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**PRODUCT SUMMARY: Invest builder**

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Version 1.23

This Product Summary is for general information only. It is not a contract of insurance. It is a simplified description of the product features applicable to this plan and is not exhaustive. Please refer to the Policy Contract for all terms, conditions and exclusions. For the avoidance of doubt, only the terms, conditions and exclusions as set out in the Policy Contract will bind the policy owner and Us.

**Details of Plan Provider:**

Etiqa Insurance Pte. Ltd., (201331905K), One Raffles Quay, #22-01 North Tower, Singapore 048583.

**Policy Owners' Protection Scheme:**

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the Life Insurance Association (LIA) or SDIC web-sites ([www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg))

**Nature and Objective of the Plan:**

This is a regular Premium investment-linked insurance plan that is designed to meet Your wealth accumulation needs. It matures on the Policy anniversary immediately before the Life insured attains 100 years old. This plan gives You the flexibility to choose the premium payment terms from three (3) years, five (5) years and ten (10) to twenty (20) years. Throughout the policy term, this plan will credit different types of bonus units (start-up bonus, loyalty bonus and additional bonus) to Your policy. You have access to various Portfolio funds and ILP sub-funds from the reputable fund managers. This plan also provides protection against death of the Life insured during the policy term.

This is a guaranteed issuance policy which means that We issue this policy without asking for Your health declaration or medical checks at the time of application.

**PLAN BENEFIT:**

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**1. Death Benefit**

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Upon death of the Life insured while the policy is in force, the death Benefit payable is the higher of:

- the Account value; or
- 105% of (the total Premium paid plus total Top-up(s) less any partial withdrawal(s));

less any amounts owing to Us.

When We make this payment, the policy ends.

Account value is the value of all the units in Your policy less any applicable fees and charges.

## 2. Start-up Bonus

While the policy is in force, a start-up bonus will be credited to Your policy for the first two (2) policy years upon receipt of the regular Premium You paid. The applicable start-up bonus rate per annum is determined based on Your Premium amount and premium payment term.

Start-up bonus payout = Start-up bonus rate X regular Premium received. Please refer to the table below for the details of the Start-up bonus amount.

Premium payment term	Annualised regular Premium (S\$)	
	Tier 1	Tier 2
3 and 5 years	10,000 to 19,999	20,000 and above
10 to 19 years	4,800 to 9,599	9,600 and above
20 years	2,400 to 4,799	4800 and above

Premium payment term	Bonus Rate (per annum)			
	Tier 1		Tier 2	
	Year 1	Year 2	Year 1	Year 2
3 years	0%	0%	4%	0%
5 years	5%	1%	10%	2%
10 years	10%	2%	20%	4%
11 years	11%	3%	22%	6%
12 years	12%	4%	24%	8%
13 years	13%	5%	26%	10%
14 years	14%	6%	28%	12%
15 years	15%	7%	30%	14%
16 years	16%	8%	32%	16%
17 years	17%	9%	34%	18%
18 years	18%	10%	36%	20%
19 years	19%	11%	38%	22%
20 years	20%	12%	40%	24%

The start-up bonus will be credited to Your policy in the form of additional units to Your Account value in accordance to the investment allocation chosen by You. The additional units will be purchased based on the unit price on the next valuation date. Start-up bonus is only applicable to regular Premium paid and it is not applicable to any Top-up(s).

We reserve the right to change the start-up bonus at any time by giving You thirty (30) days' written notice.

## 3. Loyalty Bonus

While the policy is in force, loyalty bonus will be credited to Your policy on each policy year starting from the beginning of the 11<sup>th</sup> policy year till the end of the policy term. Loyalty bonus for Top-up will be prorated according to the number of days from the Top-up effective date to the loyalty bonus payout date.

Loyalty bonus = Account value (exclude Top-up made within the previous policy year) X 2.00% per annum + Top-up (made within the previous policy year) X prorated loyalty bonus.

The loyalty bonus will be credited to Your policy in the form of additional units to Your Account value in accordance to the investment allocation chosen by You. The additional units will be purchased based on the unit price on the next valuation date. Loyalty bonus is applicable to regular Premium paid, Ad-hoc Top-up(s) and recurring Top-up(s).

We reserve the right to change the loyalty bonus at any time by giving You thirty (30) days' written notice.

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#### **4. Additional Bonus**

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While the policy is in force, an additional bonus of 0.10% per annum of Account value (excluding all Top-up(s)) will be credited to Your policy from the beginning of the 6<sup>th</sup> policy year to the 10<sup>th</sup> policy year.

The additional bonus will be credited to Your policy in the form of additional units to Your Account value in accordance to the investment allocation chosen by You. The additional units will be purchased based on the unit price on the next valuation date. Additional bonus is only applicable to regular Premium paid and it is not applicable to any Top-up(s).

We reserve the right to change the additional bonus at any time by giving You thirty (30) days' written notice.

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#### **5. Surrender Benefit**

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You may surrender Your policy in full or partially through partial withdrawal(s).

Should You choose to surrender Your policy during the premium payment term, Your surrender Benefit shall be subject to surrender charge. Please refer to the Fees and Charges section for the surrender charge.

Upon full surrender after the premium payment term, We will pay the surrender Benefit in one lump sum which is equivalent to the Account value, less any amounts owing to Us. You may request for a full surrender at any time after the free look period.

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#### **6. Partial Withdrawal**

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While the policy is in force, You may request for partial withdrawal(s) at any time, subject to the following:

- To specify the amount or percentage to be withdrawn from the Portfolio fund / ILP sub-fund(s);
- The minimum partial withdrawal amount is S\$500 and the remaining Account value must be at least S\$1,000;
- Partial withdrawal must be in multiples of S\$100;
- Partial withdrawal(s) is not allowed if the remaining Account value falls below the minimum requirement after withdrawal(s).

We reserve the right to revise the partial withdrawal requirements at any time by giving You thirty (30) days' written notice.

Should You choose to perform partial withdrawal during the premium payment term, the withdrawal amount shall be subject to partial withdrawal charge. Please refer to the Fees and Charges section for the partial withdrawal charge.

Any partial withdrawal made is to be firstly deducted from the Top-up amount (if applicable). Should there be any excess, the exceeded withdrawal amount will be deducted from the remaining Account value which excludes all Top-up(s).

