



Etiqa Agent Code	:	
FA Firm Name	:	

To be used by IFA & Broker channels only

APPLICATION FORM

WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP 142), YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID

A. PERSONAL DETAILS OF PROPOSER / LIFE TO BE INSURED

Type of Details	Details of Proposer	Details of Life to be Insured (If different from Proposer)
Salutation		
Full Name (As shown in NRIC / Passport)		
Gender	Male / Female	Male / Female
Date of Birth (DD/MM/YYYY)		
NRIC / Passport Number		
Residential Address	Postal Code	Postal Code
Mailing Address (if different from the above, please provide evidence)	Postal Code	Postal Code
Marital Status		
Nationality		
Residency Status		
Race		
Occupation		
Name of Employer		
Nature of Business / Industry		
Annual Income	S\$	S\$
Source of Funds	<input type="checkbox"/> Employment <input type="checkbox"/> Sale of Assets <input type="checkbox"/> Savings <input type="checkbox"/> Maturity / Surrender of Policy <input type="checkbox"/> Others, please specify: _____	<input type="checkbox"/> Employment <input type="checkbox"/> Sale of Assets <input type="checkbox"/> Savings <input type="checkbox"/> Maturity / Surrender of Policy <input type="checkbox"/> Others, please specify: _____
E-mail Address		
Contact Number	Mobile : Office : Home :	Mobile : Office : Home :
Relationship to proposer:		
<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Others _____ (Please give details)		

Residency Question Please select one, whichever applicable	Singapore Citizen – Have you continuously resided outside Singapore for 5 years or more before the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Singapore Citizen – Have you continuously resided outside Singapore for 5 years or more before the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Singapore Permanent Resident/Employment Pass/Work Permit – Have you resided in Singapore for less than 183 days in the last 12 months before the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Singapore Permanent Resident/Employment Pass/Work Permit – Have you resided in Singapore for less than 183 days in the last 12 months before the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Others (e.g. Dependant Pass/Student Pass/Social Visit Pass etc) – Have you resided in Singapore for any periods of time, of which each period is less than 90 days in the last 12 months before the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Others (e.g. Dependant Pass/Student Pass/Social Visit Pass etc) – Have you resided in Singapore for any periods of time, of which each period is less than 90 days in the last 12 months before the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. DETAILS OF PLAN APPLIED

Basic Plan and Riders	Term (Years)		Benefits / Sum Assured (S\$)	Premium (S\$)
	Policy Term	Premium Term		
Grand Total (S\$)				

C. PAYMENT FREQUENCY AND METHOD

Premium payment frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> Single	Commencement Date (For Backdating Only)
Method for paying first premium <input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Credit <input type="checkbox"/> Premium Financing <input type="checkbox"/> Telegraphic Transfer <input type="checkbox"/> Cheque Number: _____ (Payable to Etiqa Insurance Pte. Ltd.)	Method for paying renewal premium <input type="checkbox"/> GIRO <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card

If Payor is different from Proposer/Life to be Insured

Payor's Name:

Payor's NRIC/Passport Number: Relationship of Payor to Proposer/Life to be Insured:

Important Notes:

i) For GIRO application, please complete and submit the Interbank GIRO Form

ii) For monthly mode, 2 months of initial premiums are required

CREDIT CARD AUTHORISATION

I authorise you to take the first premium amount from my credit card account for this insurance application *(not applicable for single premium plans)*.

Name of Cardholder	Credit Card Number (VISA or MasterCard)
Signature of Cardholder (as shown on the credit card)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Card Expiry Date (mm/yy)
	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

D. GUARANTEED CASH BENEFIT / COUPONS PAYOUT (IF APPLICABLE)

Please indicate how you wish to receive your cash benefit

- Option 1: To deposit with Etiqa Insurance Pte. Ltd. ("Etiqa") at the prevailing non-guaranteed interest rate
- Option 2: To receive and credit directly to my personal bank account

Please ensure that the bank account belongs to the Proposer.

