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Product Handbook

MyRetirementChoice III

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

MyRetirementChoice III is a participating endowment insurance plan with limited premium payment term that aims to provide a flexible platform for accumulating savings and providing retirement income solutions.

This plan provides coverage against death and terminal illness, waiver of premiums upon Total and Permanent Disability (TPD) and additional income if the Life Assured is unable to perform at least 2 of the 6 Activities of Daily Living.

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.

Main Differences between MyRetirementChoice II and MyRetirementChoice III

	MyRetirementChoice II	MyRetirementChoice III
Maximum Guaranteed Monthly Income (GMI)	S\$9,999,990	S\$140,000
Death Benefit for Reduced Paid- up policies	Higher of 105% of Total Premiums Paid for basic plan or Surrender Value	105% of Total Premiums Paid for basic plan
Illustrated Investment Rate of Return (IIRR)	3.25% p.a. & 4.75% p.a.	3% p.a. & 4.25% p.a.

2. TERRITORY & CURRENCY

Singapore. This plan is available in SGD only.

3. ISSUANCE REQUIREMENTS

3.1 Entry Age (Age-Next-Birthday "ANB" basis)

Entry Age of Life Assured Age

Accumulation Premium Payment		Entry Age (based on ANB)		
Period # (year)	Term (year)	Minimum	Maximum	
0 - 40	10, 15, 20, and 25	17	50	
5 - 40	5	17	50	

[#] subject to Entry Age + Premium Payment Term + Accumulation Period ≤ 80 ANB

Entry Age of Assured/Policyholder

Entry Age (ANB)			
Minimum Maximum			
17	99		

3.2 Issue Basis

- Single life policy
- 3rd party policy is allowed for:
 - 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.

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3.4 Nomination of Beneficiary

Nomination of Beneficiary is allowed for single life policy only.

Nomination is not allowed for 3rd party policy.

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 want to start planning for their retirement and are looking for a platform to start saving towards receiving future income.
- Customers who are looking at receiving a guaranteed income stream over and disability protection at the same time.
- Customers who look for a lower-risk investment vehicle to balance other high-risk investments that they have.
- Customers who seek a guaranteed issuance (i.e. no medical checks) savings solution.
- Customers who want certainty of an income stream payable from a chosen age.
- Customers who wish to benefit from the stable returns offered through a participating endowment plan in the form of reversionary bonuses and cash bonuses.

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 &	Life Stages					
Investment	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	х	х	✓	✓	x
Wealth accumulation	✓	✓	✓	✓	✓	x
Wealth preservation (e.g. >80% capital guarantee, investments tilted towards fixed income, bonds)	~	√	√	√	√	x
To provide an income stream	✓	✓	√	✓	✓	Х
To leave a legacy/gift	✓	✓	✓	✓	✓	Х

^{*} Product may be suitable for education funding if the payouts coincide with the kid's education expenses funding.

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

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(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
- Want some guarantees (i.e. Guaranteed Monthly Income, capital guarantee on total premiums paid at the end of selected Accumulation period)
- · Want a stream of income payouts
- Want some potential upside
- Not want to go through the hassle of underwriting
- Want guaranteed premium rates

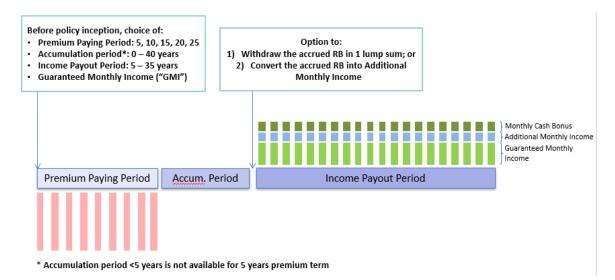
(ii) Not suitable for Customers who:

- Are looking for relatively high insurance protection
- · Are looking for 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 looking to pay premiums over the policy term

(iii) To meet the following needs:

· Savings & Investment

4.3 Key Features



Policy Term	Premium Payment Term + Accumulation Period + Income Payout Period					
Premium Payment Term		Choice of: 5, 10, 15, 20 and 25 years subject to Entry Age + Premium Payment Term ≤ 75 ANB				
Accumulation Period						
	Accumulation Period Entry Age Premium (year) # (based on Payment Term					
	Minimum Maximum ANB) (year) *					
	0 40 10, 15, 20, 25					
	5 40 17 - 50 5					
	Notes: * subject to Entry Age + Premium Payment Term ≤ 75 ANB # subject to Entry Age + Premium Payment Term + Accumulation Period ≤ 80 ANB					

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Income Payout Period	Any period from 5 years (at every 1-year interval) up to 35 years				
	subject to Entry Age + Premium Payment Term + Accumulation				
	Period + Income Payout Period ≤ 99 ANB				
Guaranteed Monthly Income	Minimum GMI: Higher of SGD300 per month or GMI based on				
(GMI)	annual premium of at least SGD800 for basic plan.				
	GMI Multiples: SGD10				
Issuance Basis	GIO. No medical underwriting. However, financial affordability				
	checks are applicable.				

4.4 Training Recommendation

Distribution Channel	Training Recommendation
FA	Highly recommended with a 75% passing mark with 5 questions on the product
AAC	Compulsory
Banca	Highly recommended with a 75% passing mark with 5 questions on the product

5. BENEFITS

5.1 Death Benefit

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

(a) Before Income Payout Period

The Death Benefit payable will be the sum of:

- (1) The higher of:
 - (i) 105% of Total Premiums Paid (excluding advance Premiums and Premiums for Supplementary Benefits (if any) attached to the Policy) on the Basic Benefits up to the date of death; or
 - (ii) the Guaranteed Cash Surrender Value,

and

(2) accumulated Reversionary Bonus (if any);

less any amount owing to Us.

(b) During Income Payout Period

The Death Benefit payable will be the sum of:

- (1) The higher of:
 - (i) 105% of Total Premiums Paid (excluding advance Premiums and Premiums for Supplementary Benefits (if any) attached to the Policy) on the Basic Benefits up to the date of death less the total GMI paid out to date; or
 - (ii) the Guaranteed Cash Surrender Value,

and

- (2) (i) accumulated Reversionary Bonus (if any); and
 - (ii) the re-invested Monthly Total Income that has accumulated with interest (if any) as at date of death;

less the total Additional Monthly Income paid to date (if any) and any amount owing to Us.

On the death of the Life Assured while the policy is in-force, We will pay the Death Benefit. The payment will start after We admit the claim upon receiving satisfactory proof of claim.

5.2 Terminal Illness Benefit

Upon diagnosis of Terminal Illness of the Life Assured during the Policy term, We will pay the Terminal Illness Benefit in one lump sum, as an advance of the Death Benefit.

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"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.

5.3 Monthly Total Income Benefit

The Monthly Total Income (MTI) consists of:

- 1) Guaranteed Monthly Income;
- Additional Monthly Income (if the accumulated Reversionary Bonus has been converted into Additional Monthly Income); and
- 3) Monthly Cash Bonus (if any).

5.3.1 Guaranteed Monthly Income (GMI)

The GMI will be payable monthly during the Income Payout Period as chosen by the policyholder.

The policyholder has the option to choose the following:

Income Payout Period	Any period from 5 years (at every 1-year interval) up to 35 years subject to Entry Age + Premium Payment Term + Accumulation
	Period + Income Payout Period ≤ 99 ANB.
GMI	Minimum GMI: Higher of SGD300 per month or GMI based on annual premium of at least SGD800 for the basic plan. GMI Multiples: SGD10.

5.3.2 Additional Monthly Income (AMI)

The policyholder may choose to:

- (a) withdraw the accumulated Reversionary Bonus in one lump sum which will be payable at the Policy Anniversary immediately after the end of the Accumulation Period; or
- (b) convert the accumulated Reversionary Bonus into Additional Monthly Income (AMI) at the Policy Anniversary immediately after the end of the Accumulation Period.

If (b) is chosen, the AMI will be payable monthly during the Income Payout Period. We will decide on the conversion factor used to convert the accumulated Reversionary Bonus into AMI.

The policyholder will not be able to change the option once he/she has selected it. If the policyholder does not select any option, We will convert the accumulated Reversionary Bonus into AMI.

5.3.3 Monthly Cash Bonus (MCB)

The MCB will be payable monthly during the Income Payout Period as chosen by the policyholder. MCB is not guaranteed and will be based on a percentage (determined by Us) of the GMI.

The first MTI will be paid 1 month following end of the Accumulation Period.

The policyholder can opt to:

- (a) receive the MTI via (i) cheque or (ii) direct credit to a designated bank account; or
- (b) re-invest the MTI with Us at a non-guaranteed interest rate determined by Us. The current interest rate is at 3% p.a. based on IIRR 4.25% p.a. This interest rate is nonguaranteed and is determined by Us from time to time.

The selected option will apply to the whole MTI, i.e. GMI, AMI (if any) and MCB. The policyholder cannot select different options for the 3 components of MTI.

After the policyholder has made their choice to receive the MTI via cheque, receive the MTI via direct credit into their bank account or re-invest the MTI, he/she still can write to Us to change the option subsequently.

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The MTI will be payable until the last Monthly Anniversary Date prior to or on the date on which the Life Assured dies, the Life Assured is diagnosed with Terminal Illness, the Policy terminates or the Income Payout Period ends, whichever is earliest.

A letter will be sent to the policyholder 2 months prior to the start of the Income Payout Period, in which the policyholder can indicate his/her preferred retirement solution and return it back to Us. Once the policyholder has chosen the preferred retirement solution, he/she is not allowed to change it, except for the option to reinvest the MTI or to receive in cash as described above. If the policyholder does not choose any option (to receive or to reinvest the MTI), We will automatically pay out the MTI via cheque.

5.4 Premium Waiver Upon Total and Permanent Disability

If the Life Assured is diagnosed with Total and Permanent Disability ("TPD") before the policy anniversary immediately before he is 75 ANB and at any time during the premium payment period, all future premiums of the basic plan will be waived from the next premium due date following the date of commencement of TPD until the end of the premium payment term. The claim for Premium Waiver Upon TPD will be admitted upon receiving satisfactory proof for the claim. This benefit does not participate in the participating fund hence it will not benefit from the performance of the participating fund.

If the Life Assured suffers from TPD within ninety (90) days from the:

- (i) Policy Issue Date;
- (ii) Benefit Commencement Date;
- (iii) Reinstatement Date; or
- (iv) the effective date of the change of Life Assured;

whichever is latest, there shall be no waiver of Premiums under this plan.

"Total and Permanent Disability (TPD)" means any of the following situations:

- 1. While the Policy is in force, if the Life 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 Life Assured is 18 years old (ANB) and below, TPD is defined as 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 6 consecutive months.
- 3. If the Life Assured is 19 years old (ANB) to 65 years old (ANB), and has suffered a disability which is total and permanent and persists continuously for at least 6 months, with the 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.
- 4. If the Life Assured is 19 years old (ANB) to 65 years old (ANB), and in the event of the Life Assured becoming totally and permanently unable to perform (due to disease, illness or injury) at least 3 of the 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.
- 5. If the Life Assured is 66 years old (ANB) to 70 years old (ANB), and in the event of the Life Assured becoming totally and permanently unable to perform (due to disease, illness or injury) at least 2 of the 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 Registered Medical Practitioner must first confirm and certify the diagnosis of Total and Permanent Disability before We admit any claim for this premium waiver benefit.

"Activities of Daily Living" or "ADLs" refer to the following:

- (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;

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(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 other means;
- (f) Feeding: The ability to feed oneself once food has been prepared and made available.

This benefit will not be applicable if the total Premiums to be waived under all Premium Waiver Upon Total and Permanent Disability Benefit issued by Us has exceeded a maximum sum of SGD1,000,000 in aggregate, in respect of the same Life Assured.

5.5 Care Income Benefit

During the Income Payout Period, We will pay the Care Income Benefit if the Life Assured meets the definition of Partial Disability as follow:

No.	Partial Disability Definition	Care Income Benefit
(i)	Partial Disability of 2 ADLs	50% of the chosen GMI
(ii)	Partial Disability of 3 ADLs	100% of the chosen GMI

- (i) "Partial Disability of 2 ADLs" means the Life Assured is unable to perform any 2 of the 6 Activities of Daily Living despite the aid of special equipment and requires the physical assistance of another person to perform the Activities of Daily Living.
- (ii) "Partial Disability of 3 ADLs" means the Life Assured is unable to perform at least 3 of the 6 Activities of Daily Living despite the aid of special equipment and requires the physical assistance of another person to perform the Activities of Daily Living.

"Partial Disability" refers to the Partial Disability of 2 ADLs or the Partial Disability of 3 ADLs.

A Registered Medical Practitioner must first confirm and certify diagnosis of the Partial Disability before We admit any claim for this Care Income Benefit.

