)

SECTION E: SECTION 36, FINANCIAL ADVISERS ACT 2001 - EXTRACT

Recommendations by licensed financial advisers

36. — (1) No licensed financial adviser shall make a recommendation with respect to any investment product to a person who may reasonably be expected to rely on the recommendation if the licensee does not have a reasonable basis for making the recommendation to the person.
- (2) For the purposes of subsection (1), a licensed financial adviser does not have a reasonable basis for making a recommendation to a person unless —
- (a) he has, for the purposes of ascertaining that the recommendation is appropriate, having regard to the information possessed by him concerning the investment objectives, financial situation and particular needs of the person, given such consideration to, and conducted such investigation of, the subject-matter of the recommendation as is reasonable in all the circumstances; and
- (b) the recommendation is based on the consideration and investigation referred to in paragraph (a).
- (3) Where —
- (a) a licensee, in making a recommendation to a person, contravenes subsection (1);
- (b) the person, in reliance on the recommendation, does a particular act, or refrains from doing a particular act;
- (c) it is reasonable, having regard to the recommendation and all other relevant circumstances, for the person to do that act, or to refrain from doing that act, as the case may be, in reliance on the recommendation; and
- (d) the person suffers loss or damage as a result of doing that act, or refraining from doing that act, as the case may be, then, without prejudice to any other remedy available to that person, the licensed financial adviser is liable to pay damages to that person in respect of that loss or damage.
- (4) In this section, a reference to the making of a recommendation is a reference to the making of a recommendation expressly or by implication.
- (5) This section shall not apply to any licensed financial adviser or class of licensed financial advisers in such circumstances or under such conditions as may be prescribed.

[2/2005]

[SF Bill, Clause 121]

Note: If you did not pass the CKA assessment and the investment product is assessed as unsuitable for your investment/transaction, approval is required from members of the senior management of the company before the investment can be executed. The company management will have to contact you for verification. Kindly provide us with your contact number.

INVESTMENT-LINKED ALTERATION FORM



YOUR POLICY DETAILS

Policy No. Plan Name

Name of Assured/Assignee

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.

Please read the useful and important information on the last page before completing.

FUND SWITCH

Switch out from existing source funds:

Enter the value amount or the number of units of the fund to be switched out from.

Source Fund Names	Fund Code	<input type="checkbox"/> Amount <input type="checkbox"/> Percentage
1.		
2.		
3.		
4.		
5.		

Invest into target funds:

Please instruct how the amount switched out is to be distributed to the target funds. The total percentage shares must add up to 100%. Dividend distribution option is only applicable to ILP sub-fund that pays dividends. Please select either to receive payout in cash of these dividends ("Cash Out") or to reinvest these dividends ("Reinvest").

Target Fund Names	Fund Code	Percentage %	Dividend Distribution Option	
			Cash Out	Reinvest
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>

**PREMIUM REDIRECTION FOR FUTURE REGULAR PREMIUM; OR
REGULAR PREMIUM INVESTMENT BOOST (RPIB) INVESTMENTS (Applicable for Z Invest, ZSaver, Z Link / Z Link
Choice Max)**

Please instruct how future investments are to be distributed by percentage share to selected funds. The total percentage shares must add up to 100%.
Dividend distribution option is only applicable to ILP sub-fund that pays dividends. Please select either to receive payout in cash of these dividends ("Cash Out") or to reinvest these dividends ("Reinvest").

Funds to be Allocated	Fund Code	Percentage %	Dividend Distribution Option	
			Cash Out	Reinvest
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>

REGULAR PREMIUM INVESTMENT BOOST (RPIB)

- Increase Regular Premium Investment Boost (RPIB) to S\$
- Terminate Regular Premium Investment Boost (RPIB)

SINGLE PREMIUM INVESTMENT BOOST (SPIB)

- Top Up Single Premium Investment Boost (SPIB) to S\$

Note: A sales charge of 5% is applicable.

Please indicate the Fund Names and the amount or percentage to be invested in each fund. The total amount must add up to the SPIB amount or the total percentage must add up to 100%.

Fund Names	Fund Code	<input type="checkbox"/> Amount
		<input type="checkbox"/> Percentage
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

You need to answer the following Health Question only if your policy is a Choice Benefit 125.

Health Question:

Have the Life Assured ever had or been treated, or contemplate seeking treatment for any symptoms, complaints, illness, disease/disorder and/or disability that required, or may require investigation, hospitalisation, surgical procedure operation (other than for day surgery where you were discharged within 24hours of admission), regular follow-up/consultation and/or any medical treatment by doctor or specialist?