Bank Name:		Savings / Current Account No:	
Branch:		NRIC/Passport Number of Account Holder:	

- Option 3: To receive when due via cheque (not applicable for monthly cash benefit)

E. DECLARATION & REPLACEMENT OF EXISTING INSURANCE APPLICATION

	Proposer	Life to be Insured
1 Do you have any existing policy? If Yes, please provide details below	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Proposer

Name of Insurer	Year Issued	Currency	Sum Insured (\$)						
			Life	Term	Critical Illness	Total and Permanent Disability	Accident and Hospitalisation	Others	

Life to be Insured

Name of Insurer	Year Issued	Currency	Sum Insured (\$)						
			Life	Term	Critical Illness	Total and Permanent Disability	Accident and Hospitalisation	Others	

2 Has any proposal or application for a life / critical illness / disability / accident / hospital insurance policy ever been refused, postponed and accepted at special rates with Etiqa or any other insurer? If Yes, please provide details of the insurer and reasons	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Are you making or have you made any claims, including hospitalisation claims on any policy with Etiqa or any other insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Do you have any concurrent proposal or application with us at Etiqa or any other insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Is the insurance you are applying for meant to replace any existing policy with Etiqa or any other insurer? <b style="color: red;">Warning: We would not advise you to replace an existing life insurance policy with a new one. Some of the disadvantages are: a. The insurance may not be granted on standard terms; b. You may have to pay a higher premium as you are now older; and c. You will lose financial benefits built up over the years Please consult present insurer before making a final decision. Make a careful comparison so that you can be sure that you are making a decision that is in your best interest	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If your answer is YES to questions 2 to 5 above, please provide details below

Proposer

Question number	Details

Life to be Insured

Question number	Details

F. LIFESTYLE DETAILS

	Proposer	Life to be Insured
1 Do you drink alcohol or take any other stimulants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Have you used any tobacco products in the last 24 months (e.g. cigarette / cigar / nicotine / pipe / water pipe (hookah) / others)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Do you take part in or do you plan to take part in military or private flying other than as a passenger on a regular airline or any other dangerous occupation or pursuits such as scuba diving, mountain or rock climbing, free-fall parachuting, sky diving or motor racing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Have you been taking any drugs which can become addictive or have you ever been treated for drug or alcohol addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If your answer is YES to the questions 1 to 4, please provide details below

Proposer

Question number	Details
1	Average consumption per week
	Beer: _____ cans (330ml) Wine: _____ glasses (100ml) Spirits: _____ tots (30ml)
2	If you are currently smoking: Type of tobacco: _____ Consumption: _____ sticks per day for _____ years
	If you were a former smoker, please indicate the date you last smoked (mm/yyyy): _____ Type of tobacco: _____ Consumption: _____ sticks per day for _____ years

Life to be Insured

Question number	Details		
1	Average consumption per week		
	Beer: _____ cans (330ml)	Wine: _____ glasses (100ml)	Spirits: _____ tots (30ml)
2	If you are currently smoking: Type of tobacco: _____ Consumption: _____ sticks per day for _____ years		
	If you were a former smoker, please indicate the date you last smoked (mm/yyyy): _____ Type of tobacco: _____ Consumption: _____ sticks per day for _____ years		

G. DETAILS OF REGULAR DOCTOR

	Proposer	Life to be Insured
Do you have regular doctor or any doctor that you have consulted for an existing condition? If Yes, please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Proposer

Name of doctor	Address of regular doctor/clinic
Date, reasons and details of last consultation	

Life to be Insured

Name of doctor	Address of regular doctor/clinic
Date, reasons and details of last consultation	

