



**CHANGE IN SUM ASSURED/PREMIUM  
SINGLE PREMIUM TOP-UP 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.

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

**CUSTOMER KNOWLEDGE ASSESSMENT (CKA)**

Name of Assured/Assignee

Policy Number

NRIC/Passport No./Company UEN

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

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

**SECTION A: KNOWLEDGE ACQUIRED**

**Educational Qualifications**

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

If Yes, please indicate as applicable:

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

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

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

If Yes, please specify:

**Investment Experience**

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

- Collective Investment Schemes (CIS) (e.g. Unit Trusts)
- Investment-Linked Policies (ILP)

\*You may tick more than one box.

**Work Experience**

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

- Development/Structuring/Management/Sale/Trading/Research/Analysis of Investment Products
- Provision of training on Investment Products
- Accountancy, Actuarial Science, Treasury, Financial Risk Management and Legal work in financial areas

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

## SECTION B: OUTCOME OF CKA (from Section A)

If all the above responses are “No”, you are deemed NOT to have the relevant investment knowledge.

## SECTION C: CUSTOMER ACKNOWLEDGEMENT OF CKA OUTCOME

I acknowledge that

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

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

### PASS CKA

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

### DID NOT PASS CKA

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

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

### FAR Comments (If Applicable)

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

### Recommendations by licensed financial advisers

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

[2/2005]

[SF Bill, Clause 121]

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

**CHANGE IN SUM ASSURED/PREMIUM  
SINGLE PREMIUM TOP-UP FORM**

**SINGLE PREMIUM TOP UP**

Please complete the General & Health Questions only for Single Premium Top Up (not applicable to Guaranteed Issuance Offer products).  
Dividend distribution option is only applicable to ILP sub-fund that pays dividends. Please select either to receive payout in cash of these dividends ("Cash Out") or to reinvest these dividends ("Reinvest").  
**Note:** Please note that we will deduct the required 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

**Single Premium Top-up: \$**

(Minimum amount = \$1,000 and must be in multiples of \$10)

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

**Assured/ Trustee(s)/ Assignee's Acknowledgement  
(This portion needs to be filled up for increase in Sum Assured/ Premium and Single Premium Top Up)**

Please tick (✓) accordingly:

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

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

- Yes. I/We have received 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/our FAR and I/we have made my/our own decision. I/We take full responsibility that the increase in regular premium is suitable for my/our financial needs and insurance objectives. I am/We are aware that I am/we are not able to rely on section 36 of the Financial Advisors Act 2001 to file a civil claim against Singapore Life Ltd. ("Singlife").

**CHANGE IN SUM ASSURED/PREMIUM**

Please complete the General & Health Questions only for increases in Sum Assured (not applicable to Guaranteed Issuance Offer products, unless the product includes riders that require underwriting).

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

## EMPLOYMENT DETAILS

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		

## LIFESTYLE QUESTIONS

(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
<b>Assured/Life Assured</b>				
<b>Joint Assured/Life Assured</b>				
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?  If 'Yes', please provide the activities and complete Hazardous Pursuits Supplementary Questionnaire (Q39) from our corporate website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## GENERAL QUESTIONS

(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):		Height (m):	
	Weight (kg):		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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sticks per day:		Sticks per day:	

## HEALTH QUESTIONS

(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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total per week:		Total per week:	
2. In the last 10 years, have you:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) received treatment for alcohol dependency; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
<b>Assured/Life Assured</b>				
Name and address of doctor consulted	Reason for consultation		Date of last consultation	
			<input type="checkbox"/> ≤ 12 months <input type="checkbox"/> >12 months	
<b>Joint Assured/Life Assured</b>				
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(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"/>

## HEALTH QUESTIONS (cont'd)

(Please tick (✓) the appropriate box or/and fill in the details)		<b>Assured/ Life Assured</b>		<b>Joint Assured/ Life Assured</b>	
		Yes	No	Yes	No
If 'Yes' to Question 4, please answer the question on <b>predictive</b> 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.					
Predictive Genetic Test		Life Cover		Critical Illness Benefit or Disability Income Benefit	
<b>Assured/ Life Assured</b>	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: _____			
<b>Joint Assured/ Life Assured</b>	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: _____			
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"/>