Yes No

If the answer is "Yes", we'd like to inform you that we will not be able to process this investment.

REQUEST FOR PREMIUM HOLIDAY

Commence Premium Holiday with effect from

Next renewal premium

If "No", please specify the start date

Cease Premium Holiday with effect from

Please submit request to cease Premium Holiday and resume premium payments from next renewal premium due or payment of all outstanding regular premiums in arrears.

CHANGE IN SUM ASSURED/PREMIUM

Please complete the General & Medical Questions only for Increase in Sum Assured or Premium.

	Increase		Decrease	
	Sum Assured to	Premium to	Sum Assured to	Premium to
Basic	\$	\$	\$	\$
Major Illness	\$	N.A.	\$	N.A.
Major Illness Accelerator	\$	N.A.	\$	N.A.

SINGLE PREMIUM TOP UP

Please complete the General & Medical Questions only for Increase in Sum Assured or Premium.

Dividend distribution option is only applicable to ILP sub-fund that pays dividends. Please select either to receive payout in cash of these dividends ("Cash Out") or to reinvest these dividends ("Reinvest").

Note: Please note that we will deduct the required premium(s) from your designated bank/credit card account if the current payment method of your policy is via GIRO/credit card. If you do not have an existing GIRO/credit card arrangement with us, please pay via cheque.

Single Premium Top-up: \$ (Cash/Cheque/CPF/SRS/ASPF*)
 (Minimum amount = \$1,000 and must be in multiples of \$10)

Top-up Premium Direction (Name of Fund)	Fund Code	<input type="checkbox"/> Amount <input type="checkbox"/> Percentage	Dividend Distribution Option	
			Cash Out	Reinvest
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

SINGLE PREMIUM TOP UP (continued)

Assured/ Trustee(s)/ Assignee's Acknowledgement

(This portion needs to be filled up for increase in Sum Assured/ Premium and Single Premium Top Up)

Please tick (✓) accordingly:

Were you advised by your Financial Adviser Representative (FAR) to effect any of the alterations above?

Note: You are advised to seek advice from your FAR before effecting any alteration.

- Yes. I/We have received advice and the basis of recommendation is indicated in the Fact Find Form.
- No. I/We do not wish to receive advice from my/our FAR and I/we have made my/our own decision. I/We take full responsibility that the increase in regular premium is suitable for my/our financial needs and insurance objectives. I am/We are aware that I am/we are not able to rely on section 36 of the Financial Advisors Act 2001 to file a civil claim against Singapore Life Ltd. ("Singlife").

General Questions	1 st Life Assured	2 nd Life Assured
<p>1. Do you take part in or plan to participate in any of the following activities: Scuba diving, skydiving or parachuting, mountain or rock climbing (excluding artificial wall climbing), private flying, motor sports or other extreme or hazardous activities?</p> <p>If "Yes", please provide the activities and complete Hazardous Pursuits Supplementary Questionnaire (Q39).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details</p> <div style="border: 1px solid black; height: 40px;"></div>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details</p> <div style="border: 1px solid black; height: 40px;"></div>
<p>2. Please state your current occupation and exact nature of work.</p>		
<p>3. Please complete this question if you are applying for Life cover greater than S\$2,000,000. Do you have a regular doctor?</p> <p>If "Yes", please provide details below:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Assured/1st Life Assured		
Name and Address of Doctor consulted	Reason for consultation	Date of last consultation
		<input type="checkbox"/> <= 12 months <input type="checkbox"/> > 12 months
Joint Assured/2nd Life Assured		
Name and Address of Doctor consulted	Reason for consultation	Date of last consultation
		<input type="checkbox"/> <= 12 months <input type="checkbox"/> > 12 months
<p>4. Are you</p> <p>(a) A resident in Singapore (Citizen, Permanent Resident, or pass holder with more than 90 days of permitted stay) and have total cover (current application plus existing cover with us and other insurers) exceeding</p> <ul style="list-style-type: none"> - S\$2,000,000 for life cover or - S\$500,000 critical illness benefit or - S\$10,000 disability income monthly benefit, OR <p>(b) A visitor in Singapore or here on visit pass?</p> <p>If "Yes" to Question 4, please answer the question on predictive genetic tests below.</p> <p>If "No", you do not need to tell us about your predictive genetic test results, unless it is negative and may help your application.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

