

SINGLE PREMIUM POLICY APPLICATION FORM

For Office Use Only

Proposal No.: Policy No.:

Payment Received Date:

Particulars of Adviser

Adviser's Name: Adviser's Code:

Bank / IFA:

WARNING: PURSUANT TO SECTION 23(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 YOU MAY RECEIVE NOTHING FROM THIS POLICY.

KINDLY COMPLETE FULLY IN CAPITAL LETTERS AND TICK BOXES (✓) AS APPROPRIATE.

Note: 1. All questions must be answered 2. Please indicate "NIL" for no information

1. DETAILS OF PROPOSER

Full Name (As shown in NRIC / FIN / Passport)

Salutation: ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr

NRIC / FIN / Passport No.

Date of Birth

(DD / MM / YYYY)

Nationality

- ☐ Singaporean
☐ Singapore PR
☐ Others:

Country of Birth

Gender

- ☐ Male ☐ Smoker
☐ Female ☐ Non-Smoker

Residential Address

Mailing Address

Proof of address is required if different from the above

If foreigner, furnish your permanent address below

Marital Status

- ☐ Single ☐ Married
☐ Widowed ☐ Divorced

Contact Number

Home

Handphone

Office

Email

Name of Company or Organisation

Exact Nature of Work

Occupation & Position

Yearly Income (S\$)

2. DETAILS OF THE PERSON TO BE INSURED (IF DIFFERENT FROM PROPOSER)

Relationship to the Proposer

☐ Child (Below age 18 next birthday) ☐ Spouse ☐ Others: (Please give details) _____

Full Name (As shown in NRIC / FIN / Passport)

NRIC / FIN / Passport No.

Date of Birth (DD / MM / YYYY)

Nationality

☐ Singaporean ☐ Others (Please give details)
☐ Singapore PR Country of Birth: _____

Gender

☐ Male ☐ Female

Marital Status

☐ Single ☐ Married
☐ Widowed ☐ Divorced

Residential Address

Mailing Address

Proof of address is required if different from the above

If foreigner, furnish your permanent address below

Contact Number

Home

Handphone

Email

Name of Company or Organisation

Occupation & Position

Yearly Income (S\$)

3. DECLARATION OF BENEFICIAL OWNERSHIP

I declare that I am the **Beneficial Owner*** of the policy.

☐ Yes ☐ No

If you are not the Beneficial Owner, please provide the details as set out below and send to us a copy of the NRIC or Passport:

Name

NRIC or Passport Number
of the Beneficial Owner

Relationship

*"Beneficial Owner" as defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism means the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporated.

For avoidance of doubt, completion of this section is not a nomination of beneficiary(ies) under the policy.

4. DETAILS OF PLAN AND PAYMENT

Name of Plan:

Premium Amount (S\$):

Method for paying first premium (By crossed Cheque / Cashier Order / Interbank Transfer only)

☐ Cheque Number

☐ Cashier Order

☐ Interbank Transfer

Cheque / Cashier Order should be made payable to '**Life Insurance Corporation (Singapore) Pte Ltd**'.

Must submit a copy of Banker's Pay In Slip for payments made through Cashier Order.

*Note: Life Insurance Corporation (Singapore) Pte Ltd accepts insurance premiums payments from the Proposer or from the legal spouse, parent, or grandparent of the Proposer only.

5. PAYMENT OPTION (PLEASE TICK 1 OF THE BOXES BELOW)

☐ **PayNow Registered with Singapore NRIC / FIN**

* PayNow account registered with mobile number will not be eligible.
 PayNow is only applicable for payout up to S\$200,000 to policy owner's Singapore bank account.
 In the event of an unsuccessful PayNow Transaction, we will send a cheque to your mailing address as per our record.

☐ **Direct Credit**

(Submit a copy of bank statement OR bank passbook showing account holder's name and account number.

