

Surrender / Withdrawal Form for Investment-Linked Policy (ILP)

| | | |
|--------------------------------------|------------------------------------|--|
| 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

- Full Surrender
 Partial Withdrawal

B. What you should know about early full or partial withdrawal of your Investment-Linked insurance Policy

IMPORTANT NOTICE

- a) An insurance policy is intended to meet your long term financial needs. Therefore, it may be disadvantageous for you to fully or partially withdraw a policy before its maturity date. Some disadvantages are:
- You are losing valuable benefits from the policy:
 - You are losing the insurance protection offered by your policy;
 - You may not be able to achieve your intended financial objective;
 - This may result in losing the financial benefit accumulated over the years
 - It may not be possible for you to obtain a similar level of protection on the same terms in the future.
 - You may not be insurable on standard terms;
 - You may have to pay higher premium in view of higher age;
 - Withdrawing your insurance policy for another policy could result in higher premiums and loss of specific policy features due to changes in age or health.
- b) Additional Charges/Fees**
If you withdraw your investment-linked policy, fully or partially and then buy a new investment-linked product or other investment product, or top up on your existing investment-linked policy or other investment product, you will incur new charges. These may include:
- **Distribution Fee**
Commission is paid to Agents/Financial Advisers on all new insurance policies / investment products.
 - **Administration Charge**
There could be some sales charge/withdrawal fee that is charged for each new policy / investment product. The sales charge can be as high as 0.75% of your investment-linked fund. Hence, on a single premium investment of S\$1,000, a sales charge of S\$7.50 would be deducted.
 - **Policy Fee**
A policy fee is usually incurred for each policy.
 - **Partial Withdrawal / Surrender Charge**
A Partial withdrawal/Surrender charge will be applicable to your policy if you partially withdraw / surrender your policy during the premium payment period. This charge and will not be refunded to your policy at the end of premium payment period.
- c) Fund Switching Facility**
When the fund you have bought is not meeting your initial or current investment objective, you may switch to other fund(s) offered by the Company at its bid price without incurring any charges.
- d) Other Options**
You may enquire whether there are other options available under your policy to meet your short term financial needs. Some options are:
- Opt for a premium holiday if your policy has accumulated cash value. This allows you to temporarily stop paying premiums; or
 - Reduce the policy regular premiums (applicable only to regular premiums policies). This allows you to reduce your ongoing financial commitment to the policy.
- e) Seeking Advice From Your Financial Adviser Representative**
Therefore, it is important to seek advice from your Financial Adviser Representative before early full/partial withdrawal of your investment-linked policy or other investment product. Your Financial Adviser Representative can advise you on your options other than withdrawing the policy, explain the implications of each option and provide appropriate recommendations to you, taking into account your investment objectives, financial situation and particular needs.

C. Policy Owner/Trustee/Assignee's Acknowledgement (Mandatory)

I have read and understood the statement in Section B, and am aware that:

- It may be disadvantageous for me to surrender a policy before maturity date;
- Should I wish to buy a similar policy in future, I may incur additional charges and I may not be able to secure similar terms and conditions;
- A partial withdrawal / Surrender Charge may be applicable if withdraw / surrender the policy, and that this will not be refunded to my policy at the end of premium payment period.

Were you advised by a Representative to surrender/partially withdraw this policy? If Yes, please ask your Representative to complete the **Representative's Acknowledgement** (Section D)

Yes No

D. Representative's Acknowledgement

I have explained to the above Policyowner/Trustee/Assignee the alternative options available and the implications of early surrender/withdrawal of this investment-linked policy. I have recommended the surrender/withdrawal of this policy for the following reason(s):

Signature of Representative : _____

RNF code : _____

Name of Representative : _____

Email : _____

Date : _____

E. Full Surrender

I authorise and request Etiqa Insurance Pte. Ltd. to fully surrender the above policy based on the next available price. I understand and agree that the surrender value will be determined in accordance with the Provisions as stated in my Policy Contract.