We will pay the Care Income Benefit if the Life Assured meets the definition of Partial Disability, and the following terms & conditions shall apply:

- (a) This benefit will be payable every month starting from the next Monthly Anniversary Date, after a 90-day deferment period from the date (inclusive) on which the Registered Medical Practitioner has certified the Partial Disability.
- (b) The Care Income Benefit payable will be adjusted in accordance to the provisions of Fast Forward Option if Fast Forward Option has been exercised. Please refer to section 5.6 - Fast Forward Option for details.
- (c) If the Life Assured's Partial Disability improves from Partial Disability of 3 ADLs to Partial Disability of 2 ADLs, We will pay the Care Income Benefit in accordance to Partial Disability of 2 ADLs, subject to the provisions of Fast Forward Option.
- (d) If the Life Assured's Partial Disability advances in severity from Partial Disability of 2 ADLs to Partial Disability of 3 ADLs, We will pay the Care Income Benefit in accordance to Partial Disability of 3 ADLs, subject to the provisions of Fast Forward Option.
- (e) If the Life Assured meets both the definitions of Partial Disability of 2 ADLs and Partial Disability of 3 ADLs, We will pay only the higher of the two payouts.
- (f) This benefit ends immediately on the date the Life Assured no longer meets the Partial Disability definition, upon the death of the Life Assured or when the Policy terminates.
- (g) If the Life Assured has recovered but subsequently meets the Partial Disability definition again, the Life Assured is entitled to this benefit again. The deferment period shall apply again regardless of the cause.
- (h) This benefit cannot be re-invested.
- (i) To claim this benefit, the completed claim form and medical report that shows the Life Assured meeting the Partial Disability definition must be sent to Us. The policyholder has to pay the costs and expenses for the medical report.

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(j) Before We make any claim payments or while We are making claim payments under this benefit, We can ask for:

- An assessment or evaluation or examination from a Registered Medical Practitioner chosen by Us; or
- Any other medical evidence,
- to prove that the Life Assured meets the Partial Disability Definition. The policyholder shall pay any costs involved in providing the above.
- (k) If the Care Income Benefit is being paid when the Life Assured no longer meets the Partial Disability definition, We reserve the right to claw back the Care Income Benefit that have been paid.

Please refer to diagram under section 5.6 on Fast Forward Option for how the Fast Forward Option and Care Income Benefit work.

5.6 Fast Forward Option (FFO)

If the Life Assured is <u>first diagnosed with Partial Disability during the Income Payout Period</u> and it is the <u>first valid Care Income Benefit claim</u>, policyholder may apply to exercise FFO to receive the Care Income Benefit in a lump sum (instead of monthly income). The lump sum amount will be lower than the total Care Income Benefit and will be determined by Us. The lump sum amount varies depending on when the Partial Disability is diagnosed.

A 90-day deferment period from the date (inclusive) on which the Registered Medical Practitioner has certified the Partial Disability applies. The payout will be made after the deferment period.

The lump sum payout for Partial Disability of 2 ADLs and Partial Disability of 3 ADLs will be calculated based on the corresponding Care Income Benefit payout of 50% and 100% of the chosen GMI respectively as follows:

- (a) Upon a successful claim of FFO for Partial Disability of 2 ADLs, the lump sum payout under FFO will be calculated based on 50% of the chosen GMI, and the remaining 50% of the chosen GMI will be paid as a monthly income if:
 - (i) the Life Assured's Partial Disability advances in severity from Partial Disability of 2 ADLs to Partial Disability of 3 ADLs; or
 - (ii) the Life Assured recovers and subsequently suffers from Partial Disability of 3 ADLs.

The remaining 50% of the chosen GMI will not be available upon diagnosis of Partial Disability of 2 ADLs again.

(b) Upon a successful claim of FFO for Partial Disability of 3 ADLs, the lump sum payout under FFO will be calculated based on 100% of the chosen GMI.

The Care Income Benefit will not be available thereafter even if the Life Assured meets the Partial Disability definition again.

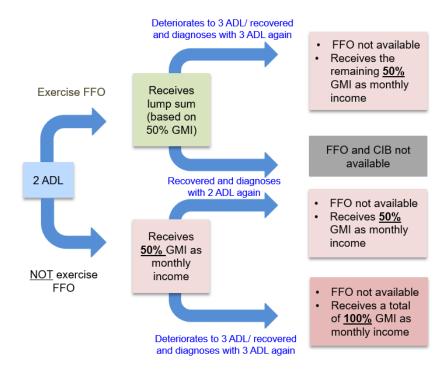
The policyholder needs to decide whether to exercise this option when filing for the Care Income Benefit claim. If the decision is to exercise this option, the decision cannot be reversed.

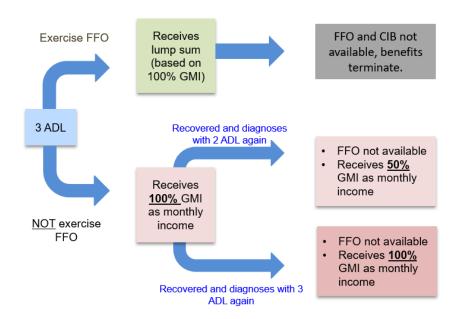
FFO can only be exercised once, upon the first valid Care Income Benefit claim and provided the Partial Disability is first diagnosed during Income Payout Period. After the first diagnosis of Partial Disability and a claim is admitted either under Care Income Benefit or FFO, FFO will not be available thereafter even if the Life Assured meets the Partial Disability definition again.

While if the decision is not to exercise this option, the option will not be available once the payment of Care Income Benefit has started. This option will not be available again even if the Life Assured's Partial Disability advances in severity from Partial Disability of 2 ADLs to Partial Disability of 3 ADLs or if the Life Assured has recovered and subsequently meets the Partial Disability definition again.

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How Fast Forward Option and Care Income Benefit (CIB) work

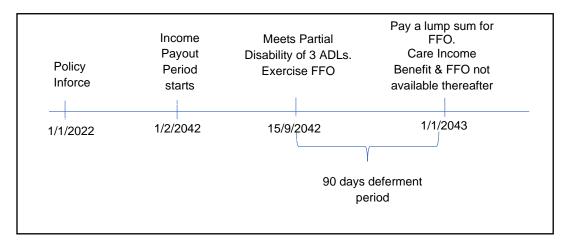




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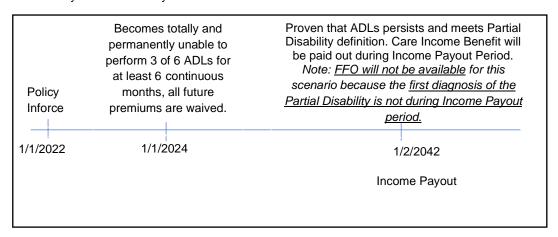
Example 1: to illustrate (i) payment for FFO will be after 90 days deferment period and (ii) no FFO & CIB after exercised FFO for Partial Disability of 3 ADLs.

Premium Payment Term = 10 years Accumulation Period = 10 years Income Payout Period = 20 years



Example 2: to illustrate FFO will not be available if the first diagnosis is not during Income Payout Period.

Premium Payment Term = 10 years Accumulation Period = 10 years Income Payout Period = 20 years



5.7 Maturity Benefit

On survival of the Life Assured to the Maturity Date, a Maturity Benefit consisting of the following will be payable on the Maturity Date in one lump sum:

- Last MTI: and
- Re-invested GMI, AMI and MCB which has accumulated with interest as at the date of maturity (if any),

less any amount owing to Us (if any).

5.8 Withdrawal of Re-invested Monthly Total Income

Re-invested MTI (with accumulated interest) can be withdrawn, either partially or fully by submitting a withdrawal application to Us.

The minimum amount for a withdrawal is SGD1,000 (in multiples of SGD10) or the balance available, whichever is lower.

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5.9 Withdrawal of Accumulated Reversionary Bonus

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

Unless the policyholder chooses otherwise as stated under section 5.3.2 (Additional Monthly Income), he/she may withdraw the accumulated RB (if any) in one lump sum at the Policy Anniversary immediately after the end of the Accumulation Period.

5.10 Projected Bonuses

We distribute a share of its 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.

Based on an illustrated investment rate of return of 4.25% p.a., the annual RB rate is projected at SGD15 per SGD1,000 of the Total Premiums Paid on annual premium mode (excluding the Premiums paid for Premium Waiver Upon TPD). Once bonus is added, it forms part of the guaranteed benefit of the Policy and is illustrated to compound at SGD15 per SGD1,000 on the accumulated RB.

The RB will only be accrued during the premium payment term and Accumulation Period based on the Total Premiums Paid for basic plan on annual premium mode (excluding the Premiums paid for Premium Waiver Upon TPD).

The accumulated RB may be withdrawn for its equivalent cash value, either partially or fully.

(b) Monthly Cash Bonus (MCB)

We may declare a cash bonus rate every year starting from the Policy Anniversary immediately before the Income Payout Period. The cash bonus rate will be used to determine the amount of Monthly Cash Bonus that will be paid monthly with the GMI and AMI (if any) as part of the MTI for the next 12 months.

The cash bonus rate is a percentage of the GMI. Please refer to Appendix B for the Monthly Cash Bonus rate table 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 RB and MCB 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 the upper and lower limits of the investment performance of the Participating Fund.

The RB and cash bonus rates are not guaranteed and depend on the performance of Our Participating Fund.

6. POLICY LIMITS

6.1 Accumulation Period

Accumulation period is the period from the Premium Cessation Date of the Basic Benefits until the Policy Anniversary prior to the Benefit Commencement Date of the Guaranteed Monthly Income.

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Accumulation Period (year)#		Entry Age	Premium Payment Term	
Minimum	Maximum	(based on ANB)	(year)*	
0	40	17 - 50	10, 15, 20 and 25	
5	40	17 - 50	5	

^{*} subject to Entry Age + Premium Payment Term ≤ 75 ANB

Accumulation Period must be in multiples of 1 year.

6.2 Policy Term

Policy Term = Premium Payment Term + Accumulation Period + Income Payout Period

6.3 Premium Payment Term

5 choices of Regular Premiums: 5 years, 10 years, 15 years, 20 years and 25 years limited pay The choice of premium payment term is subject to Entry Age + Premium Payment Term ≤ 75 ANB.

6.4 Policy Size

The minimum GMI per month is the higher of:

- SGD300; or
- 2. GMI based on annual premium (including premiums for Premium Waiver Upon Total and Permanent Disability and Care Income Benefit) of at least SGD800 for basic plan.

The max GMI per month is SGD140,000.

GMI chosen must be in multiples: SGD10

6.5 Frequency of payment and Modal Factors

Annually	ally Semi-annually Quarterly		Monthly
1.0000	0.5064	0.2548	0.0853

6.6 Method of Payment

Available via cash, cheque or GIRO.

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

This plan will acquire cash surrender values starting from the beginning of 3rd Policy Year as long as premiums are paid up to date.

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

Total Surrender Value consists of Basic Cash Value and Bonus Cash Value.

[#] subject to Entry Age + Premium Payment Term + Accumulation Period ≤ 80 ANB

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The guaranteed surrender value at the end of the Accumulation Period will be at least 100% of the Total Premiums Paid.

7.2 Automatic Premium Loan (APL)

Available by default for the payment of premiums in default. 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. Max. loan amount is 65% of the cash value less any indebtedness. Min. 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 available as one of the elective non-forfeiture options. RPU is allowed before premium payment term ends, while the policy is in force and after the policy has acquired a cash value.

The policyholder can apply to the Company, without having to provide any evidence of insurability, to use the cash surrender value to convert the policy to a non-participating paid up Endowment policy for a reduced monthly GMI, subject to the minimum GMI per month.

The reduced GMI will be determined by Us (at the date of the conversion) based on the cash surrender value, any indebtedness 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 MCB for RPU policies; AMI and MCB will not be payable during the Income Payout Period;
- (b) 105% of Total Premiums Paid for the basic plan will be payable as Death Benefit or an advance of death benefit due to Terminal Illness claim (The Total Premium Paid will refer to the Total Premium Paid before paid up);
- (c) Guaranteed Monthly Income will still be payable during the Income Payout Period based on the reduced GMI;
- (d) Care Income Benefit and Fast Forward Option will not be available;
- (e) Cash Surrender Value will not be available;
- (f) All Supplementary Benefits attached under this Policy will be cancelled;
- (g) 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
- (h) All changes will be reflected on 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 (base 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-forced 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 rates 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, provided there is no change of Life Assured.

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8.2 Reinstatement Criteria

The policyholder may within twelve (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 GMI/Sum Assured, where applicable must not exceed the maximum GMI/Sum Assured prevailing at the time of the policyholder's 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 policyholder's application to reinstate the Policy.
- c) The Life Assured's Age, prevailing at the time of policyholder's 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 agrees to the additional premium).
- Satisfactory evidence of insurability is submitted at policyholder's expense and is acceptable to Us.
- f) The policyholder pays all the Instalment Premiums in arrears and repays the full amount of any loan up to the date of reinstatement, together with interest at a rate determined by Us.
- g) The policyholder pays the prevailing processing fee.

We reserve the right to reject any application for reinstatement.

8.3 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 or cancellation of the Policy under the terms of Free-look Period;
- 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 the policyholder's application to fully surrender or terminate the Policy;
- f) when the Policy is voided and cancelled under the terms of Suicide or Incontestability;
- g) the full payment of the:
 - i. Death Benefit;
 - ii. Terminal Illness Benefit; or
 - iii. Maturity Benefit.

8.4 Policy Alteration

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

8.4.1. Reduction in Guaranteed Monthly Income

Reduction in GMI is allowed prior to the end of the Accumulation Period, with a pro-rated refund of cash surrender value (if any) less any indebtedness. This is also subject to the prevailing minimum GMI per month.

Generally, a reduction in GMI entails a refund of cash surrender value (if any) less any indebtedness with the conditions as stated above, without a refund on the difference of the premiums that were paid prior to the reduction; in addition the future benefits that the plan offer would also be reduced.

