



SURRENDER/WITHDRAWAL FORM

Policy Number

IMPORTANT NOTICE

SECTION A: What you should know about early full/partial withdrawal of your investment-linked policy.

1. An insurance policy is intended to meet your long-term financial needs. Therefore, it may be disadvantageous for you to fully or partially withdraw a policy before its maturity date. Some disadvantages are:
 - You are losing valuable benefits from the policy:
 - You are losing the insurance protection offered by your policy;
 - You may not be able to achieve your intended financial objective;
 - This may result in losing the financial benefit accumulated over the years.
 - It may not be possible for you to obtain a similar level of protection on the same terms in the future.
 - You may not be insurable on standard terms;
 - You may have to pay a higher premium in view of higher age;
 - Withdrawing your insurance policy for another policy could result in loss of specific policy features due to changes in age or health.
2. Additional Charges/Fees
If you withdraw your investment-linked policy, fully or partially and then buy a new investment-linked policy or other investment product or top up your existing investment-linked policy or other investment product, you will incur new charges. These may include:
 - Distribution Fee
Commission is paid to Agents/Financial Adviser Representatives on all new insurance policies/investment products.
 - Administration Charge
There could be some sales charge/withdrawal fee that is charged for each new policy/investment product. The sales charge/withdrawal fee can be as high as 5% of your investment-linked fund. Hence, on a single premium investment of S\$10,000 a sales charge of S\$500 would be deducted.
 - Policy Fee
A policy fee is usually incurred for each policy.
3. Fund Switching Facility
When the fund you have bought is not meeting your initial or current investment objective, you may switch to other fund(s) offered by Singapore Life Ltd. at its bid price without incurring any charges (subject to changes at Singapore Life Ltd.'s discretion).
4. Other Options
You may also enquire or discuss with your Financial Adviser Representative whether there are other options available under your policy to meet your short term financial needs. Some options are:
 - Opt for a premium holiday if your policy has accumulated cash value. This allows you to temporarily stop paying premiums;
 - Reduce the policy regular premiums (applicable only to regular premiums policies). This allows you to reduce your ongoing financial commitment to the policy.
5. Seeking Advice From Your Financial Adviser Representative
Therefore, it is important to seek advice from your Financial Adviser Representative before early full/partial withdrawal of your investment-linked policy or other investment product. Your Financial Adviser Representative can advise you on your options other than withdrawing the policy, explain the implications of each option and provide appropriate recommendations to you, taking into account your investment objectives, financial situation and particular needs.

Policy Owner/Trustee/Assignee/Beneficiary's Acknowledgement (This portion needs to be completed).

Were you advised by a Financial Adviser Representative to withdraw this policy (fully or partially)? Yes No

If "Yes", please ask your Financial Adviser Representative to complete the "Financial Adviser Representative's ("FAR") acknowledgement" below.

Financial Adviser Representative's ("FAR") Acknowledgement

I have explained to the above Policy Owner/Trustee/Assignee/Beneficiary the alternative options available and the implications of early withdrawal of this investment-linked policy. I have recommended the surrender/partial withdrawal of this policy for the following reasons:

Name of FAR

FAR Code

Signature of FAR

Date (DD/MM/YYYY)

SECTION B: Partial Withdrawal Request

1. Full Withdrawal Request

I authorise and request Singapore Life Ltd. to fully surrender all existing units of all funds based on the next available price.

Partial Withdrawal Request

I authorise and request Singapore Life Ltd. to withdraw as shown below based on the next available price.