Partial withdrawal(s) performed on Portfolio fund will be processed proportionately according to the respective ILP sub-funds' allocations in the Portfolio fund.

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## 7. Change of Life Insured

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While the policy is in force, You have the option to request for a change of Life insured from the third Policy year onwards, subject to the following conditions:

- The new Life insured must meet the entry Age requirement;
- All exclusions and conditions will be applicable to the new Life insured. The exclusions and conditions to this policy will begin from the effective date of the change of Life insured;
- Acceptance of the new Life insured is subject to Our approval, depending on the insurability of the new Life insured and such other terms and conditions as We shall determine from time to time;
- Where the Policy owner is a corporation, Policy owner may request to change the Life insured under this policy, without any limit on the number of changes. Where the Policy owner is not a corporation, Policy owner may only change the Life insured once throughout the policy term; and
- The policy will mature on the Policy anniversary immediately before the new Life insured attains 100 years old;

The insurance charge will be adjusted based on the attained Age, gender and smoking status of the new Life insured at the time of change.

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## 8. Life Contingency Benefit

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While the policy is in force and after twenty-four (24) months from the Policy commencement date and during the premium payment period, a life contingency benefit will be provided and can only be exercised once per policy. Once decided, You will not be allowed to make any changes to the life contingency benefit.

A life contingency benefit will only trigger as a result of a covered life contingency event and is either

- A waiver of the partial withdrawal charge should You make partial withdrawal from the policy of up to 15% of the Account value; or
- A waiver of premium shortfall charge of up to twelve (12) months if You choose to stop paying Premium.

We must be informed in writing within ninety (90) days of the event giving rise to the claim. At the Proper claimant's own expense, he/she must give Us all documents and evidence We ask for to assess the claim. This may include re-examining the Life insured by a particular Doctor We appoint.

We reserve the rights to reject Your claim if the terms and conditions stated in the Policy Contract are not met.

A life contingency event means

- The Life insured is hospitalized in a Singapore Hospital for at least six (6) consecutive days;
- The Life insured is retrenched and remained unemployed for at least thirty (30) consecutive days before reaching Age 65 as defined in Appendix B;
- The Life insured is diagnosed with Total and Permanent Disability before Age 66 as defined in Appendix C; or
- The Life insured is diagnosed with a severe Critical Illness\* as defined in Appendix D;

\* The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to [www.lia.org.sg](http://www.lia.org.sg) for the standard Definitions (Version 2019).

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## 9. Maturity Benefit

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At the Maturity date on the Policy anniversary immediately before the Life insured attains 100 years old, if the policy is still in force, You will receive a lump sum maturity Benefit which is equivalent to the Account value, less any amounts owing to Us.

### SUBSCRIPTION OF FUNDS:

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## 10. Premium Allocation

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100% of the regular Premium paid and 100% of Top-up(s) will be invested into Your selected Portfolio fund / ILP sub-funds. The Premium shall be invested according to the allocations indicated for Your Portfolio fund / ILP sub-funds.

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## 11. Structure of the ILP Sub-Funds in the Portfolio fund

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Each Portfolio fund comprises of a list of ILP sub-funds and each ILP sub-fund is a feeder fund that feeds 100% into an umbrella fund. Each ILP sub-fund will invest the assets in accordance with the investment objective and strategy determined by the ILP sub-fund Manager from time to time. We make no recommendation in respect of the Portfolio fund that You choose to invest in. It is Your responsibility to obtain the necessary information and assess the suitability of the Portfolio fund.

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## 12. Available ILP Sub-Funds / Portfolio funds

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This plan allows You the flexibility to choose either up to ten (10) ILP sub-funds or one (1) Portfolio fund and up to nine (9) ILP sub-funds for investment. The minimum allocation for each ILP sub-fund / Portfolio fund must be at least 10% of the total allocation. Please refer to the Fund Summary for the list of ILP sub-funds and Portfolio funds as well as their ILP sub-funds' allocations. The investment returns of the Portfolio funds / ILP sub-funds are subject to the market performance of the assets of the ILP sub-funds highlighted in the Fund Factsheet.

Note that We may, as deemed appropriate and, at any time make any of the following change(s):

- introduce new ILP sub-funds / Portfolio funds;
- restrict new investments in any of the ILP sub-funds to the Portfolio fund;
- merge two or more of the ILP sub-funds to the Portfolio fund;
- terminate any of the ILP sub-funds;
- adjust the ILP sub-funds' allocations in the Portfolio fund.

You may obtain the unit price of the Portfolio funds / ILP sub-funds from [www.etiqa.com.sg](http://www.etiqa.com.sg).

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## 13. Investment Objectives, Focus and Approach

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Terms and disclosure (e.g. Fees and charges, Top-ups and withdrawals) indicated in this Product Summary are applicable to all ILP sub-funds / Portfolio Funds while the details of each ILP sub-fund / Portfolio Fund as well as the rest of the terms and disclosure (e.g. Risk, investment Objectives) can be found in the Fund Summary and Fund Prospectus.

Please refer to the Fund Prospectuses for more information on the ILP sub-funds' / Portfolio Fund investment objectives, focus and approach.

Please refer to the Fund Summary for the details of the Portfolio Fund manager / ILP sub-fund manager and the investment objectives of the Portfolio fund / ILP sub-funds.

Portfolio Fund manager refers to Etiqa Insurance Pte. Ltd. (Company Registration No.201331905K), the entity manages the Portfolio funds.

The placement of trades for the Portfolio funds will be executed in Singapore through Citibank Singapore Limited (Company Registration No. 200309485K).

ILP sub-fund Manager refers to the asset management company that manages the respective ILP sub-funds.

The ILP sub-fund Manager shall have the sole discretion determining how the ILP sub-funds is to be invested and the forms of investment. The ILP sub-fund Manager shall have the right to change the investment objectives of the ILP sub-funds from time to time. We will keep You updated on such change(s) as per applicable law and regulations by giving You thirty (30) days written' notice.

We will observe certain duties and obligations (which may require Your co-operation and assistance):

- Under the agreements between Us and the ILP sub-fund Managers, and
- Under certain statutory and regulatory requirements which may include, but are not limited to notices and guidelines issued from time to time by various associations and authorities.

