

Representative Agent Code	:
Representative PF No. / Segment	:
Manager PF No.	:
Referral PF No.	:
Representative's Branch Code	:

APPLICATION FORM (Simplified Issuance Offer)

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		
Mailing Address (if different from the above, please provide evidence)		
Marital Status		
Nationality		
Residency Status		
Race		
Occupation		
Name of Employer		
Nature of Business / Industry		
Annual Income (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)		Sum Insured (\$)	Premium (\$)
	Policy Term	Premium Term		
Grand Total			\$	

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"/> Direct Credit <input type="checkbox"/> Credit Card (VISA or MasterCard) <input type="checkbox"/> Telegraphic Transfer <input type="checkbox"/> Cheque Number _____ (Payable to Etiqa Insurance Pte. Ltd.)	Method for paying renewal premiums <input type="checkbox"/> GIRO <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card (VISA or MasterCard)

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 attach 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) <input style="width: 100%; height: 20px;" type="text"/>
Signature of Cardholder (as shown on the credit card)	Card Expiry Date (mm/yy) <input style="width: 100%; height: 20px;" type="text"/>

D. DECLARATION & REPLACEMENT OF EXISTING INSURANCE APPLICATION

1 Does the Life to be Insured have any existing policy? If Yes, please provide details below Yes No

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

2 Is the insurance you are applying for meant to replace any existing policy with Etiqa or any other insurer? Yes No

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

If your answer is YES, please provide details below

E. HEALTH & LIFESTYLE DETAILS

- 1 Height: _____ cm Weight: _____ kg
- 2 Have you used any tobacco products in the last 24 months (e.g. cigarette / cigar / nicotine / pipe / water pipe (hookah) / others)? Yes No
 Type of tobacco: _____ Consumption: _____ sticks per day for _____ years
- 3 Do you have any physical disability or have you ever had or been treated for any congenital conditions, mental/nervous illnesses, epilepsy, stroke, chest pain or heart diseases, circulatory system diseases, digestive system diseases, liver diseases (include hepatitis B/C carrier), hypertension, respiratory system diseases (exclude allergic rhinitis), reproductive system diseases (including breast), urinary system diseases, musculoskeletal system diseases, diseases of the eye/ear/ nose/throat, HIV infection, sexually transmitted diseases, any tumor/abnormal tissue growth/cancer, diabetes, endocrine (including thyroid) diseases? Yes No
- 4 Do you have any application for life insurance, critical illness, disability benefits, income protection, long-term care or health insurance that has ever been declined, postponed, or accepted on special terms? Yes No
- 5 During the past 2 years, have you had surgical operation in a hospital or continuously received medication or treatment for a period of 14 days or more, or had any tests or investigation (other than an investigation carried out for employment or immigration purposes)? Yes No
- 6 Are you either waiting for any form of medical treatment, consultations or investigations or the results from a test or investigation, or are you having any ongoing treatment? Yes No
- 7 Have you been taking any drugs which can become addictive or have you ever been treated for drug or alcohol addiction? Yes No

If your answer is YES to question 3 to 7 above, please provide details below

Type of Test/Treatment	Date/Year	Result	Reason for Test/Hospitalization	Name & Address of Hospital/Clinic	Doctor's Name

8 Have either of your direct family member (parents, brothers and sisters) whether living or dead, ever suffered from cancer (including carcinoma-in-situ), heart problems (include murmur), stroke, diabetes, renal failure, liver disease or any hereditary disease before age 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If your answer is YES to question 8 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)

F. 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 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”

If you fill in this section, it does not mean you are choosing a beneficiary under the policy.

Have you or your immediate family members been entrusted with prominent public function ¹ in Singapore or in a foreign country? 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. _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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G. 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) days.

H. 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.
- e) 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.

I. 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.

Terms and Conditions for Data Protection

I/We expressly authorize and consent to Etiqa, its officers and employees, at their sole discretion, disclose any and all information relating to me/us, including my/our personal particulars, my/our transactions and dealings and my/our policies of insurance with Etiqa, to any of the following persons, whether in Singapore or elsewhere, for purposes reasonably required to evaluate my/our application and to provide the product or services which I/we am/are 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:

- a) Etiqa's holding company, subsidiary, branches, representative officers, related corporations or affiliates;
- b) any of Etiqa's contractors or third party service providers or distribution partners or professional advisers or representative;
- c) 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;
- d) any actual or potential assignee(s) or transferee(s) of any rights and obligations of Etiqa under or relating to my/our policy or policies for any purpose connected with the proposed assignment or transfer; and
- e) 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

Terms and Conditions for Marketing Consent

- a) I/We consent to Etiqa and its related, its agents, authorised service providers and marketing partners collecting, using, disclosing, and/or processing my/our personal data, in order to contact me/us about products and services marketed by Etiqa or its partners as well as benefits, promotions and rewards, via the modes mentioned or selected, and using my/our contact particulars which Etiqa may have in its records from time to time (including where applicable my/our Singapore telephone number(s));
- b) I/We confirm and agree that my/our consents granted herein do not supersede or replace any other consents which I/we may have previously provided to Etiqa in respect of my personal data, and are additional to any rights which Etiqa may have at law to collect, use or disclose my/our personal data, unless my/our consent is withdrawn and notified to Etiqa.
- c) I/We can choose to withdraw my/our consent by submitting the Marketing Withdrawal Form at www.etiqa.com.sg or email to customer.service@etiqa.com.sg.

Etiga Privacy Policy

I/We wish to receive information, including marketing materials from Etiga 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: For Juvenile, signature of
Life to be Insured is required if attained
age next birthday is 17 and above

Signature of Witness
Name:
NRIC/Passport No. :

J. 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.

Name of Representative : _____

NRIC/Passport No. : _____

Contact No. : _____

Date : _____

Representative's Signature