8.4.2. Increase in Guaranteed Monthly Income

Increase in GMI is only allowed during the 1st policy year. Back-payment of premium and interest will be required for the increase in GMI.

8.4.3. Change of Premium Payment Term, Accumulation Period or Income Payout Period

Not allowed.

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8.4.4. Change of Life Assured

Change of Life Assured is allowed:

- i. up to 3 times after the first policy year and before the end of Premium Payment Term;
- ii. subject to satisfactory evidence that the new Life Assured has sufficient insurable interest (in relation to the policyholder); and
- iii. subject to the new Life Assured fulfils the business rules of this plan such as;
 - · min and max of entry age;
 - min and max of Premium Payment Term;
 - · min and max of Accumulation Period;
 - · min and max of Income Payout Period;
 - min and max of Guaranteed Monthly Income.

Change of Life Assured is not allowed:

- i. once the Life Assured or the Assured dies; or
- once a claim has been admitted for any of the Supplementary Benefits covering the Life Assured.
- iii. once a claim has been admitted to waive the premium of the basic plan;
- iv. once the Reduced Paid Up option has been activated; or
- v. during the Accumulation Period and Income Payout Period.

Notes:

- No reason is required for the change.
- ii. Premium payment period, Accumulation Period and Income Payout Period shall remain the same upon exercising of this option. The remaining premium payment period will be used to validate the fulfilment of the business rules.
- iii. Premium for the basic plan will be adjusted in accordance to the new Life Assured.
- iv. The change of Life Assured will take effect from the Policy Anniversary immediately following the date We accept the request to change the 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.
- v. Exclusion for Pre-existing Conditions shall apply to the new Life Assured.
- vi. All supplementary benefits attached to the plan will be terminated upon change of Life Assured.
- vii. The action to change the Life Assured cannot be reversed once the change of Life Assured is effective.
- viii. 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.
- ix. Policy Issue Date will remain unchanged.

8.5 Surrender

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

The policyholder has the option to partial surrender the policy by reducing the GMI and withdraw the cash surrender value partially before the Income Payout Period starts. The GMI after the partial surrender will be reduced proportionately, subject to the minimum GMI. Please refer to section 8.4.1 Reduction in Guaranteed Monthly Income for details.

The application to 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 the prevailing processing fee and all monies owing to Us.

8.6 Partial Withdrawal

Not applicable.

8.7 Regular Withdrawal

Not applicable.

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8.8 Advance Premium Facility

Applicable.

8.9 General Exclusions

Death Benefit

If the Life Assured commits suicide (while sane or insane) within one (1) year of the Policy Issue Date of the basic plan 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, issue date of the Endorsement for the Supplementary Benefit, the effective date the Supplementary Benefit is added to the 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 Guaranteed Monthly Income of the Basic Benefits or Sum Assured of the 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 or the effective date of such increase (whichever is later), the increase of such Guaranteed Monthly Income or Sum Assured of the Supplementary Benefits 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.

Terminal Illness Benefit

Terminal Illness in the presence of HIV infection is excluded.

<u>Premium Waiver Upon Total and Permanent Disability, Care Income Benefit and Fast Forward</u> Option

There shall be no waiver of Instalment Premium for any Total and Permanent Disability, payout for Care Income Benefit or payout for Fast Forward Option if the TPD or Partial Disability is directly or indirectly, wholly or partly caused by or arising from or contributed to by:

- (1) attempted suicide, while sane or insane;
- (2) self-inflicted illnesses and injuries, while sane or insane;
- (3) injuries sustained during travel in or on any type of aircraft other than as a fare-paying passenger or crew member of an international airline operating on a regularly-scheduled passenger flight of a licensed commercial aircraft; or
- (4) any Pre-existing Conditions.

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 which the Life Assured suffered or was suffering from, prior to the Policy Issue Date, Benefit Commencement Date, effective date of change of Life Assured or reinstatement date of this Policy, whichever is latest.

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

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		Single Life Policy		Third Party Policy	
Supplementary Benefit	Benefit	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	NA	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:

- For Single Life policy, Cancer Premium Waiver II and Critical Illness Premium Waiver II are mutually exclusive.
- 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 3rd 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 MU58/19 and applicable to all critical illness insurance policies in the industry.

* Please refer to the <u>Definition of Major Cancer</u> 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.

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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

Cancer Premium Waiver II attachable to MyRetirementChoice III:	Minimum Entry Age	Maximum Entry Age
Policyholder/Assured (3rd Party Policy)	17 ANB	70 ANB
Life Assured (3 rd Party Policy)	N/A	N/A
Life Assured (Single Life Policy)	17 ANB	50 ANB

10.2.6 Policy Term

For Cancer Premium Waiver II attachable to MyRetirementChoice III: 5, 10, 15, 20 and 25 years

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

Note: For 3rd Party policy, subject to Assured's entry age + Cancer Premium Waiver II policy term ≤ 75

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.

Cancer Premium Waiver II attachable to:	Single Life Policies allowed for	3 rd Party Policies allowed for
MyRetirementChoice III	Life Assured - 17 ANB and above	Husband and wife basis - both 17 ANB and above

Note: Corporate Applications (where the Life Assured is the employee and the policyholder is the company) is not allowed.

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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 MyRetirementChoice III, 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:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - · Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behavior; or
 - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intraepithelial neoplasia;

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 (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 3rd 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.

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"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

- 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:
 - 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".

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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 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 regularlyscheduled 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.

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

EasyTerm attachable to MyRetirementChoice III:	Minimum Entry Age	Maximum Entry Age
Policyholder/Assured (3rd Party Policy)	17 ANB	60 ANB
Life Assured (3 rd Party Policy)	N/A	N/A
Life Assured (Single Life Policy)	17 ANB	50 ANB

11.2.5 Policy Term

For EasyTerm attachable to MyRetirementChoice III:

Policy Term	Single Life Policy	Third Party Policy
Minimum	5 years	5 years
Maximum	Minimum (Basic plan's Premium Payment Term + Basic's plan Accumulation Period, 25, 75 – Life Assured 's entry age)	Minimum (Basic plan's Premium Payment Term + Basic's plan Accumulation Period, 25, 75 – Assured 's entry age)

11.2.6 Premium Payment Term

Follow Supplementary Benefit's policy term.

11.2.7 Policy Size (Sum Assured)

Minimum = SGD10,000 (SA increases by SGD500)

Maximum = Lower of (5 x Basic Plan's Annual Premium, round up to the nearest SGD500)

OR SGD250,000 per life ^

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

- Max for Death/TI GIO SA: SGD250,000
- Max 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 rd Party Policies allowed for
MyRetiremenChoice III	Life Assured - 17 ANB and above	Husband and wife basis - both 17 ANB and above

Note: 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.

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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 MyRetirementChoice III, 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.

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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 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.

"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:
 - 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.

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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 Lis

- (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; or
 - (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.

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 "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 MyRetirementChoice III:	Minimum Entry Age	Maximum Entry Age
Policyholder/Assured (3rd Party Policy)	17 ANB	60 ANB
Life Assured (3 rd 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 MyRetirementChoice III: 5, 10, 15, 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^

^ 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 rd Party Policies allowed for
MyRetirementChoice III	N/A	Husband and wife basis - both 17 ANB and above

Note: 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.

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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";

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- (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 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:

- (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.

13.2.4 Entry Age

Critical Illness Premium Waiver II attachable to MyRetirementChoice III	Minimum Entry Age	Maximum Entry Age
Policyholder/Assured (3rd Party Policy)	N/A	N/A
Life Assured (3 rd Party Policy)	N/A	N/A
Life Assured (Single Life Policy)	17 ANB	50 ANB

13.2.5 List of 35 Critical Illnesses^:

- Major Cancer
- 2. Heart Attack of Specified Severity
- Stroke with Permanent Neurological Deficit
- 4. Coronary Artery By-pass Surgery
- 5. End Stage Kidney Failure
- 6. Irreversible Aplastic Anaemia
- 7. End Stage Lung Disease
- 8. End Stage Liver Failure
- 9. Coma
- 10. Deafness (Irreversible Loss of Hearing)
- 11. Open Chest Heart Valve Surgery
- 12. Irreversible Loss of Speech
- 13. Major Burns
- Major Organ / Bone Marrow Transplantation
- 15. Multiple Sclerosis
- 16. Muscular Dystrophy
- 17. Idiopathic Parkinson's Disease
- 18. Open Chest Surgery to Aorta
- 19. Alzheimer's Disease / Severe Dementia

- 20. Fulminant Hepatitis
- 21. Motor Neurone Disease
- 22. Primary Pulmonary Hypertension
- 23. HIV Due to Blood Transfusion and Occupationally Acquired HIV
- 24. Benign Brain Tumour
- 25. Severe Encephalitis
- 26. Severe Bacterial Meningitis
- 27. Blindness (Irreversible Loss of Sight)
- 28. Major Head Trauma
- 29. Paralysis (Irreversible Loss of Use of Limbs)
- 30. Progressive Scleroderma
- 31. Persistent Vegetative State (Apallic Syndrome)
- 32. Systemic Lupus Erythematosus with Lupus Nephritis
- 33. Other Serious Coronary Artery Disease
- 34. Poliomyelitis
- 35. Loss of Independent Existence

^ 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 for the standard Definitions (Version 2019).

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13.2.6 Policy Term

For Critical Illness Premium Waiver II attachable to MyRetirementChoice III: 5, 10, 15, 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	3 rd Party Policies allowed for
MyRetirementChoice III	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

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(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 attached 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";
- (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:

- (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.

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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

Payer Critical Illness Premium Waiver II attachable to MyRetirementChoice III	Minimum Entry Age	Maximum Entry Age
Policyholder/Assured (3 rd Party Policy)	17 ANB	65 ANB
Life Assured (3 rd Party Policy)	N/A	N/A
Life Assured (Single Life Policy)	N/A	N/A

14.2.6 List of 35 Critical Illnesses^:

Major Cancer	20. Fulminant Hepatitis
Heart Attack of Specified Severity	21. Motor Neurone Disease
Stroke with Permanent Neurological	22. Primary Pulmonary Hypertension
Deficit	23. HIV Due to Blood Transfusion and
4. Coronary Artery By-pass Surgery	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
11. Open Chest Heart Valve Surgery	Limbs)
12. Irreversible Loss of Speech	30. Progressive Scleroderma
13. Major Burns	31. Persistent Vegetative State (Apallic
14. Major Organ / Bone Marrow	Syndrome)
Transplantation	32. Systemic Lupus Erythematosus with
15. Multiple Sclerosis	Lupus Nephritis
16. Muscular Dystrophy	33. Other Serious Coronary Artery
17. Idiopathic Parkinson's Disease	Disease
18. Open Chest Surgery to Aorta	34. Poliomyelitis
19. Alzheimer's Disease / Severe Dementia	35. Loss of Independent Existence

[^] 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. Please refer to www.lia.org.sg for the standard Definitions (Version 2019).

14.2.7 Policy Term

For Payer Critical Illness Premium Waiver II attachable to MyRetirementChoice III: 5, 10, 15, 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.

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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 rd Party Policies allowed for
MyRetirementChoice III	N/A	Husband and wife basis - both 17 ANB and above

Note: 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.

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APPENDIX A - CUSTOMER SEGMENT

By Life Stage

Customer Segment / Life Stage	Profile, Demographics and Lifestyle
Younger Singles	18 - 30 years old, working and have a regular income.
	Tend to have some savings.
	May be planning to set up a family.
	Tend to have lesser responsibilities in life.
Older Singles	 31 - 60 years old and above, have strong savings and earning power.
	Have very high purchasing power.
	 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.
	May have their own house.
	May still have to support old aged parents.
Married	• Likely to be around 25 – 34 years old, likely to be financing loans for car and house.
with no kids	May be planning for children.
	May have working or retired parents.
Married	• Likely to be around 30 - 45 years old, worked for many years, good earning and
with young kids	purchasing power.
	 Key responsibilities in housing, children and taking care of old age parents. Prudent in spending.
Married	 Likely to be around 45 - 60 years old, may be approaching retirement.
with grown-up kids	Have lesser responsibilities on children and housing, as children may already be
(above 16 ANB)	working or married and may have fully repaid any housing loan.
	May not have parents to take care of anymore.
	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.
Empty Nest/ Retirees	 Likely to start receiving payout(s) from CPF.
	 May be fully retired (hence living on own savings and pocket money given by children), or semi-retired (continue to be working on an ad-hoc/part-time basis).

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APPENDIX B – MONTHLY CASH BONUS (BASED ON AN ILLUSTRATED INVESTMENT RATE OF RETURN OF 4.25% P.A.)

