



# PRODUCT HANDBOOK

## MyChoiceSaver

### **Supplementary Benefits include:**

- **(GIO) Cancer Premium Waiver II**
- **(GIO) EasyTerm**
- **(GIO) EasyPayer Premium Waiver**
- **(UW) Critical Illness Premium Waiver II**
- **(UW) Payer Critical Illness Premium Waiver II**

**July 2021**

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## 1. INTRODUCTION / PRODUCT SUMMARY

MyChoiceSaver is a participating endowment insurance plan that facilitates wealth accumulation by allowing the Policyholder to choose their savings goal (Sum Assured) and provides a range of flexible savings terms to tailor the plan to suit their needs. This plan provides Policyholder with the Death Benefit (including Accidental Death Benefit) and the Terminal Illness Benefit. It also provides Waiver of Interest Benefit upon unemployment/ retrenchment and a Maturity Benefit at the end of the policy term.

This plan will be issued on Guaranteed Issuance Basis (GIO). There is no medical underwriting for this plan.

Note: "We"/ "Us" / "Our" relates to Aviva Ltd.

## 2. TERRITORY & CURRENCY

Singapore. This plan is available in Singapore Dollars (SGD) only.

## 3. ISSUANCE REQUIREMENTS

### 3.1. Entry Age

Based on Age-Next-Birthday "ANB" basis	Minimum	Maximum
Entry Age of the Life Assured	1	70
Entry Age of the Assured (also known as the policyholder)	17	99

# subject to Life Assured's Entry Age + premium payment term ≤ 80 ANB

### 3.2. Issue Basis

- Single Life Policy
- 3<sup>rd</sup> party policy is allowed for:
  - Juvenile life basis for Life Assured of 18 ANB and below.
  - Husband and wife basis for Life Assured of 17 ANB and above.
  - Keyman and Corporate applications (where the Life Assured is the employee and the policyholder is the company) are allowed as per New Business guidelines.

### 3.3. Assignment

Assignment of policy is allowed.

### 3.4. Nomination of Beneficiary

Nomination of Beneficiary is allowed for single life policy only.

### 3.5. Backdating

Allowed for up to 6 months, but not before the product launch date.

## 4. PRODUCT POSITIONING AND TRAINING RECOMMENDATION

### 4.1. Target Market:

- ✓ Customers who are looking to accumulate savings regularly in the medium- to long-term period.
- ✓ Customers who look for a low-risk investment vehicle to balance other high risks investments that they have.
- ✓ Customers who are looking to accumulate savings via a guaranteed issuance participating endowment plan that offers guaranteed and non-guaranteed payouts.
- ✓ Customers who wish to benefit from the stable returns offered through a participating endowment plan in the form of Reversionary Bonus and Terminal Bonus.
- ✓ Customers who are looking for a capital guarantee upon maturity.

## 4.2. Market Segment

Note: Sections (A) & (B) should be read in totality to ensure suitability of product for customers.

### A. Suitability

#### By Life Stages and Key Needs:

Savings & Investment	Life Stages					
	Younger Singles (18 – 30 ANB)	Older Singles (31 – 60 ANB)	Married with No Kids (25 – 34 ANB)	Married with Young Kids (30 – 45 ANB)	Married with Grown-up Kids above 16 ANB (45 – 60 ANB)	Empty Nest/ Retiree (above 60 ANB)
To provide for kid's education*	x	x	x	✓	✓	x
Wealth accumulation	✓	✓	✓	✓	✓	✓
Wealth preservation (e.g. >80% capital guarantee, investments tilted towards fixed income, bonds)	✓	✓	✓	✓	✓	✓
To provide an income stream	x	x	x	x	x	x
To leave a legacy/gift	✓	✓	✓	✓	✓	✓

\* Product may be suitable for education funding if the maturity payouts coincide with the child's education expenses funding.

Refer to **Appendix A** for details on the Customer Segments by Life Stages.

### B. By Specific Circumstances:

#### (i) Suitable for Customers who are likely to:

- Be looking for a lower-risk investment vehicle to balance other high risks investments that they have
- Be concerned about savings/retirement rather than protection/investments
- Be planning for their children's educational needs
- Want some guarantees (i.e. Capital Guarantee at policy maturity)
- Want some potential upside
- Not want to go through the hassle of underwriting
- Want guaranteed premium rates

#### (ii) Not suitable for Customers who:

- Are looking for relatively high insurance protection
- Are looking for lifetime income payouts
- Are looking for immediate liquidity
- Have not understood the risk and returns associated with investing through a participating fund
- Have not understood the concepts of guaranteed and non-guaranteed values/yields (as shown in the policy illustrations), and policy breakeven years for their Participating plan
- Are more concerned about protection and do not want cash values
- Are looking for whole of life coverage
- Are seeking lump sum single premium investment

**(iii) To meet the following needs:**

- Savings & Investment

**4.3. Training Recommendation**

Distribution Channel	Training Recommendation
FA	Highly recommended
AAC	Compulsory
Banca	Highly recommended

**5. BENEFITS****5.1. Death Benefit**

While the Policy is in force, in the event of death of the Life Assured:

The Death Benefit payable will be the sum of:

- (a) The higher of:
  - (i) 105% of Total Premiums Paid on basic plan up to the date of death; or
  - (ii) the Guaranteed Cash Surrender Value; and
- (b) the accumulated Reversionary Bonus (if any); and
- (c) the Terminal Bonus (if any)

less any amounts owing to Us.

**5.2. Accidental Death Benefit**

If the Life Assured dies from an Accidental Injury while the Policy is in force and before the commencement of the Policy Year in which he turns 80 ANB, We will pay 100% of Sum Assured on the basic plan, in addition to the Death Benefit in one lump sum.

The total Accidental Death Benefit payable shall not exceed two million Singapore dollars (SGD2,000,000) in aggregate for the following:

- (a) Accidental Death Benefit under this Policy; and
- (b) any other policy issued by Us which do not require any medical underwriting and covers Accidental Death Benefit as Basic Benefit of the basic plan in respect of the same Life Assured (except for MyAccidentGuard).

"Accident" means an external, unexpected, unforeseen and unintentional incident upon the Life Assured which is not a symptom of a disease or illness.

"Accidental Injury" means bodily injury caused solely and directly by an Accident, directly and independently of any other cause(s), of which, there is as evidence, a visible contusion or wound on the exterior of the body. For the purpose of this Policy, Accidental Injury must result directly and independently of any other cause in the death of the Life Assured within 180 days of the Accident.

**5.3. Terminal Illness Benefit**

Upon diagnosis of Terminal Illness of the Life Assured while the policy is in-force, We will pay the Terminal Illness Benefit in one lump sum, as an advance of the Death Benefit.

"Terminal Illness" means the conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within 12 months. This diagnosis must be supported by a specialist and confirmed by Our appointed Registered Medical Practitioner. Terminal Illness in the presence of Human Immunodeficiency Virus (HIV) infection is excluded.

#### **5.4. Waiver of Interest Benefit (WIB)** (For retrenchment or unemployment)

If the Policyholder is 19 to 75 (ANB) and is unable to pay the premiums that are due after being Retrenched or Unemployed and remains involuntarily Unemployed for a period of 3 consecutive months following the Retrenchment or Unemployment, the Policyholder may request for this benefit by submitting satisfactory evidence of Retrenchment or Unemployment to Us. The request must be submitted to Us within 6 months from the date of Retrenchment or Unemployment.

When the conditions of Unemployment or Retrenchment are satisfied, We will waive the automatic premium loan's interest amount on any instalment premium that are due and unpaid from the date when the Policyholder has satisfied the Unemployment or Retrenchment conditions, up to the date the Policyholder is offered or commence permanent and gainful employment or a maximum of 12 months, whichever is earliest ("Waiver of Interest Period").

The Policyholder must pay back the overdue premiums within the next 12 months from the end of the Waiver of Interest Period ("Repayment Period"). If the overdue premiums are not paid in full within this Repayment Period, the overdue premiums that are not paid will carry interest starting from the end of Waiver of Interest Period.

This Waiver of Interest Option can be exercised 2 times per Policy.

Note: During the Waiver of Interest Period, the Policy may lapse if the total outstanding amounts owing to Us is more than the cash value of the Policy.

"Retrenched/ Retrenchment" means The Assured is being terminated from or termination of service by his employer on grounds of redundancy or by reason of any reorganisation of his employer's profession, business, trade or work, excluding any voluntary termination or dismissal due to misconduct.

"Unemployed/ Unemployment" means The Assured who is a self-employed person or a sole proprietor is out of work due to closing of the sole-proprietorship with satisfactory proof of evidence of such closure of sole-proprietorship. The Assured is deemed to be a self-employed person or sole proprietor if he is financially liable for the business, does substantial amounts of work in his own workspace, pays employees, has a financial investment in the business, incurs costs and losses but are able to profit as well, sets his own hours, makes his own contributions to the Central Provident Fund ("CPF"), and contributes CPF for employees.

#### **5.5. Sum Assured**

The Sum Assured on the basic plan is not the Death benefit. It is used to determine the Maturity Benefit, Reversionary Bonus and Accidental Death Benefit.

#### **5.6. Maturity Benefit**

On survival of the Life Assured to the Policy maturity, a Maturity Benefit consisting of the following will be paid:

- (a) 100% Sum Assured;
- (b) the accumulated Reversionary Bonus (if any); and
- (c) the Terminal Bonus (if any)

less any amounts owing to Us.

#### **5.7. Projected Bonuses**

We distribute a share of Our Participating Fund profit to the Policyholder in the form of bonus payments as follows:

- (a) Reversionary Bonus (RB)

This is a payment determined annually by Us based on the divisible surplus of Aviva Ltd for the relevant policy year and credited to the policyholder on the following Policy Anniversary.

The annual RB rate<sup>#</sup> is illustrated at SGD5 per SGD1,000 of the basic Sum Assured. Once bonus is added, it forms part of the guaranteed benefit of the Policy and is illustrated to compound at SGD5 per SGD1,000 on the accumulated RB.

(b) Terminal Bonus (TB)

This is a payment to be determined by Us which may be credited to You upon Policy maturity, surrender of the Policy or death of the Life Assured.

The TB rate on death, surrender or Policy maturity<sup>#</sup> (as a % of accumulated RB) can be found in **Appendix B**.

<sup>#</sup>RB, RB compound rate and TB indicated above are based on an illustrated investment rate of return of 4.25% p.a., which is the higher rate as illustrated in the Policy Illustration.

In comparison, at an illustrated investment rate of return of 3.00% p.a., the bonus rates are expected to be adjusted downwards depending on the future outlook of the Participating Fund.

Please refer to the Policy Illustration for the bonus amounts at the illustrated investment rate of return of 3.00% p.a. and 4.25% p.a. respectively. The two rates are used purely for illustrative purposes and do not represent upper and lower limits of the investment performance of the Participating Fund.

All bonuses are not guaranteed and depend on the performance of Our Participating Fund.

**5.8. Withdrawal of Accumulated Reversionary Bonus**

Where applicable, the Policyholder may choose to either fully or partially withdraw the cash value of any accumulated Reversionary Bonus. The minimum amount for a withdrawal is SGD1,000 (in multiples of SGD10) or the balance available, whichever is available.

**6. POLICY LIMITS**

**6.1. Policy Term**

Choice of:

- 10 – 25 years
- Up to 99 ANB (i.e. policy term = 99 – Life Assured's entry age)

**6.2. Premium Payment Term**

Choice of:

- 5 years
- 10 years
- 12 years
- 15 years
- 18 years
- 20 years
- 25 years

Note: premium payment term ≤ policy term.

**6.3. Policy Size (Sum Assured)**

Minimum = SGD30,000

Maximum = SGD1,000,000

(Sum Assured must be in multiples of SGD500.)

#### 6.4. Premium Rates

Premium rates differ based on premium payment term and policy term. No distinction between entry age, gender and smoker status. Premium rates are guaranteed throughout the premium payment term.

##### Sub-standard Premium Rates

Medical and Occupational loadings are not applicable on the basic plan.

##### Nationality/ Residency Loadings

Nationality/ Residency loadings are not applicable on the basic plan.

#### 6.5. Frequency of payment and Modal Factors

Annually	Semi-annually	Quarterly	Monthly
1.0000	0.5064	0.2548	0.0853

#### 6.6. Large Size Discount

Premium Rates Discount per SGD1,000 Sum Assured (for basic plan only)

Sum Assured (SGD)	Premium Payment Term	
	5 Pay	10, 12, 15, 18, 20 & 25 Pay
30,000 - 99,999	0	0
100,000 - 299,999	-1.60	-0.80
300,000 and above	-2.60	-1.30

#### 6.7. Method of payment

For initial premium:

- eGIRO (All channels if the customer uses a DBS/POSB bank account for GIRO application);
- Cash or Cheque (for all frequencies of payment); or
- Credit Card – Visa/ MasterCard.

For renewal premium:

- Interbank GIRO;
- eGIRO (All channels if the customer uses a DBS/POSB bank account for GIRO application);
- Cash, Cheque; or
- AXS.

### 7. POLICY VALUES

#### 7.1. Cash Surrender Values

The Policy will acquire cash value from the start of the 2<sup>nd</sup> Policy Year onwards, as long as the premiums are paid up-to-date.

In the event of non-payment of renewal premiums, the policy will lapse if it does not have cash value.

The Guaranteed Cash Surrender Value will be at least equivalent to the Total Premiums Paid as at the Policy Maturity Date.

#### 7.2. Automatic Premium Loan (APL)

APL is available provided there is cash surrender value.

**7.3. Policy Loan**

Available. The normal policy loan rate will be applicable; currently the rate is 6.5% per annum. Maximum loan amount is 65% of the cash value less any amounts owing to Us. Minimum loan amount is SGD200. The rate and the minimum loan amount are subject to Our prevailing terms and conditions.

The interest rate is non-guaranteed and is determined by Us from time to time.

**7.4. Reduced Paid-up Insurance (RPU)**

RPU is allowed before premium payment term ends, while the policy is in force and after the policy has acquired a cash value.

The policyholders can apply to Us, without having to provide any evidence of insurability, to use the cash surrender value to convert the policy to a non-participating paid up policy for a reduced Sum Assured, subject to the minimum Sum Assured.

The reduced Sum Assured will be determined by Us (at the date of the conversion) based on the cash surrender value, any amounts owing to Us, the Life Assured's prevailing age and any other prevailing terms and conditions.

Upon successful application, the following will apply:

- (a) The converted policy will not participate in Our profits. There will be no RB and TB for RPU policy;
- (b) Cash Surrender Value will not be available;
- (c) Death Benefit will be equivalent to 105% of Total Premiums Paid for the basic plan;
- (d) Terminal Illness Benefit will be available and is an advance of the Death Benefit;
- (e) Reduced Sum Assured will be payable as Maturity Benefit;
- (f) Change of Life Assured, Waiver of Interest Benefit and Accidental Death Benefit will not be available;
- (g) All Supplementary Benefits attached under this Policy will be cancelled;
- (h) All future premiums otherwise payable for this converted policy will cease to be payable as if a single premium had been paid for the insurance cover; and
- (i) All changes will be stated in a new Policy Schedule and/or Endorsement to be issued by Us for this converted policy.

**7.5. Grace Period**

With the exception of first instalment premiums (Basic Plan and any Supplementary Benefits), subsequent premiums must be paid within 30 days from each premium due date, after which the APL will commence or this Policy will lapse. The benefits remain in-force during this grace period. If We admit a claim during this grace period, the amount of unpaid premiums will be deducted from the claims payable.

**8. POLICY CONDITIONS****8.1. Guaranteed Premium**

The Company guarantees that the premium rate remains unchanged throughout the premium payment term for as long as the required premium is paid before the end of the grace period for renewal premium.

**8.2. Free Look Period**

If the Policyholder decides that the Policy is not suitable for his/her needs, a full refund of the premiums less any expenses incurred will be made to the Policyholder upon receipt of his/her written notification, within 14 days from the date he/she receive the Policy.

If this Policy was sent to the Policyholder by post or delivered or downloaded via electronic means, he/she is considered to have received it seven (7) days after posting or We consider it delivered 7 days after We sent the Policy by electronic means or when the Policy is downloaded by the Policyholder.

There will be a claw back of commissions and overrides (where applicable).



### 8.3. Reinstatement Criteria

The Policyholder may within 12 months from the date of termination submit an application to Us to reinstate the Policy. This application will be subject to our approval and the terms, conditions and guidelines prevailing at the relevant time, including the following conditions (where applicable):

- (a) The reinstated Sum Assured, where applicable must not exceed the maximum Sum Assured prevailing at the time of the application for reinstatement, based on the Life Assured's Entry Age as at the Policy Effective Date;
- (b) The Instalment Premiums for the reinstated Policy must satisfy the minimum Instalment Premium requirement prevailing at the time of the application to reinstate the Policy;
- (c) The Life Assured's Age, prevailing at the time of the application to reinstate the Policy, does not exceed the maximum issue age;
- (d) The Life Assured does not engage in any occupation and/or hazardous pursuits for which We would charge an additional premium (unless the Policyholder agree to the additional premium);
- (e) Satisfactory evidence of insurability is submitted at the Policyholder's expense and is acceptable to Us;
- (f) The Policyholder to pay all the Instalment Premiums in arrears and repay the full amount of any loan up to the date of reinstatement, together with interest at a rate determined by Us; and
- (g) The Policyholder to pay the prevailing processing fee.

We reserve the right to reject any application for reinstatement.

### 8.4. Termination

The Plan terminates on the earliest of the following events:

- (a) the death of the Life Assured;
- (b) the Policy Maturity Date;
- (c) the revocation of the Policy;
- (d) the lapsing of the Policy under the terms of the non-payment of premiums within 30 days from the date they become due (expiry of the Grace Period), automatic termination under the terms of the Automatic Non-Forfeiture Privilege or Policy Loan clause, subject to Reinstatement clause;
- (e) Our acceptance of Your application to fully surrender or terminate the Policy;
- (f) when the Policy is voided and cancelled under the terms of the suicide and incontestability clauses;
- (g) the full payment of the:
  - i. Death Benefit;
  - ii. Terminal Illness Benefit; or
  - iii. Maturity Benefit.

### 8.5. Policy Alteration

Policy Alteration terms is subject to terms and conditions set by the basic plan.

#### 8.5.1 Reduction in Sum Assured

Reduction of Sum Assured of the basic plan is allowed, at the next payment due date, with pro-rated refund of cash surrender value (if any) less any amounts owing to Us.

Reducing the Sum Assured has the effects of reducing premiums payable over the premium payment term. Accumulated RB will also be reduced accordingly based on the reduced Sum Assured.

This is also subject to the prevailing minimum Sum Assured and that any Large Sum Assured discounts (previously applicable on the premiums) will be removed with the reduction of Sum Assured.

#### 8.5.2 Increase in Sum Assured

Increase in Sum Assured is only allowed during the 1<sup>st</sup> policy year. Back-payment of premium and interests will be required for increase in Sum Assured.

### 8.5.3 Change of Policy Term or Premium Payment Term

Not allowed.

### 8.5.4 Change of Life Assured

Change of Life Assured is allowed:

- (a) after the first Policy Year, up to 3 times;
- (b) subject to satisfactory evidence that the new Life Assured has sufficient insurable interest (in relation to the Policyholder); and
- (c) subject to the new Life Assured fulfils the business rules of this plan such as;
  - min and max of entry age; and
  - min and max of Premium Payment Term.

Change of Life Assured is not allowed:

- (a) once the Life Assured or the Assured dies;
- (b) once a claim has been admitted for any of the Supplementary Benefits covering the Life Assured;
- (c) once a claim has been admitted to waive the premiums of the basic plan; or
- (d) once the Reduced Paid Up option has been activated;

Notes:

- Premium Cessation Date (premium payment term) will remain the same. The remaining premium payment period will be used to validate the fulfilment of the business rules.
- The Benefit Cessation Date of the Basic Benefits will remain the same, except for the Benefit Cessation Date of the Accidental Death Benefit, which will be subject to the following:
  - (i) If the attained age of the new life assured is same as or younger than the existing Life Assured, the Benefit Cessation Date of the Accidental Death Benefit will remain the same;
  - (ii) If the attained age of the new life assured is older than the existing Life Assured, the Benefit Cessation Date of the Accidental Death Benefit will be the same as the Benefit Cessation Date of the Death Benefit or the Policy Anniversary when the new life assured is Age eighty (80), whichever is earlier.

Example:

Existing Life Assured = 40 ANB.

Remaining coverage term for Accidental Death Benefit = 37 years

If new Life Assured = 30 ANB, remaining coverage term for Accidental Death Benefit = 37 years

If new Life Assured = 48 ANB, remaining coverage term for Accidental Death Benefit = the min of (Expiry Age of 80 ANB – entry age of 48 ANB) or 37 years = 32 years

- We reserve the right to adjust the premiums in accordance to the new Life Assured subject to the terms and conditions of the Policy.
- The change of Life Assured will take effect from the Policy Anniversary immediately following the date We accept Your request to change the Life Assured.
- Once the change of Life Assured is effective, all Supplementary Benefits attached to this Policy will be terminated except for the Supplementary Benefits covering the Policyholder of the 3rd party Policy.
- The action to change the Life Assured cannot be reversed once the change of Life Assured is effective.
- If there is any claim submitted on the existing Life Assured before the effective date of the change of Life Assured and the claim is payable, We will pay the claim and void the request for change of Life Assured.
- Upon Our acceptance of the new Life Assured for this Policy, all the coverage on the previous Life Assured will cease on the effective date of the change of Life Assured.
- Once the change of Life Assured comes into effect, We reserve the right not to accept any written notice and proof of claim given to Us on the previous Life Assured(s) regardless if the claim event happened before the change of Life Assured was effective.