We may therefore require Your co-operation, upon Our request, to perform certain actions, so as to allow Us to carry out these duties and obligations.

We shall provide You material information, such as, but not limited to, name changes and valuation errors, in writing as soon as practicable and in accordance with applicable laws and regulations after obtaining such information from the ILP sub-fund Manager.

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## **14. Pricing and Dealing Deadlines**

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As units are issued on a forward pricing basis, the issue price of units will not be ascertainable at the time of Application.

The pricing is done on a single pricing basis (bid to bid basis) calculated by the Portfolio fund manager / ILP sub-fund manager at each Valuation day in respect of the relevant Portfolio fund / ILP sub-fund invested into.

The cut-off time for submission of Applications and receipt of Premiums is 3 p.m. (Singapore time) on each Valuation day. Applications submitted or Premiums received after the cut-off time will be transacted based on the unit price as at the next Valuation day.

We reserve the right to revise the cut-off time at any time by giving You thirty (30) days' written notice.

## 15. Settlement for Redemption

Upon the receipt and acceptance of Your redemption request with all the required documents, the redemption proceeds will be paid to You unless dealings have been suspended as specified in the section “Suspension of dealings” below. Redemption proceeds will be paid as per the following timeline:

- For Bond and Money Market ILP sub-funds to be processed within 4 business days.
- For Portfolios fund to be processed within 7 business days.
- For all other ILP sub-funds to be paid within 6 business days.

Applications submitted or Premiums received after 3 p.m. (Singapore time) will be transacted based on the unit price as at the next Valuation day.

## 16. Calculation of Number of Units Allocated

The following examples illustrate the number of units in a Portfolio fund / ILP sub-funds that You will receive assuming that You contribute S\$1,000 annual Premium.

The Premium will be allocated according to the ILP sub-funds’ allocation for ILP sub-fund A, B, C and D below.

ILP Sub-Fund	ILP Sub-Fund Allocation	Amount Allocated	Notional Issue Price*	Fees and Charges	Units Subscribed
<b>A</b>	30%	S\$300	S\$1	Nil	300
<b>B</b>	5%	S\$50	S\$1	Nil	50
<b>C</b>	45%	S\$450	S\$1	Nil	450
<b>D</b>	20%	S\$200	S\$1	Nil	200
<b>Total</b>	100%	S\$1,000	S\$1	Nil	1,000

There is no fees and charges incurred for the purchase of the Portfolio fund / ILP sub-funds.

\*The notional unit price is for illustration purpose and the actual unit price will fluctuate according to the market performance.

The calculation stated above applies to Top-up(s).

## 17. Calculation of Redemption Proceeds

The following examples illustrate how the redemption works assuming You plan to withdraw S\$1,000 from Your Portfolio fund / ILP sub-fund.

ILP Sub-Fund	No. of Units Before Withdrawal	Unit Price**	ILP Sub-Fund Allocation	Amount to be Redeemed	Units Redeemed	Fees & Charges	Balance Units
A	300	S\$1.20	30%	S\$300	250	Nil	50
B	50	S\$1.60	5%	S\$50	31.25		18.75
C	450	S\$1.50	45%	S\$450	300		150
D	200	S\$1.60	20%	S\$200	125		75
<b>Total</b>	1,000	-	100%	S\$1,000	-		-

Partial withdrawal charge will be incurred upon the partial withdrawal of the Portfolio fund / ILP sub-fund during the premium payment term.

\*\* The actual unit price of units will fluctuate according to the market performance.

## 18. Distribution of Dividend

If the ILP sub-fund that You have chosen pays dividends, You have the option to either reinvest or receive payments of these dividends. The frequency of dividend distribution of the ILP sub-funds is determined by the relevant ILP sub-fund manager(s). You can only be entitled to dividend(s) if You are invested in the relevant ILP sub-fund(s) at the end of its dividend declaration date.

If You choose to reinvest the dividends, the relevant ILP sub-fund manager(s) will reinvest these dividends on Your behalf, thereby increasing Your units in the ILP sub-fund.

If You choose to receive dividends and the ILP sub-fund declares any dividend, We will distribute these dividends to You within thirty (30) days from the dividend declaration date, subject to the minimum amount of S\$40. If the amount of dividend is less than S\$40, We will reinvest that particular dividend(s) as additional units to Your ILP sub-fund on Your behalf.

Surrender / Partial withdrawal charge will apply if You choose to withdraw the reinvested dividend(s) during the premium payment term. If You would like to withdraw the reinvested dividends, You must submit Your request and it is subject to Our approval. The minimum amount to withdraw is S\$500 or You must withdraw the full accumulated reinvested dividends in the policy.

For any changes to the dividend payout option, You will need to notify Us in advance. Should We receive Your change request within three (3) business days from the dividend declaration date, We will only change Your mode of dividend from the next dividend payout.



## FEES AND CHARGES:

### 19. Policy Charge

The policy charge is imposed throughout the policy term and the policy charge is to be deducted on each Policy monthiversary.

Policy charge = 2.30% per annum /12 X Account value

The policy charge is to be deducted via unit deduction from the Account value. The deduction will start once the policy is incepted and subsequent deduction will take place from the next Policy monthiversary.

If there are any pending transactions, We may defer the deduction of the policy charge until the transaction is completed and We will use the unit price as of the next valuation day.

The policy charge will continue to be deducted even if the regular Premiums are not paid during the premium payment term.

We reserve the right to revise the policy charge by giving You thirty (30) days' written notice.

### 20. Premium Shortfall Charge

If You miss paying any regular Premium during the premium payment term, a monthly premium shortfall charge will apply starting from the first business day after the end of the grace period of each missed regular Premium.

The premium shortfall charge will be imposed monthly until You resume the Premium payment or until the end of the premium payment term, whichever is earlier. If You have incurred premium shortfall charge, You will not be required to back pay the Premium owed.

Premium shortfall charge = X% x annualized Premium / 12

Where X% is the premium shortfall charge percentage in the prevailing policy year in which the premium shortfall charge is imposed. Please refer to the table below for the premium shortfall charge percentage.