H. HEALTH DETAILS

	Proposer	Life to be Insured
1 Height and weight	cm kg	cm kg
2 Have you ever had or been told to have or been treated for:		
a. Epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous / mental disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Diabetes, thyroid disorders or any other endocrine disorders, jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Ear discharge, nose bleeds, double vision, impaired sight, hearing or speech or any other disorders of ear, eye, nose or throat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Asthma, bronchitis, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/discomfort or any other lung disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

e. Raised cholesterol, high blood pressure, heart attack, heart murmur, heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorders of the heart or blood vessels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other esophagus, stomach or bowel disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Systemic Lupus Erythematosus, rheumatic fever, rheumatoid arthritis, Kawasaki disease or any other disorders of the immune system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Blood, protein or sugar in urine, kidney stones, infection, urinary incontinence or any other disorders of the kidney, bladder, or genital organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Slipped disc, gout, arthritis, osteoporosis, pain or deformity or disorders of the muscles, nerve, spine, limbs or joints or severe injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Cancer, tumours, cyst or growths of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Anaemia, any other disorders of the blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Any other illness, disorder, operation, physical disability or accident not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3 Have you or your spouse been told to have, received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4 Have you ever had HIV testing done (please state reason and results); or in the last 3 months had any of the following symptoms for more than 1 week continuously: fatigue, weight loss, diarrhea, enlarged lymph nodes or unusual skin lesions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5 In the past 5 years, have you had any tests done or been told to undergo tests such as X-ray, ultrasound, CT scan, pap smear, biopsy, electrocardiogram (ECG), blood or urine test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If your answer is YES to question 5 above, please provide details below

Proposer / Life to be Insured	Type of Test/Treatment	Date/Year	Result	Reason for Test/Hospitalization	Name & Address of Hospital/Clinic	Doctor's Name

6 Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease prior reaching age 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If your answer is YES to question 6 above, please provide details below

Proposer / Life to be Insured	Relationship	Medical Condition or Cause of Death	Age at Condition Onset	Age at Death (if applicable)

7 Health Questions for Female only		
a. Have you suffered from or are you aware of the following: breast lumps or any other disorders of your breasts, irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you been advised to have a mammogram, biopsy, operation of the breasts, and ultrasound of the pelvis or any other gynaecological investigations? If Yes, copy of the test result to be submitted if available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently pregnant? If Yes, please indicate: <u>Proposer</u> i. Weeks of pregnancy: _____ ii. Estimated delivery date (dd/mm/yyyy): _____ <u>Life to be Insured</u> i. Weeks of pregnancy: _____ ii. Estimated delivery date (dd/mm/yyyy): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you had any complications during your pregnancy or as a result of your pregnancy (for example, gestational diabetes, hypertension, eclampsia, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

8 Health Questions for Juvenile Life to be Insured only

Has the child ever suffered from, or currently suffering from, or being followed up or investigated for

- a. Premature birth or abnormal birth weight or delivery complications?
- b. Congenital disorder/birth defect, any growth or developmental delay?
- c. Mental retardation or autism, cerebral palsy, or Down's Syndrome?
- d. G6PD deficiency?
- e. Prolonged jaundice?
- f. Respiratory distress syndrome?
- g. Any other serious disorder?

Life to be Insured

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

If your answer is YES to questions 2 to 4, 7 and 8, please provide details below

Question Number	Proposer / Life to be Insured	Condition and Date of Diagnosis	Doctor's Name	Name & Address of Hospital / Clinic	Remarks

I. DECLARATION OF BENEFICIAL OWNERSHIP AND POLITICALLY EXPOSED PERSON

If you are not the beneficial owner (see below), please provide the details such as the name and NRIC or passport number of the beneficial owners and your relationship to them. Please also provide a copy of their NRIC or passport.

Please provide relevant details here _____

Beneficial owner is defined in the MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism as "the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporated".

Please note that the completion of this section is NOT a nomination of beneficiary(ies) under the policy.

Have you or your immediate family members been entrusted with prominent public function¹ in Singapore or in a foreign country?

- Yes No

¹ *Prominent public functions includes the roles held by a head of state, a head of government, government minister, senior civil servants, senior judicial or military officials, senior executives of state owned corporations, and senior political party officials.*

If yes, please provide details below.

