

Fund Switch/Premium Redirection & Single Premium/Recurring Top Up Form – IFA/AD

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, 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.

Name of Policyowner/Trustee/Assignee	NRIC / Passport number / FIN / UEN	Policy Number <i>(Please use ONE form per ILP Policy)</i>

A. Type of Request

For the transactions indicated below, you are required to complete Section C and/or Section D (where applicable) before you complete the Section that is applicable to your request.

- Fund Switch (Section H)
 Top-up and fund allocation (Section I)
 Premium Redirection (Section K)
 Dividend Distribution Option Update (Section L)

If you submit your request for **Top-up and Fund Switch together** in one form, please indicate which transaction you would like us to process first:

B. What you should know about your Investment-Linked Policy (ILP)

IMPORTANT NOTICE

- Pursuant to the Financial Advisers Act 2001 and Notice on Recommendation on Investment Products (FAA-N16) issued by the Monetary Authority of Singapore and where the underlying investment product is an unlisted Specified Investment Product (“SIP”), a Financial Adviser is required to conduct a Customer Knowledge Assessment (“CKA”) before making any recommendation. The purpose of the CKA is to assess if you have the relevant knowledge or experience to understand the risks and features of unlisted SIPs, which include investment-linked insurance products (“ILP”).
- If you are **assessed to have** the relevant experience and/or knowledge to transact in ILPs, you may proceed with the policy change(s). However you are strongly encouraged to talk to your Financial Adviser to better understand the risks and implications involved in the policy change(s). The completed CKA form must be submitted together
- If you are assessed **not to have** the relevant experience and/or knowledge to transact in ILPs, you must approach your Financial Adviser to complete Section C (Risks profile) before you can proceed with the policy change(s). We will act on any policy change(s) only after the Representative has completed Section F (Representative’s Acknowledgement of CKA).
- Fund Performance**
The past performance of any fund is not necessarily indicative of the future or likely performance of the fund. You should note that the value of the units, and income accruing to the units, may fall or rise and that you may not get back your original investment. Fund prices are published on the day after valuation of the respective fund(s) and can be found on our website.
- Changes in Insurance Charge**
Depending on the plan type, a top-up may be subject to underwriting and may result in a change in your sum insured and a change in insurance charges on your policy.
- Should you need any clarification on the risks and implications of your request(s), you should consult your Financial Adviser, who will assess and advise you on the suitability of your request, before proceeding.

C. Policyowner's/ Assignee's/ Trustee's Risk Profile – to be completed by Policyowner/assignee/Trustee

This risk profile questionnaire helps to assess your risk tolerance level. Please choose the appropriate box		Scores
Q1 Investment experience	<input type="checkbox"/> Never Invest	0
	<input type="checkbox"/> Rarely invest and will prefer investments with less risk	1
	<input type="checkbox"/> Occasionally invest in slightly higher risk	2
	<input type="checkbox"/> Regularly invest in higher risk investments to gain higher return	3
	<input type="checkbox"/> Actively invest and least concern about fluctuations in return	4
Q2. Investment time period	<input type="checkbox"/> Less than 1 year	0
	<input type="checkbox"/> 1 to less than 3 years	1
	<input type="checkbox"/> 3 to less than 6 years	2
	<input type="checkbox"/> 6 to less than 9 years	3
	<input type="checkbox"/> 9 years and above	4
Q3. Investment goal	<input type="checkbox"/> To preserve capital is the priority	0
	<input type="checkbox"/> To provide return once in a while within a short term	1
	<input type="checkbox"/> To provide steady regular return in the long term	2
	<input type="checkbox"/> To provide for future financial needs, and is less concern on market fluctuations	3
	<input type="checkbox"/> To maximise growth over the long term, my current life style won't be effected by my investments	4
Q4. Expected return	<input type="checkbox"/> 0 to less than 2%	0
	<input type="checkbox"/> 2% to less than 4%	1
	<input type="checkbox"/> 4% to less than 8%	2
	<input type="checkbox"/> 8% to less than 10%	3
	<input type="checkbox"/> 10% and above	4
Q5. During short term drop in my investments	<input type="checkbox"/> Sell all investment immediately and will not invest again	0
	<input type="checkbox"/> Sell most of the investments and might buy again	1
	<input type="checkbox"/> Hold half of investments and wait for the situation to bound back	2
	<input type="checkbox"/> Hold the investments until it bounces back	3
	<input type="checkbox"/> Will take the opportunity to buy more investments when it is low to average out	4
Q6. Investment portfolio	<input type="checkbox"/> Invest 100% in saving account / time deposit/bond	0
	<input type="checkbox"/> Invest 30% in equity/stocks and 70% in bond/fixed income	1
	<input type="checkbox"/> Invest 50% in equity/stocks and 50% in bond/fixed income	2
	<input type="checkbox"/> Invest 70% in equity/stocks and 30% in bond/fixed income	3
	<input type="checkbox"/> Invest 100% in equity/options/stocks	4

