



HSBC Life (Singapore) Pte. Ltd. (Reg. No. 199903512M)
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Health Declaration Statement

Full Name of policyowner as shown in NRIC/Passport including alias		Policy no.	
		NRIC / Passport no.	
		Contact no.	(+) Country/Region Code
Are there any changes to your name / nationality / place of residence / identification document(s) / employment details? If Yes, please complete and submit the <u>Personal Particulars Update Form</u> along with this form and provide supporting documents.			

I/We, the undersigned, under the policy/certificate mentioned, hereby apply for reinstatement and declare that I am/we are now in good health, of temperate habit and free from all diseases and deformities. I/We further declare that since the date the original policy/certificate was issued there has been no change in my/our occupation and I/we have not suffered from any illness, bodily injury or physical impairment of any kind.

I/We agree that the reinstatement shall not be considered as effected by reason of any money paid or settlement made in payment of or on account of any premium/contribution, until this policy/certificate shall be duly approved by an authorised officer of the Company. I/We further agree that if my/our application for any reinstatement is accepted by the Company, the Incontestability and Suicide Provisions thereof shall have effect from the approval date of my/our application for reinstatement.

I/We acknowledge that the reinstatement is subject to the Company's prevailing terms and conditions, and I/we agree that where applicable, any 'stop cheque fees' or other administrative fees in connection with the reinstatement shall be borne by me/us.

Consent to use of personal data

I understand that HSBC's Data Privacy Policy (which may be found at <https://www.insurance.hsbc.com.sg/privacy-and-security/>) forms a part of the terms and conditions governing my relationship with HSBC. I consent to the collection, use and disclosure of my personal data for the purposes set out in the Data Privacy Policy.

Due to US insurance regulatory requirements, you are not to enter the US or any territory subject to US jurisdiction at the time of considering or deciding relevant matters on the insurance product, otherwise the request effected hereunder may be void.

Compliance with US laws and regulations and other laws having extra-territorial effect:

- I/We, the Policyowner and Assignee, are not physically present in the US when executing the policy servicing request;
- I/We are aware of and understand the policy servicing restrictions* applicable to any and all persons residing temporarily and permanently in the US; and
- I/We will inform HSBC Life (Singapore) Pte. Ltd. should I/we decide to reside in the US either temporarily or permanently

List of policy servicing restrictions is set out in our website <https://www.insurance.hsbc.com.sg/help/useful-information/>

For reinstatement of Growth Manager, Growth Manager Plus, GrowthInvest, Goal Protector and Goal Builder, please tick to acknowledge:

- ☐ I/We agree to reinstate the surrender penalty using the prevailing fund price(s) at the point of reinstatement, AND
- ☐ I/we have made a payment for the amount paid to me at policy lapse, OR
- ☐ Please cancel the payment at your end.

Date (dd/mm/yyyy)

Signature of life insured

Signature of policyowner

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