

ADDITION OF RIDER(S) / SUPPLEMENTARY BENEFIT(S) FORM



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.

- For addition of Critical Illness Cover in Singlife Simple Term, please complete section D, F and Declaration.
- For addition of Personal Accident Cover in Singlife Simple Term, please complete section F and Declaration.
- For addition of other riders in all plans, please complete section A, B, C, D, E and Declaration.
- For an increase of benefit under Guaranteed Issuance Offer, please complete the Sum Assured/Benefit for the basic plan and/or riders (under Policy Details), as well as the Declaration.

Please note that we will deduct the required payment(s)/premium(s) based on your current payment method at the point we receive this form. If you do not have an existing payment arrangement with us, please make your payment electronically via Interbank Funds Transfer.

If you would like to set up eGiro payment for subsequent premium payments, you can apply through MySinglife > Policy Servicing > Set up eGIRO for Premium Payment.

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.

PARTICULARS OF FINANCIAL ADVISER REPRESENTATIVE ("FAR")

Name

Source Code

Name of Firm

YOUR POLICY DETAILS

Policy Number

Name of Assignee/Assured

NRIC/Passport No./Company UEN

Name of Joint Assured

NRIC/Passport No.

Name of Life Assured

NRIC/Passport No.

Name of Joint Life Assured

NRIC/Passport No.

YOUR POLICY DETAILS (cont'd)

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. Please submit a completed fact find form together with your application. Any omission may result in delays in processing.
- 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 36 of the Financial Advisers Act 2001 to file a civil claim against Singapore Life Ltd.

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 No.

Nationality

Contact Number

Country of Residence

Relationship with Policy Owner

Increase in benefit

SECTION A: EMPLOYMENT DETAILS

(Applicable to other riders in all plans except Critical Illness Cover and Personal Accident Cover in Singlife Simple Term)

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

SECTION B: DECLARATION OF EXISTING POLICIES

(Applicable to other riders in all plans except Critical Illness Cover and Personal Accident Cover in Singlife Simple Term)

(Please tick (✓) the appropriate box or/and fill in the details)		Assured/ Life Assured		Joint Assured/ Life Assured	
		Yes	No	Yes	No
Do you have life insurance coverage and/or are you also applying for insurance with another insurance company? If 'Yes', please provide the coverage amount in equivalent Singapore dollars below.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Life (Death)	Total & Permanent Disability	Critical Illness	Personal Accident	Disability Income
Assured/Life Assured					
Joint Assured/Life Assured					

SECTION C: LIFESTYLE QUESTION

(Applicable to other riders in all plans except Critical Illness Cover and Personal Accident Cover in Singlife Simple Term)

(Please tick (✓) the appropriate box or/and fill in the details)		Assured/ Life Assured		Joint Assured/ Life Assured	
		Yes	No	Yes	No
1. In the last 12 months preceding the date of this application, have you been residing in Singapore for more than 183 days?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the last 12 months/next 12 months, have you spent/plan to spend more than 90 days outside of your current country of residence (excluding studies or leisure)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Country and city visited	Purpose and frequency of travel	Duration per trip	Travel Period	
Assured/Life Assured					
Joint Assured/Life Assured					
3. Think about your hobbies and interests. Do you take part in any of the following or plan to in future? - scuba diving - private flying - motor sports - mountain or rock climbing (excluding artificial wall climbing) - skydiving or parachuting - other extreme or high-risk sports?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'Yes', please provide the activities and complete Hazardous Pursuits Supplementary Questionnaire (Q39) from our corporate website.					

