

Thank you for trusting PIAS with your financial needs.

This PIAS Non F2F Supplementary Form is to be completed in order to proceed with your application and/or PIAS Representative's recommendation. Please email the duly signed form to your PIAS Representative.

Customer Details

Name of Customer (as per NRIC)	
NRIC/Passport (last 4 characters e.g. 123A)	
Name of PIAS Representative	
Are you an existing PIAS Customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This non face-to-face session for insurance/investment sales was completed by way of:

<input type="checkbox"/> Video conference (please provide details): Date (DD/MM/YYYY) _____ Start Time _____ End Time _____	<input type="checkbox"/> Telephone call (please provide details): Date (DD/MM/YYYY) _____ Start Time _____ End Time _____
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Notes:

1. Video Conference is mandatory for New Customers, Sale of Medisave-approved plans and Selected Clients. NF2F Sales Advisory via Telephone call is not allowed for these clients.
2. The date/time refers to the date/time when most substantive part of the non F2F sales advisory session took place if held over several non face-to-face sessions.

Recommendation(s) by PIAS Representative

Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Others (e.g., Accredited Investor)	<input type="checkbox"/> No submission of PIAS Financial Planner

For Investment Account Opening, where applicable:

Platform	<input type="checkbox"/> Navigator <input type="checkbox"/> iFast
Type of Account	<input type="checkbox"/> Wrap <input type="checkbox"/> Non-Wrap
Account Opening With Subscription	<input type="checkbox"/> Yes <input type="checkbox"/> No, account opening only

Details of Product(s) that you are applying for:

SN	Name of Plan / Fund Name	Sum Assured / Investment Amount	Initial Premium Amount (\$) / Upfront Fee (%)	Name of Life Insured (If not Proposer)
1				
2				
3				
4				
5				

CUSTOMER'S DECLARATION

By signing below on this declaration, I hereby confirm and acknowledge that:

1. Please tick as applicable:

- ☐ I am not a Selected Client^ /
- ☐ I am a Selected Client^. My _____ (Relationship),
_____ (Name of Trusted Individual*)
accompanied me throughout the entire non face-to-face advisory and sales process and translated or explained the contents of the forms and the advisory to me in _____ (language/dialect). I fully understand my purchase based on the translation or explanation of the Trusted Individual.

Please provide reason if the Trusted Individual* is not an immediate family member:

^ A Selected Client is any individual who meets any two of the following criteria:

- Aged 62 years or older;
- Not proficient in written or spoken English; or
- Has below GCE O-Level or N-Level qualifications, or equivalent academic qualifications.

^ For PIAS, cross-border sales advisory is not available for Selected Clients i.e. Selected Client and Trusted Individual must be in Singapore during the non face-to-face advisory and sales process with PIAS Representative.

* A Trusted Individual must be an immediate family member of the Selected Client. If the Selected Client is accompanied by other family members, reason must be provided above.

2. Applicable if recommendation was made via PIAS Financial Planner:

The attached PIAS Financial Planner has been discussed with me, and the contents and recommendations contained therein have been explained to me by my PIAS Representative (and for Selected Clients, translated or explained to me by my Trusted Individual in the language/dialect set out in paragraph 1 above) and I agree with those recommendations.

For the plan(s) recommended, my PIAS Representative has explained (and for Selected Clients, my Trusted Individual has translated and explained to me in the language or dialect set out in paragraph 1 above) the values, product features and limitations, and information in the applicable Cover Page, Policy Illustration, Product Summary and Bundled Product Disclosure Document(s), Fund Factsheet, Product Highlight Sheet and Prospectus to my satisfaction.

