

# POLICY SERVICING HEALTH DECLARATION FOR UNIVERSAL LIFE PRODUCTS



## YOUR POLICY DETAILS

Policy Number	<input type="text"/>	Plan Name	<input type="text"/>
Name of Assured / Assignee	<input type="text"/>	NRIC / Passport No. / Company UEN	<input type="text"/>
Name of Life Assured	<input type="text"/>	NRIC / Passport No.	<input type="text"/>

## 1: TYPES OF ALTERATION REQUEST (Please tick (✓) the appropriate box)

- Policy Reinstatement
- Change of Occupation (Please complete Section 3 and Declaration)
- Change in Life Assured

### Details of New Life Assured

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

Salutation  Mr  Mrs  Mdm  Ms  Dr

NRIC / Passport No.

Date of Birth (DD/MM/YY)

Nationality

Country of Birth

Gender  Male  Female Race  Chinese  Malay  Indian  Others

Marital Status

Relationship to Assured

Residential Address

- Others, please specify:

## 2: 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.

Regulations based on the Singapore Income Tax Act 1947, Foreign Account Tax Compliance Act ("FATCA"), OECD Common Reporting Standard for Common Exchange of Financial Account Information ("CRS") require Singapore Life Ltd. ("Singlife") to collect certain information about an Account Holder's tax residence. We may be legally obliged to give the Inland Revenue Authority of Singapore (IRAS) this information, along with information relating to your policies, which may be shared between different countries' tax authorities.

To help us collect this information, we need you to complete the questions in Section A and Section B in the Declaration portion.

### 3: EMPLOYMENT DETAILS

	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		
Name of Employer and Address		

### 4: DECLARATION OF EXISTING POLICIES

			Life Assured
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"/> Yes <input type="checkbox"/> No
Name of Insurer(s)	Sum Assured of Life (Death)	Issue Year/Pending Application(s)	Business or Personal Insurance

### 5: TRAVEL AND LIFESTYLE QUESTION

		Life Assured
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"/> Yes <input type="checkbox"/> No
2. In the next 12 months, do you plan to spend more than 90 days outside of your current country of residence (excluding studies or leisure)? If 'Yes', please complete the following:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Country and city to be visited	Purpose and frequency of travel	Duration per trip
3. Do you take part in any of the following or plan to in future? - scuba diving - skydiving or parachuting - mountain or rock climbing (excluding artificial wall climbing) - private flying - motor sports - other extreme sports If 'Yes', please provide the activities:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>		

## 5: TRAVEL AND LIFESTYLE QUESTION (continued)

		Life Assured
For scuba diving only		
a) Is this an one-off participation and no plan in future? If 'No', please proceed with the following questions (b) to (d).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Is the usual depth involved more than 40 metres?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Do you dive alone and unaccompanied, or participate in cave or wreck diving or other more hazardous diving activities? If 'Yes', please provide details:  <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Have you ever been involved in accident or sustained injury during your involvement in this activity? If 'Yes', please provide details:  <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 6: GENERAL QUESTIONS

		Life Assured
1. What is your height and weight?	<input type="text"/>	(m)
	<input type="text"/>	(kg)
2. Have you ever used tobacco products (including but not limited to cigarette or cigar) If 'Yes', please provide details below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type	Sticks per day	Date of last used (MM/YYYY)
Cigarette		
Cigar		
Others (please specify): _____		
3. Do you drink alcohol? If 'Yes', on average, how many alcoholic drinks do you consume per week? (1 standard alcoholic drink is the equivalent of 1 can of beer, 1 glass of wine (125 ml) or 1 shot of spirits (30ml))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Total per week	<input type="text"/>
4. 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name and address of doctor consulted	Reason for consultation	Date of last consultation
		<input type="checkbox"/> <= 12 months
		<input type="checkbox"/> >12 months
5. 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 <b>S\$2,000,000 for life cover</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) a non-resident in Singapore or here on visit pass? If 'Yes' to Question 5 a) or b), please answer a question on predictive genetic tests below. If 'No', you do not need to tell us about your <b>predictive</b> genetic test results, unless it is negative and may help your application.		

## 6: GENERAL QUESTIONS (continued)

### Predictive Genetic Test

Huntington's disease (HTT)