C. Policyowner's or Assignee's Risk Profile

My total score is: _____
 (Please add up all the score for each question answered above)

Score	Risk Profile	Description
0 - 5	Conservative	You are conservative in your investments and prefer low risk products. You are not willing to accept some short term fluctuations in the value of your investments.
6 - 10	Moderately Conservative	Able to accept some risks and little fluctuation in capital value. Risk tolerance is low
11 - 14	Balanced	Prepared to accept fluctuation and expect a steady reasonable return
15 - 20	Moderately Aggressive	Prepared to accept fluctuation with focus to achieve capital growth in the long run.
21 - 24	Aggressive	Willing to take significant risks for increased capital growth above market

Do you agree with your risk profile? If "No" , please indicate profile that deemed more suitable and your reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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D. Customer Knowledge Assessment (CKA) – To be completed by Policyowner/Assignee

Important Notes

- The purpose of the Customer Knowledge Assessment "CKA" helps to assess if you have any relevant knowledge or investment experience to understand the risks and features of unlisted "Specified Investment Products", which includes investment-linked policies ("ILPs") or similar products
- Any inaccurate or incomplete information provided by you may affect the suitability of the recommendation.
- Outcome of Customer Knowledge Assessment (CKA)
 - If you have indicated a **"Yes"** in at least one of the below questions, you are assessed to have the relevant experience/knowledge in ILPs.
 - If you have indicated a **"No"** in all the below questions, you are assessed **NOT** to have the relevant experience/knowledge in ILPs. We would need you to seek advice from your Financial Adviser before transacting in your ILP(s)

<p>1. Education Qualification</p> <p>Do you possess any Diploma or higher qualification in any of the following fields? If you have indicated "Yes", please select the appropriate box</p> <p> <input type="checkbox"/> Accountancy <input type="checkbox"/> Business <input type="checkbox"/> Capital Markets <input type="checkbox"/> Actuarial Science <input type="checkbox"/> Commerce <input type="checkbox"/> Economic <input type="checkbox"/> Insurance <input type="checkbox"/> Finance Engineering <input type="checkbox"/> Financial Planning <input type="checkbox"/> Computational finance <input type="checkbox"/> Professional Finance-related qualifications(e.g.)CFA/CPA/ ACCA </p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>2. Work Experience</p> <p>Do you have a minimum of 3 consecutive years of working experience (including the provision of legal advice or possession of legal expertise) in the past 10 years in the development of, structuring of, management of, sale of trading of, research on or analysis of investment products or the provision of training in investment products? Work experience in accountancy, actuarial science, treasury or financial risk management activities will also be considered relevant experience.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>3. Investment Experience</p> <p>Have you transacted at least 6 times in a Collective Investment Scheme (e.g. Unit Trust) or Investment Linked Policy (ILP) in the last 3 years?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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E. Policyholder / Assignee /Trustee's Acknowledgement of CKA Outcome

Please tick in the box to acknowledge the statement below

I acknowledge that :

- I have been given a clear explanation of the objectives of the CKA;
- I have answered all the relevant questions to the best of my knowledge;
- I understand and agree with the outcome of the CKA

PASSED CKA (Choose this if you have answered “Yes” to at least one of the questions in Part D).
I have been assessed to meet the CKA criteria and deemed to possess the relevant knowledge and/or experience for transactions in an ILP or Unit Trust

I understand that I have passed the CKA and I **WISH** to receive and accept the advice offered by my Financial Adviser concerning this application.

