POLICY SERVICING HEALTH DECLARATION FOR LIFE PRODUCTS

* P O L C H G *

Singlife

YOUR POLICY DETAILS

Policy Number | | | | | | | | | Plan Name

Name of Assured / Assignee | NRIC / Passport No.

Name of Joint Assured / Joint Assignee | NRIC / Passport No.

Name of 1st Life Assured | NRIC / Passport No.

Name of 2nd Life Assured | NRIC / Passport No.

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

1. ☐ Policy Reinstatement

2. ☐ Increase of Sum Assured of Basic Plan / Rider(s)

Basic Plan (Please write in full)	**Current Sum Assured (SGD)**	**New Sum Assured (SGD)**

3. ☐ Change of Occupation (Please complete Section 3 and Declaration)

4. ☐ Others, please specify:

2. IMPORTANT NOTES

- For Singlife Disability Income, please complete Section 3, 4, 5, 6, 7, 8 and Declaration.
- For MyCoreCI Plan and Singlife Essential Critical Illness, please complete Section 3, 4, 5, 9 and Declaration.
- For Singlife Simple Term, please complete Section 3, 10 and Declaration.
- For all other plans, please compete Section 3, 4, 5, 6, 7 and Declaration.

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.

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR8500166-8

3. EMPLOYMENT DETAILS: (Please fill in the details)

DETAILS OF LIFE ASSURED AND/OR JOINT LIFE ASSURED	Assured	1st Life Assured	2nd 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			

4. DECLARATION OF EXISTING POLICIES: (Please tick (✓) the appropriate box or/and fill in the details)

	1st Life Assured		Assured / 2nd Life Assured	
	Yes	No	Yes	No
Do you have life insurance coverage and/or are you also applying for insurance with another insurance company? If Yes, please provide the coverage amount in equivalent Singapore dollars below.	☐	☐	☐	☐

	Life (Death)	Total & Permanent Disability	Critical Illness	Personal Accident	Disability Income
1st Life Assured					
Assured / 2nd Life Assured					

5. LIFESTYLE QUESTIONS

		1st Life Assured		Assured / 2nd 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?	☐	☐	☐	☐
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 holiday or leisure)?	☐	☐	☐	☐

	Country and city visited	Purpose and frequency of travel	Duration per trip	Travel Period
1st Life Assured				
Assured / 2nd Life Assured				

3.	Do you take part in or plan to participate in any of the following activities: Scuba diving, skydiving or parachuting, mountain or rock climbing (excluding artificial wall climbing), private flying, motor sports or other extreme or hazardous activities? If yes, please provide the activities and complete Hazardous Pursuits Supplementary Questionnaire (Q39) from our corporate website.	☐	☐	☐	☐

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR8500166-8

6. GENERAL QUESTIONS:

		1st Life Assured		Assured / 2nd Life Assured	
		Yes	No	Yes	No
1.	What is your height and weight? Height (m) : / 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) Sticks per day :	☐	☐	☐	☐
3.	Do you drink alcohol? If Yes, what is the total number of standard alcoholic drinks you drink per week? (1 standard alcoholic drink equates to 330ml beer, 125ml glass of wine or 30ml nip of spirits) Total per week:	☐	☐	☐	☐
4.	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:	☐	☐	☐	☐

Assured / Life Assured

Name and address of doctor consulted	Reason for consultation	Date of last consultation
		☐ ≤ 12 months ☐ >12 months

Joint Assured / Life Assured

Name and address of doctor consulted	Reason for consultation	Date of last consultation
		☐ ≤ 12 months ☐ >12 months

		1st Life Assured		Assured / 2nd Life Assured	
		Yes	No	Yes	No
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 - **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 visitor in Singapore or here on visit pass?	☐	☐	☐	☐
	If Yes to Question 5, please answer the question on predictive genetic tests below. If No, you do not need to tell us about your predictive genetic test results, unless it is negative and may help your application.				

