

DATE

Life Insurance Corporation (Singapore) Pte Ltd 3, Raffles Place, #07-01, Bharat Building Singapore 048617 Phone +65 62234797 Email ID:- crm@licsingapore.com

NAME OF THE POLICY HOLDER/TRUSTEE/ASSIGNEE:			
I/We* wish to apply for Policy Loan as indicate loan and agree to all of them.	ed below. I have read the Terms and Conditions under the policy for granting		
Please indicate only one choice.			
¬S\$ (Specify A	Amount)		
	Policy Loan Agreement		
OWNER/TRUSTEE/ASSIGNEE NRIC/FIN			
SIGNATURE:			
SIGNATORE.			

PTO

## DECLARATION BY THE POLICY OWNER/TRUSTEE/ASSIGNEE:

## I/We\* declare that:

- This Policy is not assigned to any other party.
- I/We\* am/are\* not an undischarged bankrupt(s), in winding up, receivership or judicial management. There are currently no pending bankruptcy proceedings, winding up proceedings, receivership or judicial management proceedings against me/us\*.
- To the best of my/our\* knowledge, the beneficiary (ies) is/are\* not an undischarged bankrupt(s), in winding up, receivership or judicial management. There are currently no bankruptcy proceedings, winding up proceedings, receivership or judicial management proceedings against him/her/them\*.
- I/We\* understand and agree that loan proceeds made payable to Trustee(s) (if any) are for the benefit of beneficiary (ies).
- I/We\* agree to indemnify and hold harmless the Company from and against all demands, claims, actions, damages, suits, proceedings, assessments, judgements, costs and legal and other expenses arising as a result of the Company acting in accordant with these instructions.

## Additional Declaration on the US person Status (Strike out whichever is not applicable):

- I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. federal income tax purposes
  and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that LICS, believing
  this statement to be true, will rely on it and act on it. In the event this statement is false, LICS reserves
  the right and shall be entitled to cancel or terminate this Policy/Policies and pay reasonable
  compensation to me/us in consideration of such cancellation or termination as may be required under
  Singapore laws.
- I/We agree to notify LICS within 30 days of any change in my/our status as a U.S. person for the purposes
  of U.S. federal income tax. I/We agree to indemnify LICS in respect of any false or misleading information
  regarding my/our "U.S. person" status for U.S. federal income tax purposes.
- I/We hereby declare and agree that I am/we are a "U.S. person" for U.S. federal income tax purposes.
- I/We agree to notify LICS within 30 days of any change in my/our status as a U.S. person for the purposes
  of U.S. federal income tax. I/We agree to indemnify LICS in respect of any false or misleading information
  regarding my/our "U.S. person" status for U.S. federal income tax purposes.

NAME OF THE POLICY OWNER /TRUSTEE /ASSIGNEE	NAME OF THE WITNESS	
NRIC/FIN	NRIC/FIN	
SIGNATURE:	SIGNATURE	
DATE	DATE	