

ABSOLUTE ASSIGNMENT

I,.....(hereinafter referred to as “the Assignor”) as policy owner, in consideration of the sum of.....this day paid by.....(hereinafter called “the Assignee”) of(Address of Assignee), do hereby assign and transfer to the Assignee absolutely all my rights, title and interest in and under the life Policy No issued by Etiqa Insurance, insuring the life of dated inclusive of all values, bonuses and options thereof, and I declare that payment to the Assignee of policy moneys and/or benefits shall fully discharge Etiqa Insurance from its liabilities and obligations under the policy.

IN WITNESS WHEREOF, I and the Assignee have hereunto set our hands this day ofyear

Relationship of Assignee to Assignor:

DECLARATION & AUTHORISATION

I/We hereby authorise, agree and consent to Etiqa Insurance Pte. Ltd. (“Etiqa Insurance ”) to collect, use and/or disclosure any information collected and/or held contained in this application or otherwise obtained, to allow Etiqa Insurance, its associated individuals/organizations and/or independent third parties, within or outside Singapore, with regard to any matters pertaining to the Application/Policy and/or providing subsequent services to me/us and/or providing advice and/or information concerning products and/or services which Etiqa Insurance believes may be of interest to me/us and/or communicating with me/us for any purpose. I/We hereby waive any right to bring a claim of any nature against Etiqa Insurance, its associated individuals/organizations and/or independent third parties, within or outside Singapore, in respect of any above-mentioned disclosure and/or any disclosure in the nature described above. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our application is accepted by Etiqa Insurance. This authorisation or its photocopy shall be effective and valid as the original.

.....
Signature of Witness
 Name:
 NRIC/Passport No.....
 Address

.....
Signature of Assignor
 Name:
 NRIC/Passport No.....
 Address

.....
Signature of Witness
 Name
 NRIC/Passport No..
 Address

.....
Signature of Assignee
 Name
 NRIC/Passport No.

DECLARATION & AUTHORISATION

I, the assignee, give you notice of the above absolute assignment of the life insurance policy mentioned above and shall be grateful if you will kindly register the same in your records.

SIGNATURE OF ASSIGNEE

Important Notes:

1. This form is furnished by Etiqa Insurance as a matter of courtesy, but the Company accepts no responsibility for the validity of this assignment, nor for its effect on the rights of the parties to it.
2. For each signatory, there should be a witness with the Signature, Name and NRIC/FIN/PASSPORT Number clearly indicated. The witness must be at least 21 years old and above. He/She should not be the beneficiary of this policy.
3. A photocopy of the NRIC/FIN/PASSPORT of the policy owner (i.e. the Assignor) is to be submitted. The policy owner needs to sign on the photocopy and there should also be a witness with the Signature, Name and NRIC/FIN/PASSPORT clearly indicated. The witness must be at least 21 years old and above. He/She should not be the beneficiary of this policy.
4. For assignment to an individual, kindly submit the photocopy of the NRIC/FIN/PASSPORT of the Assignee. The Assignee needs to sign on the photocopy and there should be a witness with the Signature, Name and NRIC/PASSPORT clearly indicated. The witness must be at least 21 years old and above. He/She should not be the beneficiary of this policy.
5. For assignment to a Company or Financial Institution, a copy of the Identification document (eg. NRIC/PASSPORT) of the authorized personnel/signatory who signs on the assignment document is to be submitted.

For Official use only

This Assignment has this day been filed at Etiqa Insurance.

.....
Date

.....
Authorized Signatory