F. Partial Withdrawal

Important Notes

- Minimum partial withdrawal amount must be at least S\$5,000 for **Maybank SREIT Income Fund** and S\$500 for all other funds; and in multiples of S\$100.
- Minimum remaining Account Value after the partial withdrawal must be at least S\$1,000. If the remaining Account value falls below the minimum threshold, partial withdrawal is not allowed.
- The price will be based on the date that Etiqa receive the application and is accepted **by 3:00pm**. Any submission **after 3:00pm** on any particular date, will be considered as the next business day's submission.
- Units will be redeemed from the Policy at the unit price prevailing on the next Valuation Date following the acceptance of this applications.
- For **Maybank SREIT Income Fund**, the valuation of fund is done once a week on every Wednesday. Any submission receive by Etiqa after 3:00pm on every Tuesday will be transacted based on the unit price on the next valuation day (Wednesday) of the following week. For more details, please refer to the Fund Summary.

I authorise and request Etiqa Insurance Pte. Ltd. to withdraw my investment unit holdings of the above policy as indicated below (either amount for withdrawal OR percentage for withdrawal), based on the next available price. I understand that a partial withdrawal charge may apply.

Important Notes

- The **life contingency benefit** is only applicable for **Invest Builder Plan** and can be exercised only one time per policy and after the policy has been issued for at least twenty four (24) months.
- To activate the **life contingency benefit**, you are required to notify us in writing within ninety (90) days of the event giving rise to this claim and to submit supporting documents and evidence of occurrence of the event for our assessment. The costs incurred for the documents will be borne by the claimant.
- Etiqa reserve the right to assess and reject your claim if the terms and conditions stated in the provisions are not met.
- Once you have decided to exercise this option, you are not allowed to make any changes to the life contingency benefit.

I wish to exercise the Life Contingency Benefit (Waiver of the partial withdrawal charge for withdrawal up to 15% of the Account Value).

Life Contingency Event (You may select more than one event if applicable)

- The Life Insured is hospitalised in a Singapore Hospital for at least six (6) consecutive days;
- The Life Insured is diagnosed with total and permanent disability before age 66 as defined in policy contract;
- The Life Insured is diagnosed with a severe stage critical illness as defined in the policy contract;
- The Life Insured is retrenched and remained unemployed for at least thirty (30) consecutive days before reaching age 65 as defined in policy contract

| Name of Funds/Portfolio | Amount to withdraw | Percentage to withdraw |
|-------------------------|--------------------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

G. Payment Instruction

Important Notes

- Payments cannot be credited to third-party bank accounts.
- For Direct Credit Option, please provide documentary proof of bank account where the Policyholder's name is clearly stated as the account holder.
- The maximum withdrawal payment credited via PayNow is S\$200,000 and is applicable for SGD policy only.

PayNow Account linked to NRIC

By Direct Credit*

Name of Bank and Branch : _____

Bank Account Number : _____

Name of Account Holder : _____

H. Tax Declaration & Acceptance

I. Declaration on U.S. Tax Residency

By ticking the appropriate box, I/We accept the terms and conditions of this agreement and declare my/our tax status under United States ("US") tax law. I/ We understand that a false statement or misrepresentation of tax status by a US person (for the purposes of US federal income tax) ("US Person") may subject me/us to penalties under US law. If my/our tax status (es) change(s), I/we agree that I/we shall notify Etiqa within 30 days from the date of change.

Non-US Person

I/We represent and warrant that I/we am/are not a US Person, and I/we am/are not acting for, or, on behalf of, a US Person. If my/our tax status changes and I/we become a US Person. I/We understand that Etiqa, believing this statement to be true, will rely on it and act on it. In the event this statement is false, Etiqa reserves the right and shall be entitled to cancel or terminate this Policy and pay reasonable compensation to me/us in consideration of such cancellation or termination as may be required under Singapore laws.