Policy Year	Premium Term												
	3	5	10	11	12	13	14	15	16	17	18	19	20
1	100%												
2	100%												
3	75%	77%	79%	79%	80%	80%	81%	81%	83%	85%	86%	88%	90%
4		40%	60%	62%	64%	66%	68%	70%	71%	72%	73%	74%	75%
5		20%	50%	52%	54%	56%	58%	60%	61%	61%	62%	62%	63%
6			47%	49%	51%	54%	56%	58%	58%	58%	59%	59%	59%
7			44%	46%	48%	49%	51%	53%	53%	54%	54%	55%	55%
8			21%	27%	33%	39%	45%	51%	51%	51%	51%	51%	51%
9			16%	21%	26%	30%	35%	40%	41%	42%	43%	44%	45%
10			8%	14%	20%	26%	32%	38%	38%	39%	39%	40%	40%
11				8%	13%	15%	17%	33%	33%	34%	34%	35%	35%

12					8%	17%	15%	28%	28%	29%	29%	30%	30%
13						8%	9%	22%	23%	23%	24%	24%	25%
14							8%	18%	18%	19%	19%	20%	20%
15								8%	9%	10%	12%	13%	14%
16									8%	8%	9%	9%	10%
17										8%	9%	9%	8%
18											8%	8%	8%
19												8%	8%
20													8%

We reserve the right to revise the premium shortfall charge by giving You thirty (30) days' written notice.

## 21. Partial Withdrawal Charge

Partial withdrawal charge is imposed during the premium payment period if You request for partial withdrawal. Partial withdrawal charge is calculated as a percentage of Your withdrawn amount.

Partial withdrawal charge = Partial withdrawal charge percentage (depending on the policy year at the point of the withdrawal request) X Amount withdrawn

The partial withdrawal charge is to be deducted from the withdrawn amount prior to paying out to You. Please refer to the table below for the partial withdrawal charge percentage.

Policy Year	Premium Term												
	3	5	10	11	12	13	14	15	16	17	18	19	20
1	100%												
2	100%												
3	75%	77%	79%	79%	80%	80%	81%	81%	83%	85%	86%	88%	90%
4		40%	60%	62%	64%	66%	68%	70%	71%	72%	73%	74%	75%
5		20%	50%	52%	54%	56%	58%	60%	61%	61%	62%	62%	63%
6			47%	49%	51%	54%	56%	58%	58%	58%	59%	59%	59%
7			44%	46%	48%	49%	51%	53%	53%	54%	54%	55%	55%
8			21%	27%	33%	39%	45%	51%	51%	51%	51%	51%	51%
9			16%	21%	26%	30%	35%	40%	41%	42%	43%	44%	45%
10			8%	14%	20%	26%	32%	38%	38%	39%	39%	40%	40%
11				8%	13%	15%	17%	33%	33%	34%	34%	35%	35%
12					8%	17%	15%	28%	28%	29%	29%	30%	30%
13						8%	9%	22%	23%	23%	24%	24%	25%
14							8%	18%	18%	19%	19%	20%	20%
15								8%	9%	10%	12%	13%	14%
16									8%	8%	9%	9%	10%

17										8%	9%	9%	8%
18											8%	8%	8%
19												8%	8%
20													8%

We reserve the right to revise the partial withdrawal charge by giving You thirty (30) days' written notice.

## 22. Surrender Charge

Surrender charge applies if You request for full surrender during the premium payment period. The surrender charge is to be deducted from the surrender amount prior to paying out to You.

Surrender charge = Surrender charge percentage (depending on the policy year at the point of the surrender request) X Account value

Please refer to the table below for the surrender charge percentage.

Policy Year	Premium Term												
	3	5	10	11	12	13	14	15	16	17	18	19	20
1	100%												
2	100%												
3	75%	77%	79%	79%	80%	80%	81%	81%	83%	85%	86%	88%	90%
4		40%	60%	62%	64%	66%	68%	70%	71%	72%	73%	74%	75%
5		20%	50%	52%	54%	56%	58%	60%	61%	61%	62%	62%	63%
6			47%	49%	51%	54%	56%	58%	58%	58%	59%	59%	59%
7			44%	46%	48%	49%	51%	53%	53%	54%	54%	55%	55%
8			21%	27%	33%	39%	45%	51%	51%	51%	51%	51%	51%
9			16%	21%	26%	30%	35%	40%	41%	42%	43%	44%	45%
10			8%	14%	20%	26%	32%	38%	38%	39%	39%	40%	40%
11				8%	13%	15%	17%	33%	33%	34%	34%	35%	35%
12					8%	17%	15%	28%	28%	29%	29%	30%	30%
13						8%	9%	22%	23%	23%	24%	24%	25%
14							8%	18%	18%	19%	19%	20%	20%
15								8%	9%	10%	12%	13%	14%
16									8%	8%	9%	9%	10%
17										8%	9%	9%	8%
18											8%	8%	8%
19												8%	8%
20													8%

We reserve the right to revise the surrender charge by giving You thirty (30) days' written notice.

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## 23. Insurance Charge

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The insurance charge is imposed throughout the policy term and the insurance charge is to be deducted on each Policy monthiversary. The insurance charge is based on Your attained Age, gender and smoking status as well as the net sum at risk. If the net sum at risk is lesser than or equal to zero, there shall be no insurance charge.

Net sum at risk = 105% of (the total Premium paid plus Top-up less withdrawal) less Account value.

The insurance charge is to be deducted via unit deduction from the Account value. Please refer to Appendix A for the insurance charge table.

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## 24. Fund Management Fee

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Fund management fee will be charged on Your policy.

You can refer to the respective schedules in the relevant fund prospectuses for details. Fund management fee is deductible from the assets of the ILP sub-fund(s) that the policy invests in and are deducted during daily pricing of the respective Funds. As such, unit prices of Funds are net of this charge at all times. The relevant Portfolio fund manager / ILP sub-fund manager reserves the right to increase the charges.

We will update You of such change(s) in accordance with applicable laws and regulations by giving You thirty (30) days' written notice.

### POLICY OPTIONS:

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## 25. Top-up (Ad-hoc / Recurring)

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While the policy is in force, You can make a recurring or ad-hoc Top-up immediately after the Policy issue date, subject to Our approval.

