



Campaign Code	
Representative Code	
Representative Name	
Firm Name	

### INVESTMENT-LINKED POLICY APPLICATION FORM

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.

#### 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	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> 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	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced						
Nationality								
Citizenship (for Singapore PR)								
Residency Status								
Race	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others _____	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others _____						
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Mobile</td> <td style="width: 33%;">Office</td> <td style="width: 33%;">Home</td> </tr> </table>	Mobile	Office	Home	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Mobile</td> <td style="width: 33%;">Office</td> <td style="width: 33%;">Home</td> </tr> </table>	Mobile	Office	Home
Mobile	Office	Home						
Mobile	Office	Home						
Relationship to Proposer	N.A.	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Others _____						

Type of Details	Details of Proposer		Details of Life to be Insured (If different from Proposer)	
<b>Residency Question</b> Please select one, whichever applicable	<u>Singapore Citizen</u> Did you live outside Singapore for more than 5 years before the date of this application and currently not residing in Singapore?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Singapore Citizen</u> Did you live outside Singapore for more than 5 years before the date of this application and currently not residing in Singapore?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Singapore Permanent Resident / Employment Pass/Work Permit/S Pass</u> Did you live in Singapore for less than 183 days in the last 12 months before date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Singapore Permanent Resident / Employment Pass/Work Permit/S Pass</u> Did you live in Singapore for less than 183 days in the last 12 months before date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Others (e.g. Dependant Pass/Long Term Visit Pass/Student Pass/Social Visit Pass/Diplomatic Pass)</u> 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	<u>Others (e.g. Dependant Pass/Long Term Visit Pass/Student Pass/Social Visit Pass/Diplomatic Pass)</u> 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

#### Important Notes

- Backdating for Investment Linked Plan is not allowed

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

### C. PREMIUM ALLOCATION

#### Important Notes

- The total percentage allocation must add up to 100%.
- 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.
- 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.
- Units will only be allocated to the Policy at the unit price prevailing on the next Valuation Date following the acceptance of this application.

Fund Name	Premium Allocation (%)	Dividend Distribution Option (Please select ONE)	
		Re-Invest	Payout*
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
	<b>100%</b>		

\*Please indicate dividend payment option in Section G

D. PAYMENT FREQUENCY AND METHOD																										
<b>Important Notes</b> <ul style="list-style-type: none"> <li>If you have chosen to pay your premium monthly, we will require two (2) months of premium for your initial payment before your policy can be accepted.</li> <li>For payment by GIRO, please complete and submit the Interbank GIRO Form with wet signature. Alternatively, you may wish to apply for eGIRO once your policy is accepted.</li> <li>For payment by Credit Card, please complete Section E – Credit Card Authorisation</li> </ul>																										
Premium Payment Frequency		<input type="checkbox"/> Single Premium <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly																								
Premium Payment Method	Initial Premium		Subsequent Premium																							
	<input type="checkbox"/> Bank Transfer / Bill Payment / Pay Now		<input type="checkbox"/> GIRO / e-GIRO																							
	<input type="checkbox"/> Credit Card (Visa / MasterCard)																									
<b>If Payor is different from Proposer / Life to be Insured, please provide details below and submit a copy of the Payer's NRIC/Passport</b>																										
Name of Payor		Email																								
NRIC / Passport No.		Relationship to Proposer / Life to be Insured																								
E. REPRESENTATIVE MANAGEMENT CHARGE (IF APPLICABLE)																										
<b>Important Notes</b> <ul style="list-style-type: none"> <li>We may deduct a representative management charge through unit deduction from your policy account value for the ongoing advice and frequent monitoring of Your investment portfolio by Your representative. Please refer to your contract provisions for the specific terms and conditions of this charge (if applicable).</li> <li>This rate is agreed between You and Your representative.</li> <li>After the Policy commencement date, if You wish to change the percentage of the representative management charge, You must request this change through Your representative.</li> </ul>																										
Representative Management Charge: _____% (Note: Agreed percentage per annum between You and Your representative)																										
F. CREDIT CARD AUTHORISATION (Not applicable for single premium plans)																										
I authorise you to charge the initial, backdated and extra premium (where applicable), from my credit card account for this insurance application.																										
Name of Cardholder		Credit Card Number (VISA or MasterCard)																								
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								-																
					-																					
Signature of Cardholder (as shown on the credit card)		Card Expiry Date (mm/yy)																								
		<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td> </tr> </table>					-																			
		-																								
G. DIVIDEND DISTRIBUTION OPTION																										
<b>Important Notes</b> <ol style="list-style-type: none"> <li>The frequency of dividend distribution of the ILP sub-funds is determined by the relevant fund manager. You can only be entitled to dividend(s) if you continue to be invested at the end of its dividend declaration date.</li> <li>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</li> </ol>																										
Please indicate how you wish to receive the dividend payout		<input type="checkbox"/> PayNow <input type="checkbox"/> Direct Credit (please provide details below)																								
Name of Account Holder	NRIC/Passport Number	Savings /Credit Account No	Bank Name	Bank Branch																						
H. CUSTOMER REWARDS (To be completed only if applicable)																										
Please indicate how you wish to receive your rewards		<input type="checkbox"/> PayNow <input type="checkbox"/> Direct Credit (please provide details below)																								
Name of Account Holder	NRIC/Passport Number	Savings /Credit Account No	Bank Name	Bank Branch																						