SINGLE PREMIUM TOP UP (continued)

General Questions (continued)		
Assured/Life Assured		
Predictive Genetic Test	Life Cover	Critical Illness Benefit or Disability Income Benefit
Breast cancer (BRCA1)	Not Applicable	<input type="checkbox"/> Not tested before / Not applicable <input type="checkbox"/> Result normal / negative <input type="checkbox"/> Result out of range / positive / uncertain
Breast cancer (BRCA2)		<input type="checkbox"/> Not tested before / Not applicable <input type="checkbox"/> Result normal / negative <input type="checkbox"/> Result out of range / positive / uncertain
Huntington's disease (HTT)	<input type="checkbox"/> Not tested before <input type="checkbox"/> Test done; please state results and submit a copy of the report <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
Joint Assured/Life Assured		
Predictive Genetic Test	Life Cover	Critical Illness Benefit or Disability Income Benefit
Breast cancer (BRCA1)	Not Applicable	<input type="checkbox"/> Not tested before / Not applicable <input type="checkbox"/> Result normal / negative <input type="checkbox"/> Result out of range / positive / uncertain
Breast cancer (BRCA2)		<input type="checkbox"/> Not tested before / Not applicable <input type="checkbox"/> Result normal / negative <input type="checkbox"/> Result out of range / positive / uncertain
Huntington's disease (HTT)	<input type="checkbox"/> Not tested before <input type="checkbox"/> Test done; please state results and submit a copy of the report <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	

Health Questions	1 st Life Assured	2 nd Life Assured
1. Please state your height and weight	Height <input type="text"/> m Weight <input type="text"/> kg	Height <input type="text"/> m Weight <input type="text"/> kg
2. Have you had any abnormal medical test results such as x-ray, ultrasound, imaging scan, biopsy, electrocardiogram (ECG), blood or urine test, Covid-19 PCR, pap smear, mammogram? If "Yes", provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No Details <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No Details <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>

SINGLE PREMIUM TOP UP (continued)

Health Questions (continued)	1 st Life Assured	2 nd Life Assured
<p>3. Have you ever had or been told to have or been treated for congenital disorder, asthma, cancer, tumour, growth, cyst, disease or disorder of the heart (including high blood pressure, heart attack, heart murmur, heart valve disorder, chest pain), diabetes, epilepsy, fits, Hepatitis, liver disease, raised cholesterol, kidney or urinary disorder, stroke, blood disorder, mental disorder, respiratory disorder, endocrine disorder, musculo-skeletal disorder, gastrointestinal disorder, autoimmune disease, disease and disorder of the eye, ear, nose or throat, HIV infection, sexually transmitted disease or any other illness / physical disorder not listed above?</p> <p>If "Yes", please give full details including name of the condition(s), date of diagnosis, investigations, result and treatment.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details</p> <div style="border: 1px solid black; height: 100px;"></div>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details</p> <div style="border: 1px solid black; height: 100px;"></div>
<p>4. Has any of your natural parent or sibling been diagnosed with or died from any of the following before age 60:</p> <ul style="list-style-type: none"> - Cancers of the bowel, colon, breast or ovary - Diabetes mellitus - Cardiomyopathy, coronary artery disease, heart attack, ischaemic heart disease, stroke - Multiple sclerosis, muscular dystrophy - Alzheimer's disease, Huntington's disease, Parkinson's disease - Polycystic kidney disease - any other hereditary disease or disorder requiring regular consultation? <p>If "Yes", please complete the following:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Assured/1st Life Assured		
<p>Medical condition <input style="width: 80%; border: 1px solid black;" type="text"/></p>		
<p>Relationship <input style="width: 80%; border: 1px solid black;" type="text"/></p>	<p>Age of diagnosis <input style="width: 80%; border: 1px solid black;" type="text"/></p>	<p>Age at death (if applicable) <input style="width: 80%; border: 1px solid black;" type="text"/></p>
Joint Assured/2nd Life Assured		
<p>Medical condition <input style="width: 80%; border: 1px solid black;" type="text"/></p>		
<p>Relationship <input style="width: 80%; border: 1px solid black;" type="text"/></p>	<p>Age of diagnosis <input style="width: 80%; border: 1px solid black;" type="text"/></p>	<p>Age at death (if applicable) <input style="width: 80%; border: 1px solid black;" type="text"/></p>
<p>5. Are you a smoker?</p> <p>If "Yes", how many sticks do you smoke? (including social smokers, cigar smokers or those who have given up within the last 12 months)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sticks per day <input style="width: 80%; border: 1px solid black;" type="text"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sticks per day <input style="width: 80%; border: 1px solid black;" type="text"/></p>
<p>6. Do you drink alcohol?</p> <p>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)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Total per week <input style="width: 80%; border: 1px solid black;" type="text"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Total per week <input style="width: 80%; border: 1px solid black;" type="text"/></p>
<p>7. In the last 10 years, have you taken or used addictive or illegal drugs (such as cocaine, ecstasy, heroin or cannabis) or been treated for drug addiction?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Have you ever been advised by a health care professional or a counsellor to reduce your alcohol use, see a specialist or attend a support group because of your alcohol use?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