Fund to withdraw from	Please indicate Amount (\$) or Units (if full withdrawal, indicate 'full')	
	Amount (\$)	Units

Notes:

- Please read through Section F: IMPORTANT NOTES on Page 9.
- Please enclose the following documents with this Surrender/Withdrawal Form.
 - A photocopy of the Assured/Joint Assured/Assignee(s) NRIC or Passport (if there are any changes in particulars).
 - A photocopy of the Trustee(s)/Beneficiary(ies) Birth Certificate, NRIC or Passport (if your policy is under Trust).
 - United States of America (U.S) Person Declaration Form (if you have one or more U.S. Indicia*).
 - *US Resident/Citizen/Place of Birth/Taxpayer ID number/Mailing or Residential Address/Contact Number/US "in-care-of" or "hold mail" address.
 - CRS Self-Certification Form for Individual/Entity/Controlling Person (if there is a change in your tax residency information).
- Applicable to partial withdrawal request

The minimum withdrawal for each fund is \$500 and remaining value of units in total must not fall below \$1,000.
For Z Invest/Z Link Choice/Z Link Choice Max and Z Saver. The minimum withdrawal is \$1,000 and the balance account value must not be less than \$1,000.
- Withdrawal amount should be written in contract currency. Please refer to the policy contract provision for the minimum amount of each Partial Withdrawal and the Minimum Account Value after Partial Withdrawal is made for Global Investment-Linked Policy.
- Please note that an Exit Fee will be deducted upon Partial Withdrawal of the Preliminary/Initial Account for Global Investment-Linked Policy.

SECTION B: Partial Withdrawal Request (continued)

2. Partial Withdrawal Request under Life Stage Benefit/Free Partial Withdrawal Benefit upon a Life Stage Event

I authorise and request Singapore Life Ltd. to withdraw as shown below based on the next available price (no partial withdrawal charge within 10% of account value during Minimum Investment Period/Partial Withdrawal Charge Period).

Fund to withdraw from	Please indicate Amount (\$) or Units (if full withdrawal, indicate "full")	
	Amount (\$)	Units

Please tick the applicable Life Stage Event.

Life Stage Events	Supporting Documents Required
<input type="checkbox"/> marries/divorces/is widowed	<input type="checkbox"/> Marriage/Divorce certificate/Marriage and Death Certificate of the deceased spouse
<input type="checkbox"/> has a newborn child	<input type="checkbox"/> Birth certification of the child
<input type="checkbox"/> legally adopted a child	<input type="checkbox"/> Proof of local or foreign child adoption
<input type="checkbox"/> purchases a property	<input type="checkbox"/> Signed Sales & Purchase agreement
<input type="checkbox"/> enrolls into tertiary education (including your child)	<input type="checkbox"/> Both acceptance letter and student pass issued by recognised local or foreign tertiary institutions
<input type="checkbox"/> reaches retirement age of 65	<input type="checkbox"/> Birth certificate or NRIC
<input type="checkbox"/> is hospitalised	<input type="checkbox"/> Hospital bill that shows room and board charges for the hospital admission

Notes:

1. Please read through Section F: IMPORTANT NOTES on Page 9.
2. Partial withdrawal request under Life Stage Benefit/Free Partial Withdrawal Benefit upon a Life Stage Event must be submitted within 90 calendar days following the occurrence of the Life Stage Event.
3. Please enclose the following documents with this Surrender/Withdrawal Form.
 - a) A photocopy of the Assured/Joint Assured/Assignee(s) NRIC or Passport (if there are any changes in particulars).
 - b) A photocopy of the Trustee(s)/Beneficiary(ies) Birth Certificate, NRIC or Passport (if your policy is under Trust).
 - c) United States of America (U.S) Person Declaration Form (if you have one or more U.S. Indicia*).
 - *US Resident/Citizen/Place of Birth/Taxpayer ID number/Mailing or Residential Address/Contact Number/US "in-care-of" or "hold mail" address.
 - d) CRS Self-Certification Form for Individual/Entity/Controlling Person (if there is a change in your tax residency information).
 - e) A copy of the supporting documents for Life Stage Event indicated in above table.

SECTION C: Full Surrender of Policy Request

Full Surrender Request

I authorise and request Singapore Life Ltd. to fully surrender the policy based on the next available price.