Not tested before

Test done; please state results and submit a copy of the report

## 7: HEALTH QUESTIONS

### Life Assured

- |  |  |
|--|--|
| <p>1. In the last 10 years, have you been treated for alcoholism or used habit forming drug(s)?</p>  | <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>   |
| <p>2. Have you ever had, experienced symptoms or received medical advice or had treatment for any of the following conditions (whether diagnosed or not):</p> <p>a) Heart attack, coronary artery disease, irregular heartbeat, heart valve disorder or any heart abnormality?</p> <p>b) Stroke, epilepsy or any other neurological disorder?</p> <p>c) Diabetes, raised blood sugar or thyroid disorders?</p> <p>d) Cancer, tumour, cyst or growth of any kind?</p> <p>e) Depression, anxiety or any other mental disorder?</p> <p>f) Kidney or liver (e.g hepatitis B or C) disorder?</p> <p>g) HIV, AIDs or sexually transmitted disease?</p> | <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
| <p>3. In the last 5 years, have you had or experienced symptoms or received medical advice or had treatment for any of the following conditions (whether diagnosed or not):</p> <p>a) High blood pressure?</p> <p>b) Asthma or any other respiratory disorder?</p> <p>c) Arthritis, physical disability or weakness for which you have not fully recovered?</p> <p>d) Eye or ear disorder (other than short sightedness)?</p>  | <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>  |
| <p>4. <b>Other than conditions you have already told us</b>, within the last 5 years have you:</p> <p>a) Had a biopsy or any abnormal medical investigations such as blood or urine tests or COVID-19 PCR or scans?</p> <p>If you have answered 'Yes' to Question 4 a), please complete the following:</p>   | <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>   |

Name of medical test	Date	Diagnosis, treatment, further test and results	Name and address of doctor consulted

- |   |  |
|---|--|
| <p>b) Had any health condition which required:</p> <ul style="list-style-type: none"> <li>- medication or follow up consultations lasting more than 4 weeks</li> <li>- hospitalisation for more than 5 days</li> <li>- absence from work for more than 10 consecutive days</li> </ul> | <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
| <p>c) Been waiting for results of any medical investigations such as blood or urine tests and scans?</p>  | <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
| <p>d) Been currently having symptoms or considering medical advice (other than minor illnesses such as cold and flu)</p>  | <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
| <p>e) Been currently experiencing any restriction or difficulty in performing your daily activities?</p>  | <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |

## 7: HEALTH QUESTIONS (continued)

			Life Assured	
5. Has any of your natural parent or sibling been diagnosed with or died from any of the following <b>before age 60</b> : <ul style="list-style-type: none"> <li>- stroke</li> <li>- diabetes mellitus</li> <li>- cancers of the bowel, colon, breast, ovary, prostate, melanoma or lung</li> <li>- cardiomyopathy, coronary artery disease, heart attack, ischaemic heart disease</li> <li>- multiple sclerosis, muscular dystrophy</li> <li>- Alzheimer's disease, Huntington's disease, Parkinson's disease</li> <li>- polycystic kidney disease</li> <li>- any other hereditary disease or disorder requiring regular consultation?</li> </ul> If 'Yes', please complete the following:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical condition	Relationship	Age of diagnosis	Age of death (if applicable)	
If you have answered 'Yes' to any one of Questions 1, 2, 3 and 4 (b-e), please complete the following (with clear indication of Question No.):				
Question no.	Medical condition and exact diagnosis	Date of first symptoms or diagnosis		Details of tests, dates and results
		<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		
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) <input type="text"/>				Name and address of doctor consulted
Question no.	Medical condition and exact diagnosis	Date of first symptoms or diagnosis		Details of tests, dates and results
		<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		
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## 7: HEALTH QUESTIONS (continued)

If you have answered 'Yes' to any one of Questions 1, 2, 3 and 4 (b-e), 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
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## A: DECLARATION OF US INDICIA

	Assured / Assignee Name:	Trustee / Beneficiary Name:	Trustee / Beneficiary Name:
Do you have one or more US Indicia*?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give standing instructions to transfer funds to an account maintained in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give effective power of attorney or signatory granted to a person with a US address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have ticked 'Yes', please complete the **United States of America (US) Person Declaration form** that is available at [www.singlife.com/en/fatca](http://www.singlife.com/en/fatca) and return to us.  
 \*US Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / Contact Number/US "in-care-of" or "hold mail" address

## B: DECLARATION OF TAX RESIDENCY UNDER THE COMMON REPORTING STANDARD (CRS)

	Assured / Assignee Name:	Trustee / Beneficiary Name:	Trustee / Beneficiary Name:
Is there any change in the information that you have provided to Singlife that would result in a change in your tax residency status (for e.g. change in your residence/mailling/in-care of address, telephone number)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have ticked 'Yes', please complete the **CRS Self-Certification Form for Individual/Entity/Controlling Person (whichever is applicable)** that is available at [www.singlife.com/en/common-reporting-standard](http://www.singlife.com/en/common-reporting-standard) and return to us

## C: POLITICALLY EXPOSED PERSON (“PEP”)

	Assured / Assignee Name:	Trustee / Beneficiary Name:	Trustee / Beneficiary Name:
Are you a politically exposed person (PEP) <sup>^</sup> or is a close associate <sup>^^</sup> of a PEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have ticked 'Yes', please provide the following details.			
Name of PEP	<input type="text"/>		
Title / Position held	<input type="text"/>	Relationship with PEP	<input type="text"/>
<p><sup>^</sup> Politically Exposed Person (PEP) is an individual who is or has been entrusted with prominent public functions whether in Singapore or a foreign country. Prominent public function as defined in MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism includes the roles held by head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.</p> <p><sup>^^</sup> Close associate person is an immediate family member of a politically exposed person or closely connected professionally. An immediate family member includes parents, siblings, child, and spouse including spouse's parents and siblings.</p>			

## D: DECLARATION AND AUTHORISATION

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 benefit(s) is issued by 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 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/We also understand that if this application is submitted for reinstatement of Policy, the Policy will be reinstated and the insurance cover restored only when an official letter confirming the reinstatement has been issued by Singlife. Singlife will not be liable for any claims arising between the date of lapsing of the Policy and the reinstatement date of the Policy.