J. TAX DECLARATION

Tax Residency Declaration

Are you a Tax Resident of the following? (Select one or more)

- Singapore
- Other Countries (Please State all) _____

Singapore Tax Residency

To be regarded as a Singapore tax resident, you have to satisfy at least one of the following:

- Physically present in Singapore for at least 183 days in the last calendar year; or
- Exercise an employment in Singapore for at least 183 days in the calendar year (excluding directors of a company)

Other Countries Tax Residency

If you do not fulfil the definition for Singapore Tax Residency, please select "Other Countries".

- If you have any questions regarding your tax residency, please refer to the rules governing tax residence that have been published by each national tax authority on the Organisation for Economic Cooperation and Development ("OECD") website.
- As we are unable to provide tax advice, please contact a professional tax or legal advisor should you have any specific questions regarding your tax residency for tax purposes.

IMPORTANT NOTE:

1. For Non-Singapore Tax Residents, please complete the Self Certification Form (For Individuals and Entities) and the Controlling Persons Certification Form (For Entities).
2. I/We undertake to advise Etiqa within 30 days of any change in circumstances which affects the tax residency status disclosed in this form or causes any of the information contained in this form to be inaccurate or incomplete, and to provide Etiqa with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.
3. Wilfully providing false information on your tax residency status may subject you to penalties under Income Tax Act (CAP. 134).
4. I/We agree to indemnify Etiqa in respect of any false or misleading information regarding my/our tax status (es).

US Tax Declaration & 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.

- 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.
- 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]

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

IMPORTANT NOTE:

1. For US Persons, please complete the W8BEN or W9 Forms as stated above.
2. 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.
3. I/We agree to indemnify Etiqa in respect of any false or misleading information regarding my/our US tax status (es).

For purposes of the above, US Persons mean:

- a) any person who is a US citizen;
- b) any person who is a lawful US permanent resident for immigration purposes; or
- c) any person who meets a "substantial presence test" (i.e. present in the US for at least one hundred and eighty three (183) days in the current year or alternatively present in the US for at least thirty one (31) days in the current year and the sum of the number of days present in the US for the current year and the first two (2) preceding years discounted at one-third for the first preceding year and one-sixth for second preceding year, equals or exceeds one hundred and eighty three (183))

K. DECLARATION & AUTHORISATION

Please read carefully before signing this application

I/We declare that the information given in this application and any information supplied to Etiqa or to the medical examiner of Etiqa is true and that no material fact (i.e. 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 given herein is true and complete and shall be the basis of my/our contract with Etiqa. I/We agree to pay Etiqa any medical fee incurred by Etiqa under this application should I/we fail to take up the policy within 21 days from the date of Etiqa's acceptance of the application at standard rates.

I/We agree and authorise

- a) Any medical source, insurance officer or organisation to release to Etiqa; and
- b) Etiqa to release to any medical source or insurance officer any relevant information concerning the Proposer/Life to be Insured at any time, irrespective of whether the application is accepted by Etiqa.

I/We understand that the insurance will not commence until the application has been received and officially accepted by Etiqa, premiums have been paid and an official letter indicating commencement of cover has been issued.

I/We agree to inform Etiqa if there is any change in the state of health, occupation or activity of Life to be Insured between the date of this application or medical examination and the issue of my policy. On receiving this information Etiqa is entitled to accept or reject my/our application. Should Etiqa decline the application, then I/we shall be entitled to a full refund of the premium(s) paid.

I/We confirm that the entire marketing and selling process in respect of my/our proposed insurance application has been conducted in Singapore, which includes but is not limited to the following:

- a) I/We have received all of the insurance related marketing materials in Singapore;
- b) The representative has explained the details of my/our proposed insurance plan in Singapore;
- c) I/We have signed all the documents in respect of my/our proposed insurance application (including but not limited to the Application Form) in Singapore; and
- d) I/We have paid the initial premium in respect of my/our proposed insurance application in Singapore.

A photographic copy of this authorization shall be as valid as the original.

I/We further declare that I/we am/are not an undischarged bankrupt and that I/we have committed no act of bankruptcy within the last 12 months and that no receiving order or adjudication in bankruptcy has been made against me/us during that period.