I understand that I have passed the CKA and I **DO NOT WISH** to receive any advice offered by my Financial Adviser concerning this application.

DID NOT PASS CKA (Choose this if you have answered “No” to all the questions in Part D).
I have been assessed not to meet the CKA criteria and deemed not to possess the relevant knowledge and/or experience for transactions in an ILP or Unit Trust

I understand that I did not pass the CKA, and I **WISH** to receive and accept the advice offered by my Financial Adviser concerning this application.

I understand I did not pass the CKA, and I **DO NOT WISH** to receive any advice offered by my Financial Adviser concerning this application. I further confirmed that I understand of the following:

- It is my responsibility to ensure the suitability of my requested ILP transaction(s) in this form;
- By choosing not to receive any advice, I will not be able to rely on Section 27 of the Financial Advisers Act (FAA) to file a civil claim in the event of a loss;
- I confirm that I wish to proceed with my selected transaction without advice;
- Transaction is subjected to management approval.

F. Representative's Acknowledgement on CKA (To be completed only if advice has been provided)

- I have explained the risk and implications of the transaction(s) to the Policyowner/assignee/trustee.
- I have completed Section C: Risk profile with the Policyowner/assignee/trustee, and have complied with the requirements prescribed by MAS FAA-N16: Notice on Recommendations on Investment Products.

Representative Name	Signature	Date Signed	RNF Code	Mobile number

G. Supervisor's Validation (To be completed only if advice has been provided)

I **agree** to the recommendation made by my Representative

I **disagree** to the recommendation made by my Representative. Please provide reason below

Reason(s)

Name of Supervisor	Signature	Date Signed	RNF Code	Mobile number

H. Fund Switch

Important Notes

1. If you submit your request for Top-up and Fund Switch together in one form, please indicate which transaction you would like us to process first in Section A. Only upon completion of unit dealing for the first transaction (e.g. top-up), we can then proceed with the next transaction (e.g. fund switch).
2. Please indicate the details of the Fund(s) to be switched. You need to indicate either the fixed amount (\$) or percentage (%) of the selected fund value, subject to the minimum fund switch requirement of S\$500 and a maximum of 10 fund holding. Please indicate your request clearly.
3. The amount must be in multiples of S\$10 for dollar switch out, or multiples of 5% for percentage switch out.
4. Switching in and out from the same fund is not allowed.
5. If the amount to be switched is less than S\$500, we will switch out all the units in your current investment holdings to the new ILP sub-fund/Portfolio fund.
6. You can only hold up to ten (10) ILP sub-funds or one (1) Portfolio fund and up to nine (9) ILP sub-funds at any time.
7. The fund switch will be based on the bid price on the date that Etiqa receive the application **by 3.00pm** and is accepted by us. Any submission **after 3.00pm** will be considered at the next business day's submission.
8. Units will only be allocated to the Policy at the unit price prevailing on the next Valuation Date following the acceptance of this application

S/N	Switch OUT (Please state Fund Name)	Switch OUT (%)	Switch INTO (Please state Fund Name)	Switch INTO (%)	Dividend Distribution Option (Please select ONE)	
					Reinvest	Payout*
1.					<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>

*Please indicate dividend payment option in Section M

I. One Time Top-Up

Important Notes

1. Please submit a copy of your NRIC together with this application.
2. Please submit a copy of the third party's NRIC if your payment is by cheque issued by a third party
3. For one-time top-up, the minimum top-up amount per transaction must be at least S\$2,500 and in multiples of S\$100
4. The maximum top-up amount per transaction is S\$200,000
5. If you are allocating the amount to 2 or more Funds, the percentage share for each Fund must be at least 10% and in multiples of 5%. The total percentage allocation must add up to 100%.
6. You can only hold up to ten (10) ILP sub-funds or one (1) Portfolio fund and up to nine (9) ILP sub-funds at any time
7. The offer price will be based on the full premium received by Etiqa provided the payment is received **by 3.00pm** and is accepted by Etiqa. Any submission **after 3.00pm** will be considered as the next business day's submission.
8. Units will only be allocated to the Policy at the unit price prevailing on the next Valuation Date following the acceptance of this application.