If I/We are applying to reinstate the policy, I/We agree that notwithstanding the terms and conditions under the policy, I/We must give Singlife all material information from the expiry date of my/our policy up till the reinstatement date that may influence Singlife's decision whether to reinstate or impose further terms under the policy. If I/We fail to give Singlife such material information, Singlife may (a) declare the policy as void from the start date of the reinstated policy; (b) end the cover for the insured and not pay any benefits; or (c) change the acceptance terms of the policy.

## D: DECLARATION AND AUTHORISATION (continued)

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 bankruptcy application (including any statutory demand), 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 understand that Singlife is required under Anti-Money Laundering and Countering Terrorist Financing laws, regulations and/or sanctions administered by any regulatory authorities in any country, not to accept or process application from a Prohibited Person, who is a person or an entity whose director(s) or shareholder(s) or trustee. In the event that a customer subsequently becomes a Prohibited Person, I/we may block and/or terminate the relevant policy, if legally required, including but not limited to, making or receiving any payments under the relevant policy. As an ongoing obligation, I/we will immediately inform Singlife if there are any changes to the identities, status/constitution/establishment, particulars and identification document of such persons.

### **For where the Assured/Assignee, Life Assured, Trustee and/or Beneficiary is/are individuals**

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

Where applicable, for and behalf of myself and the proposed 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 Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes.

For and on behalf of myself and the proposed 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 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, I/we hereby represent, undertake and warrant to Singlife that:

(a) for any personal data of individuals that the Assured/Assignee will be or is disclosing to Singlife, whether directly or through an intermediary, that the Assured/Assignee 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 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 policy(ies), account(s) and/or managing the Assured's/Assignee'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 Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including the Assured's/Assignee's financial advisers, where applicable), whether located in Singapore or elsewhere, for the purposes as described above;

(b) any personal data of individuals that the Assured/Assignee will be or is disclosing to Singlife are accurate. Further, the Assured/Assignee 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;

**D: DECLARATION AND AUTHORISATION** (continued)

- (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, 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, 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, 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, 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 upon posting and/or where the Assured/Assignee continues to use the relevant products and services offered by Singlife to which such terms relate to.

<p>Signature of Life Assured</p> <input style="width: 95%; height: 60px;" type="text"/>	<p>Name (as in NRIC/Passport)</p> <input style="width: 95%; height: 25px;" type="text"/>				
	<table border="0"><tr><td style="width: 50%;">Mobile Number</td><td style="width: 50%;">Email address</td></tr><tr><td><input style="width: 95%; height: 25px;" type="text"/></td><td><input style="width: 95%; height: 25px;" type="text"/></td></tr></table>	Mobile Number	Email address	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Mobile Number	Email address				
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>				

<p>Signature of Assured/Assignee/ Authorised Signatory^</p> <input style="width: 95%; height: 60px;" type="text"/>	<p>Name (as in NRIC/Passport) or Full Name of Company</p> <input style="width: 95%; height: 25px;" type="text"/>				
	<table border="0"><tr><td style="width: 50%;">Mobile Number</td><td style="width: 50%;">Email address</td></tr><tr><td><input style="width: 95%; height: 25px;" type="text"/></td><td><input style="width: 95%; height: 25px;" type="text"/></td></tr></table>	Mobile Number	Email address	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Mobile Number	Email address				
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>				

<p>Signature of Trustee/Beneficiary*</p> <input style="width: 95%; height: 60px;" type="text"/>	<p>Name (as in NRIC/Passport) or Full Name of Company</p> <input style="width: 95%; height: 25px;" type="text"/>				
	<table border="0"><tr><td style="width: 50%;">Mobile Number</td><td style="width: 50%;">Email address</td></tr><tr><td><input style="width: 95%; height: 25px;" type="text"/></td><td><input style="width: 95%; height: 25px;" type="text"/></td></tr></table>	Mobile Number	Email address	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Mobile Number	Email address				
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>				

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Mobile Number	Email address				
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>				

Date (DD/MM/YYYY)

**Note:**

- a) Signature(s) must be consistent with our record.
- b) ^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.
- c) \*Signature of Trustee(s) and/or Beneficiary(ies) is/are required for policy under Trust nomination.
- d) Mobile number and email address provided above will I replace our records accordingly.