Monthly Cash Bonus rate table at the illustrated investment rate of return of 4.25% p.a. (per SGD1,000 GMI)

Premium Payment Term: 5 years

Accumulation Period	0 to 10			11 to 20			
Fratrus Assa	Income Payout Period						
Entry Age	5 to 14	15 to 24	25 to 35	5 to 14	15 to 24	25 to 35	
17 to 24	68 to 334	217 to 534	388 to 759	186 to 842	397 to 1161	607 to 1488	
25 to 29	68 to 334	217 to 534	388 to 762	186 to 844	397 to 1168	608 to 1506	
30 to 34	68 to 333	217 to 534	388 to 765	185 to 847	396 to 1181	609 to 1534	
35 to 39	67 to 332	216 to 534	386 to 771	183 to 851	395 to 1203	610 to 1617	
40 to 44	65 to 331	214 to 534	384 to 778	181 to 858	393 to 1239	611 to 1597	
45 to 50	61 to 328	208 to 533	378 to 797	175 to 862	386 to 1316	608 to 1463	

Accumulation Period	21 to 30			31 to 40			
Entry Age	Income Payout Period						
Entry Age	5 to 14	15 to 24	25 to 35	5 to 14	15 to 24	25 to 35	
17 to 24	612 to 1559	947 to 1887	1255 to 2271	1336 to 2435	1656 to 2871	1985 to 3358	
25 to 29	613 to 1573	950 to 1915	1264 to 2323	1344 to 2482	1670 to 2934	2015 to 3117	
30 to 34	614 to 1603	953 to 1958	1274 to 2295	1352 to 2512	1691 to 2947	2050 to 2882	
35 to 39	614 to 1655	959 to 2026	1293 to 2162	1342 to 2216	1731 to 2455	2101 to 2400	
40 to 44	614 to 1687	969 to 2041	1324 to 1993	1072 to 1813	1543 to 2036		
45 to 50	593 to 1437	980 to 1752	1391 to 1702				

Monthly Cash Bonus rate table at the illustrated investment rate of return of 4.25% p.a. (per SGD1,000 GMI)

Premium Payment Term: 10 years

Accumulation Period	0 to 10			11 to 20			
Forture A see	Income Payout Period						
Entry Age	5 to 14 15 to 24 25 to		25 to 35	5 to 14	15 to 24	25 to 35	
17 to 24	21 to 440	161 to 667	317 to 920	271 to 1028	515 to 1364	753 to 1682	
25 to 29	21 to 440	161 to 668	317 to 925	271 to 1032	516 to 1378	755 to 1707	
30 to 34	21 to 439	161 to 669	316 to 933	270 to 1039	515 to 1405	756 to 1781	
35 to 39	21 to 438	159 to 669	314 to 944	268 to 1051	514 to 1445	759 to 1757	
40 to 44	19 to 437	157 to 669	311 to 964	264 to 1067	511 to 1532	763 to 1666	
45 to 50	15 to 432	152 to 666	302 to 939	252 to 1076	491 to 1553	760 to 1495	

Accumulation Period	21 to 30			31 to 40			
Entry Ago	Income Payout Period						
Entry Age	5 to 14	15 to 24	25 to 35	5 to 14	15 to 24	25 to 35	
17 to 24	762 to 1774	1132 to 2132	1450 to 2563	1581 to 2755	1873 to 3227	2230 to 3540	
25 to 29	764 to 1800	1138 to 2170	1466 to 2530	1594 to 2780	1899 to 3237	2275 to 3165	
30 to 34	765 to 1847	1145 to 2232	1487 to 2382	1594 to 2458	1932 to 2700	2321 to 2640	
35 to 39	766 to 1876	1159 to 2245	1521 to 2195	1298 to 2016	1733 to 2242		
40 to 44	731 to 1633	1156 to 1880	1576 to 1836				
45 to 50	642 to 1210	1077 to 1534					

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Monthly Cash Bonus rate table at the illustrated investment rate of return of 4.25% p.a. (per SGD1,000 GMI)

Premium Payment Term: 15 years

Accumulation Period		0 to 10			11 to 20	
Entry Ago			Income Pay	out Period		
Entry Age	5 to 14	15 to 24	25 to 35	5 to 14	15 to 24	25 to 35
17 to 24	59 to 574	236 to 834	413 to 1127	375 to 1248	659 to 1562	929 to 1903
25 to 29	59 to 574	236 to 836	413 to 1138	375 to 1258	660 to 1587	933 to 1941
30 to 34	59 to 574	234 to 839	411 to 1154	373 to 1276	660 to 1625	938 to 1915
35 to 39	57 to 573	232 to 842	409 to 1182	370 to 1305	659 to 1735	945 to 1856
40 to 44	55 to 571	229 to 842	403 to 1154	363 to 1322	652 to 1764	954 to 1711
45 to 50	48 to 561	218 to 839	380 to 1002	321 to 1001	596 to 1282	946 to 1235

Accumulation Period		21 to 30			31 to 40	
Entry Age			Income Pay	out Period		
Entry Age	5 to 14	15 to 24	25 to 35	5 to 14	15 to 24	25 to 35
17 to 24	935 to 2030	1349 to 2414	1648 to 2843	1847 to 3049	2126 to 3530	2515 to 3688
25 to 29	938 to 2071	1361 to 2471	1674 to 2635	1861 to 2678	2161 to 2982	2573 to 2917
30 to 34	942 to 2097	1377 to 2483	1705 to 2427	1547 to 2253	1941 to 2480	
35 to 39	909 to 1839	1396 to 2061	1752 to 2013			
40 to 44	685 to 1445	1116 to 1742				

Monthly Cash Bonus rate table at the illustrated investment rate of return of 4.25% p.a. (per SGD1,000 GMI)

Premium Payment Term: 20 years

Accumulation Period		0 to 10			11 to 20	
Entry Ago			Income Pay	out Period		
Entry Age	5 to 14	15 to 24	25 to 35	5 to 14	15 to 24	25 to 35
17 to 24	124 to 790	331 to 1116	567 to 1431	500 to 1465	869 to 1793	1199 to 2165
25 to 29	124 to 771	331 to 1138	569 to 1453	499 to 1488	856 to 1826	1216 to 2135
30 to 34	123 to 806	330 to 1171	570 to 1529	497 to 1534	897 to 1884	1239 to 2018
35 to 39	121 to 832	352 to 1213	574 to 1507	492 to 1564	929 to 1896	1277 to 1852
40 to 44	116 to 873	364 to 1309	580 to 1426	451 to 1352	952 to 1590	1332 to 1557
45 to 50	101 to 893	365 to 1333	340 to 1294	413 to 999	915 to 1311	

Accumulation Period		21 to 30			31 to 40	
Entry Ago			Income Pay	out Period		
Entry Age	5 to 14	15 to 24	25 to 35	5 to 14	15 to 24	25 to 35
17 to 24	1137 to 2330	1559 to 2751	1878 to 3030	2129 to 3456	2403 to 3858	2839 to 3601
25 to 29	1144 to 2352	1583 to 2760	1918 to 2699	1813 to 2467	2179 to 2742	
30 to 34	1116 to 2069	1613 to 2293	1960 to 2240			
35 to 39	866 to 1681	1440 to 1891				

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Monthly Cash Bonus rate table at the illustrated investment rate of return of 4.25% p.a. (per SGD1,000 GMI)

Premium Payment Term: 25 years

Accumulation Period		0 to 10			11 to 20	
Entry Ago			Income Pay	out Period		
Entry Age	5 to 14	15 to 24	25 to 35	5 to 14	15 to 24	25 to 35
17 to 24	207 to 995	453 to 1397	687 to 1769	678 to 1716	1084 to 2061	1442 to 2453
25 to 29	207 to 1007	453 to 1441	687 to 1850	678 to 1753	1105 to 2116	1499 to 2260
30 to 34	205 to 1061	484 to 1485	686 to 1825	675 to 1777	1123 to 2128	1534 to 2078
35 to 39	201 to 1152	500 to 1591	695 to 1714	640 to 1536	1200 to 1750	1576 to 1733
40 to 44	192 to 1194	501 to 1619	746 to 1571	460 to 1267	1011 to 1586	
45 to 50	124 to 905	450 to 1206	657 to 1158			

Accumulation Period		21 to 30			31 to 40	
Entry Age			Income Pay	out Period		
Entry Age	5 to 14	15 to 24	25 to 35	5 to 14	15 to 24	25 to 35
17 to 24	1361 to 2613	1800 to 3043	2149 to 3187	2017 to 3244	2376 to 3597	3020 to 3356
25 to 29	1343 to 2286	1833 to 2567	2203 to 2508			
30 to 34	1071 to 1910	1639 to 2123				

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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 Firm Name Life Planners 11111111 Code Contact No. 91234567 Email soo_meng@lp.com Backdated to: D D M M Y Backdated to: D D M M Y Y Y Y Proof of Residency Policy 3 Policy 4 For Singapore Citizen/ Permanent Resident - 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). For non-Singapore Citizen – 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 Backdated to: D D M M Y Y Backdated to: D D M M Y Y Y Y 6 months). 1 PERSONAL PARTICULARS ASSURED/LIFE ASSURED (the Proposer) JOINT ASSURED/LIFE ASSURED (if different from Proposer) Full Name (as in NRIC/FIN/Passport) Ong Mei Ling (Please underline surname) Relationship to the Assured: O Mdm O Miss Salutation Mrs O Dr O Mrs O Mdm O MISS O pr O Male O Female Race: Gender/ Race O Male Female Race: Marital Status O Single Married O Widowed/Divorced/Separated O Single O Married O Widowed/Divorced/Separated NRIC/FIN/Passport No/Company UEN S1234567A 0 4 / 0 1 / 1 9 8 0 Date of Birth D D / M M / Y Y Y Nationality Singaporean O Singapore PR O Singaporean O Singapore PR O Others_ O Others Singapore Country of Birth Residency Status ○ Citizen or Permanent Resident ○ Pass Holders Others (complete Q47 - Residential Supplementary QA) Others (complete Q47 - Residential Supplementary QA) 123 Ang Mo Kio Avenue 1 #10-01 Residential Address Postal Code 560123 Country Singapore Country Postal Code Correspondence Address (if different from address above) Postal Code Postal Code (Not applicable to MINDEF/MHA/POGIS) (Not applicable to MINDEF/MHA/POGIS) O Please update address for all my life and health policies O Please update address for all my life and health policies Mobile (cou65) code] - 98765432 Mobile [country code] -Contact Details (please provide at least mobile number) Email Email ● Employed ○ Self-employed ○ Unemployed/Retired O Employed O Self-employed O Unemployed/Retired **Employment Status** Accountant Occupation Exact Duties Accounts Name of Employer XYZ Consultancy Pte Ltd Nature of Business Consultancy Business Address Annual Fixed Income SGD 100.000

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Cash / Cheque	e" / Bank Draft	Credit Card	(Please complete Au	thorisation be	elow)	O Cash / Che	eque" / Bank Dra	ft OSRSO	perator:
Cheque No		Issuing	Bank					_	int No:
Interbank GIRO P	ayment (SGD onl	y)* O DBS/	POSB (Initial and su	bsequent pre	miums)	O DE	BS/POSB/Other I	banks (Subsequ	ent premiums only)
PREMIUM PAYME	NT DETAILS (If	different from Policy	1)						
	Policy 2			Policy 3				Policy	4
Contract Currency		Others	Contract Currenc		O ott	iers		ency OsGD	Others
Payment Frequen	-		Payment Frequer				Payment Freq		
○ Yearly ○ Hal Interbank GIRO Pa		arterly () Monthly	O Yearly O Ha Interbank GIRO P			y O Monthly		Half-Yearly () D Payment (SGI	Quarterly () Month
O DBS/POSB (In			O DBS/POSB (In				_		sequent premiums)
_		uent premiums only)	O DBS/POSB/Ot				_		ibsequent premiums or
initial Premium P		acreprentation only,	Initial Premium P			promoning		n Payment Met	
Cash / Cheque	e ⁱ / Bank Draft		Cash / Chequ	e ⁱ / Bank Draf	ft			que ⁱ / Bank Dra	
Cheque No			Cheque No				Cheque No		
Issuing Bank			Issuing Bank				Issuing Bai	nk	
Credit Card (co		ation below)	Credit Card (c		orisation	below)	_		horisation below)
Single/ Subseque Cash / Cheque			O Cash / Chequ		ft		_	quent Premium que" / Bank Dra	
SRS Operator:			SRS Operator:						
ana operator			SRS Operator				Sics Operator.		
SRS Account No:			SRS Account No:				SRS Account 1	VO:	
		erbank GIRO form. Ini Ink in the country of (vhose bank acco	ountholder's NRIC	is the same with	Assured's in our record.
/ISA/MASTERCAR	RD AUTHORISAT	TION – I authorise A	/Iva Ltd to charge ti	ne initial pren	níum to i	my credit card o	account.		
Card Number	1 - 1 - 1 -				ssulng Ba) Visa	Signature of Ca	rdholder
4 3 2 1	- 4 3 2	1 - 4 3	2 1 - 4 3		DB) Mastercard		def
Name of Cardhol	der		Explry	().	lelations If differer	hip to Assured at from Assured)		NRIC/Passport	No.
Ong Mel Ling			0 7	2 4				S1234567A	
OLIDCE OF WEA	ITH/FIINDS - to	be completed for al	Inlane						
OUNCE OF MEX	LITTIFICATION TO		-		_		_		
Source of Wealth Where your weal			Employment/TraOthers, please sp		O Rer	ital Income	O Investmen	t Income	
Source of Funds Origin of the fund			Employment/Tra Others, please sp		O Sal	es of property	O Savings	Maturity or	Surrender of Policy
	(if different from ife Assured)		ard/Passport gistration No.*	Payer's Rela	ationship	to Assured	Please provi	de reason for pa	aying for this policy