I/We understand that the policy applied for herein shall be underwritten as a Singapore policy and be entered in the register of Singapore policies of Etiqa.

I/We also understand that for non-Singapore-dollar policy (if applicable), the Singapore-dollar return will depend on prevailing exchange rates which may be highly volatile. Etiqa does not bear the loss resulting from any currency conversion or the cost of charges incurred on any transaction pertaining to currency conversions.

If I/We had opted for the policy to be backdated, the insurance and the administration changes will apply from the First Premium Due Date.

All correspondence and documents from Etiqa to me/us will be considered delivered and received in the ordinary course of the post 7 days after the date of posting to be the last known address notified to Etiqa.

This policy may be cancelled by written request to me/us within 14 days after I/we received the policy document in which case premiums paid less medical fees incurred in assessing the risk under the policy will be refunded. I/We understand that Etiqa uses a premium refund formula as determined to work out the amount to be refunded to me/us.

I/We understand that if I/we do not hold Singapore citizenship status, it is my/our sole responsibility to ensure that, by completing and submitting this application, I/we will not breach or violate any of the applicable local laws and regulations of the jurisdiction of the country or my/our nationality (the "Applicable local Laws"). I/We hereby fully indemnify and hold harmless Etiqa and its officers, employees and representative against all losses, damages, civil penalties and expenses (including but not limited to legal expenses on a solicitor-client basis) that may be suffered by any of them in connection with any breach or violation on my/our part of the Applicable Local Laws.

General Terms and Conditions Governing All Credit Card Authorisation

- (a) This Authorisation form shall apply only to policies with premium payment methods by VISA / Master credit card and are expressed in SG Dollars. Please note that the Policy Owner's or the Cardholder's credit card ("Credit Card") enrolled and approved via this Credit Card Authorisation application ("Authorisation") shall not be used for payment of premiums for single premium policies and Loan Repayment purposes.
- (b) Upon the approval of this Authorisation, the premium amount will be charged to the Credit Card and the relevant deduction entries in the Credit Card statement will be recognised as evidence of premium payment.
- (c) In the event that any new Credit Card is issued to the Policy Owner / Cardholder ("Applicant") in addition to / as replacement of / in lieu of the Credit Card account as indicated in this Authorisation, these terms and conditions shall be deemed to apply to each such new Credit Card and the Applicant hereby irrevocably provide the new Credit Card details, if any and authorise Etiqa Insurance Pte. Ltd. ("Etiqa") to debit each new Credit Card for the payment of all permitted Recurring Premiums in relation to the policy indicated herein.
- (d) If the Applicant is not the Policy Owner, he / she has no right under the Contracts (Rights of Third Parties) Act, Cap. 53B, to enforce any of the terms and conditions of that policy.
- (e) Premiums that are charged to the Applicant's Credit Card exceeding its credit limit available at the time of debit will be rejected. The Applicant shall ensure that his / her credit limit is sufficient for the deduction.
- (f) For premiums paid through this Authorisation, the premiums will be refunded to the Applicant if subsequently the policy transactions are not taken up.
- (g) This Authorisation will be rejected if any of the fields is not completed.
- (h) Representatives are not allowed to pay premiums in any form for Policy Owner, whether in cash, cheque, credit card, or electronic means, with or without their knowledge or consent.
- (i) Each of the specific authorisations set out above shall be in addition to any other consent and / or disclosure that the Applicant may have provided to Etiqa.

L. OTHERS

In consideration of Etiqa considering my/our electronic application, I/we agree:

- a) that my/our electronic signature on the electronic application for life insurance bearing my/our name ("my/our Application") will be legally binding as if I/we had signed on the hardcopy of the Application;
- b) to the admission, as evidence in any court of law or tribunal in Singapore, the electronic records or documents shown to me/us or electronically signed by me/us during the preparation of my/our application (the "Electronic Record"); and
- c) that the Electronic Records, and any copies thereof, are admissible in any court of law in Singapore as original documents and agree not to challenge or dispute their admissibility, authenticity or accuracy in any proceedings.