SECTION D: GENERAL QUESTION

(Applicable to other riders in all plans except Personal Accident Cover in Singlife Simple Term)

(Please tick (✓) the appropriate box or/and fill in the details)		Assured/ Life Assured		Joint Assured/ Life Assured	
		Yes	No	Yes	No
1. What is your height and weight?		Height (m):		Weight (kg):	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sticks per day:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION E: HEALTH QUESTIONS

(Applicable to other riders in all plans except Critical Illness Cover and Personal Accident Cover in Singlife Simple Term)

(Please tick (✓) the appropriate box or/and fill in the details)	Assured/ Life Assured		Joint Assured/ Life Assured	
	Yes	No	Yes	No
1. Many of our customers consume alcohol socially or occasionally. Do you consume alcoholic drinks? If 'Yes', what is the total number of standard alcoholic drinks you drink per week? (1 standard alcoholic drink equates to 330ml beer, 125ml glass of wine or 30ml nip of spirits) Total per week:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the last 10 years, have you: a) received treatment for alcohol dependency; or b) used addictive substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Please complete this question if you are applying for Life cover greater than S\$2,000,000 or Disability Income cover greater than \$4,000. Do you have a regular doctor? If 'Yes', please provide details below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assured/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/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	
4. Are you (a) A resident in Singapore (Citizen, Permanent Resident, or pass holder with more than 90 days of permitted stay) and have total cover including multiplier benefits (current application plus existing cover with us and other insurers) exceeding - S\$2,000,000 for life cover or - S\$500,000 critical illness benefit or - S\$10,000 disability income monthly benefit, OR (b) A non-resident in Singapore or here on visit pass?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'Yes' to Question 4, please answer the question on predictive genetic tests below. If 'No', you do not need to tell us about your predictive genetic test results, unless it is negative and may help your application.				
	Predictive Genetic Test	Life Cover	Critical Illness Benefit or Disability Income Benefit	
Assured/ Life Assured	Breast cancer (BRCA1)	Not applicable	<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: _____		

SECTION E: HEALTH QUESTIONS (cont'd)

(Applicable to other riders in all plans except Critical Illness Cover and Personal Accident Cover in Singlife Simple Term)

	Predictive Genetic Test	Life Cover	Critical Illness Benefit or Disability Income Benefit			
Joint Assured/ Life Assured	Breast cancer (BRCA1)	Not applicable	<input type="checkbox"/>	Not tested before/Not applicable		
	Breast cancer (BRCA2)		<input type="checkbox"/>	Result normal/Negative		
	Huntington's disease (HTT)	<input type="checkbox"/>	Result out of range/positive/uncertain			
		<input type="checkbox"/>	Not tested before			
		<input type="checkbox"/>	Test done; please state results and submit a copy of the report:			
(Please tick (✓) the appropriate box or/and fill in the details)		Assured/ Life Assured		Joint Assured/ Life Assured		
		Yes	No	Yes	No	
5. Have you ever had, or undergone medical tests, consultations or treatments for, or are you currently experiencing symptoms related to, any of the following?						
a) Heart attack, coronary artery disease, chest pain, heart valve disorder, irregular heartbeat, or any other heart conditions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Stroke, epilepsy, or any other neurological conditions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Diabetes or raised blood sugar (indicated as above normal limits in any test results)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Thyroid conditions or any other endocrine conditions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Cancer (any types or forms)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) Any type of tumour, lump, cyst, or growth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g) Anxiety disorders, depression, or any other mental health conditions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h) Kidney or liver (e.g., hepatitis B or C) conditions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i) Leukaemia, Lymphoma, or any other blood conditions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j) Systemic Lupus Erythematosus (SLE) or any other autoimmune conditions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k) HIV infection or any other sexually transmitted diseases		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. In the last 5 years, have you had, or undergone medical tests, consultations or treatments for, or are you currently experiencing symptoms related to, any of the following?						
a) High blood pressure or raised cholesterol (indicated as above normal limits in any test results)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Asthma or any other respiratory conditions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Arthritis, back or neck conditions, joint limitations, or nerve issues (e.g., weakness, numbness, tingling, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Eye or ear conditions (other than those that can be corrected by glasses or lenses e.g., short-/long-sightedness, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Other than conditions stated above, in the last 5 years, have you had:						
a) i. Any biopsies, CT/MRI scans, or scopes; or ii. Any investigations related to the prostate, breasts, ovaries, or uterus?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Any test results indicated as abnormal or not within normal limits (e.g., blood or urine examination, ECG, pap smear, mammogram, imaging scans, screening tests, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Any health conditions which required any of the following? - specialist consultation - hospitalisation for more than 5 days - absence from work or school for more than 10 consecutive days - medication, treatment, or follow-up consultations, over a period of more than 4 weeks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION E: HEALTH QUESTIONS (cont'd)