**I. DECLARATION & REPLACEMENT OF EXISTING INSURANCE APPLICATION**

**Important Notes**

- If you are applying for **Basic plan with no rider(s)**, please complete only **Question 1**.
- If you are applying for **Basic plan with rider(s) attached**, please complete **Question 1 to 4**

**WARNING:**

**We would not advise you to replace an existing life insurance policy with a new one. Some of the disadvantages are:**

- The insurance may not be granted on standard terms;**
- You may have to pay a higher premium as you are now older; and**
- 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**

		Proposer		Life to be Insured				
1. Is the insurance you are applying for to replace or intended to replace any existing policy with us or any other insurer? If Yes, please provide details below		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		Proposer		Life to be Insured				
Name of Insurer								
Policy Details (Policy No & Plan Name)								
Reason for Replacement								
		Proposer		Life to be Insured				
2. Do you have any existing policy or proposal with us or any other insurer pending approval? 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 (S\$)				
				Life	Total & Permanent Disability	Critical Illness	Accident & Hospitalisation	Others
Life to be Insured								
Name of Insurer		Year Issued	Currency	Sum Insured (S\$)				
				Life	Total & Permanent Disability	Critical Illness	Accident & Hospitalisation	Others
3. Has any application or reinstatement for a life/critical illness/disability/accident or hospital insurance policy ever been refused, postponed or accepted at special terms by us or any insurer? If Yes, please provide details below:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		Proposer		Life to be Insured				
Name of Insurer								
Type of Policy								
Reason								
4. Have you ever made any claims or are you intending to make any claims, on any policy with any insurer (for example: critical illness, disability, terminal illness, accident or hospitalisation)? If Yes, please provide details below:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		Proposer		Life to be Insured				
Name of Insurer								
Year & Nature of Claim								
Reason of Claim								

J. LIFESTYLE DETAILS (To be completed <b>ONLY</b> if you applying for Basic Plan with attached Riders)							
						Proposer	Life to be Insured
1. Do you consume alcohol? If Yes, please state the quantity of alcohol you drink per week						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposer				Life to be Insured			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Can of Beer (330ml)	Glasses of Wine (100ml)	Tots of Spirits (30ml)	Others	Can of Beer (330ml)	Glasses of Wine (100ml)	Tots of Spirits (30ml)	Others
2. Have you used any tobacco products in the last 24 months (e.g. cigarette /cigar /nicotine /pipe / hookah etc.)?						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposer				Life to be Insured			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Tobacco	Years of smoking	No sticks per day		Type of Tobacco	Years of smoking	No sticks per day	
3. Are you taking or have taken addictive drugs or substances (e.g. narcotics or glue sniffing)?						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposer				Life to be Insured			
Name of addictive drugs or substances				Name of addictive drugs or substances			
4. Have you ever been treated or counselled for use of addictive drugs or substances or alcoholism?						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposer				Life to be Insured			
Name & address of Doctor				Name & address of Doctor			
5. 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? If Yes, please complete the Questionnaire.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. DETAILS OF REGULAR DOCTOR (To be completed <b>ONLY</b> if you applying for Basic Plan with attached Riders)							
						Proposer	Life to be Insured
1. Do you have a doctor whom you consult for medical reasons other than minor illness such as common cold or flu? If Yes, please provide details below:						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Proposer		Life to be Insured	
Date of last consultation (dd/mm/yyyy)							
Reason for last consultation							
Name & address of Doctor							