## HEALTH QUESTIONS (cont'd)

(Please tick (✓) the appropriate box or/and fill in the details)	Assured/ Life Assured		Joint Assured/ Life Assured	
	Yes	No	Yes	No
<p>7. Other than conditions stated above, in the last 5 years, have you had:</p> <p>a) i. Any biopsies, CT/MRI scans, or scopes; or ii. Any investigations related to the prostate, breasts, ovaries, or uterus?</p> <p>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.)?</p> <p>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</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Other than conditions stated above, were you, have you been, or are you currently:</p> <p>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.)?</p> <p>b) Experiencing symptoms or conditions that might require medical opinion (other than minor illnesses e.g., cold, flu, etc.)?</p> <p>c) Experiencing any restriction or difficulty in performing activities of daily living* (washing, dressing, feeding, toileting, mobility/walking or moving around and transferring)?</p> <p><small>*Please refer to Product Summary for its definitions.</small></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)		Name and address of doctor consulted   <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<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)		Name and address of doctor consulted   <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

## HEALTH QUESTIONS (cont'd)

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	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	
<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: 20px; width: 100%; margin-top: 5px;"></div>		Name and address of doctor consulted
		<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"/> 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: 20px; width: 100%; margin-top: 5px;"></div>		Name and address of doctor consulted
		<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"/> 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: 20px; width: 100%; margin-top: 5px;"></div>		Name and address of doctor consulted
		<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"/> 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: 20px; width: 100%; margin-top: 5px;"></div>		Name and address of doctor consulted

## HEALTH QUESTIONS (cont'd)

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"/>
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### 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)

## DECLARATION

1. I/We declare that no material facts, that is, any facts likely to influence the assessment and acceptance of this application have been withheld and to the best of my/our knowledge and belief, the information furnished is true and complete. A photographic or electronic copy of this authorisation shall be as valid as the original.
2. I/We further declare 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.
3. I/We authorise Singapore Life Ltd. ("Singlife") to act upon instructions given by facsimile or by electronic means with regard to the Units subscribed for (and any further Units purchased) or any matter in connection with them or any of them without liability in respect of any transfer, payment or any other act done according to such instructions and notwithstanding that it shall be shown the same was not signed or sent by me/us. I/We agree to indemnify Singlife in respect of any loss arising in respect of acting on instructions given by facsimile or by electronic means or a decision not to act on the basis of such instructions or for any loss arising from the non-receipt of such instructions.
4. 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.
5. 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.
6. 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.
7. **For where the Assured/Joint Assured/Life Assured/Assignee/Trustee is an Individual**  
I/We consent to Singlife collecting, using and/or disclosing my/our personal data for the processing of the transaction as described in this form; statistical, research, compliance, audit and regulatory purposes; and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

## DECLARATION (cont'd)

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 or intermediaries (including my/our financial adviser, 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, 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 individuals to:

- permit me/us to collect, use and/or disclose the individuals' personal data to Singlife for the above purposes;
- permit Singlife to collect, use and/or disclose the individuals' personal data for the above purposes; 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 my/our financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes and managing my/our relationship with Singlife related group of companies.

### 8. For where the Assured/Assignee/Trustee is a Legal Entity

I/We, for and behalf of the Assured/Assignee/Trustee as indicated in this form, hereby represent, undertake and warrant to Singlife that:

(a) for any personal data of individuals that the Assured/Assignee/Trustee will be or is disclosing to Singlife, whether directly or through an intermediary, that the Assured/Assignee/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/Trustee to collect, use and/or disclose the individuals' personal data to Singlife for the purpose of the processing of the above transaction for any such other purposes ancillary or related to the administering of the Assured's/Assignee's/Trustee's policy(ies), account(s) and/or managing the Assured's/Assignee's/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 Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including the Assured's/Assignee's/Trustee's financial adviser, where applicable), whether located in Singapore or elsewhere, for the purposes as described above and managing the Assured's/Assignee's/Trustee's relationship with Singlife related group of companies;

(b) any personal data of individuals that the Assured/Assignee/Trustee will be or is disclosing to Singlife are accurate. Further, the Assured/Assignee/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 subclause (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, I/we, for and on behalf of the Assured/Assignee/Trustee, 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/Trustee, his/her agents) whatsoever, in respect of any matter of, by reason of or in respect of: any breach of any of the provisions in this clause; and/or any action or omission by the Assured/Assignee/Trustee, that causes Singlife and/or any of Singlife related group of companies to be in breach of the Personal Data Protection Act 2012.