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		e or intended to replace a				Assured	/Life Assu	red Join	t Assured/Life	Assured
	va Ltd or any other Insur uivalent Singapore dolla	ance company? If Yes, ple rs.	ase provide policy ai	nd the sum assu	ured in	O Yes	. ● N	D	O Yes O	No
			A	ssured/Life Ass	ured		Jo	oint Assured/Li	fe Assured	
			Aviva		Others		Avtva		Others	
Ш	fe (term replacement)									
Ш	fe (others)									
To	ital and Permanent Disa	bility								
Cr	itical illness									
DI	sability Income									
	,									
N	ew policy to replace (ple	ase tick)	O Policy	1	O Policy 2		O Policy	3	O Polic	/4
-	,,,,	Policy number(s)	Oromey		O i uncy z		O romey		O rone	, ,
Đ	isting policy	- 11								
		Insurer(s)								
yaı		e terms and conditions m ser Representative and co king a final decision.								
EΊ	TAILS OF PREVIOUS &	CONCURRENT INSURAN	CE APPLICATIONS	- to be comple	ted for all plans.					
Do	you have life insurance	coverage and/or are you a	also applying for ins	urance with and	other	Assured	/Life Assu	red Join	t Assured/Life	Assured
		please provide the covera				O Yes	. ⊚ No	D	O Yes O	No
		Name of Insurer(s)	Life (Death)	Total & Perm	anent Disability	Critical	Illness	Personal Acc	dent Disab	lity Income
As	ssured/Life Assured									
Te.	oint Assured/Life Assured									
	Allic Assured, circ Assured	'								
R/	AVEL AND LIFESTYLE Q	UESTIONS – to be compl	eted for all plans.							
			-				Assured	d/Life Assured	Joint Assure	xd/Life Assure
							Yes	No	Yes	No
•	than 183 days?	receding the date of this a					0	•	0	0
	in the last 12 months, i (excluding holiday or l	have you spent more than elsure)?	190 days outside of	your current co	untry of residenc	e	0	•	0	0
							quency of	travel	Duration	n per trip
		Cou	untry and city visited	d	Purpo	se and freq				
	Assured/Life Assured	Col	untry and city visited	d	Purpo	se and freq				
	Assured/Life Assured Joint Assured/Life Ass		untry and city visited	d	Purpo	se and freq				
2.	Joint Assured/Life Ass In the next 12 months,	sured do you plan to spend mo					0	•	0	0
2.	Joint Assured/Life Ass	sured do you plan to spend mo					0	•	0	0
2.	Joint Assured/Life Ass In the next 12 months,	sured do you plan to spend mo elsure)?		side of your cur	rent country of re					O
2.	Joint Assured/Life Ass In the next 12 months,	sured do you plan to spend mo elsure)?	re than 90 days outs	side of your cur	rent country of re	sidence				
2.	Joint Assured/Life Assured/Life Assured/Life Assured/Life Assured	sured do you plan to spend mo elsure)? Co	re than 90 days outs	side of your cur	rent country of re	sidence				
2.	Joint Assured/Life Ass In the next 12 months, (excluding holiday or l	sured do you plan to spend mo elsure)? Co	re than 90 days outs	side of your cur	rent country of re	sidence				
3.	Joint Assured/Life Ass In the next 12 months, (excluding holiday or in Assured/Life Assured Joint Assured/Life Assured Do you take part in or pl Scuba diving, skydwing	do you plan to spend mo elsure)? Cou	re than 90 days outs untry and city visited e following activities: or rock climbing (exc	side of your cun	rent country of re	sidence				

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	RAVEL AND LIFESTYLE QUESTIONS – to be completed for all plan	s. (continuea)				
1 1		Assured/Life Assured		Joint Assu	ired/Life Assured	
Ш	For scuba diving only	Yes No		Yes	No)
a	a) Is this an one-off participation and no plan in future? If No , please proceed with the following questions (b) to (d).	0 •		0	C)
t	b) Is the usual depth involved more than 40 metres?	0 •		0	C)
١,	Do you dive alone and unaccompanied, or participate in cave or	v 0		0	_	`
ľ	wreck diving or other more hazardous diving activities? If Yes, please provide details.			0)
d	Have you ever been involved in accident or sustained injury during your involvement in this activity? If Yes, please provide details.	0 •		0	C)
L						
GE	ENERAL QUESTIONS – to be completed for Disability Income and	Life plans.				
			Assured/Life/	\ssured	Joint Assured/L	.Ife Assure
			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?		0	•	0	0
	(including social smokers, cigar smokers or those who have given	up within the last 12 months)	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?	<u> </u>	•	<u> </u>	
	(1 standard alcoholic drink equates to 330ml beer, 125ml glass of		0	•	0	O
			Total per week:		Total per week:	
4.	 Please complete this question if you are applying for Life cover p Do you have a regular doctor? If Yes, please provide details below 		0	•	0	0
		Assured/Life Assured				
	Name and address of doctor consulted	Reason for consultation		Da	ate of last consul	tation
					○ <= 12 mon	othe
					> 12 month	
-	'	Joint Assured/Life Assured				
Γ	Name and address of doctor consulted	Reason for consultation		Da	ate of last consul	tation
۱F					O <- 12 mon	the
					_	
					O >12 month	ns
ur	ENTH CHESTIONS to be completed for Dirability Income and U	fo plane			O >12 montr	ns
НЕ	EALTH QUESTIONS – to be completed for Disability Income and Li	fe plans.	Assured/LI	fe Assured		
НЕ	EALTH QUESTIONS – to be completed for Disability Income and Li	fe plans.	Assured/Li Yes	fe Assured No		
	EALTH QUESTIONS — to be completed for Disability income and Li Have you ever been advised by a health care professional or a complete specialist or attend a support group because of your alcohol use.	ounsellor to reduce your alcohol use, see a	Yes		Joint Assured/	/Life Assur
1.	. Have you ever been advised by a health care professional or a c	ounsellor to reduce your alcohol use, see a	Yes	No	Joint Assured/ Yes	/Life Assum
1.	Have you ever been advised by a health care professional or a ci specialist or attend a support group because of your alcohol use. In the last 10 years have you taken or used addictive or illegal dr or cannabis) or been treated for drug addiction? Have you ever had, experienced symptoms or received medical	ounsellor to reduce your alcohol use, see a s? ugs (such as cocaine, ecstasy, heroin	Yes	No	Joint Assured/ Yes	/Life Assum
1.	Have you ever been advised by a health care professional or a cospecialist or attend a support group because of your alcohol use. In the last 10 years have you taken or used addictive or illegal dror cannabis) or been treated for drug addiction? Have you ever had, experienced symptoms or received medical following conditions (whether diagnosed or not):	ounsellor to reduce your alcohol use, see a s? ugs (such as cocaine, ecstasy, heroin advice or had treatment for any of the	Yes	No	Joint Assured/ Yes	Aufe-Assur No O
1.	Have you ever been advised by a health care professional or a ci specialist or attend a support group because of your alcohol use. In the last 10 years have you taken or used addictive or illegal dr or cannabis) or been treated for drug addiction? Have you ever had, experienced symptoms or received medical	ounsellor to reduce your alcohol use, see a e? ugs (such as cocaine, ecstasy, heroin advice or had treatment for any of the neart valve disorder, heart murmur,	Yes O	No	Joint Assured/ Yes	/Life Assur No
1.	Have you ever been advised by a health care professional or a cospecialist or attend a support group because of your alcohol use. In the last 10 years have you taken or used addictive or illegal dror cannabis) or been treated for drug addiction? Have you ever had, experienced symptoms or received medical following conditions (whether diagnosed or not): a) Heart attack, chest pain or discomfort, irregular heartbeat, i cardiomyopathy, palpitations or any other disease or disord b) Stroke, minor stroke, transient ischaemic attack (TIA), brain haems.	ounsellor to reduce your alcohol use, see a e? ugs (such as cocaine, ecstasy, heroin advice or had treatment for any of the neart valve disorder, heart murmur, der of the heart? orthage, brain aneurysm or brain damage?	Yes O	No	Joint Assured/ Yes	Aufe-Assur No O
1.	Have you ever been advised by a health care professional or a conspecialist or attend a support group because of your alcohol use. In the last 10 years have you taken or used addictive or illegal dror cannabis) or been treated for drug addiction? Have you ever had, experienced symptoms or received medical following conditions (whether diagnosed or not): a) Heart attack, chest pain or discomfort, irregular heartbeat, it cardiomyopathy, palpitations or any other disease or disord b) Stroke, minor stroke, transient ischaemic attack (TIA), brain haems c) Kawasaki disease or any other disease or disorder of the art.	ounsellor to reduce your alcohol use, see a ?? ugs (such as cocaine, ecstasy, heroin advice or had treatment for any of the heart valve disorder, heart murmur, der of the heart? orhage, brain aneurysm or brain damage? eries or blood vessels?	Yes O	 No O O O O 	Joint Assured/ Yes	Aufe-Assur No O
1.	Have you ever been advised by a health care professional or a conspecialist or attend a support group because of your alcohol used. In the last 10 years have you taken or used addictive or illegal drom cannabis) or been treated for drug addiction? Have you ever had, experienced symptoms or received medical following conditions (whether diagnosed or not): a) Heart attack, chest pain or discomfort, irregular heartbeat, it cardiomyopathy, palpitations or any other disease or disord b). Stroke, minor stroke, transient ischaemic attack (TIA), brain haemock, Kawasaki disease or any other disease or disorder of the art d). Diabetes, elevated or raised blood sugar or sugar in the uring the care of the service of the serv	ounsellor to reduce your alcohol use, see a e? ugs (such as cocaine, ecstasy, heroin advice or had treatment for any of the heart valve disorder, heart murmur, der of the heart? orthage, brain aneurysm or brain damage? veries or blood vessels? ee (including gestational diabetes)?	Yes O	No	Joint Assured/ Yes	/LifeAssur No
1.	Have you ever been advised by a health care professional or a or specialist or attend a support group because of your alcohol use in the last 10 years have you taken or used addictive or illegal dror cannabis) or been treated for drug addiction? Have you ever had, experienced symptoms or received medical following conditions (whether diagnosed or not): a) Heart attack, chest pain or discomfort, irregular heartbeat, if cardiomyopathy, palpitations or any other disease or disord. Stroke, minor stroke, transient ischaemic attack (TM), brain haems of Kawasaki disease or any other disease or disorder of the art d. Diabetes, elevated or raised blood sugar or sugar in the urin e.) Cancer, turmour of any kind including cancer screening tests the brain or spine?	ounsellor to reduce your alcohol use, see a e? ugs (such as cocaine, ecstasy, heroin advice or had treatment for any of the heart valve disorder, heart murmur, der of the heart? errhage, brain aneurysm or brain damage? eries or blood vessels? te (including gestational diabetes)? s that were not normal or any cyst of	Yes	 No O O O O 	Joint Assured/ Yes	/LifeAssur No
1.	Have you ever been advised by a health care professional or a cospecialist or attend a support group because of your alcohol use. In the last 10 years have you taken or used addictive or illegal dror cannabis) or been treated for drug addiction? Have you ever had, experienced symptoms or received medical following conditions (whether diagnosed or not): a) Heart attack, chest pain or discomfort, irregular heartbeat, if cardiomyopathy, palpitations or any other disease or disord. Stroke, minor stroke, transient ischaemic attack (TIA), brain haems c). Kawasaki disease or any other disease or disorder of the art d). Diabetes, elevated or raised blood sugar or sugar in the urin e). Cancer, turnour of any kind including cancer screening tests the brain or spine? f) Epilepsy, fits, paralysis or weakness of limb, or any other ne	ounsellor to reduce your alcohol use, see a e? ugs (such as cocaine, ecstasy, heroin advice or had treatment for any of the heart valve disorder, heart murmur, der of the heart? errhage, brain aneurysm or brain damage? eries or blood vessels? te (including gestational diabetes)? s that were not normal or any cyst of	Yes O	No	Joint Assured/ Yes	Aufe Assur No
1.	Have you ever been advised by a health care professional or a or specialist or attend a support group because of your alcohol use in the last 10 years have you taken or used addictive or illegal dror cannabis) or been treated for drug addiction? Have you ever had, experienced symptoms or received medical following conditions (whether diagnosed or not): a) Heart attack, chest pain or discomfort, irregular heartbeat, if cardiomyopathy, palpitations or any other disease or disord. Stroke, minor stroke, transient ischaemic attack (TM), brain haems of Kawasaki disease or any other disease or disorder of the art d. Diabetes, elevated or raised blood sugar or sugar in the urin e.) Cancer, turmour of any kind including cancer screening tests the brain or spine?	ounsellor to reduce your alcohol use, see a 2? ugs (such as cocaine, ecstasy, heroin advice or had treatment for any of the neart valve disorder, heart murmur, der of the heart? orthage, brain aneurysm or brain damage? veries or blood vessels? veries or blood vessels?	Yes O O O O O O O O	No	Joint Assured/ Yes	Alfe Assur No
1.	Have you ever been advised by a health care professional or a cospecialist or attend a support group because of your alcohol use. In the last 10 years have you taken or used addictive or illegal dror cannabis) or been treated for drug addiction? Have you ever had, experienced symptoms or received medical following conditions (whether diagnosed or not): a) Heart attack, chest pain or discomfort, irregular heartbeat, if cardiomyopathy, palpitations or any other disease or disore by Stroke, minor stroke, transient ischaemicattack (TA), brain haems of the composition of the com	ounsellor to reduce your alcohol use, see a 2? ugs (such as cocaine, ecstasy, heroin advice or had treatment for any of the neart valve disorder, heart murmur, der of the heart? orthage, brain aneurysm or brain damage? veries or blood vessels? veries or blood vessels?	Yes O	No	Joint Assured/ Yes	Aufe Assur No