- Ad-hoc Top-up  
Ad-hoc Top-up is subject to the following:
  - You may make an ad-hoc Top-up, provided that each Top-up is at least S\$2,500.
  - Top-up must be in multiples of S\$100.
  - Maximum ad-hoc Top-up per transaction allowed is S\$200,000.
  - To specify the amount or percentage to Top-up to the Portfolio fund / ILP sub-fund(s).
  
- Recurring Top-up  
Recurring Top-up is subject to the following:
  - The minimum recurring Top-up must be at least S\$1,200 per annum, S\$600 per semi-annual, S\$300 per quarter or S\$100 per month.
  - Top-up must be in multiples of S\$100.
  - The maximum recurring Top-up per enrolment allowed is S\$200,000.  
To specify the amount or percentage to Top-up to the Portfolio fund / ILP sub-fund(s).

Top-up can be made to either Portfolio fund or ILP sub-funds. However, You can only hold either up to ten (10) ILP sub-funds or one (1) Portfolio fund and up to nine (9) ILP sub-funds at any time.

We reserve the right to revise the Top-up requirements at any time by giving You thirty (30) days' written notice.

Top-up of Portfolio fund will be processed according to the respective ILP sub-fund' allocations in the Portfolio fund.

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## 26. Fund Switching

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While the policy is in force, You are entitled to an unlimited time of fund switching. Currently, We do not impose any charge for fund switching.

Each policyholder can only hold either up to ten (10) ILP sub-funds or one (1) Portfolio fund and up to nine (9) ILP sub-funds at any time. The minimum fund switch amount is S\$500 per fund. If the remaining value of the fund is less than S\$500 at the point of fund switch, You must switch out all the units from this fund.

We reserve the right to revise the charge for fund switching by giving You thirty (30) days' written notice.

If We accept Your fund switching request, We will sell the units in the Portfolio fund / ILP sub-fund(s) that You have instructed Us to switch out from. We will then use the net sale proceeds to buy the units of the Portfolio fund / ILP sub-fund(s) that You have instructed Us to switch into. The fund switching is based on the unit price of the applicable Portfolio fund / ILP sub-fund(s) at the date when the switching is carried out by the Portfolio fund manager / ILP sub-fund manager. Should the fund switch request be received before 3 p.m. (Singapore time), We will use the unit price for the current Valuation day else it will be based on the unit price as at the next Valuation day.

Should the Portfolio fund manager initiate a change of ILP sub-fund(s) to the Portfolio fund, We will perform fund switch on Your behalf to switch out the ILP sub-fund(s) based on the prevailing unit price. We will update You of such change(s) in accordance with applicable laws and regulations by giving You thirty (30) days' written notice.

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## 27. Premium Redirection

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You may request to re-direct Your future regular Premium into other ILP sub fund(s) or one (1) Portfolio fund of Your choice without affecting the units in Your existing selected fund(s). Premiums can be redirected to a maximum of ten (10) ILP sub-funds or one (1) Portfolio fund and up to nine (9) ILP sub-funds at any time under Your policy. The premium redirection is subject to a minimum allocation of 10% per selected fund.

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## 28. Automatic Portfolio Fund Rebalancing

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There will be periodic automatic rebalancing to minimize deviation from the stated proportions of each Portfolio fund at the discretion of the Portfolio fund manager.

### POLICY CONDITIONS:

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## 29. Free Look Period

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You may return this policy for cancellation within fourteen (14) days after You receive the policy document, for any reason. We will refund You the Premiums You have paid less any change in the unit price(s) of the Portfolio fund / ILP sub-fund and any costs incurred by the Company in assessing the risk under the policy, such as payments for medical check-up and other expenses. Start-up bonus will not be paid to You if the policy is cancelled during the Free Look period. Any partial withdrawal previously paid to You under this policy will also be deducted.

Should the free look request be received before 3 p.m. (Singapore time), We will use the unit price for the current Valuation day or else it will be based on the unit price as at the next Valuation day. In the event that the Account value of Your policy is more than the Premium paid, We will only refund the Premium You have paid.

If Your policy document is sent by email, We consider this policy is delivered to You one (1) day after the date of emailing. If Your policy document is sent by post, We consider this policy is delivered to You seven (7) days after the date of posting.

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### 30. Grace Period

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Grace period will apply for below scenarios:

- We will provide a thirty (30) days' grace period from each premium due date for You to pay the respective due Premiums.
- If the Account value is zero or less than zero, We will provide a thirty (30) days' grace period such that Your policy is kept in force. Your policy will lapse if the required Top-up(s) to keep the policy in force is not paid by the expiry date of the grace period.

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### 31. Reinstatement

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After the grace period, if the Account value is zero or less than zero, Your policy will lapse. You may reinstate Your policy within twelve (12) months from the policy lapsed date by:

- Paying any Top-up(s) required by Us;
- paying all fees and charges for reinstatement of this policy;
- paying any outstanding amount You owe with interest (if applicable); and
- giving Us satisfactory proof of the Life insured's good health (if applicable), at Your own expense.

Reinstatement is subject to Our approval.

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### 32. Termination

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Your policy will end when one of these events happens first:

- On the Maturity date and We paid out 100% of the maturity Benefit;
- We paid out 100% of the death benefit of this policy;
- full surrender of the policy;
- the required Premium(s) or Top-up(s) is not paid by the expiry date of the grace period to ensure that the Account value is above S\$0 to keep the policy in force ; or
- We receive Your written request and accept Your request to terminate the policy.

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### 33. Exclusions

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There are certain conditions under which no Benefits will be payable.

We do not pay the death Benefit if the death is directly or indirectly, wholly or partly caused by:

- Intentional acts (sane or insane) such as self-inflicted injuries, suicide or attempted suicide within the first twelve (12) months from the Policy Issue date, the date in which there is a new Life insured or the latest Reinstatement date, whichever is later; or
- Pre-existing conditions within the first twelve (12) months from the Policy Issue date, the date in which there is a new Life insured or the latest Reinstatement date, whichever is later.

When death exclusion happens, We will return the Account value calculated based on the next Valuation day following Our receipt of Your death notification, less any amounts owing to Us from this policy.