**8.6. Surrender**

The Policy will acquire cash value from the start of the 2<sup>nd</sup> Policy Year onwards as long as the premiums are paid up-to-date. While Your Policy is in force, You may choose to fully surrender the Policy at any time to receive a lump sum payment consisting of its Cash Surrender Value. Your Policy will terminate upon full surrender of the Policy.

You also have the option to partially surrender the Policy by reducing the Sum Assured (subject to the minimum Sum Assured of the basic plan) and receive the partial Cash Surrender Value in a lump sum. The Sum Assured of the basic plan after the partial surrender will be reduced accordingly. Please refer to section 8.5.1 Reduction in Sum Assured for details.

**8.7. Advance Premium Facility**

Applicable.

**8.8. General Exclusions****Death Benefit**

If the Life Assured commits suicide (while sane or insane) within one year of the Policy Issue Date or the date of the last reinstatement of the Policy (whichever is later), the Policy will be void from the date immediately prior to the date of death.

If the Life Assured commits suicide (while sane or insane) within one (1) year of the Policy Issue Date, the issue date of the Endorsement for the Supplementary Benefit, the effective date the Supplementary Benefit is added to this Policy or the date of the last reinstatement of the Supplementary Benefit (whichever is latest), the Supplementary Benefit will be void from the date immediately prior to the date of death.

For an increase in Sum Assured of the Basic Benefits or Supplementary Benefit (where applicable), if the Life Assured commits suicide (while sane or insane) within one (1) year of the issue date of the Endorsement for such increase in Sum Assured or the effective date of such increase in Sum Assured, (whichever is later), the increase of such Sum Assured will be void from the date immediately prior to the date of death.

Where a change of Life Assured has been made, if the new Life Assured commits suicide (while sane or insane) within one year of the effective date of a change of Life Assured, the issue date of the Endorsement for a change of Life Assured or the date of the last reinstatement of the Policy (whichever is latest), the Policy will be void from the date immediately prior to the date of death.

**Accidental Death Benefit**

Accidental Injury directly or indirectly, wholly or partly caused by or arising from or contributed to by the following is excluded:

- (a) self-inflicted injuries, suicide or attempted suicide, while sane or insane;
- (b) bodily infirmity, illness or disease of any kind, or any infection other than an infection occurring simultaneously with and in consequence of a cut or wound of an Accidental Injury;
- (c) mental or psychiatric illness, anxiety, nervous disorders or sleep disturbance disorders;
- (d) whilst under the influence of alcohol, drugs or intoxication, even if the drug prescribed by a Registered Medical Practitioner, or the taking of poison or inhalation of gas, voluntarily or involuntarily;
- (e) while on duty in any navy, army, air force, military, firemen, civil defence, police or law enforcement organisation except where national service or reservist duties are carried out in Singapore or overseas (if this applies) under the Singapore Enlistment Act (Cap 93);
- (f) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, assuming the proportions of or amounting to an uprising, military or usurped power;
- (g) as a result of travel in or on any type of aircraft other than as a crew member or fare paying passenger on a regularly scheduled passenger flight of an international commercial airline;
- (h) as a result of the Life Assured committing, attempting or provoking an assault or felony or any violation of the law by the Life Assured;
- (i) as a result of racing of any kind other than on foot;
- (j) as a result of participation in any aerial activity including parachuting and sky diving; or
- (k) as a result of participation in any underwater activity.

### Terminal Illness

Terminal Illness in the presence of HIV infection is excluded.

## 9. AVAILABLE SUPPLEMENTARY BENEFITS

Supplementary Benefits to add on include:

- (GIO) Cancer Premium Waiver II
- (GIO) EasyTerm
- (GIO) EasyPayer Premium Waiver
- (UW) Critical Illness Premium Waiver II
- (UW) Payer Critical Illness Premium Waiver II

Supplementary Benefit	Benefit	Single Life Policy		Third Party Policy	
		Life Assured	Assured	Life Assured	Assured
Cancer Premium Waiver II	Waiver	Yes	N/A	No	Yes
EasyTerm	Additional	Yes	N/A	No	Yes
EasyPayer Premium Waiver	Waiver	N/A	N/A	No	Yes
Critical Illness Premium Waiver II	Waiver	Yes	N/A	N/A	N/A
Payer Critical Illness Premium Waiver II	Waiver	N/A	N/A	No	Yes

Note:

1. For Single Life policy, Cancer Premium Waiver II and Critical Illness Premium Waiver II are mutually exclusive.
2. For Third Party policy, Cancer Premium Waiver II and Payer Critical Illness Premium Waiver II are mutually exclusive.

## 10. CANCER PREMIUM WAIVER II DETAILS

### 10.1. Supplementary Benefit's Description

This is a non-participating Supplementary Benefit with waiver of premium benefit when the Life Assured is diagnosed with Major Cancer. This Supplementary Benefit is available to the Assured of a 3<sup>rd</sup> party policy and the Life Assured for a single life policy. This Supplementary Benefit will be issued on Guaranteed Issuance Offer (GIO) basis.

Premium rates relating to this Supplementary Benefit are level but are not guaranteed within premium payment term and may be adjusted based on future experience. We may review and change the premium rates from time to time by giving at least 30 days prior notice.

### 10.2. Supplementary Benefit's Features

#### 10.2.1 Coverage

If the Life Assured of this Supplementary Benefit is diagnosed with Major Cancer, all future premiums on the basic policy (and any other attached Supplementary Benefit, if applicable) will be waived until the premium due date immediately before the end of the term of this Supplementary Benefit. The basic Policy and other Supplementary Benefits on which premiums are waived shall continue to be in force.

The definition of Major Cancer\* follows the common definition as defined by LIA MU 58/19 and applicable to all critical illness insurance policies in the industry.

\* Please refer to the Definition of Major Cancer as defined below.

**10.2.2 Exclusion**

There shall be no waiver of premium payment under this Supplementary Benefit if Major Cancer is directly or indirectly, wholly or partly caused by or arising from or contributed by:

- (a) any **Pre-existing Condition**;
- (b) wilful misuse of drugs or alcohol, while sane or insane;
- (c) Acquired Immunodeficiency Syndrome (AIDS) or infection by Human Immunodeficiency Virus (HIV); or
- (d) self-inflicted illness or injury, while sane or insane.

where "**Pre-existing Condition**" means any condition or illness which existed or was existing or the cause or symptoms of which existed or were existing or evident, or any condition or illness which the Life Assured suffered or was suffering from, prior to the Policy Issue Date, issue date of this Supplementary Benefit, Benefit Commencement Date of this Supplementary Benefit or the reinstatement date of this Supplementary Benefit, whichever is later.

**10.2.3 Waiting Period**

If Major Cancer was diagnosed within **12 months** from:

- (a) the Policy Issue Date;
- (b) the issue date of this Supplementary Benefit;
- (c) the Benefit Commencement Date of this Supplementary Benefit; or
- (d) the reinstatement date of this Supplementary Benefit,

whichever is latest, this Supplementary Benefit will be voided from the date immediately prior to the date of diagnosis of Major Cancer. There shall be no waiver of premium payment under this Supplementary Benefit and We will refund (without interest) the total amount of the Premiums paid for this Supplementary Benefit less any amounts owing to Us.

The commissions (including override commission) will be clawed back.

**10.2.4 Survival Period**

The Life Assured of this Supplementary Benefit must survive a period of 30 days after the date of diagnosis of the Major Cancer before there is any waiver of premium payment under this Supplementary Benefit.

**10.2.5 Entry Age for Life Assured (ANB) of this Supplementary Benefit**

<b>Cancer Premium Waiver II attachable to MyChoiceSaver:</b>	<b>Minimum Entry Age</b>	<b>Maximum Entry Age</b>
Policyholder/ Assured (3 <sup>rd</sup> Party Policy)	17 ANB	70 ANB
Life Assured (3 <sup>rd</sup> Party Policy)	N/A	N/A
Life Assured (Single Life Policy)	17 ANB	70 ANB

**10.2.6 Policy Term**

For Cancer Premium Waiver II attachable to MyChoiceSaver: 5, 10, 12, 15, 18, 20 and 25 years.

Supplementary Benefit policy term must follow basic plan's premium payment term.

Note: For 3<sup>rd</sup> Party Policy, subject to Assured's entry age + Cancer Premium Waiver II policy term ≤ 80

**10.2.7 Policy Size**

This Supplementary Benefit is subject to a maximum benefit coverage of SGD250,000 per life^.

^ The aggregation per life limit applies to all Supplementary Benefits with similar benefits issued on GIO basis. The maximum GIO coverage per life for Cancer is SGD250,000.

**10.2.8 Premium Payment Term**

Follow Supplementary Benefit's policy term.

**10.2.9 Eligibility**

Follow basic plan's eligibility for Single Life and Third Party Policy.

<b>Cancer Premium Waiver II attachable to:</b>	<b>Single Life Policies allowed for</b>	<b>3<sup>rd</sup> Party Policies allowed for</b>
MyChoiceSaver	Life Assured - 17 ANB and above	a) Husband and wife basis - both 17 ANB and above  b) Juvenile policy - Life Assured of 18 ANB and below; and - Assured of 17 ANB and above

Note:

- Life Assured age 17 & 18 (ANB) are considered as Juvenile Life Assured.
- Corporate Applications: (where the Life Assured is the employee and the policyholder is the company) is not allowed.

**10.2.10 Underwriting**

Guaranteed Issuance upon application, i.e. no medical underwriting is required.

**10.2.11 Frequency of payment**

Follow basic plan's frequency of payment.

**10.2.12 Method of payment**

Follow basic plan's method of payment.

**10.2.13 Reinstatement Criteria**

Follow basic plan's Reinstatement Criteria.

**10.2.14 Increase/ Decrease in Sum Assured**

Not applicable.

**10.2.15 Inclusion of this Supplementary Benefit**

This Supplementary Benefit can be attached upon policy inception only.

Exception: For MyChoiceSaver, policyholder may apply to attach this Supplementary Benefit to the basic plan to cover the new life assured together with the submission of change of Life Assured request. Inclusion of this Supplementary Benefit after the effective date of change of Life Assured will not be allowed.

**10.2.16 Cash Surrender Values**

Not applicable.

**10.2.17 Automatic Premium Loan**

Not applicable.

**10.2.18 Policy Loan**

Not applicable.

**10.2.19 Definition of Major Cancer**

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukaemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- (i) All tumours which are histologically classified as any of the following:
  - a) Pre-malignant;
  - b) Non-invasive;
  - c) Carcinoma-in-situ (Tis) or Ta;
  - d) Having borderline malignancy;
  - e) Having any degree of malignant potential;
  - f) Having suspicious malignancy;
  - g) Neoplasm of uncertain or unknown behavior; or
  - h) All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intraepithelial neoplasia;
- (ii) Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- (iii) Malignant melanoma that has not caused invasion beyond the epidermis;
- (iv) All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- (v) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- (vi) All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- (vii) All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- (viii) All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- (ix) Chronic Lymphocytic Leukaemia less than RAI Stage three (3);
- (x) All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and

- (xi) All tumours in the presence of HIV infection.

#### 10.2.20 Termination

This Supplementary Benefit shall terminate on the earliest occurrence of the following:

- (a) upon termination of this Supplementary Benefit by written request to Us;
- (b) the date the Policy terminates;
- (c) the Benefit Cessation Date of this Supplementary Benefit;
- (d) upon expiry of the Grace Period if the Instalment Premium for this Supplementary Benefit remains unpaid; or
- (e) when this Supplementary Benefit is voided and cancelled under section 10.2.3 (Waiting Period).

There shall be no refund of any Instalment Premium paid before the date of termination of this Supplementary Benefit.

### 11. EASYTERM DETAILS

#### 11.1. Supplementary Benefit's Description

This is a non-participating Supplementary Benefit that offers protection against Death, Terminal Illness and Total and Permanent Disability (TPD). This Supplementary Benefit is available to the Assured of a 3<sup>rd</sup> party policy and the Life Assured for a single life policy. This Supplementary Benefit will be issued on Guaranteed Issuance Offer (GIO) basis.

Premium rates relating to this Supplementary Benefit are level and guaranteed within premium payment term.

#### 11.2. Supplementary Benefit's Features

##### 11.2.1 Coverage

In the event the Life Assured of this Supplementary Benefit dies, is diagnosed to be suffering from a Terminal Illness or becomes Total and Permanently Disabled before the commencement of the Policy Year in which the Life Assured attains Age 70 next birthday, the Supplementary Benefit sum assured will be paid in one lump sum. This Supplementary Benefit will then be terminated.

"Terminal Illness" means the conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within twelve (12) months. This diagnosis must be supported by a specialist and confirmed by Our appointed Registered Medical Practitioner.

Terminal Illness in the presence of Human Immunodeficiency Virus (HIV) infection is excluded.

"Total and Permanent Disability" is defined as

- 1) Disability which is total and permanent and persists continuously for at least six (6) months, with the Life Assured or Life Assured who is first (in the event of there being more than one (1) Life Assured) incapable of performing any work or engaging in any occupation or profession to earn or obtain wages, compensation or profit, from the time when the disability started.
- 2) Total and irrecoverable:
  - (a) Loss of the sight of both eyes;
  - (b) Loss of sight of one (1) eye and loss by severance or loss of use of one (1) limb at or above the ankle or wrist; or
  - (c) Loss by severance or loss of use of:
    - i. Both hands at or above the wrists;
    - ii. Both feet at or above the ankles; or
    - iii. One (1) hand at or above the wrist and one (1) foot at or above the ankle.



- 3) In the event of the Life Assured becoming totally and permanently unable to perform (due to disease, illness or injury) at least three (3) of the following six (6) daily activities (despite the aid of special equipment) and requires the physical assistance of another person to perform at least three (3) of the following six (6) daily activities for at least six (6) continuous months:
- (a) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
  - (b) Mobility: the ability to move indoors from room to room on level surfaces;
  - (c) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
  - (d) Dressing: the ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical appliances;
  - (e) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by any other means;
  - (f) Feeding: the ability to feed oneself once food has been prepared and made available.

The diagnosis must be confirmed and certified by a Registered Medical Practitioner.

- 4) If the Life Assured is Age 18 or below, "Total and Permanent Disability" shall be defined as:
- i. A state of permanent incapacity in which the Life Assured is confined to a home, hospital or institution, requiring constant care and medical attention for at least six (6) consecutive months; or
  - ii. Total and irrecoverable:
    - (a) Loss of the sight of both eyes;
    - (b) Loss of sight of one (1) eye and loss by severance or loss of use of one (1) limb at or above the ankle or wrist; or
    - (c) Loss by severance or loss of use of:
      - Both hands at or above the wrists;
      - Both feet at or above the ankles; or
      - One (1) hand at or above the wrist and one (1) foot at or above the ankle.
- 5) If the Life Assured is age 66 next birthday or above, only Definition 2 and Definition 3 shall be applicable for the purposes of determining "Total and Permanent Disability".

#### 11.2.2 Exclusion

- I. No benefit shall be payable under this Supplementary Benefit if death is caused by:

- (a) suicide, while sane or insane, within one (1) year from:
  - (i) the Policy Issue Date;
  - (ii) the issue date of this Supplementary Benefit;
  - (iii) the Benefit Commencement Date of this Supplementary Benefit; or
  - (iv) the Reinstatement Date of this Supplementary Benefit,

whichever is latest. This Supplementary Benefit will be void from the date immediately prior to the date of death and there shall be no benefit payable under this Supplementary Benefit. We will refund (without interest) the total amount of the Instalment Premiums paid for this Supplementary Benefit less any amounts owing to Us.

- (b) any **Pre-existing Condition**.

- II. No benefit shall be payable under this Supplementary Benefit if Terminal Illness is caused by:
- (a) the presence of Human Immunodeficiency Virus (HIV) infection; or
  - (b) any **Pre-existing Condition**.
- III. No benefit shall be payable under this Supplementary Benefit for any Total and Permanent Disability directly or indirectly, wholly or partly caused by or arising from or contributed to by:
- (a) attempted suicide;
  - (b) self-inflicted injuries, while sane or insane;
  - (c) injuries sustained during travel on any type of aircraft except as a fare-paying passenger or a crew member of an international airline operating on a regularly-scheduled passenger flight of a licensed commercial aircraft; or
  - (d) any **Pre-existing Condition**.

Where “**Pre-existing Condition**” means any condition or illness which existed or was existing or the cause or symptoms of which existed or were existing or evident, or any condition or illness which the Life Assured suffered or was suffering from, prior to the Policy Issue Date, issue date of this Supplementary Benefit, Benefit Commencement Date of this Supplementary Benefit or the reinstatement date of this Supplementary Benefit, whichever is later.

### 11.2.3 Waiting Period

If the Life Assured (a) dies or (b) is diagnosed to be suffering from a Terminal Illness or (c) suffers from Total and Permanent Disability within twelve (12) months from:

- (i) the Policy Issue Date;
- (ii) the issue date of this Supplementary Benefit;
- (iii) the Benefit Commencement Date of this Supplementary Benefit; or
- (iv) the Reinstatement Date of this Supplementary Benefit,

whichever is latest, this Supplementary Benefit will be void from the date immediately. There shall be no benefit payable under this Supplementary Benefit and We will refund (without interest) the total amount of the Instalment Premiums paid for this Supplementary Benefit less any amounts owing to Us.

The commissions and overrides will be clawed back.

The waiting period of twelve (12) months will not apply if the claim is due to Accidental Death or Accidental Total and Permanent Disability where:

- “Accident” means an event caused solely and independently of all other causes and directly by violent, unexpected, external and visible means.
- “Accidental Death” means death caused by Accident.
- “Accidental Total and Permanent Disability” means the Life Assured suffers from Total and Permanent Disability caused by Accident.

### 11.2.4 Entry Age for Life Assured (ANB) of this Supplementary Benefit

EasyTerm attachable to MyChoiceSaver:	Minimum Entry Age	Maximum Entry Age
Policyholder/ Assured (3 <sup>rd</sup> Party Policy)	17 ANB	60 ANB
Life Assured (3 <sup>rd</sup> Party Policy)	N/A	N/A
Life Assured (Single Life Policy)	17 ANB	60 ANB

**11.2.5 Policy Term**

For EasyTerm attachable to MyChoiceSaver:

Policy Term	Single Life Policy	Third Party Policy
Minimum	5 years	5 years
Maximum	Minimum (Chosen Basic Policy Term, 25, 80 – <b>Life Assured's</b> entry age)	Minimum (Chosen Basic Policy Term, 25, 80 – <b>Assured's</b> entry age)

**11.2.6 Premium Payment Term**

Follow Supplementary Benefit's policy term.

**11.2.7 Policy Size (Sum Assured)**

Minimum = SGD2,500 (SA increases by SGD500)

Maximum = Lower of (10 x Basic Plan's Annual Premium, round up to the nearest SGD500) OR SGD250,000 per life ^

^ The aggregation per life limit applies to EasyTerm only. These are the maximum GIO SA per life by type of benefits:

- Maximum for Death/ TI GIO SA: SGD250,000
- Maximum for TPD GIO SA: SGD250,000

**11.2.8 Eligibility**

Follow basic plan's eligibility for Single Life and Third Party Policy.

EasyTerm attachable to:	Single Life Policies allowed for	3 <sup>rd</sup> Party Policies allowed for
MyChoiceSaver	Life Assured - 17 ANB and above	a) Husband/wife basis - both 17 ANB and above  b) Juvenile policy - Life Assured age 18 ANB and below; and - Assured age 17 ANB and above

Note:

- Life Assured age 17 & 18 (ANB) are considered as Juvenile Life Assured.
- Corporate Applications: (where the Life Assured is the employee and the policyholder is the company) is not allowed.

**11.2.9 Underwriting**

Guaranteed Issuance upon application, i.e. no medical underwriting is required.

**11.2.10 Frequency of payment**

Follow basic plan's frequency of payment.

**11.2.11 Method of payment**

Follow basic plan's method of payment.

**11.2.12 Reinstatement Criteria**

Follow basic plan's Reinstatement Criteria.

**11.2.13 Increase / Decrease in Sum Assured**

Decrease in EasyTerm Sum Assured is allowed subject to the minimum Sum Assured. Premiums will be revised for the decrease in Sum Assured based on the Life Assured's entry age (of this Supplementary Benefit). Decrease in EasyTerm Sum Assured can only be effective at the next payment due date.

Increase in EasyTerm Sum Assured is not allowed.

**11.2.14 Inclusion of this Supplementary Benefit**

This Supplementary Benefit can be attached upon policy inception only.

Exception: For MyChoiceSaver, policyholder may apply to attach this Supplementary Benefit to the basic plan to cover the new life assured together with the submission of change of Life Assured request. Inclusion of this Supplementary Benefit after the effective date of change of Life Assured will not be allowed.

**11.2.15 Cash Surrender Values**

Not applicable.

**11.2.16 Automatic Premium Loan**

Not applicable.

**11.2.17 Policy Loan**

Not applicable.

**11.2.18 Termination**

This Supplementary Benefit shall terminate on the earliest occurrence of the following:

- (a) upon termination of this Supplementary Benefit by written request to Us;
- (b) on the date the Policy terminates;
- (c) on the Benefit Cessation Date of this Supplementary Benefit;
- (d) upon expiry of the Grace Period if the Instalment Premium for this Supplementary Benefit remains unpaid;
- (e) when this Supplementary Benefit is voided and cancelled under section 11.2.2 (I) (Exclusions) and 11.2.3 (Waiting Period); or
- (f) on the date this Supplementary Benefit is paid in full in the event of Death, Terminal Illness or Total and Permanent Disability.

There shall be no refund of any Instalment Premium paid before the date of termination of this Supplementary Benefit.

**12. EASYPAYER PREMIUM WAIVER DETAILS****12.1. Supplementary Benefit's Description**

This is a non-participating Supplementary Benefit which waives future premium in the event of the Assured's Death, Terminal Illness or Total and Permanent Disability (TPD). This Supplementary Benefit is available to Assured of a Third-party policy only. This Supplementary Benefit will be issued on Guaranteed Issuance Offer (GIO) basis.

Premium rates relating to this Supplementary Benefit are level and guaranteed within premium payment term.

## 12.2. Supplementary Benefit's Features

### 12.2.1 Coverage

In the event the Assured dies, diagnosed of Terminal Illness or suffers TPD, all future premiums on the basic policy (and any other Supplementary Benefits, if applicable) will be waived until the premium due date immediately before the end of the benefit term of this Supplementary Benefit. The basic Policy and other Supplementary Benefits on which premiums are waived shall continue to be in force.

"Terminal Illness" means the conclusive diagnosis of an illness that is expected to result in the death of the Assured within twelve (12) months. This diagnosis must be supported by a specialist and confirmed by Our appointed Registered Medical Practitioner.

Terminal Illness in the presence of Human Immunodeficiency Virus (HIV) infection is excluded.

#### Definition of TPD

"Total and Permanent Disability" is defined as:

- 1) The Assured has suffered Total and irrecoverable:
  - (a) Loss of the sight of both eyes;
  - (b) Loss of sight of one eye and loss by severance or loss of use of one limb at or above the ankle or wrist; or
  - (c) Loss by severance or loss of use of:
    - i. Both hands at or above the wrists;
    - ii. Both feet at or above the ankles; or
    - iii. One hand at or above the wrist and one foot at or above the ankle.
- 2) If the Assured is aged 18 next birthday or below, Total and Permanent Disability is defined as a state of permanent incapacity in which the Assured is confined to a home, hospital or institution, requiring constant care and medical attention for at least 6 consecutive months.
- 3) If the Assured is aged 19 to 65 next birthday, Total and Permanent Disability is defined as a disability which is total and permanent and persists continuously for at least 6 months, with the Assured incapable of performing any work or engaging in any occupation or profession to earn or obtain wages, compensation or profit, from the time when the disability started.
- 4) If the Assured is aged 19 next birthday or above, Total and Permanent Disability is defined as the Assured becoming totally and permanently unable to perform (due to disease, illness or injury) at least 3 of the following 6 Activities of Daily Living (despite the aid of special equipment) and requires the physical assistance of another person throughout the entire activity for at least 6 continuous months:
  - (a) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
  - (b) Mobility: the ability to move indoors from room to room on level surfaces;
  - (c) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
  - (d) Dressing: the ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical appliances;
  - (e) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by any other means;
  - (f) Feeding: the ability to feed oneself once food has been prepared and made available.

A Registered Medical Practitioner must first confirm and certify the diagnosis of Total and Permanent Disability before We admit the claim for TPD Benefit.

**12.2.2 Exclusions**

- (i) There shall be no waiver of premium payment under this Supplementary Benefit if Death is caused by:
  - (a) suicide while sane or insane within one (1) year from:
    - (i) the Policy Issue Date;
    - (ii) the issue date of this Supplementary Benefit;
    - (iii) the Benefit Commencement Date of this Supplementary Benefit; or
    - (iv) the reinstatement date of this Supplementary Benefit,
 whichever is latest, this Supplementary Benefit will be void from the date immediately prior to the date of death and there shall be no waiver of premium payment under this Supplementary Benefit. We will refund (without interest) the total amount of the Instalment Premiums paid for this Supplementary Benefit less any amounts owing to Us.
  - (b) any **Pre-existing Condition**.
- (ii) There shall be no waiver of premium payment under this Supplementary Benefit if Terminal Illness is caused by:
  - (a) the presence of Human Immunodeficiency Virus (HIV) infection; or
  - (b) any **Pre-existing Condition**.
- (iii) There shall be no waiver of premium payment under this Supplementary Benefit for any Total and Permanent Disability directly or indirectly, wholly or partly caused by or arising from or contributed to by:
  - (a) attempted suicide;
  - (b) self-inflicted illness or injury, while sane or insane;
  - (c) injuries sustained during travel on any type of aircraft except as a fare-paying passenger or a crew member of an international airline operating on a regularly-scheduled passenger flight of a licensed commercial aircraft; or
  - (d) any **Pre-existing Condition**.

Where “**Pre-existing Condition**” means any condition or illness which existed or was existing or the cause or symptoms of which existed or were existing or evident, or any condition or illness which the Assured suffered or was suffering from, prior to the Policy Issue Date, issue date of this Supplementary Benefit, Benefit Commencement Date of this Supplementary Benefit or the reinstatement date of this Supplementary Benefit, whichever is later.

**12.2.3 Waiting Period**

If the Assured (a) dies or (b) is diagnosed to be suffering from a Terminal Illness or (c) suffers from Total and Permanent Disability within twelve (12) months from:

- (i) the Policy Issue Date;
- (ii) the issue date of this Supplementary Benefit;
- (iii) the Benefit Commencement Date of this Supplementary Benefit; or
- (iv) the reinstatement date of this Supplementary Benefit,

whichever is latest, this Supplementary Benefit will be void from the date immediately prior to the date of death, date of diagnosis of Terminal Illness or date of diagnosis of Total and Permanent Disability (whichever is applicable). There shall be no waiver of premium payment under this Supplementary Benefit and We will refund (without interest) the total amount of the Instalment Premiums paid for this Supplementary Benefit less any amounts owing to Us.

The commissions (including override commissions) will be clawed back.

The waiting period of twelve (12) months will not apply if the claim is due to Accidental Death or Accidental Total and Permanent Disability where:

- “Accident” means an event caused solely and independently of all other causes and directly by violent, unexpected, external and visible means.

- “Accidental Death” means death caused by Accident.
- “Accidental Total and Permanent Disability” means the Assured suffers from Total and Permanent Disability caused by Accident.

#### 12.2.4 Entry Age

EasyPayer Premium Waiver attachable to MyChoiceSaver:	Minimum Entry Age	Maximum Entry Age
Policyholder/ Assured (3 <sup>rd</sup> Party Policy)	17 ANB	60 ANB
Life Assured (3 <sup>rd</sup> Party Policy)	NA	N/A
Life Assured (Single Life Policy)	N/A	N/A

#### 12.2.5 Policy Term

For EasyPayer Premium Waiver attachable to MyChoiceSaver: 5, 10, 12, 15, 18, 20 and 25 years.

Supplementary Benefit policy term must follow chosen basic plan's premium payment term.

Note: Subject to Assured's entry age + EasyPayer Premium Waiver policy term ≤ 80

#### 12.2.6 Policy Size

This Supplementary Benefit is subject to maximum benefit coverage of SGD350,000 per life<sup>^</sup>.

<sup>^</sup> The aggregation per life limit applies to EasyPayer Premium Waiver and Joint Life Premium Waiver (if applicable) only.

#### 12.2.7 Premium Payment Term

Follow Supplementary Benefit's Policy Term.

#### 12.2.8 Eligibility

Follow basic plan's eligibility for Third Party Policy only as EasyPayer Premium Waiver is not available for Single Life Policy.

EasyPayer Premium Waiver attachable to:	Single Life Policies allowed for	3 <sup>rd</sup> Party Policies allowed for
MyChoiceSaver	N/A	a) Husband and wife basis - both age 17 ANB and above  b) Juvenile policy - Life Assured age 18 ANB and below; and - Assured age 17 ANB and above

Note:

- Life Assured age 17 & 18 (ANB) are considered as Juvenile Life Assured.
- Corporate Applications: (where the Life Assured is the employee and the policyholder is the company) is not allowed.

#### 12.2.9 Underwriting

Guaranteed Issuance upon application, i.e. no medical underwriting is required.

**12.2.10 Frequency of payment**

Follow basic plan's frequency of payment.

**12.2.11 Method of payment**

Follow basic plan's method of payment.

**12.2.12 Reinstatement Criteria**

Follow basic plan's Reinstatement Criteria.

**12.2.13 Increase/ Decrease in Sum Assured**

Not applicable.

**12.2.14 Inclusion of this Supplementary Benefit**

This Supplementary Benefit can be attached upon policy inception only.

**12.2.15 Cash Surrender Values**

Not applicable.

**12.2.16 Automatic Premium Loan**

Not applicable.

**12.2.17 Policy Loan**

Not applicable.

**12.2.18 Termination**

This Supplementary Benefit shall terminate on the earliest occurrence of the following:

- (a) upon termination of this Supplementary Benefit by written request to Us;
- (b) on the date the Policy terminates;
- (c) on the Benefit Cessation Date of this Supplementary Benefit;
- (d) upon expiry of the Grace Period if the Instalment Premium for this Supplementary Benefit remains unpaid; or
- (e) when this Supplementary Benefit is voided and cancelled under section 12.2.2 (i) (Exclusions) or section 12.2.3 (Waiting period).

There shall be no refund of any Instalment Premium paid before the date of termination of this Supplementary Benefit.

**13. CRITICAL ILLNESS PREMIUM WAIVER II DETAILS****13.1. Supplementary Benefit's Description**

This is a non-participating Supplementary Benefit which waives future premium in the event of the Life Assured's diagnosis of any of the 35 covered critical illnesses. This Supplementary Benefit is available to Single Life policy (covering the Life Assured) only.

Premium rates relating to this Supplementary Benefit are level but are not guaranteed and may be adjusted based on future experience. We may review and change the premium rates from time to time by giving at least 30 days prior notice.



## 13.2. Supplementary Benefit's Features

### 13.2.1 Coverage

In the event the Life Assured is diagnosed of any of the 35 covered critical illnesses\*, all future premiums on the basic policy (and any other attached Supplementary Benefits, if applicable) will be waived until the premium due date immediately before the end of the benefit term of this Supplementary Benefit. The basic Policy and other Supplementary Benefits on which premiums are waived shall continue to be in force.

\*Refer to section 13.2.5 for the list of 35 Critical Illnesses.

### 13.2.2 Exclusions

There shall be no waiver of premium payment under this Supplementary Benefit in respect of any Critical Illness directly or indirectly, wholly or partly caused by or arising from or contributed to by:

- (a) any **Pre-existing Condition**;
- (b) Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV) except certain conditions as provided under the definition of critical illness "HIV Due to Blood Transfusion and Occupationally Acquired HIV";
- (c) wilful misuse of drugs or alcohol, while sane or insane; or
- (d) self-inflicted illness or injury while sane or insane.

where "**Pre-existing Condition**" means any condition or illness which existed or was existing or the cause or symptoms of which existed or were existing or evident, or any condition or illness which the Life Assured suffered or was suffering from, prior to the Policy Issue Date, issue date of this Supplementary Benefit, Benefit Commencement Date of this Supplementary Benefit or the reinstatement date of this Supplementary Benefit, whichever is the later, unless the condition or illness had been declared and accepted by Us.

### 13.2.3 Waiting Period

There shall be no waiver of premium payment under this Supplementary Benefit if:

- (a) the date of diagnosis of Heart Attack of Specified Severity, Major Cancer or Other Serious Coronary Artery Disease; or
- (b) the date of diagnosis of coronary artery disease leading to performance of Coronary Artery By-pass Surgery,

occurs within **ninety (90) days** from:

- (i) the Policy Issue Date;
- (ii) the issue date of this Supplementary Benefit;
- (iii) the Benefit Commencement Date of this Supplementary Benefit; or
- (iv) the reinstatement date of this Supplementary Benefit,

whichever is latest.

### 13.2.4 Entry Age

Critical Illness Premium Waiver II attachable to MyChoiceSaver	Minimum Entry Age	Maximum Entry Age
Policyholder/Assured (3 <sup>rd</sup> Party Policy)	N/A	N/A
Life Assured (3 <sup>rd</sup> Party Policy)	N/A	N/A
Life Assured (Single Life Policy)	17	65

**13.2.5 List of 35 Critical Illnesses<sup>^</sup>:**

- |   |  |
|---|--|
| 1. Major Cancer                               | 20. Fulminant Hepatitis  |
| 2. Heart Attack of Specified Severity         | 21. Motor Neurone Disease  |
| 3. Stroke with Permanent Neurological Deficit | 22. Primary Pulmonary Hypertension                               |
| 4. Coronary Artery By-pass Surgery            | 23. HIV Due to Blood Transfusion and Occupationally Acquired HIV |
| 5. End Stage Kidney Failure                   | 24. Benign Brain Tumour  |
| 6. Irreversible Aplastic Anaemia              | 25. Severe Encephalitis  |
| 7. End Stage Lung Disease                     | 26. Severe Bacterial Meningitis                                  |
| 8. End Stage Liver Failure                    | 27. Blindness (Irreversible Loss of Sight)                       |
| 9. Coma                                       | 28. Major Head Trauma  |
| 10. Deafness (Irreversible Loss of Hearing)   | 29. Paralysis (Irreversible Loss of Use of Limbs)                |
| 11. Open Chest Heart Valve Surgery            | 30. Progressive Scleroderma                                      |
| 12. Irreversible Loss of Speech               | 31. Persistent Vegetative State (Apallic Syndrome)               |
| 13. Major Burns                               | 32. Systemic Lupus Erythematosus with Lupus Nephritis            |
| 14. Major Organ / Bone Marrow Transplantation | 33. Other Serious Coronary Artery Disease                        |
| 15. Multiple Sclerosis                        | 34. Poliomyelitis  |
| 16. Muscular Dystrophy                        | 35. Loss of Independent Existence                                |
| 17. Idiopathic Parkinson's Disease            |  |
| 18. Open Chest Surgery to Aorta               |  |
| 19. Alzheimer's Disease / Severe Dementia     |  |

<sup>^</sup> The Life Insurance Association Singapore (LIA) has standard Definitions for thirty seven (37) severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to [www.lia.org.sg](http://www.lia.org.sg) for the standard Definitions (Version 2019).

**13.2.6 Policy Term**

For Critical Illness Premium Waiver II attachable to MyChoiceSaver: 5, 10, 12, 15, 18, 20 and 25 years.

Supplementary Benefit's policy term must follow chosen basic plan's premium payment term.

**13.2.7 Premium Payment Term**

Follow Supplementary Benefit's Policy Term.

**13.2.8 Eligibility**

Follow basic plan's eligibility for Single Life Policy only as Critical Illness Premium Waiver II is not available for Third Party Policy.

Critical Illness Premium Waiver II attachable to:	Single Life Policies allowed for	3rd Party Policies allowed for
MyChoiceSaver	Life Assured - 17 ANB and above	N/A

**13.2.9 Underwriting**

Full underwriting applies.

**13.2.10 Frequency of payment**

Follow basic plan's frequency of payment.

**13.2.11 Method of payment**

Follow basic plan's method of payment.

**13.2.12 Reinstatement Criteria**

Follow basic plan's Reinstatement Criteria.

**13.2.13 Increase/ Decrease in Sum Assured**

Not applicable.

**13.2.14 Inclusion of this Supplementary Benefit**

This Supplementary Benefit can be attached after policy inception.

**13.2.15 Cash Surrender Values**

Not applicable.

**13.2.16 Automatic Premium Loan**

Not applicable.

**13.2.17 Policy Loan**

Not applicable.

**13.2.18 Termination**

This Supplementary Benefit shall terminate on the earliest occurrence of the following:

- (a) upon termination of this Supplementary Benefit by written request to Us;
- (b) the date the Policy terminates;
- (c) the Benefit Cessation Date of this Supplementary Benefit; or
- (d) upon expiry of the Grace Period if the Instalment Premium for this Supplementary Benefit remains unpaid.

There shall be no refund of any Instalment Premium paid before the date of termination of this Supplementary Benefit.

**14. PAYER CRITICAL ILLNESS PREMIUM WAIVER II DETAILS****14.1. Supplementary Benefit's Description**

This is a non-participating Supplementary Benefit which waives future premium in the event of the Assured's diagnosis of any of the 35 covered critical illnesses. This Supplementary Benefit is available to Third-party policy (covering the policyholder) only.

Premium rates relating to this Supplementary Benefit are level but are not guaranteed and may be adjusted based on future experience. We may review and change the premium rates from time to time by giving at least 30 days prior notice.

**14.2. Supplementary Benefit's Features****14.2.1 Coverage**

In the event the Assured is first diagnosed with any of the 35 covered critical illnesses\*, all future premiums on the basic policy (and any other Supplementary Benefits, if applicable) will be waived until the premium due date immediately before the end of the benefit term of the Supplementary Benefit. The basic Policy and other Supplementary Benefits on which premiums are waived shall continue to be in force.

\* Refer to section 14.2.6 for the list of the 35 covered critical illnesses.

**14.2.2 Exclusions**

There shall be no waiver of premium payment under this Supplementary Benefit in respect of any Critical Illness directly or indirectly, wholly or partly caused by or arising from or contributed to by:

- (a) any **Pre-existing Condition**;
- (b) Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV) except certain conditions as provided under the definition of critical illness "HIV Due to Blood Transfusion and Occupationally Acquired HIV"; or
- (c) wilful misuse of drugs or alcohol, while sane or insane; or
- (d) self-inflicted illness or injury while sane or insane.

where "**Pre-existing Condition**" means any condition or illness which existed or was existing or the cause or symptoms of which existed or were existing or evident, or any condition or illness which the Assured suffered or was suffering from, prior to the Policy Issue Date, issue date of this Supplementary Benefit, Benefit Commencement Date of this Supplementary Benefit or the reinstatement date of this Supplementary Benefit, whichever is the later, unless the condition or illness had been declared and accepted by Us.

**14.2.3 Waiting Period**

There shall be no waiver of premium payment under this Supplementary Benefit if:

- (a) the date of diagnosis of Heart Attack of Specified Severity, Major Cancer or Other Serious Coronary Artery Disease; or
- (b) the date of diagnosis of coronary artery disease leading to performance of Coronary Artery By-pass Surgery,

occurs within **ninety (90) days** from:

- (i) the Policy Issue Date;
- (ii) the issue date of this Supplementary Benefit;
- (iii) the Benefit Commencement Date of this Supplementary Benefit; or
- (iv) the reinstatement date of this Supplementary Benefit,

whichever is latest.

**14.2.4 Survival Period**

The Assured must also survive a period of thirty (30) days after the date of diagnosis of the Critical Illness before there is any waiver of premium payment under this Supplementary Benefit.

**14.2.5 Entry Age**

<b>Payer Critical Illness Premium Waiver II attachable to MyChoiceSaver</b>	<b>Minimum Entry Age</b>	<b>Maximum Entry Age</b>
Policyholder/ Assured of a 3 <sup>rd</sup> party policy	17 ANB	65 ANB
Life Assured (3 <sup>rd</sup> Party Policy)	N/A	N/A
Life Assured (Single Life Policy)	N/A	N/A

**14.2.6 List of 35 Critical Illnesses^:**

- |   |  |
|---|--|
| 1. Major Cancer                               | 20. Fulminant Hepatitis  |
| 2. Heart Attack of Specified Severity         | 21. Motor Neurone Disease  |
| 3. Stroke with Permanent Neurological Deficit | 22. Primary Pulmonary Hypertension                               |
| 4. Coronary Artery By-pass Surgery            | 23. HIV Due to Blood Transfusion and Occupationally Acquired HIV |
| 5. End Stage Kidney Failure                   | 24. Benign Brain Tumour  |
| 6. Irreversible Aplastic Anaemia              | 25. Severe Encephalitis  |
| 7. End Stage Lung Disease                     | 26. Severe Bacterial Meningitis                                  |
| 8. End Stage Liver Failure                    |  |

- |   |   |
|---|---|
| 9. Coma                                       | 27. Blindness (Irreversible Loss of Sight)            |
| 10. Deafness (Irreversible Loss of Hearing)   | 28. Major Head Trauma                                 |
| 11. Open Chest Heart Valve Surgery            | 29. Paralysis (Irreversible Loss of Use of Limbs)     |
| 12. Irreversible Loss of Speech               | 30. Progressive Scleroderma                           |
| 13. Major Burns                               | 31. Persistent Vegetative State (Apallic Syndrome)    |
| 14. Major Organ / Bone Marrow Transplantation | 32. Systemic Lupus Erythematosus with Lupus Nephritis |
| 15. Multiple Sclerosis                        | 33. Other Serious Coronary Artery Disease             |
| 16. Muscular Dystrophy                        | 34. Poliomyelitis                                     |
| 17. Idiopathic Parkinson's Disease            | 35. Loss of Independent Existence                     |
| 18. Open Chest Surgery to Aorta               |   |
| 19. Alzheimer's Disease / Severe Dementia     |   |

^ The Life Insurance Association Singapore (LIA) has standard Definitions for thirty seven (37) severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to [www.lia.org.sg](http://www.lia.org.sg) for the standard Definitions (Version 2019).

#### 14.2.7 Policy Term

For Payer Critical Illness Premium Waiver II attachable to MyChoiceSaver: 5, 10, 12, 15, 18, 20 or 25 years.

Supplementary Benefit's policy term must follow chosen basic plan's premium payment term.

#### 14.2.8 Premium Payment Term

Follow Supplementary Benefit's Policy Term.

#### 14.2.9 Eligibility

Follow basic plan's eligibility for Third Party Policy only as Payer Critical Illness Premium Waiver II is not available for Single Life Policy.

Payer Critical Illness Premium Waiver II attachable to:	Single Life Policies allowed for	3 <sup>rd</sup> Party Policies allowed for
MyChoiceSaver	N/A	a) Husband/wife basis - both 17 ANB and above  b) Juvenile policy - Life Assured age 18 ANB and below; and - Assured age 17 ANB and above

Note:

- Life Assured age 17 & 18 (ANB) are considered as Juvenile Life Assured.
- Corporate Applications: (where the Life Assured is the employee and the policyholder is the company) is not allowed.

#### 14.2.10 Underwriting

Full underwriting applies.

#### 14.2.11 Frequency of payment

Follow basic plan's frequency of payment.

**14.2.12 Method of payment**

Follow basic plan's method of payment.

**14.2.13 Reinstatement Criteria**

Follow basic plan's Reinstatement Criteria.

**14.2.14 Increase/ Decrease in Sum Assured**

Not applicable.

**14.2.15 Inclusion of this Supplementary Benefit**

This Supplementary Benefit can be attached after policy inception.

**14.2.16 Cash Surrender Values**

Not applicable.

**14.2.17 Automatic Premium Loan**

Not applicable.

**14.2.18 Policy Loan**

Not applicable.

**14.2.19 Termination**

This Supplementary Benefit shall terminate on the earliest occurrence of the following:

- (a) upon termination of this Supplementary Benefit by written request to Us;
- (b) the date the Policy terminates;
- (c) the Benefit Cessation Date of this Supplementary Benefit; or
- (d) upon expiry of the Grace Period if the Instalment Premium for this Supplementary Benefit remains unpaid.

There shall be no refund of any Instalment Premium paid before the date of termination of this Supplementary Benefit.

**APPENDIX A – CUSTOMER SEGMENT****By Life Stage**

<b>Customer Segment / Life Stage</b>	<b>Profile, Demographics and Lifestyle</b>
Younger Singles	<ul style="list-style-type: none"> <li>• 18-30 years old, working and have a regular income.</li> <li>• Tend to have some savings.</li> <li>• May be planning to set up a family.</li> <li>• Tend to have lesser responsibilities in life.</li> </ul>
Older Singles	<ul style="list-style-type: none"> <li>• 31-60 years old and above, have strong savings and earning power.</li> <li>• Have very high purchasing power.</li> <li>• For those who are older and do not have intention to set up a family, need abundant savings to provide for oneself during old age.</li> <li>• May have their own house.</li> <li>• May still have to support old aged parents.</li> </ul>
Married with no kids	<ul style="list-style-type: none"> <li>• Likely to be around 25 - 34 years old, likely to be financing loans for car and house.</li> <li>• May be planning for children.</li> <li>• May have working or retired parents.</li> </ul>
Married with young kids	<ul style="list-style-type: none"> <li>• Likely to be around 30 - 45 years old, worked for many years, good earning and purchasing power.</li> <li>• Key responsibilities in housing, children and taking care of old age parents. Prudent in spending.</li> </ul>
Married with grown-up kids (above 16 ANB)	<ul style="list-style-type: none"> <li>• Likely to be around 45 - 60 years old, may be approaching retirement.</li> <li>• Have lesser responsibilities on children and housing, as children may already be working or married and may have fully repaid any housing loan.</li> <li>• May not have parents to take care of anymore.</li> </ul>
Empty Nest / Retirees	<ul style="list-style-type: none"> <li>• Above 60 years old and likely to have children who are financially-independent, and may have moved out, hence they may be living on their own.</li> <li>• Likely to start receiving payout(s) from CPF.</li> <li>• May be fully retired (hence living on own's savings and pocket money given by children), or semi-retired (continue to be working on an ad-hoc / part-time basis).</li> </ul>

**APPENDIX B – TERMINAL BONUS**

**Terminal Bonus rate for Policy term 10 to 25 years at the illustrated investment rate of return of 4.25% p.a. (as a % of accumulated Reversionary Bonus)**

Policy Year	Premium Payment Term: 5 years		Premium Payment Term: 10 years	
	Surrender	Death or Policy Maturity	Surrender	Death or Policy Maturity
5 to 10	9% to 256%	9% to 269%	7% to 94%	7% to 99%
11 to 20	57% to 432%	59% to 454%	46% to 322%	49% to 338%
21 to 25	273% to 442%	287% to 464%	224% to 362%	235% to 380%

Policy Year	Premium Payment Term: 12 years		Premium Payment Term: 15 years	
	Surrender	Death or Policy Maturity	Surrender	Death or Policy Maturity
5 to 10	7% to 73%	7% to 76%	6% to 51%	6% to 53%
11 to 20	44% to 295%	46% to 310%	39% to 249%	41% to 262%
21 to 25	211% to 341%	221% to 358%	190% to 307%	199% to 322%

Policy Year	Premium Payment Term: 18 years		Premium Payment Term: 20 years	
	Surrender	Death or Policy Maturity	Surrender	Death or Policy Maturity
5 to 10	5% to 36%	6% to 38%	5% to 30%	5% to 32%
11 to 20	34% to 199%	36% to 209%	32% to 178%	34% to 187%
21 to 25	166% to 268%	174% to 282%	157% to 253%	164% to 266%

Policy Year	Premium Payment Term: 25 years	
	Surrender	Death or Policy Maturity
5 to 10	4% to 21%	4% to 22%
11 to 20	26% to 110%	27% to 116%
21 to 25	126% to 203%	132% to 213%

**Terminal Bonus rate for Policy term up to 99 ANB at the illustrated investment rate of return of 4.25% p.a. (as a % of accumulated Reversionary Bonus)**

Policy Year	Premium Payment Term: 5 years		Premium Payment Term: 10 years	
	Surrender	Death or Policy Maturity	Surrender	Death or Policy Maturity
5 to 10	2% to 47%	2% to 49%	2% to 41%	2% to 43%
11 to 20	10% to 237%	11% to 248%	9% to 209%	10% to 219%
21 to 30	41% to 637%	43% to 669%	38% to 566%	40% to 595%
31 to 40	93% to 715%	98% to 750%	87% to 657%	91% to 690%
41 to 50	170% to 816%	178% to 857%	159% to 739%	166% to 776%
51 to 60	274% to 919%	288% to 965%	256% to 841%	269% to 883%
61 to 70	412% to 1034%	433% to 1086%	385% to 954%	404% to 1002%
71 to 80	590% to 1160%	619% to 1218%	551% to 1075%	578% to 1129%
81 to 90	629% to 1278%	661% to 1342%	555% to 1189%	583% to 1249%
91 to 98	629% to 1357%	661% to 1424%	555% to 1267%	583% to 1330%

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Policy Year	Premium Payment Term: 12 years		Premium Payment Term: 15 years	
	Surrender	Death or Policy Maturity	Surrender	Surrender
5 to 10	2% to 39%	2% to 41%	1% to 37%	2% to 38%
11 to 20	9% to 199%	10% to 209%	9% to 185%	9% to 194%
21 to 30	37% to 548%	39% to 575%	36% to 514%	37% to 540%
31 to 40	85% to 647%	89% to 680%	81% to 620%	85% to 651%
41 to 50	154% to 736%	162% to 772%	148% to 718%	156% to 754%
51 to 60	250% to 812%	262% to 853%	240% to 769%	252% to 808%
61 to 70	375% to 924%	393% to 970%	360% to 881%	378% to 926%
71 to 80	530% to 1043%	556% to 1095%	492% to 999%	516% to 1048%
81 to 90	530% to 1157%	556% to 1215%	492% to 1110%	516% to 1165%
91 to 98	530% to 1234%	556% to 1295%	492% to 1186%	516% to 1245%

Policy Year	Premium Payment Term: 18 years		Premium Payment Term: 20 years	
	Surrender	Death or Policy Maturity	Surrender	Surrender
5 to 10	1% to 32%	1% to 33%	1% to 30%	1% to 31%
11 to 20	8% to 161%	9% to 169%	8% to 150%	9% to 157%
21 to 30	34% to 459%	36% to 482%	33% to 429%	35% to 451%
31 to 40	78% to 596%	82% to 626%	76% to 584%	80% to 614%
41 to 50	143% to 700%	150% to 735%	139% to 693%	146% to 728%
51 to 60	231% to 759%	243% to 797%	225% to 783%	236% to 822%
61 to 70	347% to 840%	364% to 882%	337% to 822%	354% to 863%
71 to 80	429% to 954%	451% to 1002%	398% to 933%	418% to 979%
81 to 90	429% to 1065%	451% to 1118%	398% to 1041%	418% to 1093%
91 to 98	429% to 1143%	451% to 1200%	398% to 1110%	418% to 1166%

Policy Year	Premium Payment Term: 25 years	
	Surrender	Death or Policy Maturity
5 to 10	1% to 24%	1% to 25%
11 to 20	8% to 117%	8% to 123%
21 to 30	32% to 333%	33% to 350%
31 to 40	73% to 532%	76% to 559%
41 to 50	133% to 650%	139% to 682%
51 to 60	214% to 758%	225% to 796%
61 to 70	300% to 832%	315% to 874%
71 to 80	300% to 893%	315% to 937%
81 to 90	300% to 994%	315% to 1044%
91 to 98	300% to 1059%	315% to 1112%

## SAMPLE APPLICATION FORM

## APPLICATION FORM

LIFE • INVESTMENT-LINKED PLAN • DISABILITY INCOME  
SIMPLIFIED ISSUANCE OFFER • GUARANTEED ISSUANCE OFFER

**WARNING:** Pursuant to Section 25(5) of the Insurance Act (cap.142), you are to disclose in this application form fully and faithfully all facts which you know or ought to know, otherwise the insurance effected may be void. This policy is underwritten by Aviva Ltd and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.

Particulars of Financial Adviser Representative		Policy 1	Policy 2
Name	Tan Soo Meng	Backdated to: <input type="text"/>	Backdated to: <input type="text"/>
Firm Name	Life Planners		
Contact No.	91234567		
Email	soo_meng@lp.com		
<b>Proof of Residency</b> <b>For Singapore Citizen/ Permanent Resident</b> - If the residential address stated in the application form is different from the address in your identity document, please provide a recent utility bill or letter issued by a statutory or government organisation (dated within past 6 months). <b>For non-Singapore Citizen</b> - Please furnish a valid passport or identity document bearing your current residential address. Otherwise, please provide a recent utility bill or letter issued by a statutory or government organisation (dated within past 6 months).		Policy 3	Policy 4
		Backdated to: <input type="text"/>	Backdated to: <input type="text"/>

1 PERSONAL PARTICULARS	ASSURED/LIFE ASSURED (the Proposer)	JOINT ASSURED/LIFE ASSURED (if different from Proposer)
Full Name (as in NRIC/FIN/Passport) (Please underline surname)	Ong Mei Ling	Relationship to the Assured: _____
Salutation	<input type="radio"/> Mr <input checked="" type="radio"/> Mrs <input type="radio"/> Mdm <input type="radio"/> Miss <input type="radio"/> Dr	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Mdm <input type="radio"/> Miss <input type="radio"/> Dr
Gender/ Race	<input type="radio"/> Male <input checked="" type="radio"/> Female Race: _____	<input type="radio"/> Male <input type="radio"/> Female Race: _____
Marital Status	<input type="radio"/> Single <input checked="" type="radio"/> Married <input type="radio"/> Widowed/Divorced/Separated	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed/Divorced/Separated
NRIC/FIN/Passport No/Company UEN	S1234567A	
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nationality	<input checked="" type="radio"/> Singaporean <input type="radio"/> Singapore PR <input type="radio"/> Others	<input type="radio"/> Singaporean <input type="radio"/> Singapore PR <input type="radio"/> Others
Country of Birth	Singapore	
Residency Status	<input checked="" type="radio"/> Citizen or Permanent Resident <input type="radio"/> Pass Holders <input type="radio"/> Others (complete Q47 - Residential Supplementary Q4)	<input type="radio"/> Citizen or Permanent Resident <input type="radio"/> Pass Holders <input type="radio"/> Others (complete Q47 - Residential Supplementary Q4)
Residential Address	123 Ang Mo Kio Avenue 1 #10-01 Country Singapore Postal Code 560123	Country Postal Code
Correspondence Address (if different from address above)	Country Postal Code (Not applicable to MINDEF/MHA/POGIS) <input type="radio"/> Please update address for all my life and health policies	Country Postal Code (Not applicable to MINDEF/MHA/POGIS) <input type="radio"/> Please update address for all my life and health policies
Contact Details (please provide at least mobile number)	Mobile [country code] - 98765432 Office Home Email	Mobile [country code] - Office Home Email
Employment Status	<input checked="" type="radio"/> Employed <input type="radio"/> Self-employed <input type="radio"/> Unemployed/Retired	<input type="radio"/> Employed <input type="radio"/> Self-employed <input type="radio"/> Unemployed/Retired
Occupation	Accountant	
Exact Duties	Accounts	
Name of Employer	XYZ Consultancy Pte Ltd	
Nature of Business	Consultancy	
Business Address		
Annual Fixed Income	SGD 100,000	SGD

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**2 DECLARATION OF TAX RESIDENCY – to be completed for plans with cash value.****Common Reporting Standard (CRS)**

I/We declare and confirm the following:

- that the information provided for the purposes of CRS/tax regulation is correct and complete;
- I/We will inform Aviva within 30 days of any change in circumstances which affect my tax residency status or cause the information contained herein to become incorrect or incomplete, and to provide Aviva Ltd a suitably updated self-certification and declaration within 90 days of such change in circumstances; and
- I/We understand that the information that will be reported to the IRAS and any other tax authorities of another country is:
  - Name, address, jurisdiction of tax residence, Tax Identification Number (TIN) and date of birth.
  - My/Our account/policy number and that the account/policy with is with Aviva Ltd.
  - The balance or value of the account/policy at the end of the calendar year or at the date the contract it was closed.
  - The gross amount of interest, dividends, proceeds from sale or redemption or other amounts paid or credited to me/us or my/our account/policy during the calendar year.

**Tax resident** is generally an individual that pays or should be paying tax in that jurisdiction due to his/her domicile or residence. This includes any criterion of similar nature and not only from sources in that jurisdiction. Examples are non-citizens that hold a permanent residency card (eg U.S green card) or depending on the type of visa that they are holding. For Entity, please seek external independent professional tax or accounting advice on the Company's tax residency. **Tax Identification Number (TIN)** is issued by a jurisdiction to an individual or entity for administering the tax. Examples are personal identification number, resident registration number and social security number.

1. Are you a tax resident of Singapore?

Assured		Joint Assured	
<input checked="" type="radio"/> Yes, I am solely a tax resident of Singapore and do not have a foreign tax residency. My Singapore TIN is my NRIC/FIN. If your TIN is not your NRIC/FIN, please state it here: _____		<input type="radio"/> Yes, I am solely a tax resident of Singapore and do not have a foreign tax residency. My Singapore TIN is my NRIC/FIN. If your TIN is not your NRIC/FIN, please state it here: _____	
<input type="radio"/> No, I am currently a tax resident in the following list of countries/jurisdictions (include Singapore if applicable and provide details below): _____		<input type="radio"/> No, I am currently a tax resident in the following list of countries/jurisdictions (include Singapore if applicable and provide details below): _____	

Country/Jurisdiction of Tax Residence	Tax Identification Number (TIN)	If TIN is not available, please tick Reason A, B, or C.	If B is selected, please explain why you are unable to obtain a TIN.
Assured		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
Joint Assured		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	

**Reason A:** The country does not issue TINs to its residents.**Reason B:** Unable to obtain TIN or equivalent number. Please provide explanation on reason which you are not able to obtain or equivalent number.**Reason C:** TIN is not required (to be selected only if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction). For Entity and Controlling Persons, please complete the CRS Self-Certification Forms for Entity and Controlling Persons available at <http://www.aviva.com.sg/CRS>.

2. If your residency address, correspondence address or contact number is different from your country(ies) of tax residence, please select (tick) a reason that applies and submit relevant supporting documents:

Assured	Joint Assured
<input type="radio"/> I am currently working in country of residence for less than 6 months.	<input type="radio"/> I am currently working in country of residence for less than 6 months.
<input type="radio"/> I am on cultural/education exchange program.	<input type="radio"/> I am on cultural/education exchange program.
<input type="radio"/> I travel regularly between jurisdictions for home and work.	<input type="radio"/> I travel regularly between jurisdictions for home and work.
<input type="radio"/> I am a student at an educational institution.	<input type="radio"/> I am a student at an educational institution.
<input type="radio"/> Others (please elaborate) : _____	<input type="radio"/> Others (please elaborate) : _____

**Foreign Account Tax Compliance Act (FATCA)**

1. Do you have one or more United States of America (US) indicia? If Yes, please complete the United States of America (US) Person Declaration Form available at
- <http://www.aviva.com.sg/fatca.html>
- .

\*Indicia means Residency, Citizenship, Place of Birth, Taxpayer ID Number, Mailing or Residential Address or Contact Number.

**Warning:** Please note that providing false or misleading information is an offence under the Singapore Income Tax Act (Chapter 134).

Assured	Joint Assured
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**3 DECLARATION OF BENEFICIAL OWNER/POLITICALLY EXPOSED PERSON (PEP) – to be completed for all plans.**

**"Beneficial Owner"** means the natural person who ultimately owns or controls a customer or the natural person on whose behalf a transaction is conducted or business relations are established and includes any person who exercises ultimate effective control over a legal person or legal arrangement. **"PEP"** means a natural person who holds or has held prominent public functions, whether locally or internationally, which includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations. **"Family Member"** means a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of the PEP. **"Close Associate"** means a natural person who is closely connected to a PEP, either socially or professionally.

1. Is there a beneficial ownership arrangement? If Yes, please provide details below.

☐ Yes ☒ No

Name of Beneficial Owner (please complete CRS Self-Certification Forms available at <a href="http://www.aviva.com.sg/CRS">http://www.aviva.com.sg/CRS</a> )		NRIC/Passport number/FIN (a copy to be submitted together)	Related to	Relationship
Family Name	Given Name			
			<input type="radio"/> Assured <input type="radio"/> Joint Assured <input type="radio"/> Both	

If you wish to disclose more than 1 Beneficial Owner, please furnish name(s), identity number(s) and relationship(s) in the B90 – Additional Information to Application Form and enclose together with this application.

<b>3 DECLARATION OF BENEFICIAL OWNER/POLITICALLY EXPOSED PERSON (PEP) - to be completed for all plans. (continued)</b>		
2. Is the Assured or Life Assured or Beneficial Owner previously or currently a PEP? If Yes, what are the exact roles held. <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>		
<input type="radio"/> Assured/Life Assured	<input type="radio"/> Joint Assured/Life Assured	<input type="radio"/> Beneficial Owner
Exact role held:	Exact role held:	Exact role held:
3. Is the Assured or Life Assured or Beneficial Owner a Family Member or a Close Associate of a PEP? If Yes, please provide details. <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>		
Name of PEP:	Exact role held:	Relationship:
If your application has a beneficial ownership arrangement or you are related to a PEP, please complete B66 – Enhanced Customer Due Diligence Questionnaire.		

<b>4 PLAN DETAILS - please write in full, consistent with details shown in the Policy Illustration.</b>		
<b>BASIC PLAN NAME</b>	<b>POLICY 1</b>	<b>POLICY 2</b>
	MyRetirementChoice III	MyChoiceSaver
	Sum Assured/Monthly Benefit: <b>\$100,000</b> <input checked="" type="radio"/> Single Life <input type="radio"/> 3 <sup>rd</sup> Party <input type="radio"/> Joint Life	Sum Assured/Monthly Benefit: <b>\$100,000</b> <input checked="" type="radio"/> Single Life <input type="radio"/> 3 <sup>rd</sup> Party <input type="radio"/> Joint Life
Supplementary Benefits	Sum Assured/Monthly Benefit	Sum Assured/Monthly Benefit
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
<b>Total Premium Payable</b>	<b>\$2,000</b>	<b>\$2,500</b>


<b>BASIC PLAN NAME</b>	<b>POLICY 3</b>	<b>POLICY 4</b>
	MyLifeIncome III	MyWholeLifePlan IV
	Sum Assured/Monthly Benefit: <b>\$100,000</b> <input checked="" type="radio"/> Single Life <input type="radio"/> 3 <sup>rd</sup> Party <input type="radio"/> Joint Life	Sum Assured/Monthly Benefit: <b>\$100,000</b> <input checked="" type="radio"/> Single Life <input type="radio"/> 3 <sup>rd</sup> Party <input type="radio"/> Joint Life
Supplementary Benefits	Sum Assured/Monthly Benefit	Sum Assured/Monthly Benefit
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
<b>Total Premium Payable</b>	<b>\$1,000</b>	<b>\$2,000</b>

For Guaranteed Issuance Offer plan: Should my application for the Basic Plan and Supplementary Benefits exceed the benefits limits set out in the respective Product Summaries, this application shall be treated as an application for the Basic Plan only (as detailed above) and the requisition for Supplementary Benefits shall not form part of this application and will be duly disregarded.

**FUND CHOICES (for Investment-Linked Plan) - please refer to [www.aviva.com.sg](http://www.aviva.com.sg) for the complete list of funds available for investment.**

Fund Code	Fund Name	Allocation	Fund Code	Fund Name	Allocation
1.		%	6.		%
2.		%	7.		%
3.		%	8.		%
4.		%	9.		%
5.		%	10.		%
Total					100%

Note: Where discrepancy exists between fund codes and fund names, the Company will refer to the fund codes for investment application.

5 GUARANTEED CASH BENEFIT/COUPONS PAYOUT (if applicable)			
<input type="radio"/> Option 1	To receive Guaranteed Cash Benefit / Coupons Payout via direct credit to bank account. (Please ensure that bank account belongs to the Assured and submit a copy of bank statement. If bank account and bank statement are not furnished at point of application, the payment will be made via cheque. If the policy is created under trust or assignment, the account should belong to the trustee(s) or assignee).		
	Name of Account Holder:		
	Account No.:	Name of Bank:	
<input type="radio"/> Option 2	To receive Guaranteed Cash Benefit / Coupons Payout via cheque.		
<input type="radio"/> Option 3	To reinvest Guaranteed Cash Benefit / Coupons Payout with Aviva Ltd at the prevailing non-guaranteed interest rate.		
<b>Note:</b> The above cash benefit / coupons payout options do not apply to our range of MyRetirement Plans, MyIncomePlus and MyLifeIncome Plans. We'll write to request for your preferred payout option nearer to the commencement date of the plan(s) payout period.			
6 PREMIUM PAYMENT DETAILS			
<input checked="" type="radio"/> <b>Applicable for all policies</b> <input type="radio"/> <b>Policy 1</b>	Payment Frequency <input checked="" type="radio"/> Yearly <input type="radio"/> Half-Yearly <input type="radio"/> Quarterly <input type="radio"/> Monthly	Contract Currency <input checked="" type="radio"/> SGD <input type="radio"/> Others _____	Single Premium Only <input type="radio"/> Cash / Cheque <sup>8</sup> / Bank Draft
Initial Premium Payment Method <input type="radio"/> Cash / Cheque <sup>8</sup> / Bank Draft <input checked="" type="radio"/> Credit Card (Please complete Authorisation below)		Subsequent Premium <input type="radio"/> Cash / Cheque <sup>8</sup> / Bank Draft	SRS Policy Only <input type="radio"/> SRS Operator: _____ <input type="radio"/> Account No: _____
Cheque No _____ Issuing Bank _____			
Interbank GIRO Payment (SGD only)* <input type="radio"/> DBS/POSB (Initial and subsequent premiums) <input checked="" type="radio"/> DBS/POSB/Other banks (Subsequent premiums only)			
PREMIUM PAYMENT DETAILS (if different from Policy 1)			
Policy 2	Policy 3	Policy 4	
Contract Currency <input type="radio"/> SGD <input type="radio"/> Others _____ Payment Frequency <input type="radio"/> Yearly <input type="radio"/> Half-Yearly <input type="radio"/> Quarterly <input type="radio"/> Monthly Interbank GIRO Payment (SGD only)* <input type="radio"/> DBS/POSB (Initial and subsequent premiums) <input type="radio"/> DBS/POSB/Other banks (Subsequent premiums only) Initial Premium Payment Method <input type="radio"/> Cash / Cheque <sup>8</sup> / Bank Draft Cheque No _____ Issuing Bank _____ <input type="radio"/> Credit Card (complete authorisation below) Single/ Subsequent Premium <input type="radio"/> Cash / Cheque <sup>8</sup> / Bank Draft SRS Operator: _____ SRS Account No: _____	Contract Currency <input type="radio"/> SGD <input type="radio"/> Others _____ Payment Frequency <input type="radio"/> Yearly <input type="radio"/> Half-Yearly <input type="radio"/> Quarterly <input type="radio"/> Monthly Interbank GIRO Payment (SGD only)* <input type="radio"/> DBS/POSB (Initial and subsequent premiums) <input type="radio"/> DBS/POSB/Other banks (Subsequent premiums only) Initial Premium Payment Method <input type="radio"/> Cash / Cheque <sup>8</sup> / Bank Draft Cheque No _____ Issuing Bank _____ <input type="radio"/> Credit Card (complete authorisation below) Single/ Subsequent Premium <input type="radio"/> Cash / Cheque <sup>8</sup> / Bank Draft SRS Operator: _____ SRS Account No: _____	Contract Currency <input type="radio"/> SGD <input type="radio"/> Others _____ Payment Frequency <input type="radio"/> Yearly <input type="radio"/> Half-Yearly <input type="radio"/> Quarterly <input type="radio"/> Monthly Interbank GIRO Payment (SGD only)* <input type="radio"/> DBS/POSB (Initial and subsequent premiums) <input type="radio"/> DBS/POSB/Other banks (Subsequent premiums only) Initial Premium Payment Method <input type="radio"/> Cash / Cheque <sup>8</sup> / Bank Draft Cheque No _____ Issuing Bank _____ <input type="radio"/> Credit Card (complete authorisation below) Single/ Subsequent Premium <input type="radio"/> Cash / Cheque <sup>8</sup> / Bank Draft SRS Operator: _____ SRS Account No: _____	
* Interbank GIRO - Please complete Interbank GIRO form. Initial payment via GIRO is only for POSB/DBS whose bank account holder's NRIC is the same with Assured's in our record. # Cheque - must be drawn from a bank in the country of domicile of the cheque's currency.			
VISA/MASTERCARD AUTHORIZATION - I authorise Aviva Ltd to charge the initial premium to my credit card account.			
Card Number 4 3 2 1 - 4 3 2 1 - 4 3 2 1 - 4 3 2 1	Issuing Bank DBS	<input checked="" type="radio"/> Visa <input type="radio"/> Mastercard	Signature of Cardholder 
Name of Cardholder Ong Mei Ling	Expiry 0 7 2 4	Relationship to Assured (if different from Assured)	NRIC/Passport No. S1234567A
7 SOURCE OF WEALTH/FUNDS - to be completed for all plans.			
Source of Wealth Where your wealth is derived from.	<input checked="" type="radio"/> Employment/Trade Income <input type="radio"/> Rental Income <input type="radio"/> Investment Income <input type="radio"/> Others, please specify _____		
Source of Funds Origin of the funds used to pay premiums.	<input checked="" type="radio"/> Employment/Trade Income <input type="radio"/> Sales of property <input type="radio"/> Savings <input type="radio"/> Maturity or Surrender of Policy <input type="radio"/> Others, please specify _____		
Name of Payer (if different from Assured/Life Assured)	Identity Card/Passport /Business Registration No.*	Payer's Relationship to Assured	Please provide reason for paying for this policy
* Please provide a copy of identity Card/Passport/Evidence of incorporation/ownership (whichever applicable)			



**8 REPLACEMENT OF EXISTING POLICY – to be completed for all plans.**

Is this application to replace or intended to replace any life insurance policy or unit trust, with Aviva Ltd or any other insurance company? If Yes, please provide policy and the sum assured in equivalent Singapore dollars.

Assured/Life Assured	Joint Assured/Life Assured
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

	Assured/Life Assured		Joint Assured/Life Assured	
	Aviva	Others	Aviva	Others
Life (term replacement)				
Life (others)				
Total and Permanent Disability				
Critical Illness				
Disability Income				

New policy to replace (please tick)	<input type="radio"/> Policy 1	<input type="radio"/> Policy 2	<input type="radio"/> Policy 3	<input type="radio"/> Policy 4
Existing policy	Policy number(s)			
	Insurer(s)			

**Undertaking:**

☐ I would like to terminate my existing policy(ies) once this application is approved and coverage has commenced.

**Warning:** If you are switching/replacing your existing policy with this new application, please be informed that you may incur transaction costs without gaining any real benefit from the switch/replacement. You may incur penalties for terminating the existing policies and may not be insurable at standard terms. The switch/replacement policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at a higher cost. The switch/replacement policy may be less suitable and the terms and conditions may differ. There may be other options available besides switching/policy replacement. You are advised to consult your present Financial Adviser Representative and consider the possible disadvantages of switching/policy replacement such as fees and charges and the changes in level of benefits before making a final decision.

**9 DETAILS OF PREVIOUS & CONCURRENT INSURANCE APPLICATIONS – to be completed for all plans.**

Do you have life insurance coverage and/or are you also applying for insurance with another insurance company? If Yes, please provide the coverage amount in equivalent Singapore dollars.

Assured/Life Assured	Joint Assured/Life Assured
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

	Name of Insurer(s)	Life (Death)	Total & Permanent Disability	Critical Illness	Personal Accident	Disability Income
Assured/Life Assured						
Joint Assured/Life Assured						

**10 TRAVEL AND LIFESTYLE QUESTIONS – to be completed for all plans.**

	Assured/Life Assured		Joint Assured/Life Assured	
	Yes	No	Yes	No
1. In the last 12 months preceding the date of this application, have you been residing in Singapore for more than 183 days?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the last 12 months, have you spent more than 90 days outside of your current country of residence (excluding holiday or leisure)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Country and city visited		Purpose and frequency of travel	
Assured/Life Assured				
Joint Assured/Life Assured				
3. In the next 12 months, do you plan to spend more than 90 days outside of your current country of residence (excluding holiday or leisure)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Country and city visited		Purpose and frequency of travel	
Assured/Life Assured				
Joint Assured/Life Assured				
4. Do you take part in or plan to participate in any of the following activities: Scuba diving, skydiving or parachuting, mountain or rock climbing (excluding artificial wall climbing), private flying, motor sports or other extreme or hazardous activities? If Yes, please provide the activities:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

10 TRAVEL AND LIFESTYLE QUESTIONS – to be completed for all plans. (continued)				
For scuba diving only	Assured/Life Assured		Joint Assured/Life Assured	
	Yes	No	Yes	No
a) Is this an one-off participation and no plan in future? <i>If No, please proceed with the following questions (b) to (d).</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Is the usual depth involved more than 40 metres?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Do you dive alone and unaccompanied, or participate in cave or wreck diving or other more hazardous diving activities? <i>If Yes, please provide details.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Have you ever been involved in accident or sustained injury during your involvement in this activity? <i>If Yes, please provide details.</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

11 GENERAL QUESTIONS – to be completed for Disability Income and Life plans.				
	Assured/Life Assured		Joint Assured/Life Assured	
	Yes	No	Yes	No
1. What is your height and weight?	Height (m):	1.60	Height (m):	
	Weight (kg):	50	Weight (kg):	
2. Are you a smoker? If Yes, how many sticks do you smoke? <i>(including social smokers, cigar smokers or those who have given up within the last 12 months)</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sticks per day:		Sticks per day:	
3. Do you drink alcohol? If Yes, what is the total number of standard alcoholic drinks you drink per week? <i>(1 standard alcoholic drink equates to 330ml beer, 125ml glass of wine or 30ml nip of spirits)</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Total per week:		Total per week:	
4. Please complete this question if you are applying for Life cover greater than S\$2,000,000. Do you have a regular doctor? If Yes, please provide details below	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assured/Life Assured		
Name and address of doctor consulted	Reason for consultation	Date of last consultation
		<input type="radio"/> <= 12 months <input type="radio"/> > 12 months

Joint Assured/Life Assured		
Name and address of doctor consulted	Reason for consultation	Date of last consultation
		<input type="radio"/> <= 12 months <input type="radio"/> > 12 months

12 HEALTH QUESTIONS – to be completed for Disability Income and Life plans.				
	Assured/Life Assured		Joint Assured/Life Assured	
	Yes	No	Yes	No
1. Have you ever been advised by a health care professional or a counsellor to reduce your alcohol use, see a specialist or attend a support group because of your alcohol use?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the last 10 years have you taken or used addictive or illegal drugs (such as cocaine, ecstasy, heroin or cannabis) or been treated for drug addiction?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you ever had, experienced symptoms or received medical advice or had treatment for any of the following conditions (whether diagnosed or not):				
a) Heart attack, chest pain or discomfort, irregular heartbeat, heart valve disorder, heart murmur, cardiomyopathy, palpitations or any other disease or disorder of the heart?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Stroke, minor stroke, transient ischaemic attack (TIA), brain haemorrhage, brain aneurysm or brain damage?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Kawasaki disease or any other disease or disorder of the arteries or blood vessels?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Diabetes, elevated or raised blood sugar or sugar in the urine (including gestational diabetes)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Cancer, tumour of any kind including cancer screening tests that were not normal or any cyst of the brain or spine?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Epilepsy, fits, paralysis or weakness of limb, or any other neurological disease or disorder such as Parkinson's or motor neurone disease?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Depression, anxiety, stress or any other mental or nervous illness?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Hepatitis B or C or abnormal or elevated liver function?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Sexually transmitted diseases, HIV, AIDS, AIDS related complex or any other AIDS related condition?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

12 HEALTH QUESTIONS – to be completed for Disability Income and Life plans. (continued)					
		Assured/Life Assured		Joint Assured/Life Assured	
		Yes	No	Yes	No
4. In the last 5 years, have you had or experienced symptoms or received medical advice or had treatment for any of the following conditions (whether diagnosed or not):					
a) High blood pressure or high cholesterol (other than fully resolved pregnancy related blood pressure)?		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Asthma, bronchitis, pneumonia, tuberculosis, emphysema or any other breathing or lung disorder?		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) A lump, growth, polyp, cyst or tumour of any kind or a mole or freckle that has bled, itched, become painful, changed colour or increased in size regardless of whether or not you have consulted a doctor?		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Arthritis, rheumatoid arthritis, gout, or any other disorder, pain or injury to the muscles, joints, tendons or limbs including the neck, back and shoulders?		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Any problems with your ears or eyes (excluding sight problems corrected by prescription lenses)?		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. <b>Other than conditions you have already told us</b> , within the last 5 years have you:					
a) Had any medication or treatment that lasted more than 4 weeks?		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Been referred to, treated at or had any investigations at a hospital or clinic?		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Been absent from work or unable to perform your daily activities due to illness, disorder or injury for more than two weeks at a time?		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Had any abnormal medical test results such as x-ray, ultrasound, imaging scan, biopsy, electrocardiogram (ECG), blood or urine test, prostate check, pap smear or mammogram? If Yes, please complete the following:		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Assured/Life Assured</b>					
Name of medical test	Date	Diagnosis, treatment, further test and results		Name and address of doctor consulted	
<b>Joint Assured/Life Assured</b>					
Name of medical test	Date	Diagnosis, treatment, further test and results		Name and address of doctor consulted	
6. <b>Other than any conditions, scans, tests or investigations you have already told us</b> , are you currently:					
a) Waiting for the results of any test or investigations?		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Experiencing symptoms or a condition that you're likely to seek medical advice or treatment for?		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Having any physical or mental condition that restricts or causes difficulty in performing your daily activities (such as housework, preparing meals, shopping, using public transport, a hobby been reduced or restricted in anyway due to your health)?		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Has your spouse or partner been told to have or received any medical advice, counselling or treatment in connection with sexually transmitted diseases, HIV, AIDS, AIDS related complex or any other AIDS related condition?		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Has any of your natural parent or sibling been diagnosed with or died from any of the following <b>before age 60</b> : – Cancers of the bowel, colon, breast or ovary – Diabetes mellitus – Cardiomyopathy, coronary artery disease, heart attack, ischaemic heart disease, stroke – Multiple sclerosis, muscular dystrophy, – Alzheimer's disease, Huntington's disease, Parkinson's disease – Polycystic kidney disease – any other hereditary disease or disorder requiring regular consultation?		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Yes, please complete the following:					
<b>Assured/Life Assured</b>					
Medical condition	Relationship	Age of diagnosis	Age of death (if applicable)		
<b>Joint Assured/Life Assured</b>					
Medical condition	Relationship	Age of diagnosis	Age of death (if applicable)		



**12 HEALTH QUESTIONS – to be completed for Disability Income and Life plans. (continued)**

If you have answered 'Yes' to any one of Questions 1, 2, 3, 4, 5 (a-c), 6 and 7, please complete the following (with clear indication of Question No.):

Question no:	Medical condition and exact diagnosis:	Date of first symptoms or diagnosis <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs	Details of tests, dates and results
<input type="radio"/> Assured/ Life Assured <input type="radio"/> Joint Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? <input type="radio"/> Yes (to provide duration since full recovery) <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs	<input type="radio"/> No (to provide treatment and medication given)	Name and address of doctor consulted
Question no:	Medical condition and exact diagnosis:	Date of first symptoms or diagnosis <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs	Details of tests, dates and results
<input type="radio"/> Assured/ Life Assured <input type="radio"/> Joint Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? <input type="radio"/> Yes (to provide duration since full recovery) <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs	<input type="radio"/> No (to provide treatment and medication given)	Name and address of doctor consulted
Question no:	Medical condition and exact diagnosis:	Date of first symptoms or diagnosis <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs	Details of tests, dates and results
<input type="radio"/> Assured/ Life Assured <input type="radio"/> Joint Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? <input type="radio"/> Yes (to provide duration since full recovery) <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs	<input type="radio"/> No (to provide treatment and medication given)	Name and address of doctor consulted
Question no:	Medical condition and exact diagnosis:	Date of first symptoms or diagnosis <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs	Details of tests, dates and results
<input type="radio"/> Assured/ Life Assured <input type="radio"/> Joint Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? <input type="radio"/> Yes (to provide duration since full recovery) <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs	<input type="radio"/> No (to provide treatment and medication given)	Name and address of doctor consulted
Question no:	Medical condition and exact diagnosis:	Date of first symptoms or diagnosis <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs	Details of tests, dates and results
<input type="radio"/> Assured/ Life Assured <input type="radio"/> Joint Assured/ Life Assured	Have you made a full recovery with no further treatment, symptoms or complications? <input type="radio"/> Yes (to provide duration since full recovery) <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs	<input type="radio"/> No (to provide treatment and medication given)	Name and address of doctor consulted

**13 FOR DISABILITY INCOME PLAN**

1. Are you a CPF contributor? <input type="radio"/> Yes <input type="radio"/> No 2. Have you been self-employed for less than 2 years? <input type="radio"/> Yes <input type="radio"/> No If Yes, please provide details: Date of self-employment: Job designation: Nature of previous occupation and exact duties: Annual Fixed Income (previous tax year):	5. Have you been in your current occupation for less than 2 years? <input type="radio"/> Yes <input type="radio"/> No If Yes, are there any similarities between your current and previous job duties and nature of work? <input type="radio"/> Yes <input type="radio"/> No If No, please provide details of your previous occupation. (job designation, job duties, job duration, nature of work)
3. In your occupation, what percentage of your time do you spend performing manual or physical duties (eg. Driving, lifting, and cleaning)? <input type="radio"/> Less than 25% <input type="radio"/> 25% to 50% <input type="radio"/> 51% to 75% <input type="radio"/> More than 75% If it is 25% or more, please provide details on the exact manual or physical duties/ nature of work.	6. Does your occupation require you to travel overseas for more than 25% of the time? If Yes, please provide details: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 26% to 40% <input type="radio"/> 41% to 50% <input type="radio"/> > 50% Name of countries, cities, frequency, and duration of each stay.
4. How many hours on average do you work per week? <input type="radio"/> < 40 hours <input type="radio"/> 40 to 55 hours <input type="radio"/> 56 to 60 hours <input type="radio"/> > 60 hours If you work less than 40 hours per week, is this a part time job? <input type="radio"/> Yes <input type="radio"/> No	7. Do you hold more than one occupation? If Yes, how many hours do you work per week in this occupation? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> < 40 hours <input type="radio"/> 40 to 55 hours <input type="radio"/> 56 to 60 hours <input type="radio"/> > 60 hours Please provide details of your additional occupation (job duties, nature and monthly salary)

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**14 PERSONAL DATA CONSENT****Let's stay in touch!**

- I/We agree to be contacted by Aviva (and/or Aviva group of companies or their service providers) for special marketing offers, promotions and information about Aviva's products and services which may be of interest to me/us. I/We consent to the collection, use and disclosure of my/our personal data by Aviva and Aviva group of companies for the above purpose.

Please tick to provide your consent:

Assured/Life Assured consent			Joint Assured/Life Assured (if different from Assured) consent		
<input checked="" type="radio"/> By Mail or E-Mail	<input checked="" type="radio"/> By SMS	<input checked="" type="radio"/> By Telephone Call	<input type="radio"/> By Mail or E-Mail	<input type="radio"/> By SMS	<input type="radio"/> By Telephone Call

View your policy details anytime, anywhere. Register for MyAviva at [www.aviva.com.sg/myaviva](http://www.aviva.com.sg/myaviva).

- On behalf of myself and all proposed Lives Assured, I/we consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data (whether contained in this form or obtained from other sources; existing data in Aviva's record or to be collected in future) for the following purposes:
  - to issue and administer my/our existing and/or new policy(ies) and/or account(s) with Aviva and such other purposes ancillary or related to the administering of the policy(ies) and/or account(s), including the processing of my/our personal data for underwriting purposes, payment of premiums (including, where applicable, the deduction of premiums due from the Medisave accounts of the proposed Lives Assured) and/or claims purposes;
  - for statistical, research, compliance, audit and regulatory purposes; and
  - to provide general information on product enhancements and services relevant to my/our needs or policies (including increasing benefits, adding riders/supplements and/or Lives Assured) as well as to provide financial advice or product recommendations to me/us, where applicable.
- On behalf of myself and all proposed Lives Assured, I/we also consent to Aviva (and Aviva related group of companies) disclosing and transferring my/our personal data to Aviva related group of companies and/or their respective third party service providers, reinsurers, suppliers and intermediaries, whether located in Singapore or elsewhere, for the above purposes.
- For more information on Aviva's data protection policy and full details of the purpose of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

**15 E-DOCUMENTS**

Let's work together to save the trees.

**You will receive your policy, any endorsements and communications electronically after your insurance application is approved and policy is issued.**

Please provide us with your mobile number and email address, and we will inform you when e-documents are ready for viewing online at [www.aviva.com.sg/mydocuments](http://www.aviva.com.sg/mydocuments). If e-documents are not available, you will receive printed documents. This will apply to all your individual life and health policies with Aviva.

- ☐ Please tick here if you wish to continue to receive hard copies of your policy, any endorsements and communications. This will apply to all your individual life and health policies with Aviva.

**16 DECLARATION FOR SIMPLIFIED ISSUANCE OFFER PLAN (this section is applicable if you are applying for Simplified Issuance Offer (SIO) plan)****I declare the following:**

- I have not been told that I was diagnosed, nor have I been treated for, nor advised by any medical practitioner to seek medical treatment for any medical/health conditions including cancer, tumour/lump, diabetes, hypertension, HIV/AIDS, heart disease, stroke/transient ischemic attack, any blood disorder, weight management, drug and/or alcohol habits other than for minor ailments (including but not limited to common cold, flu and food poisoning). Also, I am not currently seeking, receiving nor do I intend to seek or receive any advice/treatment/consultation in connection with my health.
- For the past 5 years, I have not been admitted to any hospital, health care or rehabilitation centre nor have I undergone any diagnostic examinations or tests (including blood tests) which were abnormal (other than for minor ailments, including but not limited to common cold, flu or food poisoning and pregnancy related tests).
- I do not engage or intend to engage in any hazardous activities for leisure or for work.
- I have not had any application, renewal or reinstatement of Life, Accident or Health policy been deferred, declined or accepted on special rates or terms nor have I filed any claims on any insurance policy.

**Additional declaration (if you are applying for early critical illness or critical illness plan/rider):**

- I confirm that none of my first-degree relatives (parents or siblings) has been diagnosed with or died from either cancer, heart disease, stroke or any hereditary disorders before attaining the age of 60 years old.

**17 ADDITIONAL DECLARATION**



- I/We declare that I/we have received a copy of the following documents:
  - (i) Cover Page (if applicable); (ii) Policy Illustration; (iii) Product Summary; (iv) Bundled Product Disclosure (if applicable); (v) Fact Find Form; (vi) Your Guide to Life Insurance<sup>4</sup>; (vii) Your Guide to Investment-Linked Plan<sup>4</sup>, Fund Summary and Product Highlights Sheet (**applicable to Investment-Linked plans only**); (viii) Latest edition of the respective Fund Prospectus<sup>4</sup> (**applicable to Investment-Linked plans only**); (ix) Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage" (if applicable)<sup>4</sup>; and that the contents of these documents have been explained to my/our satisfaction.
  - <sup>4</sup> I/We am/are aware that I/we can view and download a copy of Your Guide to Life Insurance, Your Guide to Investment-Linked plans and Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage" from [www.aviva.com.sg](http://www.aviva.com.sg).
  - <sup>5</sup> I/We am/are aware that the latest edition of the respective Fund Prospectuses may be found on the website ([www.aviva.com.sg](http://www.aviva.com.sg)) and I/we have read and understood the applicable sections of the most recent edition of the respective Fund Prospectuses in relation to the application for this plan (**applicable to Investment-Linked plans only**).
- I/We understand that the insurance shall not take effect until this application is accepted, the full premium is received and the policy is issued by Aviva Ltd.
- If I decide to switch/replace from my existing policy(ies), I understand that (i) I/we may incur transaction costs without gaining any real benefit from the switch/replacement, (ii) I/we may incur penalties for terminating the existing policies, (iii) I/we may not be insurable at standard terms, (iv) the switch/replacement plan may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at a higher cost, (v) the switch/replacement plan may be less suitable and the terms and conditions may differ and (vi) there may be other options available besides switching/ policy replacement.
- I/We am/are aware that if I/we decide that the policy is not suitable after my/our purchase, I/we may terminate the policy in accordance with the free-look provision, if any, and you may recover from me/us any expense incurred in underwriting the policy.

17	<b>ADDITIONAL DECLARATION (continued)</b>
<p>5. I/We declare that:</p> <p>(a) all the information on this Application Form is true and complete and no material fact likely to influence the assessment and acceptance of this application, has been withheld to the best of my/our knowledge and understand that any misrepresentation or concealment of facts shall render the policy to be issued and any other policy which I/we have with Aviva Ltd to which the information applies null and void. I/We agree to inform Aviva Ltd if there is any change in the state of my/our and/or any proposed Life Assured's health or activities between the date of this application and the date the policy is issued by Aviva Ltd to me/us. If any information disclosed to Aviva Ltd (whether on this Application Form or otherwise) disagrees with any information disclosed to Aviva Ltd on another application form or otherwise, I/we shall answer all questions and provide all documentation which Aviva Ltd may require; and if a Pre-Existing Condition is found, Aviva Ltd may, in its absolute discretion, impose conditions (including but not limited to permanent exclusion of the Pre-Existing Condition), void or terminate my/our policy or reject my/our application.</p> <p>(b) I/We am/are not an undischarged bankrupt and that I/we have committed no act of bankruptcy within the last twelve months and are not receiving order or adjudication order in bankruptcy has been made against me/us during that period.</p> <p>(c) I/We have not been the subject of any proceedings of a criminal nature or have been notified of any potential proceedings or of any investigation which might lead to those proceedings, or have been convicted of a criminal offence, or is being subject to any pending proceedings which may lead to such a conviction, under any law in any jurisdiction.</p> <p>6. I/We hereby acknowledge that the Interim Cover Terms and Conditions have been explained to me in detail and that I/we fully read and understood the Interim Cover Terms and Conditions. I/We am/are aware that I/we can access and download a copy of the Interim Terms and Conditions (<b>applicable to My Protector plans only</b>) from <a href="http://www.aviva.com.sg/interim-tnc">www.aviva.com.sg/interim-tnc</a>.</p> <p>7. I/We agree that (a) all medical examination reports done for the purpose of this application are properties of Aviva Ltd to be used solely for insurance purposes, (b) any communication (including but not limited to the sending of notices, confirmations, annual and semi-annual fund reports, and transaction and performance statements or reports) from Aviva Ltd may be sent to me/us via any form of electronic dissemination, including by electronic mail, or by ordinary mail or any other means of dissemination as Aviva Ltd may determine in its sole discretion and (c) I/we understand that I/we may contact Aviva Ltd and request for a copy of the relevant communication (<b>applicable to Investment-Linked plans only</b>).</p> <p>8. I/We authorise:</p> <p>(a) any medical source, insurance office or organisation to release to Aviva Ltd and similarly Aviva Ltd to release to any medical source, insurance office or organisation, to the extent permitted by law, relevant information concerning me/us and/or any proposed Life Assured at any time, regardless of whether the application is accepted by Aviva Ltd. A photographic or electronic copy of this authorisation shall be as valid as the original.</p> <p>(b) Aviva Ltd to act where it is prepared to do so, upon instructions given by facsimile or by electronic means with regard to the Units subscribed for (and any further Units purchased) or any matter in connection with them or any of them without liability in respect of any transfer, payment or any other act done according to such instructions and notwithstanding that such instructions emanate from unauthorised persons, provided that reasonable care was exercised by Aviva Ltd in verifying the signature of the purported authorised person. I/We agree to indemnify Aviva Ltd in respect of (i) any loss arising in respect of acting on instructions given by facsimile or by electronic means (notwithstanding that such instructions emanate from unauthorised persons, provided that reasonable care was exercised by Aviva Ltd in verifying the signature of the purported authorised person), or (ii) a decision not to act on the basis of such instructions, or (iii) for any loss arising from the non-receipt of such instructions.</p> <p>9. I/We am/are aware that the product I/we am/are applying for is authorised for sale in Singapore (<b>applicable to all Aviva Ltd's products</b>) and I/we acknowledge that I/we am/are responsible for ensuring that the laws and regulations applicable to my/our nationality and country of residence allow my/our purchase of this product. I/We understand that no liability can be accepted by Aviva Ltd for any legal consequences under the laws of any country or any tax implications that may arise in connection with my/our purchase of this product. I/We am/are also responsible for my/our tax affairs and hereby declare that I/we have not been convicted of any serious tax crimes.</p> <p>10. I/We understand that this guaranteed issuance product I/we am/are applying for, is subjected to benefit limits as set out in the Product Summary and Aviva reserves the right to reject my/our application should the coverage under this product exceed those limits (<b>applicable to Guaranteed Issuance Offer plans only</b>).</p> <p>11. I/We understand and agree that Aviva Ltd is entitled not to accept or process this application should a person connected with the relevant Policy be found to be a Prohibited Person. A Prohibited Person means a person or entity (including any director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries, or my/our beneficial owners or beneficiaries' beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting Aviva Ltd from providing insurance coverage, transaction business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant Policy. The decision of Aviva Ltd shall be final.</p> <p>12. I/We further agree that in the event that Aviva Ltd becomes aware subsequently that a person connected with the relevant Policy has become a Prohibited Person, Aviva Ltd may block and/or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. As an ongoing obligation, I/we will immediately inform Aviva Ltd if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons. If an application is accepted or processed by Aviva Ltd despite a person connected with the relevant Policy being a Prohibited Person, Aviva Ltd shall be entitled to block/terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.</p> <p>13. If I/we opt to receive my/our policy, endorsements and communications electronically ("<b>e-docs</b>"), I/we agree that:</p> <p>(a) my/our e-docs will be made available in my/our MyAviva account; and</p> <p>(b) an e-doc is deemed to have been received by me/us upon my/our receipt of the SMS and/or email that it is accessible on MyAviva. The SMS or email will be sent to the last known mobile number and/or email address notified to Aviva.</p> <p>14. If my/our policy, any endorsements or communications is mailed, I/we am deemed to have received it 7 days from the date of posting to the last known address notified to Aviva.</p> <p>15. I/We represent, warrant and undertake that:</p> <p>(a) my/our mobile number, address and email address notified to Aviva is correct and complete;</p> <p>(b) I/we will notify Aviva immediately of any change to my/our mobile number, address or email address; and</p> <p>(c) I/we shall indemnify Aviva for any losses, damages or other consequences arising from or in connection with any incomplete or incorrect mobile number, address and email address.</p>	

**Important Notes:** If a material fact is not disclosed in this application, any policy issued and any policy which you have with Aviva Ltd to which the material fact applies 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 Financial Adviser Representative but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of your proposal, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

Signed and declared in SINGAPORE on (DD/MM/YYYY) **21/05/2021**

Signature of Assured/Life Assured/ Authorised signatory* ( <b>Proposer</b> )	Signature of Joint Assured/Life Assured ( <b>If different from Proposer</b> )	Signature of Financial Adviser Representative
		
Name: <b>Ong Mei Ling</b>	Name:	I confirm that I have sighted the original(s) of my customer's identification document(s)
NRIC/Passport No./Company UEN: <b>S1234567A</b>	NRIC/Passport No.:	

\* Authorised signatory: Authority to sign for and on behalf of company and bind the Company by his/her signature and company stamp.





## APPLICATION FOR INTERBANK GIRO

**Important Notes:**

1. Please provide all information to avoid unnecessary delay in the processing of the application.
2. Amendments made on this form must be countersigned by Account Holder. The use of correction tape/fluid is not allowed.
3. Please provide relationship if Account Holder is different from Policy Owner and submit the Account Holder's identification together with the application.
4. The approval process for the GIRO application will take approximately one month by bank.
5. For POSB/DBS Account Holders, you can apply for GIRO via iBanking, Go to Pay (Bills and Card) → Add GIRO Arrangement → Select Billing Organisation as Aviva Ltd-Life I (for Life policy, MyCare, MyCare Plus, MyLongTermCare, MyLongTermCare Plus) or Aviva IND HEALTH INS (for MyShield, MyHealthPlus).
6. Before you receive our notification on GIRO approval, please continue to pay your premium in the usual manner.

**By completing this Application Form, I/we am/are instructing and authorising:**

- a. Aviva to debit my/our bank account to pay for my policy/policies.
- b. The Bank to reject Aviva's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at Aviva's discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- c. This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through Aviva.


**Personal Data Consent**

I/We consent to Aviva (and Aviva related group of companies) collecting, 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 the policy(ies), account(s) and/or managing my/our relationship with Aviva.

I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

**Please complete this form and return original form to Aviva Ltd ("Aviva")**

<b>Date</b> (dd/mm/yyyy):		<b>Billing Organisation:</b> Aviva Ltd	
<b>Bank Name</b> (please tick one bank below): <input checked="" type="checkbox"/> POSB/DBS <input type="checkbox"/> OCBC <input type="checkbox"/> UOB <input type="checkbox"/> Citibank <input type="checkbox"/> Maybank <input type="checkbox"/> RHB <input type="checkbox"/> HSBC (Corporate) <input type="checkbox"/> Standard Chartered <input type="checkbox"/> HSBC (Personal) <input type="checkbox"/> Others: _____		<b>Signature(s) / Thumbprint(s) ^</b> (as in Bank's Record): 	
<b>Bank Account Number:</b> 123456789		<i>^For thumbprint, please go to any branch of your bank with identification for verification.</i>	
<b>Bank Account Holder's Name(s):</b> Mr/ Mdm/ Ms/ Dr Ong Mei Ling		<b>Account Holder's NRIC(s):</b> S1234567A	<b>Contact Number:</b> 91234567
<b>Policy Number(s)*</b>		<b>Policy Owner's NRIC No.</b>	<b>Relationship to Account Holder</b>

\*Please write the Policy Number(s) which you wish to apply for GIRO using this bank account number only

**For Aviva's Completion**

SWIFT BIC <b>DBSSSGSGXXX</b>	Aviva's Bank Account No. <b>0270007597</b>	SWIFT BIC <b>DBSSSGSGXXX</b>	Aviva's Bank Account No. <b>0039001886</b>
Please use above SWIFT BIC for following reference no(s).		Please use above SWIFT BIC for following reference no(s).	

**For Bank's Completion**

<b>To: Aviva Ltd</b> This Application(s) is hereby <b>REJECTED</b> (please tick) for the following reason(s): <input type="checkbox"/> Signature/Thumbprint# differs/irregular# from bank's records <input type="checkbox"/> Signature/Thumbprint# is incomplete/unclear# <input type="checkbox"/> Account operated by Signature/Thumbprint# # please delete where applicable		<input type="checkbox"/> Wrong account number <input type="checkbox"/> Amendments not countersigned by customer <input type="checkbox"/> Others: _____	
Name of Approving Officer _____		Authorised Signature _____ Date _____	

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## COMMON OVERSIGHTS

## Common Oversights on MultiApp Form

## Particulars of Financial Adviser Representative

Particulars of Financial Adviser Representative	
Name	
Firm Name	Code
Contact No.	Referral ID
Email	

1 Agent Code have to be completed.

## SECTION 1: PERSONAL PARTICULARS OF ASSURED/LIFE ASSURED/JOINT ASSURED/LIFE ASSURED

1 PERSONAL PARTICULARS	ASSURED/LIFE ASSURED (the Proposer)	JOINT ASSURED/LIFE ASSURED (if different from Proposer)
Full Name (as in NRIC/FIN/Passport) (Please underline surname)		Relationship to the Assured:
Salutation	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Mdm <input type="radio"/> Miss <input type="radio"/> Dr	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Mdm <input type="radio"/> Miss <input type="radio"/> Dr
Gender/ Race	<input type="radio"/> Male <input type="radio"/> Female Race: _____	<input type="radio"/> Male <input type="radio"/> Female Race: _____
Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed/Divorced/Separated	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed/Divorced/Separated
NRIC/FIN/Passport No/Company UEN		
Date of Birth	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY <input type="text"/> YY	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY <input type="text"/> YY
Nationality	<input type="radio"/> Singaporean <input type="radio"/> Singapore PR <input type="radio"/> Others _____	<input type="radio"/> Singaporean <input type="radio"/> Singapore PR <input type="radio"/> Others _____
Country of Birth		
Residency Status	<input type="radio"/> Citizen or Permanent Resident <input type="radio"/> Pass Holders <input type="radio"/> Others (complete Q47 - Residential Supplementary QA)	<input type="radio"/> Citizen or Permanent Resident <input type="radio"/> Pass Holders <input type="radio"/> Others (complete Q47 - Residential Supplementary QA)
Residential Address		
	Country Postal Code	Country Postal Code
Correspondence Address (if different from address above)		
	Country Postal Code (Not applicable to MINDEF/MHA/POGIS) <input type="radio"/> Please update address for all my life and health policies	Country Postal Code (Not applicable to MINDEF/MHA/POGIS) <input type="radio"/> Please update address for all my life and health policies

1 Proposer's Name, Identity Card No, and DOB must be completed clearly.

2 Residential Address must tally with documents submitted for Proof of Address.

Contact Details (please provide at least one mobile number)	Mobile [country code] -	Mobile [country code] -
	Office Home	Office Home
	Email	Email

3 Mobile Number and/or Email must be completed clearly.

Employment Status	<input type="radio"/> Employed <input type="radio"/> Self-employed <input type="radio"/> Unemployed/Retired	<input type="radio"/> Employed <input type="radio"/> Self-employed <input type="radio"/> Unemployed/Retired
Occupation		
Exact Duties		
Name of Employer		
Nature of Business		
Business Address		
Annual Fixed Income	SGD	SGD

4

Exact Duties and Nature of Business must be completed clearly.

**SECTION 2: DECLARATION OF TAX RESIDENCY**

<b>2 DECLARATION OF TAX RESIDENCY – to be completed for plans with cash value.</b>			
<b>Common Reporting Standard (CRS)</b>			
I/We declare and confirm the following:			
i) that the information provided for the purposes of CRS/tax regulation is correct and complete;			
ii) I/We will inform Aviva within 30 days of any change in circumstances which affect my tax residency status or cause the information contained herein to become incorrect or incomplete, and to provide Aviva Ltd a suitably updated self-certification and declaration within 90 days of such change in circumstances; and			
iii) I/We understand that the information that will be reported to the IRAS and any other tax authorities of another country is:			
<ul style="list-style-type: none"> <li>Name, address, jurisdiction of tax residence, Tax Identification Number (TIN) and date of birth.</li> <li>My/Our account/policy number and that the account/policy with is with Aviva Ltd.</li> <li>The balance or value of the account/policy at the end of the calendar year or at the date the contract it was closed.</li> <li>The gross amount of interest, dividends, proceeds from sale or redemption or other amounts paid or credited to me/us or my/our account/policy during the calendar year.</li> </ul>			
<b>Tax resident</b> is generally an individual that pays or should be paying tax in that jurisdiction due to his/her domicile or residence. This includes any criterion of similar nature and not only from sources in that jurisdiction. Examples are non-citizens that hold a permanent residency card (eg U.S green card) or depending on the type of visa that they are holding. For Entity, please seek external independent professional tax or accounting advice on the Company's tax residency. <b>Tax Identification Number (TIN)</b> is issued by a jurisdiction to an individual or entity for administering the tax. Examples are personal identification number, resident registration number and social security number.			
1. Are you a tax resident of Singapore?			
Assured		Joint Assured	
<input type="radio"/> Yes, I am solely a tax resident of Singapore and do not have a foreign tax residency. My Singapore TIN is my NRIC/FIN. If your TIN is not your NRIC/FIN, please state it here: _____		<input type="radio"/> Yes, I am solely a tax resident of Singapore and do not have a foreign tax residency. My Singapore TIN is my NRIC/FIN. If your TIN is not your NRIC/FIN, please state it here: _____	
<input type="radio"/> No, I am currently a tax resident in the following list of countries/ jurisdictions (include Singapore if applicable and provide details below):		<input type="radio"/> No, I am currently a tax resident in the following list of countries/ jurisdictions (include Singapore if applicable and provide details below):	
Country/Jurisdiction of Tax Resid.	Tax Identification Number (TIN)	If TIN is not available, please tick Reason A, B, or C.	If B is selected, please explain why you are unable to obtain a TIN.
Assured		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
Joint Assured		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	

1

For customer that declares they are tax resident of outside of Singapore, the TIN number must be completed clearly.

<b>Foreign Account Tax Compliance Act (FATCA)</b>		Assured	Joint Assured
1. Do you have one or more United States of America (US) Indicia*? If Yes, please complete the United States of America (US) Person Declaration Form available at <a href="http://www.aviva.com.sg/fatca.html">http://www.aviva.com.sg/fatca.html</a> .		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
*Indicia means Residency, Citizenship, Place of Birth, Taxpayer ID Number, Mailing or Residential Address or Contact Number.			
<b>Warning:</b> Please note that providing false or misleading information is an offence under the Singapore Income Tax Act (Chapter 134).			

2

Foreign Account Tax Compliance Act (FATCA) questions must be answered.

**SECTION 6: PREMIUM PAYMENT DETAILS**

<b>6 PREMIUM PAYMENT DETAILS</b>			
<input type="radio"/> <b>Applicable for Policy 1</b>	<b>Payment Frequency</b> <input type="radio"/> Yearly <input type="radio"/> Half-Yearly <input type="radio"/> Quarterly <input type="radio"/> Monthly	<b>Contract Currency</b> <input type="radio"/> SGD <input type="radio"/> Others _____	<b>Single Premium Only</b> <input type="radio"/> Cash/Cheque/ Bank Draft
<b>Initial Premium Payment Method</b> <input type="radio"/> Cash / Cheque/ Bank Draft <input type="radio"/> Credit Card (Please complete Authorisation below)	<b>Subsequent Premium</b> <input type="radio"/> Cash/Cheque/ Bank Draft <input type="radio"/> UK Direct Debit*		<b>SRS Policy Only</b> <input type="radio"/> SRS Operator: _____ <input type="radio"/> Account No: _____
Cheque No _____ Issuing Bank _____			
<input type="radio"/> Interbank GIRO Payment (SGD only)* <input type="radio"/> DBS/POSB (Initial and subsequent premiums) <input type="radio"/> DBS/POSB/Other banks (Subsequent premiums only)			

1

Payment Frequency and Contract Currency must be completed with details reflected as per Policy Illustration.

2

For initial payment via GIRO, we only accept POSB/DBS bank account which belongs to the policyholder.

<b>VISA/MASTERCARD AUTHORISATION – I authorise Aviva Ltd to charge the initial premium to my credit card account.</b>			
<b>Card Number</b> _____ - _____ - _____ - _____	<b>Issuing Bank</b> _____	<input type="radio"/> Visa <input type="radio"/> Mastercard	<b>Signature of Cardholder</b> _____
<b>Name of Cardholder</b> _____	<b>Expiry</b> M M Y Y	<b>Relationship to Assured</b> (if different from Assured) _____	<b>NRIC/Passport No.</b> _____

1

Card Expiry Date must be more than 2 months from date of application submission.

**SECTION 7: SOURCE OF WEALTH/FUNDS – To be completed for all plans**

<b>7 SOURCE OF WEALTH/FUNDS – to be completed for all plans.</b>			
<b>Source of Wealth</b> Where your wealth is derived from.		<input type="radio"/> Employment/Trade Income <input type="radio"/> Rental Income <input type="radio"/> Investment Income <input type="radio"/> Others, please specify _____	
<b>Source of Funds</b> Origin of the funds used to pay premiums.		<input type="radio"/> Employment/Trade Income <input type="radio"/> Sales of property <input type="radio"/> Savings <input type="radio"/> Maturity or Surrender of Policy <input type="radio"/> Others, please specify _____	
<b>Name of Payer (if different from Assured/Life Assured)</b> _____	<b>Identity Card/Passport /Business Registration No.*</b> _____	<b>Payer's Relationship to Assured</b> _____	<b>Please provide reason for paying for this policy</b> _____

\* Please provide a copy of Identity Card/Passport/Evidence of incorporation/ownership (whichever applicable)

1

Source of Wealth and Source of Funds must be completed for all applications.

2

Reason must be completed for 3<sup>rd</sup> Party payment.



**SECTION 8: REPLACEMENT OF EXISTING POLICY – To be completed for all plans**

8 REPLACEMENT OF EXISTING POLICY – to be completed for all plans.						
1	1. Is this application to replace or intended to replace any life insurance policy or unit trust, with Aviva Ltd or any other insurance company? If Yes, please provide policy and the sum assured in equivalent Singapore dollars.				Assured/Life Assured <input type="radio"/> Yes <input type="radio"/> No	Joint Assured/Life Assured <input type="radio"/> Yes <input type="radio"/> No
			Assured/Life Assured		Joint Assured/Life Assured	
			Aviva	Others	Aviva	Others
	Life (term replacement)					
	Life (others)					
	Total and Permanent Disability					
	Critical Illness					
	Disability Income					
	New policy to replace (please tick)		<input type="radio"/> Policy 1	<input type="radio"/> Policy 2	<input type="radio"/> Policy 3	<input type="radio"/> Policy 4
	Existing policy	Policy number(s)				
		Insurer(s)				
2	<b>Undertaking:</b> <input type="radio"/> I would like to terminate my existing policy(ies) once this application is approved and coverage has commenced.					
	<b>Warning:</b> If you are switching/replacing your existing policy with this new application, please be informed that you may incur transaction costs without gaining any real benefit from the switch/replacement. You may incur penalties for terminating the existing policies and may not be insurable at standard terms. The switch/replacement policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at a higher cost. The switch/replacement policy may be less suitable and the terms and conditions may differ. There may be other options available besides switching/policy replacement. You are advised to consult your present Financial Adviser Representative and consider the possible disadvantages of switching/policy replacement such as fees and charges and the changes in level of benefits before making a final decision.					

- 1 Declaration for Replacement of Existing Policy has to be completed for all plans.
- 2 Undertaking option must be tick if applicant wishes to terminate existing policy(ies) once current application is approved and coverage has commenced.

**SECTION 11: GENERAL QUESTIONS**

11 GENERAL QUESTIONS – to be completed for Disability Income and Life plans.					
1			Assured/Life Assured		Joint Assured/Life Assured
			Yes	No	Yes No
	1. What is your height and weight?		Height (m):		Height (m):
			Weight (kg):		Weight (kg):
	2. Are you a smoker? If Yes, how many sticks do you smoke? (including social smokers, cigar smokers or those who have given up within the last 12 months)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Sticks per day:		Sticks per day:
	3. Do you drink alcohol? If Yes, what is the total number of standard alcoholic drinks you drink per week? (1 standard alcoholic drink equates to 330ml beer, 125ml glass of wine or 30ml nip of spirits)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Total per week:		Total per week:
	4. Please complete this question if you are applying for Life cover greater than S\$2,000,000. Do you have a regular doctor? If Yes, please provide details below		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>Assured/Life Assured</b>				
	Name and address of doctor consulted		Reason for consultation		Date of last consultation
					<input type="radio"/> <= 12 months
					<input type="radio"/> > 12 months
	<b>Joint Assured/Life Assured</b>				
	Name and address of doctor consulted		Reason for consultation		Date of last consultation
					<input type="radio"/> <= 12 months
					<input type="radio"/> > 12 months

- 1 Height & Weight and Smoker status must be completed.

**SECTION 14: PERSONAL DATA CONSENT**

1

14 PERSONAL DATA CONSENT		
<b>Let's stay in touch!</b> I/We agree to be contacted by Aviva (and/or Aviva group of companies or their service providers) for special marketing offers, promotions and information about Aviva's products and services which may be of interest to me/us. I/We consent to the collection, use and disclosure of my/our personal data by Aviva and Aviva group of companies for the above purpose. Please tick to provide your consent:		
<b>Assured/Life Assured consent</b> <input type="radio"/> By Mail or E-Mail <input type="radio"/> By SMS <input type="radio"/> By Telephone Call		<b>Joint Assured/Life Assured (if different from Assured) consent</b> <input type="radio"/> By Mail or E-Mail <input type="radio"/> By SMS <input type="radio"/> By Telephone Call
View your policy details anytime, anywhere. Register for MyAviva at <a href="http://www.aviva.com.sg/myaviva">www.aviva.com.sg/myaviva</a> .		
On behalf of myself and all proposed Lives Assured, I/we consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data (whether contained in this form or obtained from other sources; existing data in Aviva's record or to be collected in future) for the following purposes: <ul style="list-style-type: none"> <li>to issue and administer my/our existing and/or new policy(ies) and/or account(s) with Aviva, and such other purposes ancillary or related to the administering of the policy(ies) and/or account(s), including the processing of my/our personal data for underwriting purposes, payment of premiums (including, where applicable, the deduction of premiums due from the Medisave accounts of the proposed Lives Assured) and/or claims purposes;</li> <li>for statistical, research, compliance, audit and regulatory purposes; and</li> <li>to provide general information on product enhancements and services relevant to my/our needs or policies (including increasing benefits, adding riders/supplements and/or Lives Assured) as well as to provide financial advice or product recommendations to me/us, where applicable.</li> </ul>		
On behalf of myself and all proposed Lives Assured, I/we also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.		
For more information on Aviva's data protection policy and full details of the purpose of collection, use and disclosure of your personal data, please visit <a href="http://www.aviva.com.sg/pdpa.html">http://www.aviva.com.sg/pdpa.html</a> .		

1

Please ensure consistency if Proposer is applying for other Aviva products on the same day.

**SECTION 17: ADDITIONAL DECLARATION**

Signed and declared in SINGAPORE on (DD/MM/YYYY) _____		
<b>Signature of Assured/Life Assured/ Authorised signatory* (Proposer)</b>  Name: NRIC/Passport No./Company UEN:	<b>Signature of Joint Assured/Life Assured (if different from Proposer)</b>  Name: NRIC/Passport No.:	<b>Signature of Financial Adviser Representative</b>  I confirm that I have sighted the original(s) of my customer's identification document(s)

2

1

Please ensure consistency of signature with product summary.  
Name, NRIC/Passport No must be completed.

2

Date of signature is must be completed.

3

Financial Adviser Representative signature must be completed.

3

**NEW BUSINESS****1. SUBMISSION OF NEW PROPOSALS****All new proposals should be sent to:**

4 Shenton Way  
 #01-01, SGX Centre 2  
 Singapore 068807  
 Attn: Document Management Unit

**The following documents, duly filled, signed and dated by the Policyholder must be submitted to Us for processing:**

- a) Application Form (Multi\_App\_July2021)
- b) Cover Page
- c) Policy Illustration
- d) Product Summary
- e) The following sections of the Life Insurance Advisory Form (commonly known as Fact Find form)
  - Section 11 - Declaration by Representative
  - Section 12 - Acknowledgement by Client
  - Section 13 - Supervisor's Review
 For Affinity Channel, please submit full set of Fact Find documents.
- f) Application for Interbank GIRO (if applicable)
- g) A photocopy of ID/Passport of the Life Assured/Assured (for 3<sup>rd</sup> party applications).
- h) Proof of residential address, please refer to the list of acceptable documents as follows if address is not available in the ID/Passport:
  - NRIC for Singaporeans/Singapore Permanent Residents
  - Identification cards which are issued to foreigners by their respective home countries
  - Valid Passports where residential address is indicated by the Immigration Authorities (within 12 months)
  - Utility bills (e.g. electricity or water bills within 12 months)
  - Bills issued by Local Telecommunication Companies (for local address only & within 12 months)
  - Bills or Statements or Letters issued by Local Government Agencies (e.g. Housing Development Board, Inland Revenue Authority of Singapore, Land Transport Authority, Central Provident Fund Board, Town Council etc, within the last 12 months)
  - Letters or documents or statements issued by other Insurance Companies and Financial Institutions in Singapore (within 12 months). Note: Change of address letters and marketing materials are not acceptable.
  - Letters issued by government bodies (within 12 months)
  - Valid Work/Employment Permit where residential address in Singapore is declared on it
  - Driving License with indication of residential address by the respective home countries (within 12 months)
  - Full set of Tenancy Agreement (with signatures of both tenant and landlord & within the last 12 months)
  - Employer Letter or Overseas Posting Letter on company's letterhead sign-off by authorised person in the company. E.g. CEO, Human Resource or Administration Manager. (Only applicable to foreign national working in Singapore with a valid Work/Employment pass indicating the company's name submitted as proof and letter must be within the last 12 months)
  - Mortgage loan agreement (Appended signature on full set of document)
  - Certificate of Stamp Duty (within 12 months)
- i) Proof of entry to Singapore (applicable to policies sold in Singapore only) for non-resident of Singapore.

**Additional documents to be submitted (if applicable)**

- ✓ Enhanced Customer Due Diligence Questionnaire (B66) is required:
- Beneficial Owner;
  - Political exposed persons ("PEP");
  - Family member or close associate of PEP ("RCA"); or
  - High risk customers ("HRC").

**Document required for the respective nationalities for:**

- a) Singaporeans and Singapore Permanent Residents  
 A photocopy of NRIC of Life Assured/Assured (for 3<sup>rd</sup> party applications).
- b) Foreigners working/living in Singapore with Employment Passes  
 A copy of the relevant Pass (valid for at least 6 months) and a copy of Passport.

- c) Malaysians  
Malaysian IC/Passport and valid immigration stamp on his/her passport as at date of application.
- d) Foreigners visiting Singapore  
A copy of the non-resident client's passport (individual) with a valid immigration stamp on his/her passport as at date of application.

## 2. NEW BUSINESS PROCESSING

### Case that require additional information from client or Financial Adviser Representative

- ✓ Further requirement letter will be sent to Financial Adviser Representative via email.

## 3. CANCELLATION OF NOT TAKEN UP CASES

All pending cases will be withdrawn if outstanding requirements, information or payment is not received after 35 days.

- a) For cases with payment:
  - Refund via direct credit or cheque, according to the original payment method for initial premium.
  - Withdrawal letter will be sent to client via mail and a copy will be sent to Financial Adviser Representative via email. For cheque refund, a separate letter together with the cheque will be sent to the client via mail.
- b) For cases without payment:
  - Withdrawal letter will be sent to client via mail and a copy will be sent to Financial Adviser Representative via email.

## 4. ALTERATION TO PROPOSAL

### Documents required

- ✓ Alteration to Application Form duly signed by client
- ✓ Policy Illustration (where necessary)
- ✓ Additional payment (where necessary)
- ✓ Original Policy (if policy has been issued and policy documents have been sent out, an alteration fee of SGD20 is applicable)

### Some Possible Alterations to Proposal received from clients or Financial Adviser Representative

- Change of frequency: yearly / half-yearly / quarterly / monthly
- Change of premium payment method : Cheque / GIRO / Credit Card
- Change of sum assured (decrease)
- Change of policy term
- Addition / deletion of rider

## 5. COMPLETION OF APPLICATION

### The common mistakes in the Application Form

- Omitted source code or wrong source code indicated.
- The residential address declared on the Application Form does not tally with the proof of residential address provided.
- Omitted to complete the Exact Duties, Nature of Business.
- Omitted Tax Identification Number (TIN) under Declaration for Common Reporting Standard (CRS).
- Omitted to complete the FATCA (Foreign Account Tax Compliance Act) under the Declaration of Tax Residency section.
- Declaration of Beneficial Owner does not equate to Nomination of Beneficiary.
- Payment frequency & contract currency must be completed with details reflected on the Policy Illustration.
- For initial payment via GIRO, we only accept POSB/DBS bank account which belongs to the Policyholder.
- Omitted to complete the Source of Wealth and Source of Funds declaration.
- Omitted reason for 3<sup>rd</sup> party payment under Source of Wealth/Funds.
- Declaration for Replacement of Existing Policy has to be completed for all plans. Undertaking option must be tick if applicant wishes to terminate existing policy(ies) once current application is approved and coverage has commenced.
- Omitted to complete the height & weight and smoker status in the General Questions section.
- Omitted to complete the application sign date.
- Financial Adviser Representative omitted to sign.

- Omitted Name, NRIC/passport number and signature of Assured/Life Assured/Joint Assured.
- Inconsistent signature between Application Form and supporting documents, eg Policy Illustration and Fact Find Form.
- No countersignature on amendments made in Application Form.

**POLICY SERVICING****1. REINSTATEMENT**

- Any request for reinstatement must be made within 12 months from the date on which the Policy is lapsed.
- Any reinstatement will be subject to Our approval and the terms, conditions and guidelines prevailing on the date which the Policy is reinstated.

**Documents Required**

- ✓ Policy Servicing Health Declaration (for Life Products) Form

Note: Underwriting is not required for reinstatement of basic policy which is offered on a Guaranteed Issuance Offering (GIO) basis. If Supplementary Benefit(s) which requires underwriting is attached to the basic policy, the policyholder will need to provide Us with the Policy Servicing Health Declaration (for Life Products) Form.

**2. POLICY ASSIGNMENT**

An assignment of life policy refers to the transfers of all rights, interest and benefits under the policy from the Policyholder (the assignor) to a third party (the assignee). Thereafter, the assignee assumes the ownership of the policy, authorizing any transactions/alterations under the policy.

**Documents required**

- ✓ Deed of Assignment Form OR Collateral Assignment Form
- ✓ A copy of Assignor's & Assignee's Identity Card(s)/Passport(s)
- ✓ A copy of Assignee's Registration of Company (for Collateral assignment)
- ✓ A copy of ACRA if it is a Singapore registered company OR a copy of Director's resolution if it is an overseas company (for Deed of Assignment)

**3. FREE LOOK CANCELLATION**

The client may request to cancel the policy within 14 days from date of receipt of policy. Policy is deemed to be delivered 7 days after posting or We considered it delivered 7 days after the Policy is sent by electronic means or when the Policy is downloaded by client.

**Documents Required**

- ✓ Cancellation letter duly signed by client

**Note**

- Depending on the document distribution, client can either receive hardcopy confirmation letter or log in to MyAviva Document Center to view it.
- A copy of the confirmation letter will also be given to Financial Adviser Representative.
- Premium will be refunded via the method the Policyholder originally chosen in the application form.
- For credit card payment, it will be refunded to the credit card company.

**4. TERMINATION**

The client may request to cancel the policy after Free Look period and before cash surrender value is available.

**Documents Required**

- ✓ Cancellation letter duly signed by client

**Note**

- Depending on the document distribution, client can either receive hardcopy confirmation letter or log in to MyAviva Document Center to view it.
- A copy of the confirmation letter will also be given to Financial Adviser Representative.
- Premium will be refunded via the existing payment method premium is deducted.
- For credit card payment, it will be refunded to the credit card company.

**5. RE-PRINT OF LOST ORIGINAL POLICY DOCUMENT****Documents Required**

- ✓ Duly signed and witnessed Declaration Form for Lost and Duplicate Policy
- ✓ Processing fee of SGD 20

## 6. NOMINATION OF BENEFICIARY

With effect from 1 Sep 2009, the Insurance (Nomination of Beneficiaries) Regulations comes into operation, Policyowners may choose to make a trust nomination or revocable nomination. To make a nomination over a policy, the Policyowner must be the Life Assured under the policy and at least 18 years old.

Please ensure that the relevant Nomination Forms are completed and submitted to Us. The forms may be downloaded from [www.aviva.com.sg](http://www.aviva.com.sg) or contact Our Customer Service for a copy of the relevant form.

### Checklist for filling a Nomination Form:

- ✓ Decide who to name as the nominee or nominees
- ✓ Use the right form; there is a prescribed Trust Nomination Form, and a prescribed Revocable Nomination Form.
- ✓ Specify the proportion of benefits the policyowner want each nominee to receive, ensuring they all add up to 100% of the policy proceeds.
- ✓ Ensure all information on each nominee is accurate.
- ✓ Ensure details of the policy are accurate.
- ✓ Ensure the witnesses and trustees, if any, meet the requirements set out in the Nomination Form.
- ✓ Ensure all fields in the form are fully completed.
- ✓ Ensure a copy of NRIC/passport of the trustee(s) and beneficiary(ies) is submitted.
- ✓ Submit the completed form to Us.

Not allowed for third-party policies.

## 7. POLICY LOAN

If the policy has a cash value, the policy loan is available up to 65% of the cash value less any amounts owing to Us. The normal policy loan rate applies; currently at an interest rate of 6.5% compounded per annum. The minimum loan amount is SGD200.

The interest rate is non-guaranteed and will be determined by Company from time to time.

### Documents required

- ✓ Policy Loan Agreement Form

## 8. SURRENDER VALUES

This plan will acquire Cash Surrender Values from the start of the 2<sup>nd</sup> Policy Year as long as premiums are paid up to date.

The Guaranteed Cash Surrender Value will be at least equivalent to the Total Premiums Paid as at the Policy Maturity Date.

While the Policy is in force, the policyholder may submit an application to fully surrender the policy and withdraw all the Cash Surrender Value.

The policyholder also has the option to partially surrender the policy by reducing the Sum Assured (subject to the minimum Sum Assured of the basic plan) and receive the partial Cash Surrender Value in a lump sum. The Sum Assured of the basic plan after the partial surrender will be reduced accordingly.

The application to fully/partially surrender the policy will be subject to Our approval and the terms, conditions and guidelines prevailing at the relevant time, and payment will be made, less all monies owing to Us.

### Documents required

- ✓ Surrender/Withdrawal Form for Traditional Plans

## CLAIMS

### Making a Claim

The required claim forms can be downloaded from Our website under "Make a claim" section at <https://www.aviva.com.sg/en/make-a-claim/>

All claim documents can be submitted personally to Our Customer Service Centre located on the ground floor, SGX Centre 2, through the Financial Adviser Representative or intermediaries or by post to:

4 Shenton Way  
#01-01 SGX Centre 2  
Singapore 068807  
Attn: Individual Life Claims

For Claims enquiries, you can also contact Us at:

### Customer Services

Tel: (65) 6827 9933  
Fax: (65) 6827 7480  
E-mail: [cs\\_life@aviva-asia.com](mailto:cs_life@aviva-asia.com)

### Our Operating Hours:

Mondays – Fridays 8.45am to 5.30pm  
Closed on Saturdays, Sundays and Public Holidays

### 1. How do I make a death claim?

The Claimant (for example: the nominated beneficiary, trustee, assignee, next of kin or Executor of the Estate) is required to complete and submit:

- ✓ Death Claim Form: Section 1 - Claimant's Statement;
- ✓ Death Claim Form: Section 2 – Doctor's Statement (to be completed by the attending doctor who attended the deceased in his/her last illness or accident) and
- ✓ The following relevant documents (where applicable):
  - Certified true copy of the Death Certificate
  - Certified true copy of the Identification (NRIC, Passport, etc) of the Deceased
  - Original Deed of Assignment (if any)
  - Certified true copy of the Identification (NRIC, Passport, etc) of the Claimants
  - Copy of the Identification (NRIC, Passport, Birth Certificate, etc) of the surviving family members of the Deceased
  - Certified true copy of the Last Will & Testament of the Deceased
  - Certified true copy of the all the nominated beneficiary(ies), Executor(s) and Trustee(s) named in the Last Will and Testament of the Deceased
  - Any other documents that support the claim (e.g. official certificate of appointment of the legal guardian of minor's beneficiary)
  - Proof of Claimant's relationship with Deceased as follows (where applicable):

<u>Claimant</u>	<u>Documents required (Certified True Copy)</u>
Spouse	Marriage Certificate of Claimant
Children	Birth Certificate of Claimant
Parent	Birth Certificate of deceased
Sibling	Birth Certificate of deceased and Claimant

Please note that the supporting documents are to be certified by a solicitor or our Customer Service Executives. The cost of medical evidence and necessary supporting documents shall be borne by the Claimant.

Additional documents required if death was due to an Unnatural/Accident or occurred Overseas:

- Police Investigation Report / Traffic Police Report
- Autopsy / Toxicology Report
- Coroner's Inquiry Verdict
- Burial / Cremation Documentation
- Letter from ICA (Immigration and Checkpoint) confirming the invalidation of Deceased's Singapore IC/Passport – if death occurred overseas

For Death which occurred in overseas, original Death Certificate and supporting documents can only be certified by a Notary Public of the Country where the Life Assured passed away. All documents submitted



must be in English. Any document which is in foreign languages must be officially translated to English by a certified translator/interpreter. The cost of obtaining these documents is to be borne by the Claimant.

Depending on the circumstances surrounding each claim, We reserve the right to request for any additional documents and information that is not mentioned above. The cost of obtaining these documents is to be borne by the Claimant.

## 2. How do I make a living claim?

The Claimant (for example: the Assured or Life Assured (non-minor)) is required to complete the relevant Claimant's Statement and submit with the following documents (where applicable).

Please note that the supporting documents are to be certified by a solicitor or our Customer Service Executives. The cost of medical evidence and necessary supporting documents shall be borne by the Claimant.

For treatment and surgical procedure which occurred overseas, original documents and supporting documents can only be certified by the Notary Public of the country where the Life Assured seek treatment and undergone the surgical procedure. All documents submitted must be in English. Any document which is in foreign languages must be officially translated to English by a certified translator/ interpreter. The cost of obtaining these documents is to be borne by the Claimant.

Depending on the circumstances surrounding each claim, We reserve the right to pursue for any additional documents and information that are not mentioned above if they are deemed necessary. These said documents shall be in the forms as prescribed by Us and shall be furnished at the expense of the Claimant(s). Should the need arise, We will advise accordingly.

### 2.1 Claims on Total & Permanent Disability, Terminal Illness or Critical Illness Benefit

- ✓ Completed Living & Disability Benefit Claim Form: Section 1 – Claimant's Statement
- ✓ Completed Living & Disability Benefit Claim Form: Section 2 – Attending Doctor's Statement (to be completed by the attending doctor)
- ✓ Certified true copy of Life Assured's NRIC/Passport and Birth Certificate
- ✓ Certified true copy of Claimant's NRIC/Passport, if other than Life Assured
- ✓ Certified true copy of Inpatient Discharge Summary, if any
- ✓ Certified true copy of all diagnostic reports, including laboratory test results, biopsy and/or histopathology report, ultrasound report, CT scan and any relevant hospital reports that are available
- ✓ Any other documents that support the claim (e.g. official certificate of appointment of the legal guardian of minor's Life Assured)
- ✓ Proof of Policy Owner's relationship with Life Assured as follows (where applicable):

<u>Policy Owner</u>	<u>Documents required (Certified True Copy)</u>
Spouse	Marriage Certificate of Policy Owner
Children	Birth Certificate of Life Assured
Parent	Birth Certificate of Life Assured
Sibling	Birth Certificate of Life Assured and Policy Owner

### 2.2 Claims on Cancer Premium Waiver and Critical Illness Premium Waiver

- ✓ Completed Living & Disability Benefit Claim Form: Section 1 - Claimant's Statement
- ✓ Completed Living & Disability Benefit Claim Form: Section 2 - Attending Doctor's Statement (to be completed by the attending doctor) for the relevant Critical Illness condition
- ✓ Certified true copy of Life Assured's NRIC/Passport
- ✓ Certified true copy of Claimant's NRIC/Passport, if other than Life Assured
- ✓ Certified true copy of Inpatient Discharge Summary
- ✓ Certified true copy of all diagnostic reports including biopsy and/or histopathology report, resting ECGs, exercise stress test, troponin results, enzymes assays, isotope studies imaging coronary angiography, blood tests, ultrasound, biopsy, CT scans, other imaging studies, laboratory test results and any hospital reports that are available.

## 3. When must the claim be submitted?

Written notice and proof of the validity of the claim must be given to Us as soon as reasonably practicable after the claim event (i.e. within 30 days from the claim event date).

**4. What if a claim event occurred in overseas?**

All relevant documents have to be certified by a Notary Public of the Country where Life Assured passed away/treated/diagnosed/operated and translated into English. Any document that is not in English must be accompanied by an English translated copy of the document made by a certified translator/interpreter. In addition, a certificate stating the proficiency of the translator in the language being translated must also be submitted.

**5. How long will I be notified of the claim status?**

All claims will be attended to promptly and we will inform them of the outcome/status of the claim within 10 working days.

**6. How fast will We pay the claim?**

We will pay the benefits once We are satisfied that all requirements to establish entitlement to the benefits have been complied with and the total amount payable has been ascertained. To receive fuss-free payment through direct credit, submit a copy of the claimant's bank book/statement and a copy of NRIC/Passport of all joint bank account holders. Generally, upon receipt of all required documents, We will initiate the payment to the designated bank account within the next 3 working days after the claim has been admitted.

**7. Who should bear the medical report fee?**

Cost of medical evidence and necessary supporting documents shall be borne by the Claimant.

**8. How long does the hospital / clinic take to prepare a medical report?**

Generally, the hospital/clinic take about 8 weeks to process a medical report. We would assist the claimant to obtain the medical report (if required) but the fee will be borne by the Claimant.

**MYCHOICESAVER – FREQUENTLY ASKED QUESTIONS (FAQ)****1. BASIC PLAN FEATURES****1.1. Can policyholder exercise Waiver of Interest Benefit if the Policy has no Cash Surrender Value?**

No. Waiver of Interest Benefit will waive the automatic premium loan's interest amount on any instalment premium that are due and unpaid. If the Policy has no Cash Surrender Value, automatic premium loan will not be triggered, and the Policy will automatically terminate when premium remains unpaid after the Grace Period expires.

**1.2. For a third party Policy, can policyholder exercise Waiver of Interest Benefit if the Life Assured is retrenched?**

No. this benefit can only be exercised if the policyholder (19 – 75 ANB) is retrenched or unemployed.

**1.3. Is change of Life Assured allowed?**

The change of Life Assured is allowed:

- (a) after the first Policy Year, up to 3 times;
- (b) subject to satisfactory evidence that the new Life Assured has sufficient insurable interest (in relation to the Policyholder); and
- (c) the new Life Assured meeting the min and max of entry age, subject to the rule of entry age + premium term ≤ 80.

The change of Life Assured is not allowed:

- (a) once the Life Assured or the Assured dies;
- (b) once a claim has been admitted for any of the Supplementary Benefits covering the Life Assured;
- (c) once a claim has been admitted to waive the premiums of the basic plan; or
- (d) once the Reduced Paid Up option has been activated;

**1.4. Will there be any adjustments in premium after the change of Life Assured is effective?**

Premiums for the **basic plan** will remain the same upon change of Life Assured. However, if there is any Supplementary Benefit(s) attached to the Policy, then the Premiums for the Policy may be adjusted due to the addition or deletion of Supplementary Benefit(s).

**1.5. Will the policy term be adjusted based on the entry age of the new Life Assured after the change of Life Assured?**

No. The policy term will not be affected by the change of Life Assured. The remaining premium payment period will be used to check whether the new Life Assured meets all the business rules as mentioned under FAQ 1.3.

**1.6. For the change of Life Assured, who can be the new Life Assured?**

Our acceptance of any change of Life Assured will depend on the insurability of the new Life Assured at that time and subject to the new life assured meeting all the eligibility conditions for cover.

**1.7. What will happen to the Supplementary Benefits attached to the policy when change of Life Assured is effective?**

Once the change of Life Assured is effective, all coverage on the previous Life Assured will cease and all Supplementary Benefits attached to the Policy will be terminated except for the Supplementary Benefits covering the Policyholder of the 3rd party Policy.

**1.8. Can the policyholder attach any Supplementary Benefits to cover the new Life Assured after the change of Life Assured?**

If the Policy is still under premium paying status, the policyholder can apply to attach the Supplementary Benefits available for this plan to cover the new Life Assured (i.e. the Supplementary Benefit which requires underwriting such as Critical Illness Premium Waiver II and the GIO Supplementary Benefits such as Cancer Premium Waiver II and EasyTerm) together with the submission of change of Life Assured application, subject to the prevailing terms and conditions. However, once the change of Life Assured is effective, only Supplementary Benefit which requires underwriting can be attached to the plan, addition of GIO Supplementary Benefits is not allowed.

**1.9. After a change of Life Assured is effective, can the new Life Assured be changed back to the original Life Assured?**

Once a change of Life Assured is effective, the request cannot be reversed. However, a new request can be submitted to change the new Life Assured back to the original Life Assured but this will only take effect from the policy anniversary immediately following the date We accept the policyholder's request to change the Life Assured.

**1.10. What happens if there is any claim submitted on the existing Life Assured before the effective date of the change of Life Assured?**

If there is any claim submitted on the existing Life Assured before the effective date of the change of Life Assured and the claim is payable, We will pay the claim and void the request for change of Life Assured.

**1.11. Will the new Life Assured become the new policyholder after the change of Life Assured is effective?**

No, the policyholder remains the same after the change of Life Assured. To change the policyholder, policyholder can perform assignment of policy to transfer the ownership.

**1.12. Will the coverage term for Accidental Death Benefit (ADB) be adjusted upon change of Life Assured?**

If it is changed from an older Life Assured to a younger Life Assured, the coverage term for Accidental Death Benefit will remain the same. If it is changed from a younger Life Assured to an older Life Assured, the coverage term for Accidental Death Benefit will remain the same, subject to the maximum expiry age of 80 ANB for Accidental Death Benefit.

Example:

Existing Life Assured = 40 ANB.

Remaining coverage term for Accidental Death Benefit = 37 years

a) If new Life Assured = 30 ANB, remaining coverage term for Accidental Death Benefit = 37 years

b) If new Life Assured = 48 ANB, remaining coverage term for Accidental Death Benefit = the min of (Expiry Age of 80 ANB – entry age of 48 ANB) or 37 years = 32 years

**2. PREMIUM**

**2.1. Will the premium rates change?**

No, the premium rate for the basic plan will not change throughout the premium payment term for as long as the required premium is paid before the end of the grace period for renewal premium.

**2.2. Are there any premium distinctions for male and female clients buying MyChoiceSaver?**

Premium rates will not differ based on entry age, gender and smoker status. Premium rates will differ based on premium payment term and policy term.

**3. POLICY VALUES**

**3.1. What are the options available if the policyholder is unable to pay the premiums that are due?**

There are 2 available options as follows:

(a) Automatic Premium Loan (APL)

APL is available for the payment of premiums due, the amount used becomes a loan on this policy. For non-payment of premiums after the grace period, the APL will be activated by default when there is sufficient cash surrender value to sustain the full premiums (i.e. basic and any attachable riders).

Interest rate is non-guaranteed and will be determined by Us from time to time.

(b) Reduced Paid Up Insurance (RPU)

RPU is allowed before premium payment term ends, while the policy is in force and after the policy has acquired a cash value.

The policyholders can apply to Us, without having to provide any evidence of insurability, to use the cash surrender value of the policy to convert the policy to a non-participating paid up policy for a reduced Sum Assured, subject to the minimum Sum Assured.

The reduced Sum Assured will be determined by Us (at the date of the conversion) based on the cash surrender value, any amounts owing to Us, the Life Assured's prevailing age and any other prevailing terms and conditions.

Upon successful application, the following will apply:

- (a) The converted policy will not participate in Our profits. There will be no RB and TB for RPU policy;
- (b) Cash Surrender Value will not be available;
- (c) Death Benefit will be equivalent to 105% of Total Premiums Paid for the basic plan;
- (d) Terminal Illness Benefit will be available and is an advance of the Death Benefit;
- (e) Reduced Sum Assured will be payable as Maturity Benefit;
- (f) Change of Life Assured, Waiver of Interest Benefit and Accidental Death Benefit will not be available;
- (g) All Supplementary Benefits attached under this Policy will be cancelled;
- (h) All future premiums otherwise payable for this converted policy will cease to be payable as if a single premium had been paid for the insurance cover; and
- (i) All changes will be stated in a new Policy Schedule and/or Endorsement to be issued by Us for this converted policy.

#### 4. SUPPLEMENTARY BENEFITS

##### 4.1. Which Supplementary Benefits can be added after the commencement of policy?

The 3 GIO Supplementary benefits namely Cancer Premium Waiver II, EasyTerm and EasyPayer Premium Waiver can only be added upon inception of the policy. This will minimise the risk of anti-selection as there is no medical underwriting required.

The 2 Supplementary Benefits which require full underwriting namely Critical Illness Premium Waiver II and Payer Critical Illness Premium Waiver II can be added at the monthly anniversary, subject to:

- (a) fulfilling the minimum coverage term of the Supplementary Benefit;
- (b) underwriting requirement at the time of application for inclusion of Supplementary Benefit;
- (c) availability of the Supplementary Benefit at time of inclusion;
- (d) the minimum and maximum limits and sum assured of the Supplementary Benefit; and
- (e) the Life Assured/Assured's nationality, residence and age at the time of the application for inclusion of Supplementary Benefit.

##### 4.2. Can the Supplementary Benefits be terminated after commencement of policy?

The Supplementary Benefits can be terminated at the next premium due date.

##### 4.3. [CPW II] Can a customer who has recovered from cancer still be covered under the Cancer Premium Waiver II if there is a relapse?

Customer can still purchase this CPW II rider, BUT during claim:

1. If this customer is diagnosed with Major Cancer in the future (after the Waiting Period) and found out that the Major Cancer is **related** to the Pre-existing cancer (meaning caused by the same type of cancer previously recovered from/ previously existed etc), it will be regarded as Pre-existing Condition and We will **NOT cover** under CPW II.
2. If this customer is diagnosed with Major Cancer in the future (after the Waiting Period) and that the Major Cancer is **unrelated** (which seems highly unlikely) to the Pre-existing cancer (meaning it is not caused by the same type of cancer previously recovered from/previously existed etc), then it will NOT be considered as Pre-existing Condition and We **will cover** under CPW II.

##### 4.4. [CPW II] What is the maximum aggregation limit for Cancer related benefit per Life Assured?

The maximum aggregation limit for Cancer related benefit is SGD250,000 per Life Assured and this is applicable to this Supplementary Benefit in the form of premium waiver and any policies which do not require medical underwriting with (a) Critical Illness benefit or (b) Major Cancer benefit for the same Life Assured.

**4.5. [CPW II] Will the maximum aggregation limit for Cancer related benefit be disclosed to the customer during the sales process? What happens when the aggregation limit is exceeded?**

Yes, the maximum aggregation limit for Cancer related benefit of SGD250,000 per Life Assured is disclosed in the product summary for this Supplementary Benefit. The validation for maximum aggregation limit is also set up in the Sales Quotation System (SQS) for this Supplementary Benefit. However, SQS is unable to aggregate all existing similar benefits for a particular life thus the validation is on per application basis and not per life basis. For additional disclosure, this aggregation limit should be made known to the customer during the sales process.

Options for new application that exceeded the maximum aggregation limit for Cancer related benefit:

A. If it is known that this is the 1st policy with Cancer Premium Waiver II:

Submit 2 separate Applications

- 1st Application keep within the maximum aggregated Cancer related benefit limit of SGD250,000.
- 2nd Application with basic policy only (i.e. without the Cancer Premium Waiver II)

Or

B. If it is known that the customer has an existing policy with Cancer Premium Waiver II:

Submit the Application with reduced total benefit to be waived to keep within the maximum aggregation limit for Cancer related benefit of SGD250,000.

A check will be done during new business to ensure the maximum aggregation limited for Cancer related benefit after including the new application has not exceeded the maximum aggregation limit of SGD250,000.

If the Cancer Premium Waiver II benefit for the new application has exceeded the maximum aggregation limit for Cancer related benefit of SGD250,000, We will only issue the Basic Policy without the Cancer Premium Waiver II and attach the decline notification letter for the Cancer Premium Waiver II application.

**4.6. [ET] What is the maximum aggregation limit for Death/TI/TPD benefit per Life Assured?**

The maximum aggregation limit for Death/TI/TPD is SGD250,000 per Life Assured and this is applicable to this Supplementary Benefit and any policies which do not require medical underwriting with (a) Death Benefit or (b) Terminal Illness Benefit or (c) TPD Benefit for the same Life Assured.

**4.7. [ET] Will the maximum aggregation limit for Death/TI/TPD benefit be disclosed to the customer during the sales process? What happens when the aggregation limit is exceeded?**

Yes, the maximum aggregation limit for Death/TI/TPD of SGD250,000 per Life Assured is disclosed in the product summary for this Supplementary Benefit. The validation for maximum aggregation limit is set up in the Sales Quotation System (SQS) for this Supplementary Benefit. However, SQS is unable to aggregate all existing similar benefits for a particular life thus the validation is on per application basis and not on per life basis. For additional disclosure, this maximum aggregated limit should be made known to the customer during the sales process.

Options for new application with exceeded maximum aggregation limit for EasyTerm:

A. If it is known that this is the 1st policy with EasyTerm:

Submit 2 separate Applications:

- 1st Application keep within the maximum aggregated Death/TI/TPD benefit limit of SGD250,000.
- 2nd Application with basic policy only (i.e. without the EasyTerm rider).

Or

B. If it is known that the customer has an existing policy with EasyTerm:

Submit the Application with reduced Sum Assured on EasyTerm to keep within the maximum aggregation limit of SGD250,000 for Death /TI/TPD benefit.

A check will be done during new business to ensure the maximum aggregated Death/TI/TPD benefit limit after including the new application has not exceeded the maximum aggregation limit of SGD250,000 for Death/TI/TPD benefit.

If the EasyTerm benefit has exceeded the maximum aggregation limit of SGD250,000 for Death/TI/TPD, We will only issue the Basic Policy without EasyTerm and send the notification letter on the decline of EasyTerm to the customer.

**4.8. [ET] Why is there still a cap for EasyTerm Sum Assured at 10 times the Basic Plan Annual Premium when there is already a maximum aggregated limit for EasyTerm of S\$250,000 per Life Assured?**

Although there is a maximum aggregated limit for EasyTerm of S\$250,000 per Life Assured, capping of maximum EasyTerm Sum Assured per policy at 10 times the Basic Plan Annual Premium is to reduce the anti-selection risks (refrain customer from buying minimum Basic Plan Sum Assured and attach EasyTerm with Sum Assured of S\$250,000 for example) since no medical underwriting is required for this Supplementary Benefit.

**4.9. What should the Financial Adviser Representative do if he wants to know whether the customer has met the maximum aggregated limit per life for Cancer Premium Waiver II or EasyTerm, assuming he has existing life policies with Us?**

The Financial Adviser Representative can call Our hotline to check with the customer service executive and will be able to get an immediate response on the existing in-force sum assured a Customer has.

**4.10. If any of the Supplementary Benefit is rejected while the basic plan is accepted, what happens to the excess premium?**

Upon decline of Supplementary Benefit in view of exceeding maximum limit, the decline notification letter will be printed in the Policy Document and the excess premium will be refunded to Client accordingly in the form of Direct Debit/ Cheque.

**4.11. [EPPW] What is the maximum aggregated limit for EasyPayer Premium Waiver?**

The maximum aggregation limit for EasyPayer Premium Waiver is SGD350,000 for each Assured. This aggregation limit shall be aggregating all EasyPayer Premium Waiver and Joint Life Premium Waiver for that particular life.

**4.12. [EPPW] Is the maximum aggregated limit for EasyPayer Premium Waiver disclosed to the customer during sales process? What happens when the aggregation limit is exceeded?**

The validation for maximum aggregation limit is set up in the Sales Quotation System (SQS) for this Supplementary Benefit. However, SQS is unable to aggregate all existing similar benefits for a particular life thus the validation is on per application basis and not on per life basis. For additional disclosure, this maximum aggregated limit should be made known to the customer during the sales process.

Options for new application with exceeded maximum aggregated limit for EasyPayer Premium Waiver:

**A. If it is known that this is the 1st policy with EasyPayer Premium Waiver:**

Submit 2 separate Applications

- 1st Application keep within the maximum aggregated limit for EasyPayer Premium Waiver of S\$350,000.
- 2nd Application with basic policy only (i.e. without the EasyPayer Premium Waiver)

Or

**B. If it is known that the customer has an existing policy with EasyPayer Premium Waiver:**

Submit the Application with reduced total benefit to be waived to keep within the maximum aggregated limit for EasyPayer Premium Waiver of S\$350,000.

A check will be done during new business to ensure the maximum aggregation limit after taking into consideration the new application has not exceeded the limit of SGD350,000 per life.

If EasyPayer Premium Waiver benefit for the new application has exceeded the maximum aggregation limit for EasyPayer Premium Waiver and Joint Life Premium Waiver of SGD350,000, We will only issue the Basic Policy without EasyPayer Premium Waiver and send the notification letter on the decline of EasyPayer Premium Waiver to the customer.

## **5. UNDERWRITING**

### **5.1 Is underwriting required to buy MyChoiceSaver?**

Medical underwriting is not required for this plan.

Financial checks will be conducted, which consists of Anti-Money Laundering (AML) checks and Affordability checks.

Anti-Money Laundering (AML) checks are conducted to establish sources of funds and sources of wealth.

Affordability checks are conducted to establish the customer's ability in sustaining the premium.

### **5.2 Why perform Financial Affordability checks?**

Financial Affordability checks are conducted to address anti-money-laundering concern as well as to avoid early lapsation of policies, which are not beneficial to the customer.

### **5.3 Who is the main focus for Affordability checks?**

The focus is on:

- Customer segment: Senior customers (late fifties and above) with low annual Income  $\leq$  S\$24,000, or no income;
- Materiality: Annualised Premium payable is  $> 20\%$  of Annual Income.

### **5.4 What are the criteria assessed during Affordability checks?**

An overview of the customer profile (age, occupation, income, etc.) based on the information declared will be assessed. Depending on the source of funds, the following may also be assessed:

If the source of funds is from savings,

- What is the amount of savings (%) set aside for the committed premium?
- Amount of wealth/ assets
- How is the wealth accumulated?

If the source of funds is not from savings,

- Whether are there any other sources of income to help with sustaining the premium, especially if annualized premium is  $\geq 20\%$  of annual income.

### **5.5 What are the additional evidences that may be required?**

During the affordability check, Underwriting may request for additional evidences, if necessary, in order to assess the application. Some examples of acceptable evidences may include:

- Additional Information to Application Form (B90) to provide further elaboration on the customer's profile and financial situation.
- Proof of income, such as pay-slips or Notice of Assessment (NOA)
- Customer's balance sheet or cashflow analysis statement done during Financial Needs Analysis.
- Latest bank statements showing proof of cash assets.

Please note that Compliance and Underwriting reserve the right to obtain further evidence if deemed necessary.

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