(Applicable to other riders in all plans except Critical Illness Cover and Personal Accident Cover in Singlife Simple Term)

(Please tick (✓) the appropriate box or/and fill in the details)	Assured/ Life Assured		Joint Assured/ Life Assured	
	Yes	No	Yes	No
8. Other than conditions stated above, were you, have you been, or are you currently:				
a) i. Awaiting or recommended to go for any medical tests, consultations, treatments, or follow-ups; or ii. Awaiting any test results (e.g., blood or urine examinations, imaging scans, screening tests, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Experiencing symptoms or conditions that might require medical opinion (other than minor illnesses e.g., cold, flu, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Experiencing any restriction or difficulty in performing activities of daily living* (washing, dressing, feeding, toileting, mobility/walking or moving around and transferring)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Please refer to Product Summary for its definitions.				

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

Question no	Medical condition and exact diagnosis	Date of first symptoms or diagnosis <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> >5 yrs	Details of tests, dates and results
<input type="checkbox"/> Assured/ Life Assured <input type="checkbox"/> Joint Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? <input type="checkbox"/> Yes (to provide duration since full recovery) <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> >5 yrs <input type="checkbox"/> No (to provide treatment and medication given) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>		Name and address of doctor consulted
<input type="checkbox"/> Assured/ Life Assured <input type="checkbox"/> Joint Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? <input type="checkbox"/> Yes (to provide duration since full recovery) <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> >5 yrs <input type="checkbox"/> No (to provide treatment and medication given) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>		Name and address of doctor consulted

SECTION E: HEALTH QUESTIONS (cont'd)

(Applicable to other riders in all plans except Critical Illness Cover and Personal Accident Cover in Singlife Simple Term)

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

Question no	Medical condition and exact diagnosis	Date of first symptoms or diagnosis <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> >5 yrs	Details of tests, dates and results
<input type="checkbox"/> Assured/ Life Assured <input type="checkbox"/> Joint Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? <input type="checkbox"/> Yes (to provide duration since full recovery) <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> >5 yrs		Name and address of doctor consulted
	<input type="checkbox"/> No (to provide treatment and medication given) <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>		
Question no	Medical condition and exact diagnosis	Date of first symptoms or diagnosis <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> >5 yrs	Details of tests, dates and results
<input type="checkbox"/> Assured/ Life Assured <input type="checkbox"/> Joint Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? <input type="checkbox"/> Yes (to provide duration since full recovery) <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> >5 yrs		Name and address of doctor consulted
	<input type="checkbox"/> No (to provide treatment and medication given) <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>		
Question no	Medical condition and exact diagnosis	Date of first symptoms or diagnosis <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> >5 yrs	Details of tests, dates and results
<input type="checkbox"/> Assured/ Life Assured <input type="checkbox"/> Joint Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? <input type="checkbox"/> Yes (to provide duration since full recovery) <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> >5 yrs		Name and address of doctor consulted
	<input type="checkbox"/> No (to provide treatment and medication given) <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>		

SECTION E: HEALTH QUESTIONS (cont'd)

(Applicable to other riders in all plans except Critical Illness Cover and Personal Accident Cover in Singlife Simple Term)

(Please tick (✓) the appropriate box or/and fill in the details)	Assured/ Life Assured		Joint Assured/ Life Assured	
	Yes	No	Yes	No
9. Consider the medical history of your family. Have any of your biological parents or siblings been diagnosed with or passed away from any of the following before age 60? - stroke - diabetes - polycystic kidney disease - familial hypercholesterolemia - cancers of the colon, breast or ovary - multiple sclerosis, muscular dystrophy - heart attack, coronary artery disease, cardiomyopathy - Alzheimer's disease, Huntington's disease, Parkinson's disease - any other hereditary conditions requiring regular or ongoing consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	

SECTION F: ADDITIONAL HEALTH DETAILS (Applicable to Critical Illness Cover rider in Singlife Simple Term)