Notes:

- Please read through Section F: IMPORTANT NOTES on Page 9.
- Please enclose the following documents with this Surrender/Withdrawal Form.
 - A photocopy of the Assured/Joint Assured/Assignee(s) NRIC or Passport (if there are any changes in particulars).
 - A photocopy of the Trustee(s)/Beneficiary(ies) Birth Certificate, NRIC or Passport (if your policy is under Trust).
 - United States of America (U.S) Person Declaration Form (if you have one or more U.S. Indicia*).
*US Resident/Citizen/Place of Birth/Taxpayer ID number/Mailing or Residential Address/Contact Number/US "in-care-of" or "hold mail" address.
 - CRS Self-Certification Form for Individual/Entity/Controlling Person (if there is a change in your tax residency information).
- Please note that a surrender charge will be deducted upon withdrawal depending on the plan type(s).
- Please note that an Exit Fee will be deducted upon Full Surrender of the Global Investment-Linked Policy.

SECTION D: Payment Settlement

Important – Must read:

- We will not be able to disburse your payment if valid direct credit instruction is not provided and payment via PayNow-NRIC/FIN cannot be processed. Please register for PayNow-NRIC/FIN or provide a valid direct credit instruction in the section below to enable payment.**
- For joint owners/joint assignees, please authorise payment to one of the payees.
- If the policy is written under Section 73 of the Conveyancing and Law of Property Act 1886, and Section 132 of the Insurance Act 1966, the payment will be payable in the names of all the trustees/beneficiaries. Should there be more than one trustee, please authorise the payment to only one of the trustees.

- For Singapore Bank Accounts only. Not applicable for policies bought under the CPFIS-OA, CPFIS-SA, ASPFIS or SRS.**
All SGD payments will be credited to your nominated bank account linked to PayNow-NRIC/FIN by default. Please ensure that you have registered for PayNow-NRIC/FIN with your bank so that payments can reach you.
If you would like to opt in for direct credit to your bank account or you are not able to use PayNow-NRIC/FIN for various reasons such as joint owners/joint assignees/trustees, or if you are a corporate customer, please complete the following fields:

Name of Bank Account No.

Please provide a copy of your bank passbook/statement or e-statement with full name and bank account number clearly indicated on the same page (all other information may be blanked out).

- Authorisation for payment to be issued to the Assured/Assignee or Joint Assured/Assignee**

We, the Assured and Joint Assured/the Assignee and Joint Assignee of the above policy authorise Singapore Life Ltd. to pay to the following payee:

Name of Payee NRIC/FIN No.

Notes:

- The payee must be either the Assured/Assignee or the Joint Assured/Assignee.
- Please enclose a photocopy of the payee's NRIC with this form.
- The payment will be made to payee via PayNow-NRIC/FIN. Please check that payee has registered for PayNow-NRIC/FIN with his/her bank.

Alternatively, please fill up the fields under the direct credit section to receive the payment via payee's bank account.

- Authorisation for payment to be issued to another Trustee.
(Only applicable to policy written under Section 73 of the Conveyancing and Law of Property Act 1886; and Section 132 of the Insurance Act 1966)**

We, the Trustees of the above policy authorise Singapore Life Ltd. to pay to the following payee:

Name of Payee NRIC/FIN No.

Notes:

- For Section 73, the payee must be any trustee.
- For Section 132, the payee must be any trustee other than the Assured himself/herself.
- Please enclose a photocopy of the payee's NRIC with this form.
- The payout will be made to payee via PayNow-NRIC/FIN. Please check that payee has registered for PayNow-NRIC/FIN with his/her bank.

Alternatively, please fill up the fields under the direct credit section to receive the payout via payee's bank account.