I/We confirm that:

- a) my/our servicing representative has explained to me/us to my/our satisfaction the procedure of submitting my/our application for life insurance electronically, through the use of electronic records and electronic signature, to Etiqa;
- b) I/we authorize my/our representative to transmit my/our application for life insurance electronically to Etiqa;
- c) I/we will not hold Etiqa liable for any loss or consequence arising directly or indirectly from the electronic transaction.

I/We declare that I/we have received a hardcopy/downloaded copy of the following:

- "Financial Needs Analysis"
- "Cover Page", "Policy Illustration", "Product Summary" and "Bundled Product Disclosure" (where applicable)
- "Fund Information Booklet" or "Prospectus" together with the "Product Highlights Sheet" (where applicable)
- "Your Guide to Life Insurance" and/or "Your Guide to Health Insurance" and had read and understood the contents as it had been explained to my/our satisfaction.

I/We acknowledged I have read and understood that my policy may be subjected to the Eligibility Rules stated in <https://www.etiqa.com.sg/Eligibility-rules.pdf>.

Data Protection

I expressly authorise and consent to Etiqa Insurance Pte. Ltd. ("Etiqa"), its officers and employees, at their sole discretion, disclose any and all information relating to me, including my personal particulars, my transactions and dealings and my policies of insurance with Etiqa, to any of the following persons, whether in Singapore or elsewhere, for purposes reasonably required to evaluate my application and to provide the product or services which I am applying for (including any new policy application, renewals and/or alterations), and such other purposes as described in Etiqa's Data Protection Statement on Etiqa's website:

- Etiqa's holding company, subsidiary, branches, representative officers, related corporations or affiliates;
- any of Etiqa's contractors or third party service providers or distribution partners or professional advisers or representative;
- any regulatory, supervisory or other authority, court of law, tribunal or person, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice;
- any actual or potential assignee(s) or transferee(s) of any rights and obligations of Etiqa under or relating to my policy or policies for any purpose connected with the proposed assignment or transfer; and
- any credit bureau or insurer, for such purpose(s) that Etiqa in its reasonable opinion considers appropriate including but not limited to the purposes of underwriting, customer servicing and investigation.

Etiqa Privacy Policy

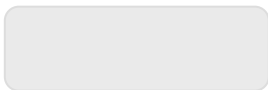
I/We wish to receive information, including marketing materials from Etiqa from the following communication channels

- Phone Call SMS / MMS* Fax Direct Mail Email All

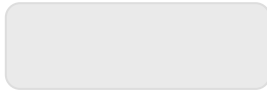
* "SMS / MMS" means any messages, whether in sound, text, visual or other form

If a material fact is not disclosed in this application, any policy issued may not be valid. 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 representative/bank signatory but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

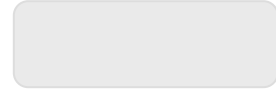
Dated and signed in Singapore, day of _____ month _____ year _____.



Signature of Proposer



Signature of Life to be Insured
(if different from Proposer)
Note: Signature of Life to be Insured is required if attained age next birthday is 17 and above



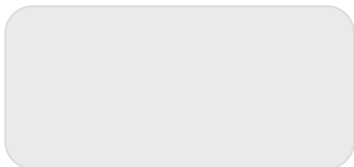
Signature of Witness
Name:
NRIC / Passport No.:

M. REPRESENTATIVE'S DECLARATION

1) I declare that all the answers provided to me by the Proposer / Life to be Insured are declared in the application form. I have not withheld any other information which may influence the acceptance of this application.

2) I have sighted the original NRIC / Birth Certificate / Passport and verified the identity of the above Proposer / Life to be Insured.

3) I declare and confirm that I have presented and explained to the Proposer / Life to be Insured the information contained in the brochure (where applicable), Cover Page, Product Summary, Policy Illustration and Bundled Product Disclosure (where applicable) in respect of the products and its benefits, features as described therein.



Representative's Signature

Name of Representative : _____

NRIC / Passport No. : _____

Email : _____

Contact No. : _____

Date : _____