Account Holder's Name: _____

Bank Account Number: _____

Bank Name: _____

* It must be a Singapore bank account denominated in Singapore Dollar that belongs to the policy owner.
 If the requirements for the Direct Credit are not met, we will send a cheque to your mailing address as per our records.

6. SOURCE OF FUNDS AND WEALTH

Insurance premium for this application is paid by:

☐ Proposer or self ☐ Others

Name of the Payer: _____

NRIC / FIN / Passport of the Payer: _____

Relationship to the Proposer: _____

Contact Number:

Documentary Evidence of Relationship: _____

A. Source of Funds

Please provide details of the origin of the funds/monies used to pay the premium and/or the activity(ies) that generated the funds/monies used to pay the premium.

- | | |
|--|--|
| <input type="checkbox"/> Salary, bonuses and/or commissions | <input type="checkbox"/> Investment income (shares, unit trusts, etc.) |
| <input type="checkbox"/> Inheritance / Gifts | <input type="checkbox"/> Business / Trade Income (profits, dividends etc.) |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Sale of business, property(ies) or other assets |
| <input type="checkbox"/> Insurance Payout | <input type="checkbox"/> Retirement / CPF funds |
| <input type="checkbox"/> Others, please specify details below: _____ | |

B. Source of Wealth

Source of Wealth (of Proposer and Payer and Beneficial Owner, if different from the Proposer).
 Please provide details of the origins of your entire body of wealth (that is, your total assets).

Proposer

- | | |
|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Business / Trade Income |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Inheritance / Gifts |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Sale of business, property(ies) or other assets |
| <input type="checkbox"/> Insurance Payout | <input type="checkbox"/> Retirement / CPF funds |
| <input type="checkbox"/> Others, please specify details below: _____ | |

Payer (if not the Proposer)

- | | |
|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Business / Trade Income |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Inheritance / Gifts |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Sale of business, property(ies) or other assets |
| <input type="checkbox"/> Insurance Payout | <input type="checkbox"/> Retirement / CPF funds |
| <input type="checkbox"/> Others, please specify details below: _____ | |

Beneficial Owner (if not the Proposer or the Payer)

- | | |
|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Business / Trade Income |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Inheritance / Gifts |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Sale of business, property(ies) or other assets |
| <input type="checkbox"/> Insurance Payout | <input type="checkbox"/> Retirement / CPF funds |
| <input type="checkbox"/> Others, please specify details below: _____ | |

We reserve the right to conduct further investigations and/or request for further information or documentary evidence from time to time in order to comply with the prevailing laws and regulatory requirements.

Failure or refusal to provide information and/or documentary evidence requested may be construed unfavourably against you and we reserve the right not to accept you as a policyholder or to terminate any existing coverage without any liability on our part.

7. DETAILS OF EXISTING POLICIES

	Proposer	Insured
1. Do you have any existing policy? If yes, please provide the details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Proposer

Name of Company	Year Issued	Sum Assured			Total & Permanent Disability	Accident and Hospitalisation	Others
		Life	Critical Illness	Term			

Insured

Name of Company	Year Issued	Sum Assured			Total & Permanent Disability	Accident and Hospitalisation	Others
		Life	Critical Illness	Term			

2. Is the insurance you are applying for to replace any existing policy(ies) listed above?

☐ Yes ☐ No

It is not advisable to replace an existing life insurance policy with a new one due to the following reasons.

- The insurance may not be granted on standard terms
- You may have to pay a higher premium on account of increase in age
- You may lose the financial benefits accumulated over the years

(Please consult your present insurer before making a final decision. Make a careful comparison so that you are sure that you are making a decision that is in your best interest.)

If your answer to the previous question is "Yes", please furnish the full details below.