	Predictive Genetic Test	Life Cover	Critical Illness Benefit or Disability Income Benefit
Assured / Life Assured	Breast cancer (BRCA1)	Not applicable	☐ Not tested before / Not applicable ☐ Result normal / Negative ☐ Result out of range / positive / uncertain
	Breast cancer (BRCA2)		☐ Not tested before / Not applicable ☐ Result normal / Negative ☐ Result out of range / positive / uncertain
	Huntington's disease (HTT)	☐ Not tested before ☐ Test done; please state results and submit a copy of the report: _____	
Joint Assured / Life Assured	Breast cancer (BRCA1)	Not applicable	☐ Not tested before / Not applicable ☐ Result normal / Negative ☐ Result out of range / positive / uncertain
	Breast cancer (BRCA2)		☐ Not tested before / Not applicable ☐ Result normal / Negative ☐ Result out of range / positive / uncertain
	Huntington's disease (HTT)	☐ Not tested before ☐ Test done; please state results and submit a copy of the report: _____	

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR8500166-8

7. HEALTH DETAILS:

		1st Life Assured		Assured / 2nd Life Assured	
		Yes	No	Yes	No
1.	Have you ever been advised by a health care professional or a counsellor to reduce your alcohol use, see a specialist or attend a support group because of your alcohol use?	☐	☐	☐	☐
2.	In the last 10 years, have you taken or used addictive or illegal drugs (such as cocaine, ecstasy, heroin or cannabis) or been treated for drug addiction?	☐	☐	☐	☐
3.	Has your spouse or partner been told to have or received any medical advice, counselling or treatment in connection with sexually transmitted diseases, HIV, AIDS, AIDS related complex or any other AIDS related condition?	☐	☐	☐	☐
4.	Have you ever had or been told to have or been treated for congenital disorder, asthma, cancer, tumour, growth, cyst, disease or disorder of the heart (including high blood pressure, heart attack, heart murmur, heart valve disorder, chest pain), diabetes, epilepsy, fits, Hepatitis, liver disease, raised cholesterol, kidney or urinary disorder, stroke, blood disorder, mental disorder, respiratory disorder, endocrine disorder, musculo-skeletal disorder, gastrointestinal disorder, autoimmune disease, disease and disorder of the eye, ear, nose or throat, HIV infection, sexually transmitted disease or any other illness / physical disorder not listed above?	☐	☐	☐	☐
5.	Have you had any abnormal medical test results such as x-ray, ultrasound, imaging scan, biopsy, electrocardiogram (ECG), blood or urine test, Covid-19 PCR, pap smear, mammogram? If yes, please complete the following:	☐	☐	☐	☐

Assured / Life Assured			
Name of medical test	Date (DDMMYYYY)	Details of treatment, further test and results	Name and address of doctor consulted

Joint Assured / Life Assured			
Name of medical test	Date (DDMMYYYY)	Details of treatment, further test and results	Name and address of doctor consulted

6.	**Other than any conditions, scans, tests or investigations you have already told us**, are you currently:				
	a) Waiting for the results of any test or investigations?	☐	☐	☐	☐
	b) Experiencing symptoms or condition that you're likely to seek medical advice or treatment for?	☐	☐	☐	☐
	c) Having any physical or mental condition that restricts or causes difficulty in performing your daily activities (such as housework, preparing meals, shopping, using public transport, a hobby been reduced or restricted in anyway due to your health)?	☐	☐	☐	☐

If you have answered 'Yes' to any one of Questions 1, 2, 3, 4, 5 and/or 6, 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
		☐ 0 - 6 mths ☐ 7 - 12 mths ☐ 1 - 2 yrs ☐ 2 - 3 yrs ☐ 3 - 5 yrs ☐ > 5 yrs	
☐ Assured/ Life Assured ☐ Joint Assured / Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? ☐ Yes (to provide duration since full recovery) ☐ 0 - 6 mths ☐ 7 - 12 mths ☐ 1 - 2 yrs ☐ 2 - 3 yrs ☐ 3 - 5 yrs ☐ > 5 yrs ☐ No (to provide treatment and medication given)		Name and address of doctor consulted

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR8500166-8

7. HEALTH DETAILS (Continued)

		Life Assured		Joint Life Assured	
		Yes	No	Yes	No
7.	Has any of your natural parent or sibling been diagnosed with or died from any of the following **before age 60**: - Cancers of the bowel, colon, breast or ovary - Diabetes mellitus - Cardiomyopathy, coronary artery disease, heart attack, ischaemic heart disease, stroke - Multiple sclerosis, muscular dystrophy - Alzheimer's disease, Huntington's disease, Parkinson's disease - Polycystic kidney disease - any other hereditary disease or disorder requiring regular consultation? If Yes, please complete the following:	☐	☐	☐	☐