**L. HEALTH DETAILS (To be completed ONLY if you are applying for Basic Plan with attached Riders)**

Important Notes:		
<ul style="list-style-type: none"> <li>If you answered "Yes" to any of the questions in Section I Q2 to Q4 and Q7 please provide details on following page</li> </ul>		
	Proposer	Life to be Insured
1. What is your Height and Weight	cm kg	cm kg
2. Have you ever had, or been told to have, or been told to seek treatment, or have been treated for any of the following medical conditions or symptoms?		
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 HIV, 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
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
5. In the last 5 years, have you had, or been advised to undergo any medical tests or investigations? Or do you intend to have or awaiting for any tests or investigations in the coming year (e.g.) blood test, urine test, X-ray, ECG, ultrasound, imaging scan, biopsy, mammogram, Pap smear, prostate check)? If Yes, please provide details below and submit copy of the results, if any	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Proposer	Life to be Insured
Type of tests / investigations		
Date of tests / investigations (dd/mm/yyyy)		
Reason for tests / investigations		
Results of tests / investigations		
Name & address of clinic / hospital		
6. Have any of your biological parents or siblings been diagnosed with or passed away as a result of: Alzheimer's disease, cancer, carcinoma-in-situ, heart disease, stroke, high blood pressure, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease prior reaching age 60? If Yes, please provide details below	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Proposer	Life to be Insured
Relationship to Proposer / Life to be Insured		
Medical Condition or Cause of Death		
Age at Condition onset		
Age at Death (if applicable)		

	Proposer	Life to be Insured
<b>7. Health Questions for Female only</b>		
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 state	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Proposer	Life to be Insured
No of Weeks Pregnant		
Estimated Delivery Date (dd/mm/yyyy)		
e. Have you had any complications during your pregnancy or as a result of your pregnancy (e.g. gestational diabetes, hypertension, eclampsia, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the above questions in Section I Question 2 to 4 and 7 please provide the details in the space below and submit a copy of the test result, if any:

Question No	Proposer or Life to be insured	Condition & Date of Diagnosis	Name of Doctor	Name & Address of Hospital / Clinic	Remarks

#### M. DECLARATION OF GENETIC TESTS DONE

##### Important Notes:

- For Singapore Citizens/ Permanent Residents / Residents on Valid Passes, you are not required to disclose the result of any predictive genetic test conducted in the context of a biomedical research#. In the event of disclosure of a predictive genetic test result from a biomedical research, we will not use the results for risk assessment.
- For Non-Singapore Residents, you are required to disclose the result of any genetic test done under any circumstances, regardless of the sum assured.  
# Biomedical research refers to any systematic investigation with the intention of developing or contributing to generalizable knowledge, regardless of where or when the research was conducted or the nature of research.

##### Questions for Singapore Citizens / Permanent Residents / Residents with Valid Passes Only

	Proposer	Life to be Insured
1. Have you ever had a genetic test that is <b>NOT</b> done in the context of a biomedical research? If "Yes", please answer <b>Q2 and Q2a</b> (where applicable) and <b>Q3</b> (if you are applying for Critical Illness coverage) and <b>3a to 3c</b> (where applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the Total Sum Insured# of your <b>Life and Total Permanent Disability cover exceeds S\$2,000,000?</b> If "YES", please answer <b>2a</b> and provide a copy of your result.  # Total sum insured includes your new application, concurrent or pending application(s) and all existing policies with us and other insurance company (ies).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Have you ever had a predictive genetic test done for Huntington's disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the Total Sum Insured# of your <b>Critical Illness cover exceeds S\$500,000</b> , If "YES", please answer <b>Q3a, 3b and 3c</b> and provide copy of your result. # Total sum insured includes your new application, concurrent or pending application(s) and all existing policies with us and other insurance company (ies).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Have you ever had a predictive genetic test done for Huntington's disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you ever had a predictive genetic test done for breast cancer – BRCA1?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you ever had a predictive genetic test done for breast cancer – BRCA2?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Question for Non-Singapore Residents only</b>		
4. Have you ever had a genetic test (excluding genetic test done in a biomedical research and Direct-to-Consumer context)? If you answer "YES", please provide a copy of your result.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**N. DECLARATION OF BENEFICIAL OWNERSHIP AND POLITICALLY EXPOSED PERSON (This is NOT a nomination of beneficiaries for this Policy)**

- A **Beneficial Owner** is defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism as an individual who ultimately owns or controls the customer or the individual on whose behalf business relations are established and includes the person who exercises ultimate effective control over a legal person or legal arrangement (e.g.) company, trust, an agency, partnership or any other third party.

1. Is there a Beneficial Ownership arrangement to this policy? If “Yes”, please provide details below and submit a copy of their NRIC or passport  Yes  No

	Beneficial Owner 1	Beneficial Owner 2
Full name of Beneficial Owner		
NRIC No / Passport No / FIN		
Relationship to Proposer		

- A **Politically Exposed Person (PEP)** is an individual who is, or has been entrusted with prominent public functions whether in Singapore, a foreign country or an international organisation. Prominent public function includes the roles held by head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature, and senior management of international organisations.
- “**Related**” means that you, or the insured, beneficiary or beneficial owner are closely connected to a PEP either socially or professionally, or are a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of a PEP.