Policy Number	Details
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

8. DECLARATION ON POLITICALLY EXPOSED PERSON (PEP)

Is the Proposer or Beneficial Owner a Politically Exposed Person (PEP) ☐ Yes ☐ No

Is the Proposer or Beneficial Owner a close associate of a Politically Exposed Person (PEP) ☐ Yes ☐ No

If Yes, please provide details: _____

Name of the PEP or person connected to PEP: _____

Relationship with PEP: _____

1. Politically Exposed Person (PEP) is an individual who is or has been entrusted with prominent public functions whether in Singapore or foreign country. Prominent public function as defined in MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism includes the roles held by head of state, a head government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporation, senior political party officials, members of the legislature and senior management of international organisations.
2. Close associate person means an individual who is closely connected to a politically exposed person either socially or professionally. Examples of close associate person include parent, step-parent, child, step-child, adopted child, spouse, sibling, stepsibling and adopted sibling.

9A. US TAX DECLARATION UNDER FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Are you a United States (U.S.) citizen for U.S. resident tax purposes? ☐ Yes ☐ No

If you are a U.S. citizen then you are required to complete Form W-9. Please note that any false, misleading information regarding U.S. citizen or U.S. resident status federal income tax purposes may result in severe penalties.

9B. COUNTRY / JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR EQUIVALENT NUMBER* ("TIN") (SEE APPENDIX)

Please complete the following table indicating:

- I. The country(ies) where the Account Holder is a tax resident (include Singapore if applicable).
- II. TIN for Singapore is NRIC / FIN. For individuals without a NRIC / FIN it will be ITR issued by IRAS.)
- III. The Account Holder's TIN for each country indicated.

If the Account Holder is tax resident in more than three countries, please use a separate sheet.

Country / Jurisdiction of Tax Residence	TIN	If no TIN available, enter reason A, B or C as below
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Reason A - The country / jurisdiction where the Account Holder is resident does not issue TINs to its residents.

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).

Reason C - No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Please explain in the box below why you are unable to obtain a TIN if you selected Reason B above.

10. DECLARATION AND AUTHORISATION

I/We declare and warrant that the information given in this application are true, correct and complete and I/we accept full responsibility for them whether written by me/us or by anyone else on my/our behalf. I/We have not withheld any information. I/We agree that this application and other written answers, statements, information or declarations made by me/us or on my/our behalf to Life Insurance Corporation (Singapore) Pte Ltd (Company) or its Medical Examiners shall form the basis of the contract of insurance between me/us and Life Insurance Corporation (Singapore) Pte Ltd and if anything stated is untrue, incorrect or incomplete, the insurance policy issued shall not be valid.

I/We undertake to provide Life Insurance Corporation (Singapore) Pte Ltd such further information and documentary evidence as may be required from time to time.

I/We agree to inform Life Insurance Corporation (Singapore) Pte Ltd as soon as possible if there is any change in the state of my health and/or Insured's health or if I and/or Insured plan to seek any medical consultation, investigation or treatment between the date of this application and before the date the policy is issued by Life Insurance Corporation (Singapore) Pte Ltd. I/We understand that Life Insurance Corporation (Singapore) Pte Ltd may impose special terms according to the information provided by me/us.

I/We declare and warrant that I/we am/are not an undischarged bankrupt(s) and I/we have committed no act of bankruptcy within the last twelve months or received any notification or adjudication order for bankruptcy made against me/us during that period.

I/We have been given the following documents, the contents of which were explained to my satisfaction:

1. Your Guide to Life Insurance
2. Product Summary and
3. Benefit Illustration
4. Fact-find form

I/We confirm that the entire marketing and selling process in respect of my/our proposed insurance application has been conducted in Singapore. I/We agree that the policy will be entered in the Register of the Singapore policies.

I/We agree that there shall be no liability upon Life Insurance Corporation (Singapore) Pte Ltd until a policy has been issued and delivered to me and the first premium has been paid in full. Payment of premium before acceptance of this proposal by the Life Insurance Corporation (Singapore) Pte Ltd does not commit the company to issue policy.