We do not pay the life contingency Benefit if the Total and Permanent Disability is directly or indirectly, wholly or partly caused by:

- ) Intentional acts (sane or insane) such as self-inflicted injuries, suicide or attempted suicide;
- a) Pre-existing conditions within the first 12 months from the Policy issue date, the date in which there is a new Life insured or the latest Reinstatement date, whichever is later;
- b) Criminal acts, war (declared or not), terrorism and chemical warfare;
- c) Participating in aviation (except as fare-paying passenger or member crew of a commercial airline), any dangerous or hazardous sport or hobby such as (but not limited to) steeple chasing, polo, horse racing, underwater diving, hunting, motor vehicular racing, mountaineering or potholing, or aerial sports such as skydiving, parachuting, bungee jumping;
- d) Effects of drug or alcohol addiction; or
- e) Acquired Immune Deficiency Syndrome (AIDS), AIDS-related conditions or infection in the presence of Human Immunodeficiency Virus (HIV) except HIV due to blood transfusion and occupationally acquired HIV.

We do not pay the life contingency Benefit if the severe critical illness is directly or indirectly, wholly or partly caused by:

- A Pre-existing condition;
- Intentional acts (sane or insane) such as self-inflicted injuries, suicide or attempted suicide;
- Effects of drug or alcohol addiction; or
- Acquired Immune Deficiency Syndrome (AIDS), AIDS-related conditions or infection in the presence of Human Immunodeficiency Virus (HIV) except HIV due to blood transfusion and occupationally acquired HIV;

We will not pay any life contingency Benefit if:

- Major Cancer, Heart Attack of Specified Severity, as well as Other Serious Coronary Artery Disease is diagnosed; or
- Coronary Artery disease leading to Coronary Artery By-Pass Surgery is diagnosed;

within ninety (90) days from the latest Reinstatement date.

When there is condition(s) specific to the Life insured which We will not cover, We will state them on Our Letter of Conditional Acceptance.

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### 34. Other Material Information

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#### Premium

This is a regular Premium investment-linked insurance plan. The minimum regular Premium requirements are as follows:

Premium Payment Term	Minimum Annual Premium Amount
3 and 5 years	S\$10,000
10 to 19 years	S\$4,800
20 years	S\$2,400

Once the policy is incepted and throughout the policy term, You will not be allowed to adjust Your regular Premium amount and premium payment term.

### **Conflict of Interest**

We and the ILP sub-fund managers may from time to time deal with conflicting interests between the policy and other ILP issued by Us or between the relevant Portfolio fund / ILP sub-fund and such other funds managed by the ILP sub-fund manager. However, We and the ILP sub-fund managers will use reasonable endeavours to act fairly in respect of the ILP issued by Us and all funds managed by the ILP sub-fund managers.

We and the ILP sub-fund managers and its affiliates may involve in other investment, financial and professional activities which may cause conflict of interest with the policy and the other ILP issued by Us as well as the management of the relevant Portfolio fund / ILP sub-fund. We and the ILP sub-fund managers and its affiliates will ensure that the performance of Our duties will not be impaired by any such involvement. In the event a conflict of interest does arise, We and the ILP sub-fund managers and its affiliates will take all reasonable steps to resolve the conflict of interest as quickly as possible and as far as possible, in Your interest.

We and the ILP sub-fund managers may hold, dispose or deal with units in the relevant Portfolio fund / ILP sub-fund in Our own capacity. In the event of any conflict of interest arising as a result of such dealing, We and the ILP sub-fund manager will resolve such conflict in a just and equitable manner. We and the ILP sub-fund managers will perform all transactions for the policy and the relevant Portfolio fund / ILP sub-fund on an arm's length basis.

### **Related Party Transactions**

All transactions with the related parties to be approved by relevant committee to ensure that transactions are done at arm's length.

### **Reports**

Policy statement will be made available to policyholders on a monthly basis as per Your respective Portfolio fund / ILP sub-fund(s). If the Portfolio fund / ILP sub-fund that You have purchased is classified as a specified ILP, policy statements will be made available to You within thirty (30) days' after the end of the financial year of the respective ILP sub-funds. The financial year end is 31<sup>st</sup> December.

The semi-annual report and annual fund report of each of Your ILP sub-fund will be made available to You within two (2) months and three (3) months respectively from the last date of the period to which the reports relate.

We will at Your request, provide a printed version of the latest semi-annual report and annual fund report.

The auditor for the Portfolio fund / ILP sub-funds is Ernst & Young LLP.

### **Soft Dollar Commissions**

We do not retain, for Our own account, cash or commission rebates arising out of transactions for the relevant ILP sub-funds whether executed in Singapore or outside Singapore. We shall be entitled to receive soft dollar commissions or arrangement in respect of the relevant ILP sub-funds, however, this will be made in accordance with the applicable regulatory requirements.

Please refer to the Fund Prospectus for more information pertaining to soft dollar commissions or arrangements applicable to ILP sub-funds.



## **Suspension of Dealings**

We or the relevant ILP sub-fund managers may at any time suspend the valuation, issuance and redemption of units at Our discretion, but not limited to the following circumstances.

- a significant part of the Portfolio fund or ILP sub-funds are quoted, listed, traded or dealt in is closed or when the respective stock exchange / market is restricted or suspended or when dealings in any ILP sub-funds are restricted or suspended; or
- when a breakdown occurs in any of the means normally employed in ascertaining the value of investments or the net asset value or the issue and redemption price per unit for the Portfolio fund or when the value of the ILP sub-funds investment or other assets cannot be reasonably or fairly ascertained; or
- during which the Portfolio fund or ILP sub-funds are unable to repatriate funds for the purpose of fund switching, redemption or acquisition of investments cannot be processed at normal rates of exchange; or
- when circumstances exist as a result of which in the opinion of the ILP sub-fund managers it is not reasonably practicable for the relevant Portfolio fund or ILP sub-funds to dispose of investments or as a result of which any such disposal would be materially prejudicial to You.

We will notify You of such suspension and the termination of such suspension by giving You thirty (30) days' written notice.

## **CPF Investment Schemes (CPFIS)**

This policy is not included under CPFIS, payment of Premiums using CPF money cannot be made.

## **Exercise of Voting Rights**

You do not have any voting rights.

## **Impact of Early Surrender**

As buying a life insurance policy is a long-term commitment, an early termination of the policy usually involves high costs and the surrender value, if any, that is payable to You may be less than the Premiums paid.

