* P O L C H G *

Singlife with AVIVA

Addition of Rider(s) / Supplementary Benefit(s) Form

Particulars of Financial Adviser Representative ("FAR")

Name : _____

Source Code : _____ **Name of Firm** : _____

Policy Details

Policy Number : | | | | | | | | |

Name of Assignee/Assured : _____ **NRIC/Passport No.** : _____

Name of Joint Assured : _____ **NRIC/Passport No.** : _____

Name of Life Assured : _____ **NRIC/Passport No.** : _____

Name of Joint Life Assured : _____ **NRIC/Passport No.** : _____

Country of Residence : _____

Important Notes:

- For addition of Critical Illness Cover in MySimpleTermPlan, please complete section E and Declaration.
- For addition of Personal Accident Cover in MySimpleTermPlan, please complete section F and Declaration.
- For addition of other riders in all plans, please compete section A, B, C, D and Declaration.

Pursuant to Section 25(5) of the Insurance Act (Cap. 142), 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 note that we will deduct the required payment 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 the premium due of your existing coverage together with the new Supplementary Benefit(s) via cheque.

If the premium of your existing coverage is due for payment, the Supplementary Benefit(s) will commence upon full receipt of the premium of your existing coverage. Otherwise, the prorated premium received for addition of Supplementary Benefit(s) request may be used to pay for the basic premium due.

Please tick (√) the appropriate box

☐ **Addition of Rider(s) / Supplementary Benefit(s)**
Please note: Subject to the entry age of the Rider(s) / Supplementary Benefit(s)
For addition of Spouse Benefit (for selected plan type only), please complete Spouse's Details section below.

Name of Rider(s) / Supplementary Benefit(s)	Term / Expiry Age	Sum Assured / Monthly Benefit(s)
1.		
2.		
3.		
4.		
5.		

Spouse's Details – Applicable for addition of Spouse Benefit (for selected plan type only)

Full Name (as per NRIC / Passport)		NRIC / Passport / FIN No.	
Nationality		Contact Number	
Country of residence		Relationship with Policy Owner	

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☐	Increase in benefit: _____

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 alterations.

☐ Yes. I/We have received the advice and the basis of recommendation is indicated in the Fact Find Form.

☐ No. I/We do not wish to receive advice from my FAR and I/we have made my/our own decision. I/We take full and sole responsibility to ensure that this Rider(s)/Supplementary Benefit(s) are 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 27 of the Financial Advisors Act (Cap 110) to file a civil claim against Singapore Life Ltd.

Section A (Please fill in the details)

DETAILS OF LIFE ASSURED AND/OR JOINT LIFE ASSURED	Life Assured	Joint Life Assured
Country of Residence		
Occupation		
Annual Fixed Income		
Exact duties		
Nature of Business		
Name of Employer and address		

Section B (Please tick (√) the appropriate box or/and fill in the details)

DETAILS OF PREVIOUS & CONCURRENT INSURANCE APPLICATIONS	Life Assured		Joint 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					

Section C (Please tick (√) the appropriate box or/and fill in the details)

	GENERAL QUESTIONS	Life Assured		Joint Life Assured	
		Yes	No	Yes	No
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? If yes, please provide the activities and complete Hazardous Pursuits Supplementary Questionnaire (Q39) from our corporate website.	☐	☐	☐	☐

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GENERAL QUESTIONS (Continued)		Life Assured		Joint Life Assured	
		Yes	No	Yes	No
2.	Please complete this question if you are applying for Life cover greater than S$2,000,000. 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

3.	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 (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 visitor in Singapore or here on visit pass? If Yes to Question 3, 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: _____	

Section D (Please tick (√) the appropriate box or/and fill in the details)

HEALTH QUESTIONS		Details
1.	Please state your height and weight. **Life Assured**	Height ____ m Weight ____ kg
	Joint Life Assured/Assured	Height ____ m Weight ____ kg

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HEALTH QUESTIONS (Continued)		Life Assured		Joint Life Assured	
		Yes	No	Yes	No
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, please complete the following:	☐	☐	☐	☐

Assured/Life Assured			
Name of medical test	**Date**	**Details of treatment, further test and results**	**Name and address of doctor consulted**

Joint Assured/Life Assured			
Name of medical test	**Date**	**Details of treatment, further test and results**	**Name and address of doctor consulted**

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?	☐	☐	☐	☐
4.	Has any of your natural parent or sibling been diagnosed with or died from any of the following **before age 60**: - 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? If Yes, please complete the following:	☐	☐	☐	☐

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)

5.	Are you a smoker? If Yes, how many sticks do you smoke? (including social smokers, cigar smokers or those who have given up within the last 12 months)	☐	☐	☐	☐
	Sticks per day:				
6.	Do you drink alcohol? 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:				

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HEALTH QUESTIONS (Continued)		Life Assured		Joint Life Assured	
		Yes	No	Yes	No
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?	☐	☐	☐	☐
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?	☐	☐	☐	☐
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?	☐	☐	☐	☐
	b) Experiencing symptoms or condition that you're likely to seek medical advice or treatment for?	☐	☐	☐	☐
	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)?	☐	☐	☐	☐

Section E (Please tick (√) the appropriate box or/and fill in the details)

For addition of Critical Illness Cover rider in MySimpleTermPlan		Life Assured	
		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	☐	☐
3.	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?	☐	☐
4.	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 4 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

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For addition of Critical Illness Cover rider in MySimpleTermPlan (Continued)		Life Assured	
		Yes	No
5.	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.	☐	☐
6.	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.	☐	☐
7.	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)	☐	☐

Section F (Please tick (√) the appropriate box or/and fill in the details)

For addition of Personal Accident rider in MySimpleTermPlan		Life Assured	
		Yes	No
1.	Do you have any physical defects, impairments, deformities and/ or conditions affecting mobility, sight and/ or hearing?	☐	☐

DECLARATION

I/We declare that I/we have received a copy of the Product Summary/Terms and Conditions of the supplementary benefit(s) and Fact Find Form (if applicable).

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 understand that the insurance shall not take effect until this application is accepted, the full premium is received and the endorsement of the supplementary benefit(s) is issued by Singapore Life Ltd. ("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 supplementary 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 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 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 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 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.

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DECLARATION (Continued)				
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.				
Signature of Main Life Assured ► *For age next birthday 17 years and above* ► *Your signature must be consistent with our record*	Signature of Assured / Joint Life Assured ► *Your signature must be consistent with our record*	Signature of Assignee/ Trustee(s)* ► *Your signature must be consistent with our record*	Signature of Financial Adviser Representative	Date ► *DD/MM/YYYY*
Name ► *As in NRIC/Passport*	Name ► *As in NRIC/Passport*	Name ► *As in NRIC/Passport*	Name ► *As in NRIC/Passport*	
Mobile Number	Mobile Number	Mobile Number		
Email address	Email address	Email address		

Note:

a) *Signature of Trustee(s)/Assignee are required for policies under Trust/Assignment.
b) Mobile number and email address provided will replace our records accordingly.
c) Both the Assured and Life Assured above the age of 16 are to sign on this Application.
d) The Assured will declare on beh\alf of the Life Assured below the age of 16.

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