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	LTH QUESTIONS – to be complete			,	Assured/L	Ife Assurer	Injut Accoun	red/Life Assur
					Yes Yes	No No	Yes	No No
	In the last 5 years, have you had o			ical advice or had treatment for	165	IVU	163	INO
	any of the following conditions (w	-		non-related blood	0			0
	 a) High blood pressure or high cl b) Asthma, bronchitis, pneumor 				8	8	8	\simeq
					0	_	0	0
	 c) A lump, growth, polyp, cyst or painful, changed colour or inc 				0	\odot	0	0
	d) Arthritis, rheumatoid arthritis	-			_	•	_	_
	tendons or limbs including th				0	\odot	0	0
	e) Any problems with your ears	or eyes (excluding	sight problems correct	ed by prescription lenses)?	0	\odot	0	0
i.	Other than conditions you have	e already told us,	within the last 5 years I	have you:				
	a) Had any medication or treatn	nent that lasted m	ore than 4 weeks?		0	◉	0	0
	b) Been referred to, treated at or	r had any investiga	tions at a hospital or cl	inic?	0	\odot	0	0
	 Been absent from work or un 		our daily activities due t	o illness, disorder or injury	0	•	0	0
	for more than two weeks at a					•		
	 d) Had any abnormal medical test (ECG), blood or unne test, prost 			can, biopsy, electrocardiogram s, please complete the following:	0	⊚	0	0
			Assur	ed/Life Assured				
	Name of medical test	Date	Diagnosis, treatr	ment, further test and results	Name	and addre	ss of doctor co	onsulted
	N	n-i-		sured/Life Assured		-1-11-		
	Name of medical test	Date	Diagnosis, treatr	nent, further test and results	Name	and addre	ss of doctor co	insulted
i.	Other than any conditions, scar a) Waiting for the results of any b) Experiencing symptoms or a c) Having any physical or menta	test or investigatio condition that you al condition that re	ns? 're likely to seek medica stricts or causes difficul	al advice or treatment for? Ity in performing your daily	000	• • •	000	000
	Waiting for the results of any ib Experiencing symptoms or a c) Having any physical or menta activities (such as housework reduced or restricted in anyw	test or investigatio condition that you al condition that re s, preparing meals, ray due to your hea	ns? 're likely to seek medic; stricts or causes difficul shopping, using public lth)?	al advice or treatment for? Ity in performing your daily transport, a hobby been	000		000	000
	Waiting for the results of any ib Experiencing symptoms or a c) Having any physical or menta activities (such as housework reduced or restricted in anyw	test or investigatio condition that you al condition that re c, preparing meals, ray due to your hea ld to have or receive	ns? 're likely to seek medic: stricts or causes difficul shopping, using public lith)? d any medical advice, co	al advice or treatment for? Ity in performing your daily transport, a hobby been unselling or treatment in connection	0000		000	000
7.	Waiting for the results of any ib Experiencing symptoms or a c c Having any physical or menta activities (such as housework reduced or restricted in anyw Hasyourspouse or partner beentol	test or investigatio condition that you al condition that re s, preparing meals, ray due to your hea ldto haveor receive HIV, AIDS, AIDS rela lbling been diagnos east or ovary ry disease, heart at trophy, 's' disease, Parkins	ns? 're likely to seek medica stricts or causes difficul shopping, using public lith)? d any medical advice, co sted complex or any othe sed with or died from an tack, ischaemic heart d on's disease	al advice or treatment for? Ity in performing your daily transport, a hobby been unselling or treatment in connection er AIDS related condition? y of the following before age 60 :	000 0	•	Ŏ	000
7.	Waiting for the results of any ib) Experiencing symptoms or a city these (such as housework reduced or restricted in anyw Has your spouse or partner beentol with sexually transmitted diseases, Has any of your natural parent or si – Cancers of the bowel, colon, bre – Diabetes mellitus – Cardiomyopathy, coronary arter – Multiple sclerosis, muscular dysi – Alzheimer's disease, Huntington – Polycystic kidney disease	test or investigatio condition that you al condition that re in, preparing meals, ay due to your hea lid to have or receive HIV, AIDS, AIDS rela- ibling been diagnose ast or ovary ry disease, heart at trophy, it's disease, Parkins disorder requiring	ns? 're likely to seek medica stricts or causes difficul shopping, using public itth)? d any medical advice, co sted complex or any othe sed with or died from an tack, ischaemic heart d on's disease regular consultation?	al advice or treatment for? Ity in performing your daily transport, a hobby been unselling or treatment in connection er AIDS related condition? y of the following before age 60: Isease, stroke	-	•	Ŏ	
7.	a) Waiting for the results of any ib) Experiencing symptoms or a c) Having any physical or menta activities (such as housework reduced or restricted in anyw. Has your spouse or partner been toll with sexually transmitted diseases, Has any of your natural parent or si — Cancers of the bowel, colon, bre—Dilabetes mellitus — Cardiomyopathy, coronary arter—Multiple sclerosis, muscular dysi—Alzheimer's disease, Huntington—Polycystic kidney disease—any other hereditary disease or of the school of the scho	test or investigatio condition that you al condition that re, preparing meals, ay due to your hea ldto haveor receive HIV, AIDS, AIDS rela- ibling been diagnose east or ovary ry disease, heart at trophy, it's disease, Parkins disorder requiring	ns? 're likely to seek medica stricts or causes difficul shopping, using public itth)? d any medical advice, co sted complex or any othe sed with or died from an tack, ischaemic heart d on's disease regular consultation?	al advice or treatment for? Ity in performing your daily transport, a hobby been unselling or treatment in connection er AIDS related condition? y of the following before age 60: Isease, stroke	0	•	0	0
-	a) Waiting for the results of any ib) Experiencing symptoms or a c) Having any physical or menta activities (such as housework reduced or restricted in anyw. Has your spouse or partner been toll with sexually transmitted diseases, Has any of your natural parent or si — Cancers of the bowel, colon, bre—Dilabetes mellitus — Cardiomyopathy, coronary arter—Multiple sclerosis, muscular dysi—Alzheimer's disease, Huntington—Polycystic kidney disease—any other hereditary disease or of the school of the scho	test or investigatio condition that you al condition that re in, preparing meals, ay due to your hea lid to have or receive HIV, AIDS, AIDS rela- ibling been diagnose ast or ovary ry disease, heart at trophy, it's disease, Parkins disorder requiring	ns? 're likely to seek medica stricts or causes difficul shopping, using public itth)? d any medical advice, co sted complex or any othe sed with or died from an tack, ischaemic heart d on's disease regular consultation?	al advice or treatment for? Ity in performing your daily transport, a hobby been unselling or treatment in connection er AIDS related condition? y of the following before age 60: Isease, stroke	-	•	Ŏ	0
	a) Waiting for the results of any ib) Experiencing symptoms or a c) Having any physical or menta activities (such as housework reduced or restricted in anyw. Has your spouse or partner been toll with sexually transmitted diseases, Has any of your natural parent or si — Cancers of the bowel, colon, bre—Dilabetes mellitus — Cardiomyopathy, coronary arter—Multiple sclerosis, muscular dysi—Alzheimer's disease, Huntington—Polycystic kidney disease—any other hereditary disease or of the school of the scho	test or investigatio condition that you al condition that re, preparing meals, ay due to your hea ldto haveor receive HIV, AIDS, AIDS rela- ibling been diagnose east or ovary ry disease, heart at trophy, it's disease, Parkins disorder requiring	ns? 're likely to seek medica stricts or causes difficul shopping, using public itth)? d any medical advice, co sted complex or any othe sed with or died from an tack, ischaemic heart d on's disease regular consultation?	al advice or treatment for? Ity in performing your daily transport, a hobby been unselling or treatment in connection er AIDS related condition? y of the following before age 60: Isease, stroke	0	•	0	0
7.	a) Waiting for the results of any ib) Experiencing symptoms or a c) Having any physical or menta activities (such as housework reduced or restricted in anyw. Has your spouse or partner been toll with sexually transmitted diseases, Has any of your natural parent or si — Cancers of the bowel, colon, bre—Dilabetes mellitus — Cardiomyopathy, coronary arter—Multiple sclerosis, muscular dysi—Alzheimer's disease, Huntington—Polycystic kidney disease—any other hereditary disease or of the school of the scho	test or investigatio condition that you al condition that re, preparing meals, ay due to your hea ldto haveor receive HIV, AIDS, AIDS rela- ibling been diagnose east or ovary ry disease, heart at trophy, it's disease, Parkins disorder requiring	ns? 're likely to seek medica stricts or causes difficul shopping, using public itth)? d any medical advice, co sted complex or any othe sed with or died from an tack, ischaemic heart d on's disease regular consultation?	al advice or treatment for? Ity in performing your daily transport, a hobby been unselling or treatment in connection er AIDS related condition? y of the following before age 60: Isease, stroke	0	•	0	0
7.	a) Waiting for the results of any ib) Experiencing symptoms or a c) Having any physical or menta activities (such as housework reduced or restricted in anyw. Has your spouse or partner been toll with sexually transmitted diseases, Has any of your natural parent or si — Cancers of the bowel, colon, bre—Dilabetes mellitus — Cardiomyopathy, coronary arter—Multiple sclerosis, muscular dysi—Alzheimer's disease, Huntington—Polycystic kidney disease—any other hereditary disease or of the school of the scho	test or investigatio condition that you al condition that re, preparing meals, ay due to your hea ldto haveor receive HIV, AIDS, AIDS rela- ibling been diagnose east or ovary ry disease, heart at trophy, it's disease, Parkins disorder requiring	ns? 're likely to seek medica stricts or causes difficul shopping, using public lith)? d any medical advice, costed complex or any othesed with or died from an tack, ischaemic heart don's disease regular consultation? Assur	al advice or treatment for? Ity in performing your daily transport, a hobby been unselling or treatment in connection er AIDS related condition? y of the following before age 60: Isease, stroke ed/Life Assured Relationship	0	•	0	0
7.	a) Waiting for the results of any ib) Experiencing symptoms or a c) Having any physical or menta activities (such as housework reduced or restricted in anyw Hasyourspouse or partner been toll with sexually transmitted diseases, Has any of your natural parent or single Candomy or sing	test or investigatio condition that you al condition that re, preparing meals, ay due to your hea ldto haveor receive HIV, AIDS, AIDS rela- ibling been diagnose east or ovary ry disease, heart at trophy, it's disease, Parkins disorder requiring	ns? 're likely to seek medica stricts or causes difficul shopping, using public lith)? d any medical advice, costed complex or any othesed with or died from an tack, ischaemic heart don's disease regular consultation? Assur	al advice or treatment for? Ity in performing your daily transport, a hobby been unselling or treatment in connection er AIDS related condition? y of the following before age 60: Isease, stroke	0	Onosis /	0	o o
	a) Waiting for the results of any ib) Experiencing symptoms or a c) Having any physical or menta activities (such as housework reduced or restricted in anyw Hasyourspouse or partner been toll with sexually transmitted diseases, Has any of your natural parent or single Candomy or sing	test or investigatio condition that you al condition that re to, preparing meals, ay due to your hea ld to have or receive HIV, AIDS, AIDS rela- ibling been diagnose ast or ovary ry disease, heart at trophy, n's disease, Parkins disorder requiring ng:	ns? 're likely to seek medica stricts or causes difficul shopping, using public lith)? d any medical advice, costed complex or any othesed with or died from an tack, ischaemic heart don's disease regular consultation? Assur	al advice or treatment for? Ity in performing your daily transport, a hobby been unselling or treatment in connection er AIDS related condition? y of the following before age 60: Isease, stroke Relationship	Age of diag	Onosis /	O O	o o
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Aviva Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 7988 • Fax: (65) 6827 7900 • Website: www.aviva.com.s Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8 Page 46 of 70 Strictly Confidential

Question no:	ed 'Yes' to any one	of Ouestions 1. 2. 3	4.5 (a-c). 6 an	d 7. please m	mplete	e the following (wi	ith clear indic	ation of Question No.):		
		ion and exact diagn		Date of first	sympto	oms or diagnosis 7 – 12 mths		Details of tests, dates and results		
Assured/ Life Assured Joint Assured	Yes (to provi	e a full recovery with ide duration since fu 07 – 12 mths	ıll recovery)			or complications? reatment and medi	ication given)	Name and address of doctor consulted		
Life Assured	O2-3 yrs	3-5 yrs	>5 yrs							
Question no:	Medical conditi	ion and exact diagn	iosis:	_	15 (oms or diagnosis 07 – 12 mths 0 03 – 5 yrs 0)1-2 yrs) >5 yrs	Details of tests, dates and results		
Assured/ Life Assured	Yes (to provi	a full recovery with ide duration since fu 07 – 12 mths	ull recovery)	-		or complications? reatment and medi		Name and address of doctor consulted		
O Joint Assured, Life Assured	O2-3 yrs	03-5 yrs	O > 5 yrs							
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O0-eu				_	f first symptoms or diagnosis 6 mths			Details of tests, dates and results		
Assured/ Life Assured Joint Assured, Life Assured	Life Assured Joint Assured/ Q - 6 mths Q 7 - 12 mths Q 1 - 2 yrs Q 1 - 2 yrs					Name and address of doctor consulted				
Question no:	Medical conditi	ion and exact diagn	IOSIS:	-	rs (oms or diagnosis 07 – 12 mths 0 03 – 5 yrs 0)1-2yrs)>5yrs	Details of tests, dates and results		
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TOD DICABILITY	NCOME PLAN									
	contributor? en self-employed for less than 2 years? crovide details:			Yes No Yes No 5. Have you been in your current 2 years? If Yes, are there any similarities previous job duties and nature			t occupation for less than Yes			
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Are you a CP! Have you bee If Yes, please Date of self- Job designa Nature of pr	en self-employed f orovide details: employment: tion: evious occupation	and exact duties:	. (Yes () No		If Yes, are there a previous job dutie If No, please pro	es and nature wide details o			
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L4 PERSONAL DATA CONSENT

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			
By Mail or E-Mail By SMS By Telephone Call	O By Mail or E-Mail O By SMS O By Telephone Call			

View your policy details anytime, anywhere. Register for MyAviva at 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(les) and/or account(s) with Aviva and such other purposes ancillary or related to the administering
 - of the policy(les) 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

LS 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.avh 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

O 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

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:

 1. 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/

 1. 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/

 1. 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', (vii) Your Guide to Investment-Linked Plan', Fund Summary and Product Highlights Sheet (applicable to Investment-Linked plans only); (viii) Latest edition of the respective Fund Prospectus* (applicable to Investment-Linked plans only); (ix) Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage" (if applicable)*; and that the contents of these documents have been explained to my/our satisfaction.
 - 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,

 * I/We am/are aware that the latest edition of the respective Fund Prospectuses may be found on the website (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).
- 2. 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.
- 3. If I decide to switch/replace from my existing policy(les), I understand that (I) I/we may incur transaction costs without gaining any real benefit from the switch/ replacement, (II) (/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.
- 4. 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.