Assured / 1st Life Assured

Medical condition	Relationship	Age of diagnosis	Age of death (if applicable)

Joint Assured / 2nd Life Assured

Medical condition	Relationship	Age of diagnosis	Age of death (if applicable)

8. SINGLIFE DISABILITY INCOME

	For Singlife Disability Income	1st Life Assured		Assured / 2nd Life Assured	
		Yes	No	Yes	No
1.	Are you a CPF contributor?	☐	☐	☐	☐
2.	Have you been self-employed for less than 2 years? If Yes, please provide details below:	☐	☐	☐	☐

Date of self-employment	Job designation	Nature of previous occupation and exact duties	Annual Income (Joint Assured/ Life Assured)

3.	In your occupation, what percentage of your time do you spend performing manual or physical duties (eg. Driving, lifting, and cleaning)?				
	a) Less than 25%	☐	☐	☐	☐
	b) 25% to 50%	☐	☐	☐	☐
	c) 51% to 75%	☐	☐	☐	☐
	d) More than 75%	☐	☐	☐	☐
	If it is 25% or more, please provide details on the exact manual or physical duties/ nature of work.				
4.	How many hours on average do you work per week?				
	a) < 40 hours	☐	☐	☐	☐
	b) 40 to 55 hours	☐	☐	☐	☐
	c) 56 to 60 hours	☐	☐	☐	☐
	d) > 60 hours	☐	☐	☐	☐
	If you work < 40 hours per week, is this a part time job?	☐	☐	☐	☐

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR8500166-8

8. SINGLIFE DISABILITY INCOME (Continued)

For Singlife Disability Income		1st Life Assured		Assured / 2nd Life Assured	
		Yes	No	Yes	No
5.	Have you been in your current occupation for less than 2 years? If Yes, are there any similarities between your current and previous job duties and nature of work? If No, please provide details of your previous occupation. (job designation, job duties, job duration, nature of work)	☐	☐	☐	☐
6.	Does your occupation require you to travel overseas for more than 25% of the time? If Yes, please provide details: a) 26% to 40% b) 41% to 50% c) > 50% Name of countries, cities, frequency, and duration of each stay.	☐ ☐ ☐ ☐	☐	☐ ☐ ☐ ☐	☐
7.	Do you hold more than one occupation? If Yes, how many hours do you work per week in this occupation? a) < 40 hours b) 40 to 55 hours c) 56 to 60 hours d) > 60 hours Please provide details of your additional occupation. (job duties, nature and monthly salary)	☐ ☐ ☐ ☐	☐	☐ ☐ ☐ ☐	☐

9. MYCORECI PLAN AND SINGLIFE ESSENTIAL CRITICAL ILLNESS

For MyCoreCI Plan and Singlife Essential Critical Illness		1st Life Assured	
		Yes	No
1. What is your height and weight?	Height (m) :		
	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)	Sticks per day	☐	☐

3. Do you suffer from any of the following conditions as advised or diagnosed by a doctor? If "Yes", please provide details.

	Life Assured		Latest reading within the last 12 months as provided by a doctor
	Yes	No	
Diabetes Mellitus/ Pre-diabetes/ Gestational Diabetes Please tick (✓) accordingly ☐ Type 1 Diabetes Mellitus ☐ Type 2 Diabetes Mellitus Year your condition was first diagnosed _____ ☐ Pre-diabetes: Impaired Fasting Glucose (IFG) or Impaired Glucose Tolerance (IGT) ☐ Gestational Diabetes Mellitus (GDM)	☐	☐	HbAfc value ____ %
High Blood Pressure	☐	☐	Systolic: ____ Diastolic: ____
Raised Total Cholesterol	☐	☐	Total Cholesterol ____ mg/dL
Raised Triglycerides	☐	☐	Tick the range that your latest Triglycerides reading fall under: ☐ < 501 mg/dL ☐ 501 - 750 mg/dL ☐ 751 - 1000 mg/dL ☐ 1001 - 1250 mg/dL ☐ > 1250 mg/dL

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR8500166-8

9. MYCORECI PLAN AND SINGLIFE ESSENTIAL CRITICAL ILLNESS

For MyCoreCI Plan and Singlife Essential Critical Illness	1st Life Assured	
	Yes	No