3. In respect of the plan(s)/funds listed in this Non F2F Supplementary Form ("the plan(s)"), I have electronically received and read through (and for Selected Clients, my Trusted Individual has read through) all pages of the applicable Cover Page, Policy Illustration, Product Summary and Bundled Product Disclosure Document(s), Fund Factsheet, Product Highlight Sheet and Prospectus for the plan(s) (and, for Selected Individuals, my Trusted Individual has translated and explained them to me in the language set out in paragraph 1 above). I understand and accept the benefits of the plan(s).
4. I have fully and faithfully provided facts and information in the Application Form, any supporting documents and where applicable, the PIAS Financial Planner, that are true, complete and accurate, which I know or ought to know, otherwise you are entitled to void the insurance effected.
5. I will promptly update my PIAS Representative if any facts or information supplied is incomplete, changed, or has become inaccurate or misleading and agree that PIAS has the right, without incurring any liability or responsibility, to review, accept or reject the Application Form and/or any supporting documents and where applicable, the PIAS Financial Planner, relating thereto, and/or to propose changes or variation to any coverage, premiums or benefits in respect of the plan(s) already issued.
6. **Please tick as applicable:**
 - ☐ **[Not applicable for Cross-Border Sales]** I confirm and declare that my PIAS Representative has solicited the insurance / investment business from me in Singapore, and that this Non F2F Supplementary Form and/or any supporting documents relating thereto was/were signed or confirmed in Singapore.
 - ☐ **[For Cross-Border Sales only]** I confirm and declare that I had initiated the enquiry to my PIAS Representative, and that
 - For Singlife products: I earn an annual income of at least SGD120,000, or have savings/assets of at least SGD200,000.
 - For China Life or Transamerica products: I earn an annual income of at least SGD300,000, or have net personal assets of at least SGD2,000,000, or have net financial assets of at least SGD1,000,000.
 - ☐ I confirm and declare that this Non F2F Supplementary Form and/or any supporting documents relating thereto may be used for purpose of servicing my existing policy(ies) and/or investment account(s).

7. I shall be fully responsible for the accuracy, truthfulness and completeness of all documents transmitted electronically to PIAS notwithstanding that such transmission or information may have been given by a third party on my behalf with or without authority.
8. PIAS shall not be obliged to input, transmit or otherwise process any information provided by me if PIAS is of the view that there is any discrepancy, ambiguity or contradiction in any such information; provided always that if PIAS proceeds to input, transmit or otherwise process any such information notwithstanding any such discrepancy, ambiguity or contradiction, PIAS shall not be liable for any loss, damages or expenses suffered or incurred by me in respect thereof.
9. PIAS makes no warranty that the transmission of documents electronically will be uninterrupted, timely, secure, or error free, nor does PIAS make any warranty as to the results that may be obtained from such use or as to the accuracy or reliability of any information obtained through such means.
10. I understand that the use of non face-to-face virtual operating model through virtual remote communication technologies, such as virtual video conferencing is a substitute mode for PIAS and my/our PIAS Representative to provide Services to me.
11. I agree that the use of any third-party site(s)/software for the purpose of the sales and digital signature is done at my own discretion and I agree to assume any risks arising from such use and shall be solely responsible for all consequences of use including any losses, damages and other outcome arising.
12. I confirm my instructions to apply for the plan(s) listed in this Non F2F Supplementary Form. Attached are the supporting documents, including the signed 'Non F2F Supplementary Form' for PIAS' processing.
13. I agree that by reference to my digital signature that is affixed on this Non F2F Supplementary Form, I shall be deemed to have signed and affixed my digital signature within each document in relation to my application(s). I further understand that this Non F2F Supplementary form and the relevant Application form(s) and/or any supporting documents relating thereto, and where applicable, the PIAS Financial Planner, shall be read and construed as inseparable document. These documents shall have the same legal force and effect as though I have physically signed on all relevant sections requiring my signature.
14. I consent to the selected processes and verification methods adopted in relation to this non face-to-face application and agree that the combination of such processes and verification methods is commercially reasonable and secured for its purpose. I understand that PIAS will not be able to proceed with my application if PIAS is unable to contact me to confirm my purchase within 5 working days from the date of receipt of this application.

15. I agree that Singapore law will govern this confirmation/declaration and in the event of any dispute Singapore courts shall have exclusive jurisdiction.