Non US Person with a US Address (or green card holder claiming tax treaty benefits) [Form W8BEN]

US Person (US Tax ID Number: _____) [Form W9]. For US Persons, please complete the W9 Form. I/We agree to indemnify Etiqa in respect of any false or misleading information regarding my/our US tax status

II. Declaration on Other Foreign Tax Residencies

I am a Singapore Tax Resident

There is no change to my foreign (Non-US) tax residency that was last declared with Etiqa.

I confirm that there is a change to my tax residency that was last declared with Etiqa. I hereby submit the Common Reporting Standard ("CRS") Self-Certification form together with this Surrender/Withdrawal Request

I. Consent for Policy under a Trust

Important Notes

- For policy under a Trust (Irrevocable Nomination) created under Section 132 of the Insurance Act 1966, this section has to be signed by any trustee who is not the policyholder or all beneficiaries (at least age 18)
- Proceeds will be paid to the trustee (who is not the policyholder) or all beneficiaries (at least age 18).
- Parental consent is required if any of the beneficiaries is below 18 years old. The parent who gives consent should not be the policyholder.
- **All trustees** and **beneficiaries** are required to submit a **copy of their personal identification** document for verification

| Name (as shown in NRIC) | NRIC or FIN | Contact No. | Signature |
|-------------------------|-------------|-------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

J. Personal Data Protection

I/We expressly authorise and consent to Etiqa Insurance Pte. Ltd. ("Etiqa"), its officers and employees, at their sole discretion, to disclose any and all information relating to me/us, including my/our personal particulars, my/our transactions and dealings and my/our policies of insurance with Etiqa, to any of the following persons, whether in Singapore or elsewhere, for purposes reasonably required to evaluate my/our application and to provide the product or services which I/we am/are applying for (including any new policy application, renewals and/or alterations), and such other purposes as described in [Etiqa's Data Protection Statement](#) on Etiqa's website:

1. Etiqa's holding company, subsidiary, branches, representative officers, related corporations or affiliates;
2. any of Etiqa's contractors or third party service providers or distribution partners or professional advisers or representative;
3. any regulatory, supervisory or other authority, court of law, tribunal or person, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice;
4. any actual or potential assignee(s) or transferee(s) of any rights and obligations of Etiqa under or relating to my policy or policies for any purpose connected with the proposed assignment or transfer; and
5. any credit bureau or insurer, for such purpose(s) that Etiqa in its reasonable opinion considers appropriate including but not limited to the purposes of underwriting, customer servicing and investigation

K. Declarations & Agreement

1. I have read and understood the Important Notice in Section B. I confirm the withdrawal request as stated in this form for my policy.
2. I am aware that should I wish to buy a similar policy in future, I may incur additional charges and may not be able to secure similar terms and conditions.
3. I understand and agree that the full/partial surrender value of the cancelled units will be determined in accordance with the Provisions as stated in my Policy Contract.
4. I further declare that all details provided in this form are true, accurate and complete.
5. I confirm that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.
6. The application form must reach Etiqa Insurance Pte. Limited by 3:00pm on a business day for the request to be processed on the same business day. Units will be sold based on the fund price on the next valuation date.
7. Should there be any pending transaction for this policy (e.g. Top-Up, Fund Switch or Benefit Billing), the request in this form will be processed following the completed unit dealing of the pending transactions.
8. I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Protection" section above.
9. I agree to indemnify and hold harmless Etiqa Insurance Pte. Ltd. from and against any and all demands, claims, actions, damages, suits, proceedings, assessments, judgements, costs, losses (whether direct, indirect, special or consequential) including legal costs, and other expenses arising from or in connection with Etiqa Insurance Pte. Ltd. accepting and acting on my answers and instructions in this form.
10. I understand and agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g. via pdf) of an original signature.

| | |
|--|---|
| <p>Signature of Policyowner(s) / Assignee</p> <p>Date : _____</p> <p>Mobile Number : _____</p> <p>Email Address : _____</p> | <p>Signature of Trustee (if any)</p> <p>Date : _____</p> <p>Mobile Number : _____</p> <p>Email Address : _____</p> |
|--|---|