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17 ADDITIONAL DECLARATION (continued)

- (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 rny/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.

 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.

 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.
- 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 (applicable to MyProtector plans only) from www.aviva.com.sg/interim-tnc.
- 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 elevant communication (applicable to investment-Linked plans only).

I/We authorise:

- 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.

 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.
- I/We arm/are aware that the product I/we arm/are applying for is authorised for sale in Singapore (applicable to all Aviva Ltd's products) and I/we acknowledge that I/we arm/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 Awva 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.
- 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 (applicable to Guaranteed Issuance Offer plans only).
- 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.

 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 Aviva Ltd may book and/or terminate the relevant Policy, including out flot unificial 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/or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise. If I/we opt to receive my/our policy, endorsements and communications electronically ("e-docs"), I/we agree that:

 (a) my/our e-docs will be made available in my/our MyAviva account; and
- - 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.
- 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.
- I/We represent, warrant and undertake that:
 my/our mobile number, address and email address notified to Aviva is correct and complete;

 - (b) I/we will notify Aviva immediately of any change to my/our mobile number, address or email address; and (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.

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

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APPLICATION FOR INTERBANK GIRO

Important Notes:

- Please provide all information to avoid unnecessary delay in the processing of the application.
- Amendments made on this form must be countersigned by Account Holder. The use of correction tape/fluid is not allowed.
- Please provide relationship if Account Holder is different from Policy Owner and submit the Account Holder's identification together with the application.
- The approval process for the GIRO application will take approximately one month by bank.
 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 1 (for Life policy, MyCare, MyCare Plus, MyLong TermCare, MyLong TermCare Plus) or Aviva IND HEALTH INS (for MyShield, MyHealthPlus).
- 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 overdiaft 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.

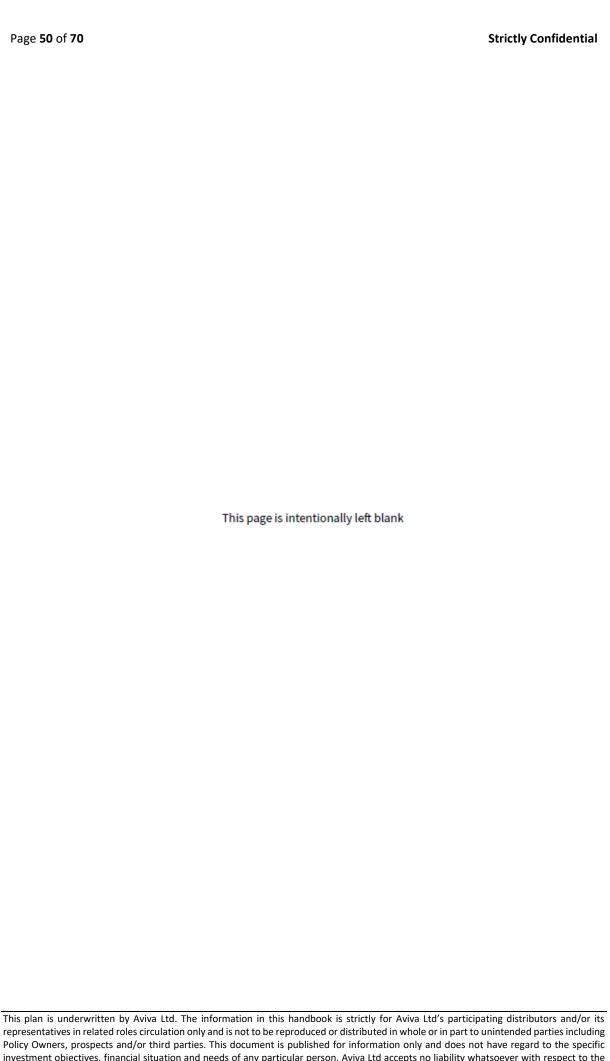
Personal Data Consent

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 of theand 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						
Please complete this form and return	n original form to Aviva Ltd ("	Aviva")				
Date (dd/mm/yyyy):	Billing Organisation: Aviva Ltd					
Bank Name (please tick one bank below): POSB/DBS OCBC UOB Citibank Maybank RHB HSBC (Corporate) Standard Chartered HSBC (Personal) Others:	Signature(s) / Thumbprint(s) ^ (as in Bank's Record):					
Bank Account Number: 123458789	*For thumbprint, please go to any branch of y	your bank with identification for verification.				
Bank Account Holder's Name(s): Mr/ Md m/ Ms/ Dr	Account Holder's NRIC(s):	Contact Number:				
Ong Mei Ling	S1234567A	91234567				
Policy Number(s)*	Policy Owner's NRIC No.	Relationship to Account Holder				
*Please write the Policy Number(s) which you wish to apply for GRO using this bank account	number only					
For Aviva's	Completion					
SWIFT BIC Aviva's Bank Account No. DBSSSGSGXXX 0270007597	SWIFT BIC DBSSSGSGXXX	Aviva's Bank Account No. 0039001886				
Please use above SWIFT BIC for following reference no(s).	Please use above SWIFT BIC:	for following reference no(s).				
For Bank's	Completion					
To: Aviva Ltd This Application(s) is hereby REJECTED (please tick) for the following reason(s) Signature/Thumbprint [#] differs/irregular [#] from bank's records Signature/Thumbprint [#] is in complete/unclear [#] Account operated by Signature/Thumbprint [#] # please delete where applicable Name of Approving Officer	: Wrong account number Amendments not countersigned by Others: Authorised Signature	oy customer				

Aviva Ltd 4 Shenton Way #01-01 SGX Centre 2 Singa pore 0 68807 • Tel.: (65) 6827 7988 • Fax: (65) 6827 7900 • Website: www.aviva.com.sg Company Reg, No.: 196900499 K GST Reg, No.: MR-8500166-8

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representatives in related roles circulation only and is not to be reproduced or distributed in whole or in part to unintended parties including Policy Owners, prospects and/or third parties. This document is published for information only and does not have regard to the specific investment objectives, financial situation and needs of any particular person. Aviva Ltd accepts no liability whatsoever with respect to the use of the document or its contents. Please refer to the Product Summary for further information. The information contained in this document is correct as at July 2021.

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COMMON OVERSIGHTS

Common Oversights on MultiApp Form

Particulars of Financial Adviser Representative

Particulars o	f Financial Adviser Representative
Name	
Firm Name	1 Code
Contact No.	Referral ID
Email	
1 Age	nt Code <u>have to</u> be completed.

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

PERSONAL PARTICULARS	ASSURED/LIFE ASSURED (the Proposer)	JOINT ASSURED/LIFE ASSURED (if different from Prop
Full Name (as in NRIC/FIN/Passport)		
(Please underline surname)		Relationship to the Assured:
Salutation	O Mr O Mrs O Mdm O Miss O Dr	O Mr O Mrs O Mdm O Miss O D
Gender/ Race	○ Male ○ Female Race:	○ Male ○ Female Race:
Marital Status	○ Single ○ Married ○ Widowed/Divorced/Separated	Single O Married O Widowed/Divorced/Separa
NRIC/FIN/Passport No/Company UEN		
Date of Birth	D D / M M / Y Y Y	D D / M M / Y Y Y
Nationality	◯ Singaporean ◯ Singapore PR	○ Singaporean ○ Singapore PR
	O Others	Others
Country of Birth		
Residency Status	○ Citizen or Permanent Resident ○ Pass Holders	○ Citizen or Permanent Resident ○ Pass Holders
Residency States	Others (complete O47 - Residential Supplementary O4)	Others (complete Q47 - Residential Supplementary Q
Residential Address		
	Country Postal Code	Country Postal Code
	,	, , , , , , , , , , , , , , , , , , , ,
Correspondence Address		
(if different from address above)	Country Postal Code	Country Postal Code
	(Not applicable to MINDEF/MHA/POGIS)	(Not applicable to MINDEF/MHA/POGIS)
	O Please update address for all my life and health policies	O Please update address for all my life and health poli
Proposer's Na	me, Identity Card No, and DOB mu	ist be completed clearly.
1 Proposer s ival		
Residential Ad	dress must tally with documents s	uhmitted for Proof of Δddress
nesidential Ad	uress must tally with documents s	abilitied for Froot of Address.
		Mobile [country code] -
	obile [country code] -	Mobile [country code] -
ntact betails	obile [country code] - ffice Home	Office Home
ease provide at least 3		

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	Employment Status	○ Employed	O Self-employed	O Unemployed/Retired	O Employed	O Self-employed	O Unemployed/Retired
	Occupation				,		
	Exact Duties						
(4)	Name of Employer						
	Nature of Business						
	Business Address						
	Annual Fixed Income	SGD			SGD		
		SGD SGD					
/	Fyact Duties a	nd Natur	onf Rusings	e must ha com	nlatad cla	aarly	

SECTION 2: DECLARATION OF TAX RESIDENCY

2	DECL	ARATION OF TAX I	RESIDENCY – to be completed for pla	ans with cash value.					
	I/We i) t ii) l iii) l Tax i natu of vis Num	I/We will inform Avi incorrect or incomp I/We understand th Name, address My/Our accoun The balance or The gross amo calendar year. resident is generall re and not only from sa that they are hole	in the following: in provided for the purposes of CRS/ta wa within 30 days of any change in circlete, and to provide Aviva Ltd a suital at the information that will be reporte, jurisdiction of tax residence, Tax Ide t/policy number and that the accour value of the account/policy at the erunt of interest, dividends, proceeds from a midividual that pays or should be a midividual that pays or should be a provinces in that jurisdiction. Exampting, For Entity, please seek external by a jurisdiction to an Individual or erber. Int of Singapore?	rcumstances which affectibly updated self-certificated to the IRAS and any on intification Number (TIII.) it/policy with is with Avind of the calendary year or oron sale or redemption of the paying tax in that jurisceles are non-citizens that independent profession.	t my tax intion and ther tax a and dat va Ltd. r at the d or other a diction du hold a p al tax or	residency si declaration authorities e of birth. late the con amounts pa ue to his/he ermanent r accounting	n within 90 of another of stract it was id or credite or domicile of residency ca advice on t	closed. ed to me/us or my/our account/policy during the or residence. This includes any criterion of simil and (eg U.S green card) or depending on the type the Company's tax residency. Tax Identification number, resident registration numb	ne ar oe on
		Yes, I am sole	Assured ly a tax resident of Singapore and do	not have a foreign tax	O Ye	s, I am solel	y a tax resid	Joint Assured dent of Singapore and do not have a foreign tax	
		residency. My FIN, please st	Singapore TIN is my NRIC/FIN. If you ate it here:	r TIN is not your NRIC/				TIN is my NRIC/FIN. If your TIN is not your NRIC	ing the imilar e type ation imber
		 No, I am currently a tax resident in the following list of countries/ jurisdictions (include Singapore if applicable and provide details below): 			 No, I am currently a tax resident in the following list of countries/ jurisdictions (include Singapore if applicable and provide details below): 				
		Country/J	urisdiction of Tax Resid	Tax Identification Number (TIN)	with is with Aviva Ltd. alendar year or at the date the contract it was closed. r redemption or other amounts paid or credited to me/us or my/our account/policy during the ax in that jurisdiction due to his/her domicile or residence. This includes any criterion of similar n-citizens that hold a permanent residency card (eg U.S green card) or depending on the type ent professional tax or accounting advice on the Company's tax residency. Tax Identification Imministering the tax. Examples are personal identification number, resident registration number Joint Assured a foreign tax tyour NRIC/ FIN, please state it here: No, I am currently a tax resident in the following list of countries/ jurisdictions (include Singapore if applicable and provide details below): entification in form in the following list of countries/ jurisdictions (include Singapore if applicable and provide details below): entification in form is not available, please tick Reason A, B, or C. A B C A B C A B C A B C A B C B C B C B C B C B C B C B C B C B C				
		Assured			O A	y tax residency status or cause the n and declaration within 90 days or tax authorities of another countred date of birth. td. the date the contract it was closes the amounts paid or credited to roon due to his/her domicile or resided a permanent residency card (egax or accounting advice on the Coxx. Examples are personal identification). Yes, I am solely a tax resident of residency. My Singapore TIN is FIN, please state it here: No, I am currently a tax residen jurisdictions (include Singapore TIN is not available, please tick Reason A, B, or C. A			
					O A		_		1
		Joint Assured			ΟA	Ов	Ос		

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

	Foreign Account Tax Compliance Act (FATCA)	FATCA) Assured			
(2)	 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. 	O Yes	○ No	○ Yes	○ No
	*Indicia means Residency, Citizenship, Place of Birth, Taxpayer ID Number, Mailing or Residential Address or Contact N Warning: Please note that providing false or misleading information is an offence under the Singapore Income Tax Act (4).		