SECTION E: Declaration & Authorisation

(This section needs to be completed. Otherwise it may cause delay to your request)

1. Declaration of US Indicia

	Assured/Assignee	Joint Assured	Trustee/Beneficiary	Trustee/Beneficiary
	Name	Name	Name	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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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 and return to us.</p> <p>*US Resident/Citizen/Place of Birth/Taxpayer ID number/Mailing or Residential Address/Contact Number/US "in-care-of" or "hold mail" address.</p>				

2. Declaration of Tax Residency under the Common Reporting Standard (CRS)

	Assured/Assignee	Joint Assured	Trustee/Beneficiary	Trustee/Beneficiary
	Name	Name	Name	Name
Is there any change in the information that you have provided to Singapore Life Ltd. that would result in a change in your tax residency status (for e.g. change in your residence/ mailing/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	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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 and return to us.</p>				

SECTION E: Declaration & Authorisation (continued)

(This section needs to be completed. Otherwise it may cause delay to your request)

3. Declaration of Beneficial Owner

Note: This is only applicable if the recipient of the proceeds is a legal person or a legal arrangement.

I/We declare that there is no change in Beneficial Owner(s).

Otherwise, please submit the Declaration of Beneficial Owner Form together with this form if there is any change in the Beneficial Ownership. You may find the Declaration of Beneficial Owner Form in our website www.singlife.com.

“Beneficial owner” means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

“Legal person” means an entity other than a natural person that can establish a permanent customer relationship with a financial institution or otherwise own property.

“Legal arrangement” means a trust or other similar arrangement.

4. Declaration

1. I am/We are not an undischarged bankrupt. I/we have not committed any act of bankruptcy within the last twelve months or received order or adjudication in bankruptcy made against me/us during the last 12 months. I am also not aware of any current, pending or threatened bankruptcy proceedings against me.
2. I/We have not assigned the Policy to any other party.
3. I/We agree that in addition to withdrawing sufficient units to pay me/us the requested sum, Singapore Life Ltd. (“Singlife”) shall also be entitled to withdraw sufficient units required for the payment of other charges, if any.
4. I/We agree to indemnify and hold harmless Singlife from and against all claims, losses, damages (including legal costs and expenses) which Singlife may incur as a result of Singlife paying any amount under the policy and acting in accordance with my/our instructions.
5. I/We shall indemnify Singlife for all losses and damages which may be suffered by Singlife arising out of the breach of the declarations, representations and/or warranties herein.
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. I/We agree that receipt by me/us of the surrender proceeds less any amount(s) owing to Singlife, shall be a full and final discharge of the liability of Singlife under the Policy.

8. For where the Assured/Assignee, Joint Assured, Trustee and/or Beneficiary is/are individuals

For and on behalf of myself and the 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 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 account(s) and/or relationship with Singlife related group of companies.

Where applicable, for and behalf of myself and the 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, whether located in Singapore or elsewhere, for the above purposes and managing my/our account(s) and/or relationship with Singlife related group of companies.

For and on behalf of myself and the 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.

SECTION E: Declaration & Authorisation (continued)

(This section needs to be completed. Otherwise it may cause delay to your request)

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

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

- (a) for any personal data of individuals that the Assured/Assignee and/or Joint Assured will be or is disclosing to Singlife, whether directly or through an intermediary, that the Assured/Assignee and/or Joint Assured 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 Joint Assured 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 Joint Assured's policy(ies), account(s) and/or managing the Assured's/Assignee's and/or Joint Assured'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 the Assured's/Assignee's and/or Joint Assured's financial advisers, 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 Assured's/Assignee's and/or Joint Assured's account(s) and/or relationship with Singlife related group of companies;
- (b) any personal data of individuals that the Assured/Assignee and/or Joint Assured will be or is disclosing to Singlife are accurate. Further, the Assured/Assignee and/or Joint Assured 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 Joint Assured, 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).

10. I/We have read and understood the above statements in Section A. I am/We are aware that should I/we wish to buy a similar policy in future, I/we may incur additional charges and I/we may not be able to obtain similar level of protection on the same terms in the future. I am/We are also aware of the other options available to me/us and that the withdrawal/surrender value of the cancelled units will depend on the Bid price on the Valuation Date following receipt of this document duly completed and signed by all relevant persons, including my/our Financial Adviser Representative, as applicable.

