

**TERMINATION OR TRANSFER FORM FOR PUBLIC OFFICERS
GROUP INSURANCE SCHEME / APPLICATION FORM FOR GROUP
PORTABLE SCHEME**



TERMINATION OR TRANSFER FORM FOR PUBLIC OFFICERS GROUP INSURANCE SCHEME ("POGIS") / APPLICATION FORM FOR GROUP PORTABLE SCHEME WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY ALL THE FACTS YOU KNOW OR OUGHT TO KNOW; OTHERWISE THE INSURANCE EFFECTED MAY BE VOID			
NOTE: THIS FORM IS TO BE SUBMITTED TO SINGAPORE LIFE LTD.			
SECTION A: PARTICULARS OF APPLICANT			
Name (as shown in NRIC/FIN/Passport):			
NRIC/FIN/Passport: (the last 4 alphanumeric, eg '678A' if your NRIC/FIN/Passport number is S12345678A)			
Date of birth:			
Contact details: (Mobile): _____ (Email): _____ Note: If your contact information on this form is different from those in our records, we will automatically update it in our system.			
SECTION B: TERMINATION OR TRANSFER OF COVER UNDER POGIS			
NOTE: PLEASE TICK AND COMPLETE THE RELEVANT SECTION			
<input type="checkbox"/> CHANGE OF ORGANISATION (WITHIN THE PUBLIC SERVICE)			
Change from: _____ to _____			
Effective date of change:			
<input type="checkbox"/> TERMINATION OF COVER			
Reason for termination: <input type="checkbox"/> I have ceased/will cease to be employed by the Government of Singapore or a statutory board (as the case may be) (collectively, the "Public Service"). Please state the date of your last day of employment with the Public Service: _____			
<input type="checkbox"/> Do not wish to continue the coverage			
SECTION C: APPLICATION FOR GROUP PORTABLE SCHEME			
Reason for this application: <input type="checkbox"/> I have ceased/will cease to be employed by the Public Service. Please state the date of your last day of employment with the Public Service: _____			
<input type="checkbox"/> I am applying for the Group Portable Scheme, with the same coverage for me and/or my dependants (also referred to as "proposed Lives Assured") (if applicable) that I had subscribed for under the POGIS prior to leaving the Public Service.			
<input type="checkbox"/> I am applying for the Group Portable Scheme, with a reduction in the coverage for me and/or my dependants (also referred to as "proposed Lives Assured") (if applicable) that I had subscribed for under the POGIS prior to leaving the Public Service as follows:			
My coverage	TL: S\$ _____	CI: S\$ _____	EI: S\$ _____
Spouse Name: _____	TL: S\$ _____	CI: S\$ _____	EI: S\$ _____
Child 1 Name: _____	TL: S\$ _____	CI: S\$ _____	EI: S\$ _____
Child 2 Name: _____	TL: S\$ _____	CI: S\$ _____	EI: S\$ _____
Note: TL – Term Life CI – Critical Illness EI – Early Critical Illness			
Please note that total sum assured of the dependant cannot exceed the total sum assured of the main applicant.			

SECTION D: DECLARATION (APPLICABLE TO GROUP PORTABLE SCHEME ONLY)

I/We confirm and declare that:

I/We declare that all the information given above, and all information previously provided by me/us in the Proposal Form I/we submitted during my/our application for insurance cover under POGIS ("POGIS Application"), is true and complete to the best of my/our knowledge and understand that any misrepresentation or concealment of facts shall render the policy to be issued null and void. I/We agree that this application, my/our POGIS Application, and all documents and information that Singapore Life Ltd. ("Singlife") has in relation to my/our insurance cover under POGIS, shall be the basis of the contract of insurance to be issued under the Group Portable Scheme Policy (the "Group Policy"). I/We understand that the insurance shall not become effective until it is accepted and confirmed in writing by Singlife.

I/We consent to Singlife collecting, using, transferring and relying on all information and documents in Singlife's records in relation to my/our insurance cover under POGIS for the purposes of this application and for the provision of cover under this Group Policy.

I/We understand and acknowledge that:

No Death Benefit, Total and Permanent Disability Benefit and/or Accelerated Death Benefit is payable in respect of any death, loss, injury or disability caused directly or indirectly, wholly or partly, by suicide or attempted suicide or self-inflicted injury or illness while sane or insane within the first 12 months from the date of inception or reinstatement of the insured person's cover under this policy (whichever is applicable).

I/We agree to inform Singlife if there is any change in the state of my/our health or my/our activities between the date of this Declaration and the date full insurance coverage is provided by Singlife to me/us. I/We understand that the terms of accepting me/us as a risk for insurance coverage may vary according to such information received.

I/We consent to Singlife seeking information from my/our doctor who has attended to me/us or from other insurance company to which I/we have at any time made a proposal for insurance and I/we authorise the giving of such information. I/We further authorise Singlife to give such information as I/we have provided for the purpose of applying for cover under this Group Policy to the insurance intermediaries/administrators of the Group Policy.

I/We acknowledge that I/we have access to and have read and understood the Product Summary, Your Guide to Life Insurance and Your Guide to Health Insurance with Infographic "Evaluating My Health Insurance Coverage" May 2016 (if applicable).

I/We understand that I/we may seek advice from a qualified financial adviser representative before signing this application form. Should I/we choose not to, I/we take sole responsibility to ensure that this product is appropriate to meet my financial needs and insurance objectives.

I/We understand that there is a 14-day free-look period after Singlife has sent the Certificate of Insurance by email.

I/We am aware that if I/we decide that the Group Policy is not suitable after my purchase, I/we may terminate my coverage under the Group Policy in accordance with the free-look provision, if any, and you may recover from me any expense incurred in underwriting the policy.

I/We agree and authorise any medical source, insurance office or organisation to release to Singlife, and Singlife to release to any of the prior mentioned organisations relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by Singlife. A photographic copy of this authorisation shall be as valid as the original.

I/We further declare that I /we am/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 am/are aware that this is a life policy and not a savings account or deposit and I/We may not get back the premiums paid (partially or fully) if the coverage under the policy is terminated prematurely.

For and on behalf of myself and all proposed Lives Assured, 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 (including personal data in relation to my/our POGIS cover) or to be collected in future) for the following purposes:

to issue and administer my existing and/or new cover(s), policy(ies) and/or account(s) with Singlife and such other purpose ancillary or related to the administering of the cover(s), policy(ies) and/or account(s), including the processing of my personal data for underwriting purposes, payment of premiums and/or claims purposes;

for statistical, research, compliance, audit and regulatory purposes; and to provide general information on product enhancements and services relevant to my needs or covers/policies (including increasing benefits, adding riders/supplements and/or Lives Assured) as well as to provide financial advice or product recommendations to me, where applicable.

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

For and on behalf of myself and all Lives 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.

Signature of Applicant	Signature of Dependants <i>(Aged 16 years and above) (if applicable)</i>		
	Signature of Spouse	Signature of Child 1	Signature of Child 2
Date	Date	Date	Date