Signature of Customer (Proposer)

Name:

NRIC/Passport (last 4 characters e.g. 123A)

Date (DD/MM/YYYY)

TRUSTED INDIVIDUAL'S DECLARATION (WHERE APPLICABLE)

By signing below on this declaration, I hereby confirm and acknowledge that:

1. I am the Customer's _____ (Relationship) and I have acted as the Trusted Individual* for the Customer named in this Non F2F Supplementary Form and accompanied the Customer throughout the entire sales and advisory process via Video Conference, as stated in this Non F2F Supplementary form.

*Trusted Individual must be a family member of the Selected Client.

2. I have fully read, understood and explained the contents of the PIAS Financial Planner, Application Form(s) and/or any supporting documents relating thereto and the values, product features and limitations, and information in the applicable Cover Page, Policy Illustration, Product Summary and Bundled Product Disclosure Document(s), Fund Factsheet, Product Highlight Sheet and Prospectus to the Customer in a language that he/she understands.
3. I agree that by reference to my digital signature that is affixed on this Non F2F Supplementary Form, I shall be deemed to have signed and affixed my digital signature within the PIAS Financial Planner as the Trusted Individual for this non face-to-face sales advisory. I further acknowledge that I have witnessed the named Customer affix his/her digital signature on this Non F2F Supplementary Form and/or any supporting documents, where required.

Signature of Trusted Individual

Name:

NRIC/Passport (last 4 characters e.g. 123A)

Date (DD/MM/YYYY)

REPRESENTATIVE'S DECLARATION

By signing below on this declaration, I hereby confirm and acknowledge that:

1. Applicable if recommendation was made via the PIAS Financial Planner:

I confirm that I have presented the PIAS Financial Planner to the Customer, which has been discussed, and the contents and recommendations contained therein have been explained (and for Selected Clients, translated and explained in a language that he/she understands by the Trusted Individual) to the Customer.

The recommendation(s) made by me is/are based on the needs analysis which has taken into account the information disclosed by the Customer in the PIAS Financial Planner. The information will be treated as confidential and will be used as part of fact find to recommend suitable product(s) and shall not be used for any other purposes without the Customer's consent.

2. I further confirm that the advisory and sales process was conducted and completed via non face-to-face through either Video Conference or Telephone Call, as stated in this Non F2F Supplementary form.

3. In respect of the life insurance and/or investment product(s) listed in this Non F2F Supplementary form, I have presented electronically the applicable Proposal Form(s), Cover Page(s), Policy Illustration(s), Product Summary/ies, Bundled Product Disclosure Document(s), Prospectus, Fund Factsheet and Product Highlight Sheet, and where applicable, the PIAS Financial Planner, for the product(s), and the Customer understands the benefits of the plan(s), and risks and potential returns of the fund(s).

4. Applicable For Switching / Replacement of Policy

I have explained to the Customer the possible disadvantages of the Switching / Replacement and where applicable, informed the Customer of other options besides Switching / Replacement. I have also explained the basis for Switching / Replacement and why the Switching / Replacement is suitable for the Customer as stated in Section 12 (Advice and Recommendations) of the PIAS Financial Planner.

5. Applicable to New Plans (not Cross-Border Sales)

I have solicited this insurance / investment business in Singapore, and this Non F2F Supplementary Form and/or any supporting documents relating thereto was/were signed or confirmed in Singapore.

6. Applicable to Cross-Border Sales

This cross-border sales advisory originated from a reverse enquiry from an existing PIAS Customer who meets the below wealth criteria:-

- For Singlife products: Earn an annual income of at least SGD120,000, or have savings/assets of at least SGD200,000.
- For China Life or Transamerica products: Earn an annual income of at least SGD300,000, or have net personal assets of at least SGD2,000,000, or have net financial assets of at least SGD1,000,000.

Signature of Representative

Name

PIAS Rep Code

Date (DD/MM/YYYY)