



Deferred Compensation Questionnaire

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.

Full name of Life to be Insured (as shown in NRIC/Passport) NRIC / Passport Number / FIN Policy Number

A. Background of Company / Proposer

1. Company Name

2. Type of Company

Sole Proprietorship Partnership Public Limited

Private Others (please specify)

3. Nature of Business 4. Number of Employees

5. Country of Incorporation 6. Date of Incorporation

B. Financial Questions

1. What is the occupation and job title of the Life to be Insured?

2. Please provide a brief description of the Life Assured's key duties and responsibilities in the company.

3. Why is the Life Assured being offered a deferred compensation insurance policy?

4. How long has the Life Assured been in service?

5. Please provide the Life Assured's total taxable income over the last 2 years. **Note: Please state currency used, if it is not in SGD**

	Current	Last Year	2 Years Ago
Basic Annual Salary			
Variable Income (Bonuses & Commission)			
Allowances & Benefits			
Others (please specify)			
Total Taxable Income			

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B. Financial Questions (Continued)

6. Please provide the Financial Performance of the Company over the last 3 years. **Note: Please state currency used, if it is not in SGD**

	Year _____	Year _____	Year _____
Business Turnover			
Gross Profit			
Net Profit before Tax			
Total Assets			
Total Liabilities			

7. Does the Company has any other deferred compensation arrangement for Life Assured? Yes No

If yes, please provide details

Details (Eg, retirement package, year end fixed bonus, etc)	Amount

8. How is the amount of compensation calculated?

<input type="checkbox"/> Multiple of salary (please state multiple and salary)	
<input type="checkbox"/> Fixed amount	
<input type="checkbox"/> Others (please provide details	

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C. Loan Details (to be completed for loan protection)		
1. Please submit a copy of the loan agreement and provide the following details.		
Loan Amount	<input style="width: 100%;" type="text"/>	
Name of Lender / Bank	<input style="width: 100%;" type="text"/>	
Repayment Method	<input style="width: 100%;" type="text"/>	
2. Was there any collateral pledged? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. What is the reason for proposing only on this Life Assured and not one of the other employees (If applicable)?		
<input style="width: 100%; height: 20px;" type="text"/>		
4. What is the purpose of loan (working capital, acquiring of assets etc.)?		
<input style="width: 100%; height: 20px;" type="text"/>		
D. Declaration and Authorisation		
<p>1. I/We declare that all the information given above is to the best of my/our knowledge, true and complete and I/we have not withheld any material information that may influence the assessment of my/our application. I/We further agree that the information given above shall form the basis of my/our application for insurance and any material fact known to me/us may invalidate the contract of insurance.</p> <p>2. I/We agree to inform Etiqa Insurance Private Limited ("the Company") if there is any change in the Proposer / Life to be Insured's state of health or any information provided in the application form from the date I/we signed the application form to the issued date of my/our policy. I/We understand that the Company may vary the acceptance term or void the contract according to such information received.</p> <p>I/We further agree and consent that Etiqa Insurance, Singapore, may collect, use, process and disclose the personal data in accordance with the terms and condition as stated in the insurance application form and/or the Etiqa Insurance, Singapore's Data Protection Policy available at www.etiqa.com.sg which I/We have read, understood and agreed to the same.</p>		
Signature & Company Stamp	Name : _____ Designation : _____ Date : _____	
Signature of Life to be Insured	Name : _____ Date : _____	