I/We want to withdraw my/our policy (fully or partially). Reason(s) for withdrawal/surrender:

Investment performance was below expectation

Require funds for emergency needs

To reduce or nullify exposure to investment

Others, please specify:

SECTION E: Declaration & Authorisation (continued)
(This section needs to be completed. Otherwise it may cause delay to your request)

Signature of Assured/Assignee/Beneficiary

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

NRIC/Passport No./Company UEN

Mobile number

Email address

Signature of Joint Assured/Trustee/Beneficiary

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

NRIC/Passport No./Company UEN

Mobile number

Email address

Signature of Trustee/Beneficiary

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

NRIC/Passport No./Company UEN

Mobile number

Email address

Signature of Trustee/Beneficiary

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

NRIC/Passport No./Company UEN

Mobile number

Email address

Date (DD/MM/YYYY)

Note: Mobile number and email address provided above will replace our records accordingly.

SECTION F: Important Notes

1. The Surrender/Partial withdrawal value of the cancelled units will depend on the Bid price on the next Valuation Date following receipt of this request and all other required documents. Please note that fund valuation date may vary with different fund houses.
 2. To qualify for the next available pricing, request must be received by our Registered Office before 12 noon.
(Applicable 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 2 pm.
(Applicable for Z Invest/Z Link Choice/Z Link Choice Max and Z Saver).
 3. If there is any pending unit-linked transaction for your policy (for example Investment Boost, Withdrawal, Fund Switch and Benefit Billing), this application will be processed on the next business day following the completed processing of the pending transaction(s), where applicable.
 4. Please ensure the correct signatories[^] sign on the Surrender/Withdrawal 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)

Do note that all signature(s) must be consistent with our records.
 5. Any amendment made has to be countersigned by the Policy Owner(s)/Trustee(s)/Assignee(s)/Beneficiary(ies).
 6. The surrender amount (in contract currency) will be made payable to:
 - a) Assured and/or Joint Assured only (if it is **NOT** a Trust policy or Assigned policy); or
 - b) Trustees/Beneficiaries^{^^} (if policy is written under Section 73 of the CLPA 1886); or
 - c) Any Trustee other than the Assured (if policy is written under Section 132 of the Insurance Act 1966); or
 - d) All beneficiaries (if policy is written under Section 132 of the Insurance Act 1966); or
 - e) Assignee (if policy is assigned); or
 - f) Agent Bank (if policy is bought under the CPFIS-OA or ASPFIS-OA); or
 - g) CPF Board (if policy is bought under CPFIS-SA); or
 - h) SRS Operator (if policy is bought under SRS)
 7. Please note that any proceeds made to the Trustees are for the sole benefit of the Beneficiaries.
 8. Your request will only be processed when all the requirements are received and officially accepted by Singlife.
 9. This form can only be used for **one** policy only. Kindly submit separate form(s) for different policies.
 10. If you've used this policy to be exempted from the CPF Board's Home Protection Scheme (HPS), the policy must remain in force and unchanged so that you and your family are protected from losing your HDB flat in the event of death, terminal illness or total permanent disability. If there're changes to the policy used for HPS exemption, your exemption would be voided and you'd be required to reapply for exemption from HPS by purchasing other private policies or apply to be insured under HPS. Otherwise, if you're using CPF monies to service the monthly instalment, CPF Board may automatically extend HPS coverage to you, based on the declared percentage that you're exempted for, subject to you being in good health.
- [^] Signatories must have attained the age of 18. Otherwise, the consent from a parent or legal guardian (other than the Assured) is required.
- ^{^^} If the policy is written under Section 73 of the Conveyancing and Law of Property Act 1886, and Section 132 of the Insurance Act 1966, the payment will be payable in the names of all the trustees/beneficiaries. Should there be more than one trustee, please authorise the payment to only one of the trustees.