4. Have you ever had or been treated for heart disease, chest pain, stroke or Transient Ischaemic Attack, cancer, carcinoma-in-situ, tumours, lumps, nodules, polyps, cysts, liver disease, disease of the respiratory system, kidney disease (including protein or blood in urine), diabetic eye disease (e.g retinopathy), diabetic ketoacidosis, diabetic nerve damage (peripheral neuropathy) or neurological disease (e.g. epilepsy), HIV infection or any deformity/ disability? ☐ ☐

If you have answered 'Yes' to Question 4 above, please complete the following:

Question no:	Medical condition and exact diagnosis	Date of first symptoms or diagnosis	Details of tests, dates and results
		☐ 0 - 6 mths ☐ 7 - 12 mths ☐ 1 - 2 yrs ☐ 2 - 3 yrs ☐ 3 - 5 yrs ☐ > 5 yrs	
☐ Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? ☐ Yes (to provide duration since full recovery) ☐ No (to provide treatment and medication given) ☐ 0 - 6 mths ☐ 7 - 12 mths ☐ 1 - 2 yrs ☐ 2 - 3 yrs ☐ 3 - 5 yrs ☐ > 5 yrs		Name and address of doctor consulted

5. (a) In the last 5 years, have you experienced recurring signs and symptoms, or been advised to seek medical consultation, investigation (eg. imaging, mammogram, biopsy, prostate examination etc.) and/or treatment for a condition other than high blood pressure, elevated total cholesterol/ triglycerides and high blood sugar? ☐ ☐

(b) In the last 5 years, have you been hospitalized for at least 7 consecutive days? ☐ ☐

If you have answered 'Yes' to Question 5 (a) and (b) above, please complete the following:

Question no:	Medical condition and exact diagnosis	Date of first symptoms or diagnosis	Details of tests, dates and results
		☐ 0 - 6 mths ☐ 7 - 12 mths ☐ 1 - 2 yrs ☐ 2 - 3 yrs ☐ 3 - 5 yrs ☐ > 5 yrs	
☐ Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? ☐ Yes (to provide duration since full recovery) ☐ No (to provide treatment and medication given) ☐ 0 - 6 mths ☐ 7 - 12 mths ☐ 1 - 2 yrs ☐ 2 - 3 yrs ☐ 3 - 5 yrs ☐ > 5 yrs		Name and address of doctor consulted

6. Have two or more of your biological parents, brothers or sisters ever been diagnosed with cancer before age 50? If Yes, please complete the following: ☐ ☐

Assured / Life Assured			
Type of cancer	Relationship	Age at diagnosis	Age at death (if deceased)

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR8500166-8

10. SINGLIFE SIMPLE TERM

For Singlife Simple Term		Life Assured Yes	Life Assured No
1.	What is your height and weight? Height (m) : 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) Sticks per day	☐	☐
3.	Have you ever had or been treated for: a. Cancer or Carcinoma-in-situ, b. Chest pain, heart attack or coronary heart disease, c. Stroke or transient ischaemic attack, d. Diabetes, e. Chronic kidney disease f. Arthritis?	☐	☐
4.	In the last 5 years, have you had: a. Blood disorder, b. Mitral valve prolapse, c. Hepatitis B, d. High blood pressure, e. Raised cholesterol f. Thyroid disorder?	☐	☐

If you have answered 'Yes' to Question 4 above, please complete the following:

Question no:	Medical condition and exact diagnosis	Date of first symptoms or diagnosis	Details of tests, dates and results
		☐ 0 - 6 mths ☐ 7 - 12 mths ☐ 1 - 2 yrs ☐ 2 - 3 yrs ☐ 3 - 5 yrs ☐ > 5 yrs	
☐ Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? ☐ Yes (to provide duration since full recovery) ☐ No (to provide treatment and medication given) ☐ 0 - 6 mths ☐ 7 - 12 mths ☐ 1 - 2 yrs ☐ 2 - 3 yrs ☐ 3 - 5 yrs ☐ > 5 yrs		Name and address of doctor consulted

5.	Have you had any health conditions which led up: - more than 10 consecutive days off work, or - follow-up consultations lasting a month or more, or - treatment for 1 month or more.	☐	☐
6.	Have you: - had any abnormal medical investigations, tests or scans, or - been waiting for any pending medical investigations, tests or scans, or - had any symptoms for which you intend or been advised to consult medical advice or investigation.	☐	☐
7.	Has any of your natural parents, sisters or brothers died or had breast, ovarian and/or colon cancer before age 65? (*Note: Please complete this question if Critical Illness Cover is attached)	☐	☐
8.	Do you have any physical defects, impairments, deformities, behavioural / developmental disorders or conditions affecting mobility, sight, hearing or cognitive functions? (*Note: Please complete this question if Personal Accident Cover is attached)	☐	☐

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR8500166-8

SECTION A: DECLARATION OF US INDICIA

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

SECTION B: 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 Singlife that would result in a change in your tax residency status (for e.g. change in your residence/ mailng/ in-care of address, telephone number)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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 and return to us

SECTION C: POLITICALLY EXPOSED PERSON ("PEP")

	Assured / Assignee	Joint Assured	Trustee / Beneficiary	Trustee / Beneficiary
	Name:	Name:	Name:	Name:
Are you a politically exposed person (PEP)^ or is a close associate^^ of a PEP?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If you have ticked 'Yes', please provide the folllowing details.

Name of PEP

Title / Position held

Relationship with PEP

^ 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.

^^ 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.

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR8500166-8

SECTION D: IF ASSURED IS A LEGAL ENTITY

Full legal name of entity	
Business registration no.	

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 Singapore Life Ltd. ("Singlife") if there is any change in my/our health or other disclosures, statements, information or declarations that I/we have made in this Health Declaration between the date of this application and the date the policy is issued. This includes but is not limited to any change in the state of my/the proposed life assured's health, or if I/the proposed life assured plan to seek medical consultation, investigation, or treatment, or any change to my coverage under my existing insurance policies or concurrent insurance applications that I/we have.

I/We agree that all medical examination reports done for the purpose of this application are properties of Singlife to be used solely for insurance purposes.

I/We authorise any medical source, insurance office or organisation to release to Singlife and similarly Singlife to release to any medical source, insurance office or organisation, to the extent permitted by law, relevant information concerning me/us and/or any life assured at any time, regardless of whether the application is accepted by Singlife. A photographic or electronic copy of this authorisation shall be as valid as the original.

I/We understand that any payment made at the time of signing this application or thereafter shall be held as a deposit placed with Singlife until acceptance of this application by Singlife , subject to the terms and conditions contained in the receipt issued in respect of the said payment. I/We agree to pay to Singlife the medical fees incurred in assessing the risk under this application (if any) should I/we decide not to accept at the standard rates or revised terms offered by Singlife. Should Singlife decline the application, then I/we shall be entitled to a full refund of the amount tendered for this application. I/We further understand that the assurance granted shall be subject to the conditions in and endorsed on the Policy issued.

I/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.

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 applica-tion is appropriate to meet my/our financial needs and insurance objectives.

I/We further declared that I am/we are not an undischarged bankrupt and that I/we have committed no act of bankruptcy within the last twelve months and no receiving order or adjudication order in bankruptcy has been made against me/us during that period.

I/We acknowledge that Singlife may reject any of my/our instructions including, but not limited to, those that, in Singlife's sole and absolute discretion, are deemed incomplete, unclear or ambiguous, or if my/our signature(s) differ(s) from what was originally provided as a specimen to Singlife , and Singlife will not be responsible for any losses that may be incurred by me/us due to such rejection of any of my/our instruc-tions.

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/establish-ment, particulars and identification document of such persons.

I/We consent to Singlife (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR8500166-8

SECTION D: IF ASSURED IS A LEGAL ENTITY *(continued)*

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I am/We are aware that I/we should visit your website regularly to ensure that I am/we are well informed of the updates.

I/We am/are aware that I/we can view and download a copy of Infographic "Moratorium on Genetic Testing and Insurance" from www.singlife.com.

By submitting this application, I/We acknowledge and confirm that I/we, the Life Assured, Assured, Assignee, Trustee have read, understood all relevant documents provided and consent to all declarations listed above.

Signature of 1st Life Assured *> For age next birthday 17 years and above* *> Your signature must be consistent with our record*	Signature of Assured/ 2nd Life Assured *> Your signature must be consistent with our record*	Signature of Assignee /Trustee(s)* *> Your signature must be consistent with our record*	Date (DD/MM/YY)
Name *> As in NRIC/Passport*	Name *> As in NRIC/Passport*	Name *> As in NRIC/Passport*	
Mobile Number	Mobile Number	Mobile Number	
Email address	Email address	Email address	

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.

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR8500166-8