## **Risk**

Investment returns in investment-linked plans are subject to investment risks including the possible loss of principal amount invested. The value of units in the Portfolio fund / ILP sub-fund may fall or rise depending on economic / market conditions.

The risks of investing in the Portfolio fund / ILP sub-fund(s) are set out in the relevant section of the Fund Summary and Fund Prospectus.

No guarantee is given, express or implied, that You will receive any amount invested. All investments involve risks and there can be no guarantee against loss resulting from an investment in any of the

Portfolio fund / ILP sub-fund(s), nor is there any assurance that the Portfolio fund / ILP sub-fund(s) respective investment objectives will be attained in respect of their overall performance.

You should also be aware that an investment returns in the particular Portfolio fund / ILP sub-fund(s) may be exposed to other risks of an exceptional nature from time to time.

Past performance of the Portfolio fund / ILP sub-fund(s) is not necessarily indicative of the future performance of the Portfolio fund / ILP sub-fund(s).

#### Note

Age means the age at next birthday.

Life Insurance is a contract of utmost good faith and a proposer is required to disclose in proposal form fully and faithfully all the facts, which he knows or ought to know, as otherwise the policy issued may be void.

The terms and conditions of Your policy are contained in Your Policy Contract. The Fund Summary, contains details of the Portfolio fund / ILP sub-fund(s) and is a part of the Product Summary, thus it should be viewed together. More information of the ILP sub-funds can be obtained from the Fund Factsheet, Product Highlights Sheet and Fund Prospectus.

#### Appendix A – Insurance Charge Table

Annual Insurance Charge for Death Benefit (per S\$1,000 Net Sum At Risk)				
ANB	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
1	0.162	0.162	0.171	0.171
2	0.143	0.143	0.155	0.155
3	0.143	0.143	0.141	0.141
4	0.143	0.143	0.141	0.141
5	0.143	0.143	0.141	0.141
6	0.143	0.143	0.141	0.141
7	0.143	0.143	0.141	0.141
8	0.143	0.143	0.141	0.141
9	0.143	0.143	0.141	0.141
10	0.143	0.143	0.141	0.141
11	0.143	0.143	0.141	0.141
12	0.143	0.143	0.141	0.141
13	0.143	0.143	0.141	0.141
14	0.143	0.143	0.141	0.141
15	0.150	0.150	0.141	0.141
16	0.171	0.171	0.141	0.141
17	0.193	0.289	0.142	0.213
18	0.214	0.321	0.153	0.230
19	0.234	0.351	0.164	0.246
20	0.252	0.378	0.172	0.259
21	0.267	0.400	0.180	0.269
22	0.279	0.418	0.183	0.275
23	0.288	0.432	0.184	0.276

24	0.292	0.438	0.184	0.276
25	0.294	0.441	0.184	0.276
26	0.294	0.441	0.184	0.276
27	0.294	0.441	0.184	0.276
28	0.294	0.441	0.184	0.276
29	0.294	0.441	0.184	0.276
30	0.294	0.441	0.184	0.276
31	0.294	0.441	0.184	0.276
32	0.294	0.441	0.184	0.276
33	0.294	0.441	0.184	0.276
34	0.307	0.461	0.184	0.276
35	0.324	0.486	0.185	0.277
36	0.344	0.516	0.207	0.310
37	0.368	0.552	0.232	0.348
38	0.393	0.590	0.262	0.393
39	0.421	0.631	0.296	0.444
40	0.451	0.676	0.333	0.499
41	0.484	0.726	0.373	0.560
42	0.522	0.783	0.415	0.623
43	0.567	0.850	0.458	0.688
44	0.621	0.932	0.502	0.752
45	0.689	1.034	0.546	0.818
46	0.774	1.160	0.591	0.887
47	0.876	1.313	0.641	0.961
48	0.997	1.496	0.699	1.048
49	1.136	1.704	0.766	1.148
50	1.290	1.935	0.846	1.269
51	1.455	2.182	0.938	1.407
52	1.623	2.434	1.041	1.562
53	1.792	2.688	1.153	1.729
54	1.956	2.934	1.269	1.903
55	2.120	3.180	1.388	2.082
56	2.288	3.432	1.506	2.259
57	2.468	3.703	1.621	2.431
58	2.672	4.008	1.731	2.596
59	2.908	4.363	1.838	2.757
60	3.192	4.788	1.946	2.919
61	3.533	5.300	2.058	3.087
62	3.945	5.918	2.186	3.279
63	4.438	6.657	2.340	3.510
64	5.020	7.531	2.536	3.804
65	5.701	8.551	2.790	4.184
66	6.486	9.730	3.119	4.678
67	7.383	11.075	3.544	5.316
68	8.398	12.597	4.084	6.126
69	9.537	14.305	4.757	7.136
70	10.805	16.207	5.583	8.374
71	12.208	18.312	6.575	9.863

72	13.751	20.626	7.753	11.629
73	15.438	23.157	9.128	13.692
74	17.273	25.909	10.716	16.074
75	19.259	28.888	12.528	18.792
76	21.401	32.101	14.573	21.859
77	23.701	35.552	16.862	25.293
78	26.240	39.360	19.400	29.101
79	29.051	43.576	22.195	33.293
80	32.162	48.243	25.252	37.879
81	35.607	53.411	28.574	42.862
82	39.422	59.133	32.166	48.249
83	43.644	65.467	36.030	54.045
84	48.320	72.480	40.167	60.250
85	53.496	80.244	44.904	67.356
86	59.226	88.839	50.203	75.305
87	65.570	98.355	56.126	84.190
88	72.594	108.891	62.749	94.124
89	80.370	120.554	70.154	105.230
90	88.979	133.468	78.432	117.648
91	98.510	147.765	87.687	131.530
92	109.062	163.593	98.034	147.051
93	120.745	181.117	109.602	164.403
94	133.678	200.517	122.535	183.802
95	147.998	221.996	136.994	205.491
96	163.851	245.776	153.159	229.738
97	181.401	272.102	171.231	256.847
98	200.833	301.249	191.437	287.155
99	222.345	333.518	214.026	321.039
100	246.162	369.244	239.281	358.921

