

Fund Switch/Premium Redirection & Single Premium/Recurring Top Up Form - Maybank

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

1. **Customer Knowledge Assessment**
It is important to find out if you have the knowledge or investment experience to understand the risks and features of unlisted Specified Investment Products ("SIP") which include Investment-Linked Policies ("ILP"). For updated information of the fund(s) before your transaction(s), please refer to <https://www.etiqa.com.sg/portfolio-funds-and-ilp-sub-funds/> on Fund Summary(ies)/ Prospectus(es)/ Product Highlights Sheet(s)/ Fund Fact Sheet(s).
2. **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.
3. **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.
4. 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. Customer Knowledge Assessment (CKA) – To be completed by Policyowner/Assignee**(MANDATORY)****Important Notes**

Please note that any inaccurate or incomplete information provided by you may affect the outcome of your Customer Knowledge Assessment.

1. Education Qualification

Do you possess any Diploma or higher qualification in any of the following fields? If you have indicated “Yes”, please select the appropriate box

 Yes No

 Accountancy Business Capital Markets Actuarial Science

 Commence Economic Insurance Finance Engineering

 Financial Planning Computational finance

 Professional Finance-related qualifications(e.g.)CFA/CPA/ ACCA
2. Work Experience

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.

 Yes No
3. Investment Experience

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?

 Yes No
D. Policyowner's/ Assignee's/ Trustee's Risk Profile – to be completed by Policyowner/assignee/Trustee**(MANDATORY)**

Based on your previous risk profile questionnaire done, your risk profile is _____ (client's risk profile)

I/we confirm there is no change to my risk profile.
Reference number of the last completed Personal Financial Solution: _____
Completion Date: _____

I/we would like to review my risk profile and receive advice offered by my Financial Adviser and complete the Personal Financial Solution concerning this application.

E. Policyholder / Assignee /Trustee’s Acknowledgement of CKA Outcome (MANDATORY)

Please tick one option which applies to you:

Outcome of CKA

If you have indicated a “Yes” in at least one of the CKA questions in the above section, you are assessed to have the relevant experience/knowledge in ILPs.
(PASSED CKA)

If you have indicated a “No” in all the CKA questions above, you are assessed **NOT** to have the relevant experience/knowledge in ILPs.
(DID NOT PASS CKA)

PASSED CKA

I wish to proceed with the transaction. I **WISH** to receive advice offered by my Financial Adviser and complete the Personal Financial Solution concerning this application.

I wish to proceed with the transaction. I **DO NOT WISH** to receive advice offered by my Financial Adviser concerning this application.

- 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 36 of the Financial Advisers Act (FAA) 2001 to file a civil claim in the event of a loss;
- I confirm that I wish to proceed with my selected transaction without advice.

DID NOT PASS CKA

I wish to proceed with the transaction. I **WISH** to receive advice offered by my Financial Adviser and complete the Personal Financial Solution concerning this application.

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

1. I have explained the risk and implications of the transaction(s) to the Policyowner/assignee/trustee and furnished a copy(ies) of Fund Summary(ies) and Product Highlights Sheet(s).
2. This document together with the Personal Financial Solution is an accurate and complete record of the advice and recommendation that I have given to the policyowner/assignee/trustee. I, the Appointed Representative, also declare that I have acted within my authorised scope of services:
3. Taking into consideration the Policyowner/assignee/trustee’s reason(s) for the requested transaction(s) and his/her preference, I advise the policyowner/assignee/trustee:

Please indicate accordingly

To proceed with the requested ILP transaction(s) and chosen ILP fund(s)/ sub-fund(s) as per Section D.

NOT to proceed with the requested ILP transaction(s) in Section D in view of the following:

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 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	Pay-outs*
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 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 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

K. PREMIUM REDIRECTION

Important Notes

- If you are allocating your premium allocation to 2 or more funds, the percentage share for each fund must be at least 10% and the total percentage allocation must add up to 100%.
- You can only hold up to ten (10) 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 Etiqa. 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.

I would like to apply future premium payable to be invested as indicated below:

- Regular Premium
- Regular Premium and Recurring top up – RSP (if applicable)
- Recurring top up – RSP only

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"/>
	100%		

*Please indicate dividend payment option in Section M

L. Dividend Distribution Option Update

Important Notes

- This section is only applicable if your policy currently invested in funds that pays dividends.

Fund Name	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"/>

*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

PayNow 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 (<i>if any</i>)
<hr/>	<hr/>
Date : _____	Date : _____
Mobile Number : _____	Mobile Number : _____
Email Address : _____	Email Address : _____