SINGLE PREMIUM TOP UP (continued)

Health Questions (continued)	1 st Life Assured	2 nd Life Assured
9. Other than any conditions, scans, tests or investigations you have already told us, are you currently:		
a) Waiting for the results of any test or investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Experiencing symptoms or a condition that you're likely to seek medical advice or treatment for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Having any physical or mental condition that restricts or causes difficulty in performing your daily activities (such as housework, preparing meals, shopping, using public transport, a hobby been reduced or restricted in anyway due to your health)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHANGE IN DIVIDEND DISTRIBUTION OPTION

Dividend distribution option is only applicable to ILP sub-fund that pays dividends. Please select either to receive payout in cash of these dividends ("Cash Out") or to reinvest these dividends ("Reinvest").

Fund Names	Fund Code	Dividend Distribution Option	
		Cash Out	Reinvest
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT SETTLEMENT

1. For Singapore Bank Accounts only. Not applicable for policies bought under the CPFIS-OA, CPFIS-SA, ASPFIS or SRS.

The amount payable to me should be issued as:

Direct credit into my bank account (Payment is by cheque if the following details are not completed)

Name of Bank

Bank Branch

Account No.

Kindly provide a copy of your bank statement with your full name, bank name and bank account number clearly reflected on it. Otherwise, a cheque will be issued instead.

2. Authorisation for payment to be issued to another Trustee.
(Only applicable to policy written under Section 73 of the Conveyancing and Law of Property Act 1886; and Section 132 of the Insurance Act 1996)

We, the Trustees of the above Policy authorise Singapore Life Ltd. to pay to the following payee:

Name of Payee

NRIC No.

Notes:

- For Section 73, the payee must be any trustee.
- For Section 132, the payee must be any trustee other than the Assured himself/herself.
- Please enclose a photocopy of the payee's NRIC with this Form.

DECLARATION

I/We confirm that the investment decisions that I/we have made are based solely on my own judgement and have read and understood my/our relevant documents which includes the latest Fund Summary reports and Product Highlight Sheets. I/We understand

- (a) that any past performance is not indicative of future performance,
- (b) investment values are volatile and may fluctuate from time to time, and
- (c) any switch or additional investment may result in greater risk exposure.

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

I/We am/are aware that I/we can view and download a copy of Infographic "Moratorium on Genetic Testing and Insurance" from www.singlife.com.

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 Singapore Life Ltd ("Singlife"). if there is any change in my/our health or other disclosures, statements, information or declarations that I/we have made in this Health Declaration between the date of this application and the date the policy is issued. This includes but is not limited to any change in the state of my/the proposed life assured's health, or if I/the proposed life assured plan to seek medical consultation, investigation, or treatment, or any change to my coverage under my existing insurance policies or concurrent insurance applications that I/we have.

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 the Company 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 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 authorise Singlife to act upon instructions given by facsimile or by electronic means with regard to the Units subscribed for (and any further Units purchased) or any matter in connection with them or any of them without liability in respect of any transfer, payment or any other act done according to such instructions and notwithstanding that it shall be shown the same was not signed or sent by me/us. I/We agree to indemnify Singlife in respect of any loss arising in respect of acting on instructions given by facsimile or by electronic means or a decision not to act on the basis of such instruction or for any loss arising from the non-receipt of such instructions.

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 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 consent to Singlife (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

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

I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I am/We are aware that I/we should visit your website regularly to ensure that I am/we are well informed of the updates.