## Appendix B – Life Contingency Benefit (Retrenchment)

To be considered a life contingency event, retrenchment is subject to the following:

- a) You are not retrenched from self-employment, nor an independent contractor or sole proprietor;
- b) the employer is not a spouse, nor relative of Yours or Your spouse;
- c) Your spouse, relative of Yours or Your spouse does not
  - a. hold a substantial interest in; nor
  - b. are in a position to exercise control over the appointment and termination of employees in the company, corporation, limited liability partnership, society, association or partnership (or such other similar body whether incorporated or unincorporated) which employs You;
- d) the retrenchment does not arise out of Your:
  - a. retirement;
  - b. resignation;
  - c. termination or suspension due to wilful or deliberate misconduct or unlawful behaviour;
  - d. natural expiry of the employment contract;

- e. leave of absence whether paid or unpaid;
- f. military discharge; or
- g. any voluntary forfeiture of income by You; and/or
- h. if You are retrenched from a full-time employment which You have not worked for at least 6 consecutive months immediately prior to the retrenchment.

“Relative” means parent, sibling, uncle, aunt, nephew, niece, grandparent, child and grandchild.

“Substantial interest” means owning 5% or more of the equity interest in a body corporate.

### **Appendix C - Total and Permanent Disability Definition**

**Total and permanent disability** is a disability that lasts continuously for at least 180 days, which the Doctor considers permanent and expects it to last throughout the lifetime of the Life insured. This means one of the following:

- i. A disability where the Life insured whose Age is between 17 and 65 cannot perform any work or occupation, or
- ii. A disability where the Life insured suffers from any of these:
  - Total and irrecoverable loss of sight in both eyes; or
  - Loss of two or more limbs, each above the wrist or ankle; or
  - Total and irrecoverable loss of sight in one eye and loss of one limb at or above the wrist or ankle.
- iii. A disability where the Life insured cannot do at least 3 out of 6 Activities of Daily Living without physical help from another person or mechanical equipment.

The 6 Activities of Daily Living are:

Washing - The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash by other means.

Dressing - The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.

Feeding - The ability to feed oneself food after it has been prepared and made available.

Toileting - The ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.

Mobility - The ability to move indoors from room to room on level surfaces.

Transferring - The ability to move from a bed to an upright chair or wheelchair, and vice versa.

- iv. A disability where the Life insured has to be confined to a home, a hospital or other institution in order to receive constant care and medical attention.

If the Life insured is unemployed at the time of disability, then only (b) and (c) shall apply.

## Appendix D – List of Severe Critical Illness

Critical illness means any one of the following:

### 1 Major Cancer

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
  - Pre-malignant;
  - Non-invasive;
  - Carcinoma-in-situ (Tis) or Ta;
  - Having borderline malignancy;
  - Having any degree of malignant potential;
  - Having suspicious malignancy;
  - Neoplasm of uncertain or unknown behaviour; or
  - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

### 2 Heart Attack of Specified Severity

Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;

- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

### **3 Stroke with Permanent Neurological Deficit**

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

### **4 Coronary Artery By-pass Surgery**

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures are excluded.

### **5 End Stage Kidney Failure**

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

### **6 Irreversible Aplastic Anaemia**

Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The diagnosis must be confirmed by a haematologist.

## **7 End Stage Lung Disease**

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV<sub>1</sub> test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ( $\text{PaO}_2 \leq 55\text{mmHg}$ ); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

## **8 End Stage Liver Failure**

End stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

## **9 Coma**

A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.

## **10 Deafness (Irreversible Loss of Hearing)**

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

Total means “the loss of at least 80 decibels in all frequencies of hearing”.

Irreversible means “cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention.”



### **11 Open Chest Heart Valve Surgery**

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

### **12 Irreversible Loss of Speech**

Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

### **13 Major Burns**

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life insured's body.

### **14 Major Organ / Bone Marrow Transplantation**

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation;  
or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

### **15 Multiple Sclerosis**

The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and
- Multiple neurological deficits which occurred over a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

### **16 Muscular Dystrophy**

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Life insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

## **17 Idiopathic Parkinson's Disease**

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication; and
- Inability of the Life insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

## **18 Open Chest Surgery to Aorta**

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

## **19 Alzheimer's Disease / Severe Dementia**

Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life insured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

## **20 Fulminant Hepatitis**

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

## **21 Motor Neurone Disease**

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

## 22 Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment:

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.
- Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

## 23 HIV Due to Blood Transfusion and Occupationally Acquired HIV

A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and
- The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood.

B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:

- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

## **24 Benign Brain Tumor**

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Abscess;
- Angioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

## **25 Severe Encephalitis**

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

## **26 Severe Bacterial Meningitis**

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

## **27 Blindness (Irreversible Loss of Sight)**

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must not be correctable by surgical procedures, implants or any other means.

## **28 Major Head Trauma**

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes.

## **29 Paralysis (Irreversible Loss of Use of Limbs)**

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

## **30 Progressive Scleroderma**

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

## **31 Persistent Vegetative State (Apallic Syndrome)**

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved Hospital. This condition has to be medically documented for at least one month.

## **32 Systemic Lupus Erythematosus with Lupus Nephritis**

The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The RPS/ISN classification of lupus nephritis:

Class I	Minimal mesangial lupus nephritis
Class II	Mesangial proliferative lupus nephritis
Class III	Focal lupus nephritis (active and chronic; proliferative and sclerosing)
Class IV	Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)

Class V	Membranous lupus nephritis
Class VI	Advanced sclerosis lupus nephritis

### **33 Other Serious Coronary Artery Disease**

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed.

Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

### **34 Poliomyelitis**

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.

### **35 Loss of Independent Existence**

A condition as a result of a disease, illness or injury whereby the Life insured is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of 6 months. This condition must be confirmed by the company's approved doctor.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

### **36 Terminal Illness**

The conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within 12 months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor. Terminal illness in the presence of HIV infection is excluded.

## **Others**

The following two terms can be found in some of the above definitions, and their meanings are as follows:

### **1. Permanent Neurological Deficit**

Permanent means expected to last throughout the lifetime of the Life insured.

Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life insured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

### **2. Activities of Daily Living (ADLs)**

- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (iv) Mobility - the ability to move indoors from room to room on level surfaces;
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.