I/We agree and authorise

- I. Any medical source, insurance office or organisation to release to Life Insurance Corporation (Singapore) Pte Ltd and
- II. Life Insurance Corporation (Singapore) Pte Ltd to release to any medical source or insurance office any relevant information concerning me/us at the time, irrespective of whether the proposal is accepted by Life Insurance Corporation (Singapore) Pte Ltd or not. A photocopy of this authorisation is valid as an original copy.

I/We understand that it is usually disadvantageous to replace an existing investment product with a new investment product, whether from the same or different financial institution.

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with Life Insurance Corporation (Singapore) Pte Ltd setting out how Life Insurance Corporation (Singapore) Pte Ltd may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise Life Insurance Corporation (Singapore) Pte Ltd within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide [the Financial Institution that maintains the account/FI's name] with a suitably updated self-certification and declaration within 90 days of such change in circumstances.

I understand that under the Singapore Laws on International Tax Compliance, it is an offence for a person to provide information regarding his/her tax residency status which is false or misleading in a material particular, if such person knows or has reason to believe that such information is false or misleading. I am also aware that such offence is punishable with a fine not exceeding S\$10,000 or imprisonment for up to 2 years, or both.

For more information in CRS self-declaration, please refer to our website <https://licsingapore.com>

I hereby authorise and inform Life Insurance Corporation (Singapore) Pte Ltd to credit payments due to me to the above accounts. Amounts so credited would constitute valid discharge of payments due to me under the above policy(ies).

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the adviser but was not included in the proposal. Please check to ensure that you are fully satisfied with the information declared in this proposal before signing.

11. PERSONAL DATA CONSENT

I/We consent to Life Insurance Corporation (Singapore) Pte Ltd, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes, ancillary or related to the administering of policy(ies), account(s) and managing my/our relationship with Life Insurance Corporation (Singapore) Pte Ltd.

I/We also consent to Life Insurance Corporation (Singapore) Pte Ltd, transferring my/our personal data to third party service providers, reinsurers, suppliers, or intermediaries whether located in Singapore or elsewhere, for the above purposes.

- ☐ **I/We agree to Life Insurance Corporation (Singapore) Pte Ltd collecting and/or using my/our personal data for promotional, marketing, and publicity purposes in accordance with the policies and processes relating to personal data protection.**

For full details of the purposes of the collection, use, and disclosure of your personal data, please visit <https://licsingapore.com>

Signature of Proposer

Date (DD / MM / YYYY)

Signature of Adviser (Witness)

Date (DD / MM / YYYY)

Signature of Owner

**If it differs from Proposed Life Insured*

Date (DD / MM / YYYY)

Name & NRIC of Adviser (Witness)

12. ADVISER'S DECLARATION

1. I declare that all the answers given to me by the Proposer/Insured are declared in the application. I have not withheld any information which may influence the acceptance of this application by the Company.
2. I have not given any statement to the Proposer or the Insured which is contrary to the provisions given in the Company's standard policy.
3. I have personally SEEN the Proposer/Insured and have explained the terms of the policy.
4. I have attached photocopies of the original identification documents and confirm that the attached is a copy of the original.
5. Is the application meant to replace an existing policy?
 If yes, please provide details: ☐ Yes ☐ No

Signature of Adviser

Date (DD / MM / YYYY)

13. PROPOSAL SUBMISSION CHECKLIST

KINDLY COMPLETE FULLY IN BLOCK LETTERS

Documents Submitted:

- ☐ Proposal Form
- ☐ Policy Illustration
- ☐ Adviser's Confidential Report
- ☐ Fact Find Form
- ☐ NRIC / FIN
- ☐ Passport (Other than Singaporeans & PRs)
- ☐ Employment / Dependent Pass (Other than Singaporeans & PRs)
- ☐ Proof of Residential Address
- ☐ Banker's Pay In Slip in case of Cashier's Order or Bank Draft
- ☐ Others: _____

Premiums Paid: Amount (S\$) _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Cheque Number | <input type="checkbox"/> Cashier Order | <input type="checkbox"/> Interbank Transfer |
|--|--|---|