I/We, for and on behalf of the Assured/Assignee/Trustee, 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/Trustee upon posting and/or where the Assured/Assignee/Trustee continues to use the relevant products and services offered by Singlife to which such terms relate to.

9. 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.

**DECLARATION (cont'd)**

10. For Z Link and Z Saver:

- a) I/We are aware that if I/we reduce my/our premium amount while maintaining the same sum assured for the basic benefit and/or the supplementary benefit(s), the units allocated will be affected and may not be sustainable in the long term and the cash values may be exhausted faster.
- b) I/We are aware that if I/we increase the sum assured for the basic benefit and/or the unit-deducting supplementary benefit(s), or add any unit-deducting supplementary benefit(s) while maintaining the same premium contribution, the increased sum assured/addition of unit-deducting supplementary benefit(s) will be subjected to additional cost of insurance charges. I/We understand that the units allocated may not be sustainable in the long term and the cash values may be exhausted faster. I/We are also aware that if my/our cash values fall below the cost of insurance cover and other expenses as stated in the policy document, I/We will no longer receive any benefit(s) from the policy and Singlife Life Ltd. will terminate the insurance cover. I/We have sought the relevant financial advice with regard to the request, and if I/We choose not to seek advice, I/We undertake all responsibilities and risks as a result of my/our decision.

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)

Signature of FAR

Name (as in NRIC/Passport)

FAR Code

Date (DD/MM/YYYY)

**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 behalf of the Life Assured below the age of 16.
- e) Signature(s) must be consistent with our record.

## USEFUL & IMPORTANT INFORMATION

### General

1. The application will be processed upon receipt of this request and other documentation or written information as Singlife may require (including the delivery of the Policy document if required). It will not be effective until application has been accepted in writing by Singlife.
2. Please complete one form per policy.
3. To qualify for the next available pricing, request must be received by our Registered Office before 12 noon.  
(This applies for all except Z Invest / Z Link Choice / Z Link Choice Max and Z Saver)  
To qualify for the next available pricing, request must be received by our Registered Office before 2pm.  
(Applicable for Z Invest/Z Link Choice/ Z Link Choice Max and Z Saver).
4. Please ensure the correct signatories<sup>^</sup> sign on the Investment Transaction Service form:
  - a) Assured and/or Joint Assured only (if it is **NOT** a Trust policy or Assigned policy); or
  - b) Assured and/or Joint Assured and all Beneficiaries (if policy is written under Section 73 of the Conveyancing and Law of Property Act 1886 (CLPA)); or
  - c) Assured and/or Joint Assured and any Trustee (if policy is written under Section 132 of the Insurance Act 1966); or
  - d) Assured and/or Joint Assured and all Beneficiaries (if policy is written under Section 132 of the Insurance Act 1966); or
  - e) Assignee (if policy is assigned)
5. Single premium top up/Change of sum assured or premium can be done, subject to the policy contract provision.
6. For increase of regular premium, please note that we will deduct the required payment(s)/premium(s) based on your current payment method at the point we receive your change request. 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.

### Increase in Sum Assured or Premium

1. The General and Medical questions must be completed
2. Increase in Sum Assured or Premium can only be effected from next Premium Due.
3. Increase in Premium must be equal to or more than the Minimum Regular Premium Increase as stated in the Schedule of Minimum and Maximum Limits in the policy contract provision.
4. Increase in Premium for Asset Plan Regular is NOT allowed.

### Decrease in Sum Assured or Premium

1. Money Manager Plans – Minimum premium: Monthly = \$50, Quarterly = \$150, Half-yearly = \$300, Yearly = \$600.
2. Decrease in Sum Assured or Premium can only be effected from next premium due
3. Other Investment-Linked Plans – Minimum Monthly premium applies.
4. Decrease in Premium must be equal to or more than the Minimum Regular Premium Installment as stated in the Schedule of Minimum and Maximum Limits in the policy contract provision.
5. Decrease in Premium for Asset Plan Regular is NOT allowed.

### Top-up

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