DECLARATION (continued)

Signature of 1st Life Assured
For age next birthday 17 years and above
Your signature must be consistent with our record

Name (as in NRIC/Passport)

Mobile number

Email address

Signature of Assured/2nd Life Assured
Your signature must be consistent with our record

Name (as in NRIC/Passport)

Mobile number

Email address

Signature of Assignee/Trustee(s)*
Your signature must be consistent with our record

Name (as in NRIC/Passport)

Mobile number

Email address

Date (DD/MM/YYYY)

Note:

- a) *Signature of Trustee(s)/Assignee(s) are required for policies under Trust/Assignment.
- b) Mobile number and email address provided will replace our records accordingly.
- c) Both the Assured(s) and Life Assured(s) 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) 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 installment, 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.

USEFUL & IMPORTANT INFORMATION

General

1. The application will be processed upon receipt of this request and other documentation or written information as the Company may require (including the delivery of the Policy document if required). It will not be effective until application has been accepted in writing by Singlife.
2. Please complete one form per Policy.
3. If your application is received by Singlife by 12pm each business day, the next Dealing Day's unit price will be used to sell units in your account. If your application is received after 12pm, the unit price for the second dealing day after the business day the application is received will be received. (Applicable for all, **except** Z Invest/Z LinkChoice/Z Link Choice Max and Z Saver).
If your application is received by Singlife by 2pm each business day, the next Dealing Day's unit price will be used to sell units in your account. If your application is received after 2pm, the unit price for the second dealing day after the business day the application is received will be received. (Applicable for Z Invest/Z Link Choice/Z Link Choice Max and Z Saver).
4. Please ensure the correct signatories[^] sign on the Investment-Linked Alteration form:
 - a. Assured and/or Joint Assured only (if it is **NOT** a Trust policy or Assigned policy); or
 - b. Assured and/or Joint Assured and all Trustees (if policy is written under Section 73 of the Conveyancing and Law of Property Act 1886 (CLPA)); or
 - c. Assured and/or Joint Assured and any Trustee (if policy is written under Section 132 of the Insurance Act 1966); or
 - d. Assured and/or Joint Assured and all beneficiaries (if policy is written under Section 132 of the Insurance Act 1966); or
 - e. Assignee (if policy is assigned)

[^]Do note that all signature(s) must be consistent with our records. Please come personally to Singlife if you are unable to sign the previous signature.

Fund Switch

1. Fund Switch is only limited to Investment-Linked Funds.
2. Partial switching is allowed. The minimum amount per switch for each fund is the lower of \$1,000 or total value.
3. Switching from Investment-Linked Funds to Asset Plan Regular is NOT allowed.

Premium Redirection for future Regular Premiums

1. Premium Redirection will be effected from the next renewal premium.
2. Redirection of premium from / to Asset Plan Regular is NOT allowed.

Increase in Sum Assured or Premium

1. The General and Medical questions must be completed
2. Increase in Sum Assured or Premium can only be effected from next Policy Anniversary.
3. Increase in Premium must be in multiples of \$10.
4. Increase in Premium for Asset Plan Regular is NOT allowed.

Decrease in Sum Assured or Premium

1. Money Manager Plans – Minimum premium: Monthly = \$50, Quarterly = \$150, Half-yearly = \$300, Yearly = \$600.
2. Other Investment-Linked Plans – Minimum Monthly premium applies.
3. Decrease in Premium must be in multiples of \$10.
4. Decrease in Premium for Asset Plan Regular is NOT allowed.

Top-up

1. Top-up is only applicable to Investment-linked Plan.
2. Top-up charge may be applicable depending on type of plan.
3. Units will only be allocated to the Policy at the Offer price prevailing on the next Valuation Date following the acceptance of this application and receipt of the top-up payment.
4. Please note that a Top-up transaction may lead to an increase in Sum Assured. The benefits of the Top-up will be based on the prevailing terms and conditions of Singlife at the point of the Top-up application. The General and Medical questions must be completed.
5. For policies bought under the CPF/SRS Investment Scheme, please also submit the "Standing Instruction – Settlement under the CPF Board (Investment Scheme) Regulations" together with this application, if the said form was not submitted previously.

Change in Dividend Distribution Option

1. Change in dividend distribution option will be effected from the next dividend distribution.
2. The default Dividend Distribution Option is to reinvest all dividends from such ILP sub-fund if:
 - a. the dividend amount is below the minimum dividend cash out amount of S\$40; and/or
 - b. both Cash Out/Reinvest option is selected; and/or
 - c. no selection is indicated.
3. For SRS policy, if cash out option is selected and the minimum dividend cash out amount of S\$40 is met, the dividend will be credited back to the same SRS account.