(Please tick (✓) the appropriate box or/and fill in the details)	Life Assured	
	Yes	No
1. Have you ever had or been treated for: a. Cancer or Carcinoma-in-situ, b. Chest pain, heart attack or coronary heart disease, c. Stroke or transient ischaemic attack, d. Diabetes, e. Chronic kidney disease f. Arthritis?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F: ADDITIONAL HEALTH DETAILS (cont'd)

(Applicable to Critical Illness Cover rider in Singlife Simple Term)

(Please tick (✓) the appropriate box or/and fill in the details)			Life Assured	
			Yes	No
2. In the last 5 years, have you had: <ul style="list-style-type: none"> a. Blood disorder, b. Mitral valve prolapse, c. Hepatitis B, d. High blood pressure, e. Raised cholesterol f. Thyroid disorder? If you have answered 'Yes' to Question 2 above, please complete the following:			<input type="checkbox"/>	<input type="checkbox"/>
Question no	Medical condition and exact diagnosis	Date of first symptoms or diagnosis <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> >5 yrs	Details of tests, dates and results	
<input type="checkbox"/> Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? <ul style="list-style-type: none"> <input type="checkbox"/> Yes (to provide duration since full recovery) <ul style="list-style-type: none"> <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> >5 yrs <input type="checkbox"/> No (to provide treatment and medication given) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>		Name and address of doctor consulted	
3. Have you had any health conditions which led up: <ul style="list-style-type: none"> - more than 10 consecutive days off work, or - follow-up consultations lasting a month or more, or - treatment for 1 month or more. 			<input type="checkbox"/>	<input type="checkbox"/>
4. Have you: <ul style="list-style-type: none"> - 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. 			<input type="checkbox"/>	<input type="checkbox"/>
5. Has any of your natural parents, sisters or brothers died or had breast, ovarian and/or colon cancer before age 65? (*Note: Please complete this question if Critical Illness Cover is attached)			<input type="checkbox"/>	<input type="checkbox"/>
For addition of Personal Accident rider in Singlife Simple Term			Life Assured	
			Yes	No
6. Do you have any physical defects, impairments, deformities, behavioural/developmental disorders or conditions affecting mobility, sight, hearing or cognitive functions?			<input type="checkbox"/>	<input type="checkbox"/>

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 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 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.

For where the Assured/Assignee, Joint Assured, Life Assured, Joint Life Assured and/or Trustee is/are individuals

For and on behalf of myself and all Life 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 or to be collected in future) for the following purposes:

- for the processing of the above transaction for any such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife; and
- for statistical, research, audit, compliance and regulatory purposes.

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

Where applicable, for and on behalf of myself and all Life Assured, I/we confirm that for the personal data of other individuals (contained in this form) that I/we have disclosed to Singlife, that I/we have prior to disclosing such personal data to Singlife, obtained the appropriate consent from the individual(s) to:

- permit me/us to collect, use and/or disclose the individual's(s') personal data to Singlife for the above purposes;
- permit Singlife to collect, use and/or disclose the individual's(s') personal data for the above purposes; and
- permit Singlife to disclose and/or transfer the individual's(s') personal data to (i) Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable); (ii) the Government of Singapore, where applicable; (iii) statutory boards, where applicable; and (iv) organisations approved by the Government of Singapore, where applicable, for the above purposes and managing my/our relationship with Singlife related group of companies.

DECLARATION (cont'd)

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

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

For and on behalf of the Assured/Assignee and/or Trustee, I/we hereby represent, undertake and warrant to Singlife that:

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

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

- (a) any breach of any of the provisions in this clause; and/or
- (b) any action or omission by the Assured/Assignee and/or Trustee, that causes Singlife and/or any of Singlife related group of companies to be in breach of the Personal Data Protection Act.

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

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

I/We understand and agree that the changes requested in this application:

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

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

SECTION G: DECLARATION (cont'd)

Signature of Assured/Life Assured/
Authorised Signatory^

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

Mobile number

Email address

Signature of Joint Assured/Life Assured

Name (as in NRIC/Passport)

Mobile number

Email address

Signature of Assignee/Trustee(s)*

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

Mobile number

Email address

Date (DD/MM/YYYY)

Note:

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