Option	Top-up Amount (S\$)	Method of Top-up Payment (Select ONE)
<input type="checkbox"/> One Time Top-Up		<input type="checkbox"/> PayNow Transfer (Account Number: 072039882) <input type="checkbox"/> Others (Please specify):

Fund Allocation

S/N	Fund Name	Amount (S\$)	Allocation (%)	Dividend Distribution Option (Please select ONE)	
				Reinvest	Payout*
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>

*Please indicate dividend payment option in Section M

J. Recurring Top-Up

Important Notes

1. Please submit a copy of your NRIC together with this application.
2. Please submit a copy of the third party's NRIC if your payment is by cheque issued by a third party
3. For recurring top-up, the minimum top-up amount per transaction must be at least S\$1,200 per annum, S\$600 per semi-annual, S\$300 per quarter, S\$100 per month.
4. If you are allocating the amount to 2 or more Funds, the percentage share for each Fund must be at least 10% and in multiples of 5%. The total percentage allocation must add up to 100%.
5. You can only hold up to ten (10) ILP sub-funds or one (1) Portfolio fund and up to nine (9) ILP sub-funds at any time
6. The offer price will be based on the full premium received by Etiqa provided the payment is received **by 3.00pm** and is accepted by us. Any submission **after 3.00pm** will be considered as the next business day's submission.
7. Units will only be allocated to the Policy at the unit price prevailing on the next Valuation Date following the acceptance of this application

Option	Top-up Amount (S\$)	Method of Top-up Payment (Select ONE)
<input type="checkbox"/> Recurring top-up Note: Frequency and payment method follow existing arrangement on your regular premium policy.		<input type="checkbox"/> PayNow Transfer (Account Number: 072039882) <input type="checkbox"/> GIRO <input type="checkbox"/> Others (Please specify):

Fund Allocation

S/N	Fund Name	Amount (S\$)	Allocation (%)	Dividend Distribution Option (Please select ONE)	
				Reinvest	Payout*
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>

*Please indicate dividend payment option in Section M

M. DIVIDEND DISTRIBUTION OPTION

Important Notes

- 1. The frequency of dividend distribution of the ILP sub-funds is determined by the relevant fund manager. You are only entitled to dividend(s) if you remain to be invested at the end of the dividend declaration date.
- 2. To receive the dividends pay out via Direct Credit, please provide the account details of the Proposer below and submit a copy of the bank book/statement for account verification.
- 3. For payment via Direct Credit, any bank charges, currency exchange and all other incidental costs related to the transfer will be borne by you.
- 4. Payment requests to banks outside of Singapore are subject to Etiqa evaluation of applicable cross-border laws and regulations.

Please indicate how you wish to receive the dividend payout		<input type="checkbox"/> Direct Credit (please provide details below)		
Name of Account Holder	NRIC/Passport Number	Savings /Credit Account No	Bank Name	Bank Branch

N. Personal Data Protection

I/We expressly authorise and consent to Etiqa Insurance Pte. Ltd. ("Etiqa"), its officers and employees, at their sole discretion, to 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 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.

O. Declaration and Authorisation

I understand and agree that:

1. The information given in this form is complete and true, and that they form part of any policy issued, or amended, where these answers are, or may be, relied upon by Etiqa Insurance Pte. Ltd.
2. The requests listed in this form is subjected to the terms and conditions as stated in the Policy Contract and is effective only when it has been officially accepted and notified to me by Etiqa Insurance Pte. Ltd.
3. Only a duly completed and signed form is considered a valid request. The request is irrevocable once it is received by Etiqa.
4. To qualify for the next available pricing, the request and full premium (for top-up) must be received by Etiqa Insurance Pte. Ltd. at or before 3.00 pm (Singapore time) on a business day. Any submission or payment (For top-up) after 3.00pm (Singapore time) will be considered as next business day's submission.
5. If there are any pending transaction for this policy (i.e. Top-up, Fund Switch, Withdrawal and Benefits Billing), this application will be processed on the next business day.
6. For other updates on personal details or policy alteration requests, please contact Etiqa Customer Care to obtain the relevant forms. To self-help, go to <https://www.etiqa.com.sg/contact/form-downloads/>

Signature of Policyowner(s) / Assignee

Signature of Trustee (*if any*)

Date : _____

Date : _____

Mobile Number : _____

Mobile Number : _____

Email Address : _____

Email Address : _____