2. Are you a Politically Exposed Person (PEP) or related to a PEP?  Yes  No

Name of PEP	Position Held by PEP	Relationship to PEP	PEP Country	Source of Wealth

**O. TAX DECLARATION**

**Important Notes - Tax Residency Declaration**

- 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.
- For Non-Singapore Tax Residents, please complete the Self Certification Form (For Individuals and Entities) and the Controlling Persons Certification Form (For Entities).
- 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.
- Wilfully providing false information on your tax residency status may subject you to penalties under Income Tax Act 1947.
- I/We agree to indemnify Etiqa in respect of any false or misleading information regarding my/our tax status(es)

**Tax Residency Declaration**

Please indicate your tax residency. You may select one or more options

Singapore  Other Countries (please state all countries)

**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”



### Important Notes - US Tax Declaration

- For US Persons, please complete the W8BEN or W9 Forms as stated above.
- 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.
- 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:

- any person who is a US citizen;
- any person who is a lawful US permanent resident for immigration purposes; or
- 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.

### 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 me/us 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.

### P. DECLARATION & AUTHORISATION

#### Please read carefully before signing this application

1. 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 if accepted on standard terms.
2. I/We agree and authorise (where applicable)
  - 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
  - c. A photographic copy of this authorization shall be as valid as the original.
3. 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.
4. 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, I/we shall be entitled to a full refund of the premium(s) paid without interest.
5. 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.
6. I/We acknowledge that early termination of the policy usually involves high costs and the surrender value, if any, that is payable to me/us may be zero or less than the total premium paid.
7. 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.
8. 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.
9. 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.
10. 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.
11. I/We understand I can return this policy for cancellation by written request to Etiqa within 14 days after I/We received the policy document for any reason. I will receive a refund of my/our Premiums paid less any change in the unit price(s) of the ILP sub-fund(s) and any costs incurred by the Company in assessing the risk under the policy, such as payments for medical check-up and other Expenses less any partial withdrawal(s) previously paid under this policy.

12. I/We attest and confirm that the declaration made under the tax residency is true and correct. If I/We am/are not a Singapore citizen, I/We am/are responsible to ensure that I/We will not breach any applicable local laws and regulations of my/our nationality. I/We hereby fully indemnify and hold harmless Etiqa and its officers against all liabilities that may be suffered due to any breach or violation on my/our part.

#### **General Terms and Conditions Governing All Credit Card Authorisation**

1. This authorisation form shall apply only to policies with premium payment methods by VISA/Master Credit Card and are expressed in Singapore 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.
2. 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
3. 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.
4. If the Applicant is not the Policy Owner, he/ she has no right under the Contracts (Rights of Third Parties) Act 2001, to enforce any of the terms and conditions of that policy.
5. 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
6. For premiums paid through this Authorisation, the premiums paid less any change in the unit price(s) of the ILP sub-fund(s) and any costs incurred by the Company in assessing the risk under the policy, such as payments for medical check-up and other Expenses less any partial withdrawal(s) previously paid under this policy will be refunded to the Applicant if subsequently the policy transactions are not taken up.
7. The authorisation will be rejected if any of the fields is not completed
8. 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
9. Each of the specific authorisation set out above shall be in addition to any other consent and /or disclosure that the Application may have provided to Etiqa.

#### **Q. OTHERS**

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

1. 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;
2. 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 that the Electronic Records, and
3. 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:**

1. 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;
2. I/we authorize my/our representative to transmit my/our application for life insurance electronically to Etiqa;
3. 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", "Fund 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 had read and understood the contents as it had been explained to my/our satisfaction.

##### **Terms and Conditions for 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:

1. Etiqa's holding company, subsidiary, branches, representative officers, related corporations or affiliates;
2. any of Etiqa's contractors or third party service providers or distribution partners or professional advisers or representative;
3. 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;
4. 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
5. 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**

1. I/We consent to Etiqa and its related, its agents, authorised service providers and marketing partners collecting, using or 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)).
2. I/We confirm and agree that my/our consents granted herein do not supercede or replace any other consents which I/we may have previously provided to Etiqa in respect to 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.
3. I/We can choose to withdraw my/our consent by submitting the Marketing Withdrawal Form at [www.etiqa.com.sg](http://www.etiqa.com.sg) or email to [customer.service@etiqa.com.sg](mailto:customer.service@etiqa.com.sg).

**Etiqua Privacy Policy**

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

Phone Call     SMS/MMS\*     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  
(if different from Proposer)

Signature of Life to be Insured

Signature of Witness

Name: \_\_\_\_\_

NRIC/Passport No. \_\_\_\_\_

**R. REPRESENTATIVE'S DECLARATION**

- 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.**
- I have sighted the original NRIC / Birth Certificate / Passport and verified the identity of the above Proposer / Life to be Insured.
- 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, Fund Summary, Product Highlights Sheet and Bundled Product Disclosure (where applicable) in respect of the products and its benefits, features as described therein.

Signature of Representative

Date Signed: \_\_\_\_\_

Name of Representative:

NRIC/Passport No:

Email:

Contact No: