

POLICY LOAN AGREEMENT

This agreement is made between Etiqa Insurance Pte. Ltd. ("the Company") and the undersigned Policy Owner / Trustee(s) / Assignee, who is the legal owner of the Policy with Policy Number stated in the Schedule under Section A below ("Policy"). The Company has agreed to lend to the Policy Owner / Trustee(s) / Assignee the amount of loan specified in the Schedule under Section A below. In consideration, the Policy Owner / Trustee(s) / Assignee shall agree to the terms and conditions set out below:

1. The loan interest charged on the loan will start on the date you applied for this loan, and will be based on the rate agreed in the Schedule under Section A below. The Company reserves the right to change the interest rate at any time. Should there be any change in interest rate, the Company will inform you of the new interest rate 30 days before the effective date.
2. Interest is due and compounded on each anniversary of the commencement date of the Policy, and is charged at an annual rate and calculated on a daily basis on the total amount of the outstanding loan. A failure to pay the interest on the due date will result in the adding of unpaid interest to the total amount of the outstanding loan.
3. The loan shall be added to any existing indebtedness to the Company. If required by the Company, any unpaid premiums due before the next policy anniversary shall be paid out of this loan. Any additional indebtedness to the Company incurred under the provisions of said Policy or of this Agreement shall become part of the loan.
4. Should the total amount of the outstanding loan with the accrued interest equal or exceed the cash value of the Policy, the Policy will automatically terminate and become void. The Company shall reserve its rights to recover any amount of outstanding loan that exceeds the cash value of the Policy.
5. The Policy Owner / Trustee(s) / Assignee shall have the right to repay all or part of the loan at any time while the Policy on which it is secured is in force and upon such repayment in full with interest, this Policy Loan Agreement is automatically deemed to be void.
6. Any policy benefits due to be payable shall first be deducted by the amount of any outstanding loans plus interest due or accrued, before the balance, if any, is paid to the Policy Owner / Trustee(s) / Assignee.

Name of Policy Owner / Trustee(s) / Assignee	NRIC / Passport Number	Date of Loan Application
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A. The Schedule

Policy Number	Loan Amount (\$)
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Important Notes:

1. The minimum loan amount is \$1,000.00.
2. You can only request up to maximum of 90% of the cash value of your Policy.
3. This form must be completed in ink. Any amendments must be countersigned. The signature(s) must be consistent with our records.
4. A copy of Policy Owner / Trustee(s) / Assignee's NRIC / passport is required for the loan application.

B. US Tax Declaration and Acceptance

By ticking the appropriate box, I/we accept the terms and conditions of this agreement and declare my/our tax status under United States ("US") tax law. I/we understand that a false statement or misrepresentation of tax status by a US person (for the purposes of US federal income tax) ("US Person") may subject you to penalties under US law. If my/our tax status (es) change(s), I/we agree that I/we shall notify Etiqa within 30 days from the date of change.

Non-US Person

I/We represent and warrant that I/we am/are not a US Person, and I/we am/are not acting for, or, on behalf of, a US Person. If my/our tax status changes and I/we become a US Person. I/We understand that Etiqa, believing this statement to be true, will rely on it and act on it. In the event this statement is false, Etiqa reserves the right and shall be entitled to cancel or terminate this Policy and pay reasonable compensation to me/us in consideration of such cancellation or termination as may be required under Singapore laws.

Non US Person with a US Address (or green card holder claiming tax treaty benefits) [Form W8BEN]

US Person (US Tax ID Number: _____) [Form W9]. For US Persons, please complete the W9 Form.

I/We agree to indemnify Etiqa in respect of any false or misleading information regarding my/our US tax status

US citizens/residents, please sign here

C. Payment Instructions (Please tick one below)

^By PayNow

I/We confirm that I/we have registered with PayNow and I/we have linked my/our Singapore NRIC to my/our bank account ("PayNow Account") whereby I/ we am/are the legal and beneficial owner of the PayNow Account. I/We hereby authorise and instruct Etiqa Insurance Private Limited to deposit the payment that is payable to me/us into my/our PayNow Account as well as to verify my/our PayNow Account with the respective Bank (where necessary). In the event that the PayNow transaction is unsuccessful, I/we agree and acknowledge that a cheque for the payment will be issued to me/us.

^PayNow will only be applicable for payment up to S\$200,000 and for Policy Owner who have their Singapore NRIC linked with the participating banks. Only applicable for SGD policy.

^By Direct Credit to:

Name of Bank and Branch : _____

Bank account Number : _____

Name of Account Holder : _____

^Please ensure the account holder is the Policy Owner. We do not Direct Credit into third party's bank account.

Declaration and Authorisation

I/We authorise Etiqa to credit payments due to me/us to the above account and confirm that the information provided by me/us in this form is true and correct. I/We will not hold Etiqa liable for delays or errors in payment transaction(s) due to incorrect or incomplete information or any other reason beyond Etiqa's reasonable control.

Notwithstanding the above, Etiqa reserve the rights to issue payment to me/us via Cheque.

D. Data Protection and Consent for Use of Information

I/We give consent to Etiqa Insurance Pte. Ltd. ("Etiqa") to collect, use, disclose and/or process my/our personal data/personal information set out in this form and any other personal information provided by me/us (collectively the "Personal Information") and disclose and transfer such Personal Information to any persons and organisations, whether within or outside Singapore, including but not limited to medical sources, hospitals, doctors, other healthcare professionals, laboratories, regulator, dispute resolution centres and insurers, their associated persons/organisations, my/our or the insured person's employers or financial service providers, or their third party service providers or representatives (collectively "Third Parties") for the purpose(s) of:

1. processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
2. carrying out and/or dealing with my instructions or responding to any enquiries by me;
3. administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal
4. data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
5. complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")

E. Declaration (Please read carefully before signing this application)

1. I/We have read and understand the contents of this Application and confirm that I/We wish to perform the transaction above.
2. I/We confirm that this Policy is not assigned to any other party or is assigned only to the Assignee who has signed this Application.
3. I/We confirm that I/We are not undischarged bankrupt(s) and there are currently no pending or threatened bankruptcy proceedings against me/us.
4. I/We am aware that this Application will not be effective until it is officially accepted by the Company. No reversal of transaction is allowed once your application is accepted.
5. I/We agree to indemnify and hold harmless the Company against any and all losses (whether direct, indirect, special or consequential) including legal costs suffered by me/us or any third party arising from or in connection with the Company accepting and acting on instructions which appear to be from me/us except where such loss is attributable to the Company's negligence or wilful default.

Signature of Policy Owner / Trustee(s) / Assignee

Signature of Representative

Name:

Name :

Contact Number:

RNF Code: