

## Financial Questionnaire

**Warning: Pursuant to Section 25(5) of the Insurance Act (Cap 142), you are to disclose in this proposal form fully and faithfully, all the facts which you know or ought to know, otherwise the policy may be void.**

Name of Proposer	NRIC / Passport Number	Policy Number
Name of Life to be Insured (if other than the Proposer)	NRIC / Passport Number	
The purpose of the policy is for		
<input type="checkbox"/> Personal protection	<input type="checkbox"/> Retirement Planning	<input type="checkbox"/> Children Education
<input type="checkbox"/> Family protection	<input type="checkbox"/> Mortgage Loan Protection	

### A. Questions

1. What was your income during the last two tax years?

Year	Occupation Income (S\$)	From Other Sources (S\$)

2. Please provide an estimated value of your Financial Information.

Assets	Estimated Value (S\$)	Liabilities	Estimated Value (S\$)
Cash and Savings		Overdraft and Personal Loans	
Residential Property		Residential Property Mortgage	
Investment Property		Investment Property Mortgage	
Investments (shares, bonds, unit trusts)		Motor Vehicle Loans	
Other Assets (please give details)		Other Debts (please give details)	
<b>Total Assets</b>		<b>Total Liabilities</b>	

3. Details of your dependents, if applicable.

Name of Dependents	Age	Relationship

**A. Questions (continued)**

4. Please provide details of all existing inforce policy(ies) or concurrent application of insurance cover for the Life to be Insured.

Name of Insurance Company	Type of Insurance (e.g Life, critical illness, total permanent and disability, accident and hospitalisation)	Sum Insured (\$\$)	Year Commenced (Inforce Policy)

5. Please indicate the source of funds used to finance the premiums.

- Salary or Commission                       Proceeds from a Policy (please give details below)                       Personal Savings  
 Inheritance (please give details below)                       Sale of Assets                       Other (please give details below)

**B. Declaration by the Proposer and Life to be Insured**

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of my application. I agree that this form will constitute part of my proposal for life insurance and that failure to disclose any material fact known to me may invalidate the contract of insurance.

I confirm that there has been no change in my health or the Life to be Insured's health since the completion of the application forms including all questionnaires or additional declarations made in connection with the application.

By providing the information in this application form and submitting this application, I further request for and consent to the collection, use and disclosure of my personal data by Etiqa and its related corporations, its agents and Etiqa sharing such personal data with Etiqa's business partners, marketing partners and the Co-Brand Partner (as may be relevant), as well as their authorised service provider, for the purpose of this form.

Signature of Proposer	Signature of Life to be Insured (if different from Proposer)
Date:	Date: