

## **Event Application Form**

(Excluding Roadshow)

#### **Important Notices:**

- Supervisor to complete the Events Application Form and submit to pias.bda@singlife.com and respective BDMS at least 15 days prior to the commencement date of the Roadshow(s). Exceptions are to be handled on a case-by-case basis.
- Refer Events Marketing Handbook for FARs for application procedures.
- Events conducted without PIAS approval amounts to unauthorizes public prospecting.
- If for any reasons the Event is cancelled, please inform PIAS at <a href="mailto:pias.bda@singlife.com">pias.bda@singlife.com</a>.

SECTION 1: DETAILS OF EVENT APPLICANT							
Supervisor Name / PIAS code:				Branch/Group Name:			
Contact No.				Alternate Contact No.			
SECTION 2: DETA	AILS OF EVE	ENT			1		
Types of Event	□ Seminar Name			□ Others (eg. Worksite marketing)  please specify			
Event Venue							
Start of Event	Date:				Time:		
End of Event	Date:				Time:		
SECTION 3: DETA	AILS OF PRO	DDUCTS					
Featured Product P							
Product Category			□ Life	☐ General	□ CIS	☐ Others:	
Point to note The use of PIAS Financial Planner and the applicable point-of-sales documents is mandatory for all closed sales involving Life/CIS/A&H products at Roadshows			Insurance	Insurance			
SECTION 4: INCENTIVES & GIFTS							
Incentives Offered to Clients			☐ Yes, please	specify details o	f Mechanics	5	□ No
For regular premium policies/ investments, the cost of incentives should not be more than 10% of the first year annual premium/ annual invested amount;							
b) For single premium policies/ investments, the cost of incentives offered should not be more than 1% of the single premium/ lump sum invested amount;							
c) No incentive is to be given for products that is paid from Client's CPF funds (including							



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	Medisave) or combined with Cash payment;					
d)	Incentives offered by PIAS, Branch and Product/Service Providers in aggregate cannot exceed the amount stipulated under sub-paragraphs (a) and (b); and					
e)	Should the Product/Service Providers introduce new customer incentives, Representatives must ensure that subparagraph (d) is adhered to. In the event that the aggregate value of the incentives exceeds the cap stipulated in subparagraph (d), Representatives must withdraw the Branch incentives offered to clients.					
Gifts Offered to Prospects		☐ Yes, please specify details of Mechanics	□ No			
a)	The value of the gift should be less than S\$10;					
b)	The gift must not be given in the form of cash, vouchers or gift cards;					
c)	No gift is to be given for recommending products that is to eb paid from Client;s CPF funds (including Medisave) or combined with Cash Payment.					
Se	Section 5: Marketing Material					
Are you using your own branch/Group Marketing Materials?		□ No				
		□ Yes				
		Provide a valid approval code:				
		Note: Only marketing materials that has an approval code and valid will be allowed at the Event/Roadshow	d are still			



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#### Section 6. Names Of Participating FARs

DO	Name of FARs	FAR Code	Start Date / Time	End Date / Time
D04				
DO1				
DO2				
DO3				
DO4				
	or's' assessment of the participating DO and FARs			

A Supervisor's' assessment of the participating DO and FARs should be based on the following criteria:

- a) FAR's balanced scorecard (BSC) grade;
- b) Any substantiated complaint(s) filed against the FARs previously;
- c) Any disciplinary action(s) taken against the FARs previously; and
- d) Any other relevant information gathered from the Company's due diligence conducted on the FARs, for example past results from mystery shopping / site visits / post-event surveys



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Su	oervisor's Remark(s), if any			
	Sec	tion 8. ACKNOWLEDGEMENT AND DECL	ARATION	
	I have read, understood, aq FARs, particularly, on publi	gree to all the guidelines prescribed in PIAS In events.	Event & Marketing Handbook for	
	I understand and acknowledge that PIAS shall have the discretion to appoint a Mystery Shopper to attend the above-mentioned event, to determine the extent and frequency of checks to be conducted by the Mystery Shopper.			
	I have assessed that all participating Duty Officer(s) ["DOs"] and FARs in the event have good compliance record before participating in the abovementioned event. The participating Duty Officer(s) and FARs have also read and understood all the guidelines prescribed in PIAS Event & Marketing Handbook for FARs.			
	I declare that all DOs and FARs for the event have completed all relevant trainings and will abide by the rules covered in the training.			
	☐ I declare that all the information provided in this form is true and accurate. I understand that any false and/or misleading information provided in this form may result in disciplinary actions taken by PIAS in accordance to the Section 11 of PIAS Event & Marketing Handbook for FARs.			
Su	pervisor's Signature	Supervisor's Name	Date	
Dir	rector's Signature	Director's Name	Date	



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Section 9. FOR OFFICIAL USE ONLY			
☐ Approve	□ Reject		
Remarks			
Name		Signature of Approver	