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

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SECTION 6: PREMIUM PAYMENT DETAILS

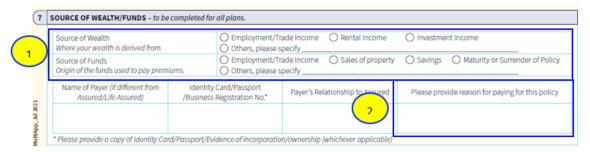
(6	PREMIUM PAYMENT DETAILS				
		O Applicable fo 1 S Policy 1	Payment Frequency Yearly Half-Yearly	Quarterly O Monthly	Contract Currency O SGD Others	Single Premium Only Cash/Cheque*/ Bank Draft
		Initial Premium Payment Method Cash / Cheque* / Bank Draft		complete Authorisation below)	Subsequent Premium Cash/Cheque*/ Bank Draft	SRS Policy Only O SRS Operator:
		Cheque No	Issuing Bank		O UK Direct Debit^	O Account No:
2)[Interbank GIRO Payment (SGD on	ly)* OBS/POSB (Initial and subsequent premiums)) DBS/POSB/Other ban	ks (Subsequent premiums only)
	/					

- Payment Frequency and Contract Currency must be completed with details reflected as per Policy Illustration.
- For initial payment via GIRO, we only accept POSB/DBS bank account which belongs to the policyholder.



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



- Source of Wealth and Source of Funds must be completed for all applications.
- Reason must be completed for 3rd Party payment.

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

	8	RE	PLACEMENT OF EXISTING F	OLICY – to be completed t	or all plans.				
1		1.		nsurance company? If Yes, p	life insurance policy or unit please provide policy and the		Assur	ed/Life Assured Yes O No	Joint Assured/Life Assured O Yes No
					Assured/Li				Assured/Life Assured
			Life (terre real recent)		Aviva	Others		Aviva	Others
			Life (term replacement)						
			Life (others)						
			Total and Permanent Disa	bility					
			Critical Illness						
			Disability Income						
			New policy to replace (ple	ase tick)	O Policy 1	O Policy 2	2	O Policy 3	O Policy 4
				Policy number(s)					
			Existing policy	Insurer(s)					
2	MultiApp_Dec2019	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 any real benefit from the switch/replacement. You may incur penalties for terminating the existing policles and may not be insurable at standard terms. The 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 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 your present Financial Adviser Representative and consider the possible disadvantages of switching/policy replacement such as fees and charges and the challevel of benefits before making a final decision.							
		1	Declaration	for Replacem	ent of Existing	Policy <u>has</u>	to b	e complet	ed for all plans.
		2	11		be tick if applic				_

SECTION 11: GENERAL QUESTIONS

					Assured	Joint Assured/Life Assure			
				Yes	No	Yes	No		
	1.	What is your height and weight?		Height (m):		Height (m):			
V				Weight (kg):		Weight (kg):			
ᅦ	2.	Are you a smoker? If Yes, how many sticks do you smoke? (including social smokers, cigar smokers or those who have	s, how many sticks do you smoke? rs, cigar smokers or those who have given up within the last 12 months)		\circ	0	\circ		
L				Sticks per day:		Sticks per day:			
	3.		rink alcohol? If Yes, what is the total number of standard alcoholic drinks you drink per week? ard alcoholic drink equates to 330ml beer, 125ml glass of wine or 30ml nip of spirits)		0	0	0		
						Total per week:			
	4.	Please complete this question if you are applying for Life co Do you have a regular doctor? If Yes, please provide details i		0	0	0	0		
			Assured/Life Assured						
		Name and address of doctor consulted	Reason for consultation	Reason for consultation			Date of last consultation		
						<=12 mont	hs		
						> 12 months	S		
			Joint Assured/Life Assured						
		Name and address of doctor consulted	Reason for consultation		D	ate of last consult	ation		
						<=12 mont	hs		
						> 12 months	S		

Height & Weight and Smoker status must be completed.

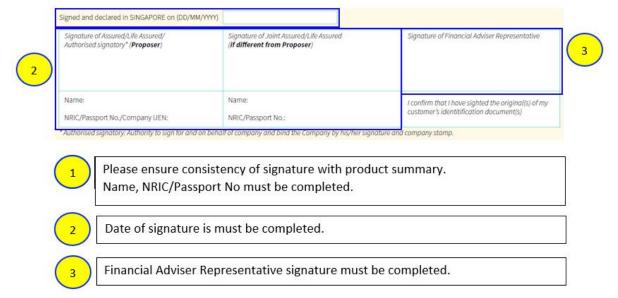
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SECTION 14: PERSONAL DATA CONSENT

1 14 PERSONAL DATA CONSENT Let's stay in touch! 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. Joint Assured/Life Assured (if different from Assured) consent Assured/Life Assured consent 1 O By Mail or E-Mail O By SMS O By Telephone Call O By Mail or E-Mail O By SMS O By Telephone Call 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/samplements and/or Lives Assured) as well as to provide financial advise or product recompendations to me/or, where applicable 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) 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 http://www.aviva.com.sg/pdpa.html. Please ensure consistency if Proposer is applying for other Aviva products on the same day.

SECTION 17: ADDITIONAL DECLARATION



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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 3rd 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 accepted.
 - Letters issued by government bodies (within 12 months)
 - Valid Work/Employment Permit where residential address in Singapore is declared on it
 - Full set of Tenancy Agreement (with signatures of both tenant and landlord & within the last 12 months)
 - Driving License with indication of residential address by the respective home countries (within 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 documents)
 - 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.

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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 risks customers ("HRC").

Document required for the respective nationalities for:

- (a) Singaporeans and Permanent Residents
 - A photocopy of NRIC of Life Assured/Assured (for 3rd party applications).
- (b) Foreigners working/living in Singapore with Employment PassesA 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 copy to Financial Adviser Representative via email. For cheque refund, a separate letter 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, and 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)
- Addition/deletion of rider

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5. COMPLETION OF APPLICATION FORM

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 3rd 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

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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 transfer of all rights, interest & benefits under the policy from the policyholder (the assignor) to a third party (the assignee). Thereafter, the assignee assumes the ownership of the policy, authorising 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 policy within 14 days from date of receipt of policy. Policy is deemed to be delivered within 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 you have 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 the premium is deducted.
- For credit card payment, it will be refunded to the credit card company.

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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 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) 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 starting from the beginning of 3rd Policy Year as long as premiums are paid up to date.

Total Surrender Value consists of Basic Cash Value and Bonus Cash Value.

The Guaranteed Cash Surrender Value at the end of the Accumulation Period will be at least 100% of the Total Premiums Paid.

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 GMI and withdraw the Cash Surrender Value partially before the Income Payout Period starts. The GMI after the partial surrender will be reduced proportionately, subject to the minimum GMI.

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

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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 enquires, you can also contact Us at:

Customer Services

Tel: (65) 6827 9933 Fax: (65) 6827 7480

E-mail: 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):

ClaimantDocuments required (Certified True Copy)SpouseMarriage Certificate of ClaimantChildrenBirth Certificate of ClaimantParentBirth Certificate of deceasedSiblingBirth 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

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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, you will be advised accordingly.

2.1 Claims on Total & Permanent Disability and/or Terminal Illness

- ✓ 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):

 Policy Owner
 Documents required (Certified True Copy)

 Spouse
 Marriage Certificate of Policy Owner

 Children
 Birth Certificate of Life Assured

 Parent
 Birth Certificate of Life Assured and Policy Over Sibling

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.

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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 handled in a prompt manner and the outcome/status of the claim will be notified within 10 working days.

6. How fast will We pay the claim?

We will pay the benefits once it is 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 takes 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.

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MYRETIREMENTCHOICE III - FREQUENTLY ASKED QUESTIONS (FAQ)

1. BASIC PLAN FEATURES

1.1 How and when will the Policyholders be required to communicate their choice of option to (i) receive the lump-sum accumulated Reversionary Bonus or convert to Additional Monthly Income (AMI); and (ii) receive or re-invest the Monthly Total Income (MTI)?

The policyholder does not need to furnish Us with his/her preferred option at the point of sale. A letter indicating the various options will be sent to the policyholder 2 months prior to the start of the Income Payout Period, in which the customer can indicate his/her preferred retirement solution and return it to Us.

If the policyholder fails to respond to the letter, the default option will be:

- (i) we will convert the accumulated Reversionary Bonus into AMI; and
- (ii) we will automatically pay out the MTI via cheque.
- 1.2 If the policyholder had chosen cheque payment to receive the Monthly Total Income (MTI) but did not cash in the cheque, will the sum of money that was not cashed be automatically reinvested?

No. To activate the reinvestment option, policyholders will need to write to Us to select this option. Upon activation, future MTI will be retained by Us for the policyholder's benefit and will continue to accrue interest at a non-guaranteed rate to be determined by Us.

For cheques that are not cashed in 6 months from the date of issuance, the policyholder can request for the expired cheque to be re-issued.

1.3 What is the maximum aggregation limit for Premium Waiver Upon Total and Permanent Disability benefit and will it be aggregated with MyRetirementChoice and MyRetirementChoice II?

Premium Waiver Upon Total and Permanent Disability benefit will not be added to the Policy if the total premiums to be waived under all Premium Waiver Upon Total and Permanent Disability benefit issued by Us has exceeded a maximum sum of SGD1,000,000 in aggregate, in respect of the same Life Assured.

The limit of SGS1,000,000 per life shall be aggregated with MyRetirementChoice and MyRetirementChoice II.

1.4 What will happen if the Life Assured no longer meets the Partial Disability Definition and do not inform Aviva?

We will conduct periodic review on Life Assured's Partial Disability condition. If the Care Income Benefit is being paid when the Life Assured no longer meets the Partial Disability definition, We reserve the right to claw back the Care Income Benefit that have been paid.

1.5 If the Life Assured meets the Partial Disability Definition during the premium payment period or Accumulation Period, can the Life Assured claim for Care Income Benefit?

There shall be no payout for Care Income Benefit during the premium payment period or Accumulation Period.

1.6 If the Life Assured suffers Partial Disability during the premium payment period or Accumulation Period and the Partial Disability continues into the Income Payout Period, can the Life Assured claim for the Care Income Benefit?

If the Life Assured's Partial Disability continues after the Deferment Period and is able to meet the Partial Disability definition during the Income Payout Period, we will pay the Care Income Benefit equivalent to 50% or 100% of the Guaranteed Monthly Income every month if the Life Assured cannot perform any 2 or at least 3 out of the 6 Activities of Daily Living (ADLs) respectively, during the Income Payout Period.

To claim this benefit, the completed claim form and medical report that shows the Life Assured meeting the Partial Disability definition must be sent to Us when the Income Payout Period starts.

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Before we make any claim payments or while we are making claim payments under this benefit, We can ask for:

- a) An assessment or evaluation or examination from a Registered Medical Practitioner chosen by Us;
- b) Any other medical evidence;

to prove that the Life Assured meets the Partial Disability definition.

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

1.7 If the Life Assured suffers Partial Disability during the premium payment period or Accumulation Period and the Partial Disability continues into the Income Payout Period, can the Life Assured exercise Fast Forward Option (FFO) during the Income Payout Period?

FFO will not be available because the first diagnosis of the Life Assured's Partial Disability is not during the Income Payout Period. It is also not available for subsequent diagnosis of Partial Disability as it is only available for the <u>first</u> Partial Disability of the Life Assured that is diagnosed during Income Payout Period.

1.8 If Fast Forward Option (FFO) had been exercised for Partial Disability of 2 ADLs, will Care Income Benefit be available when the Life Assured has recovered and subsequently suffers from Partial Disability of 2 ADLs again?

If FFO had been exercised for Partial Disability of 2 ADLs, Care Income Benefit will <u>not</u> be available again when the Life Assured suffers from Partial Disability of 2 ADLs subsequently. However, 50% of the remaining Guaranteed Monthly Income will be paid as Care Income Benefit if the Life Assured meets Partial Disability of 3 ADLs subsequently.

1.9 Can the lump sum payment for Fast Forward Option (FFO) be re-invested?

Lump sum payment for FFO cannot be re-invested.

1.10 Is change of Life Assured allowed?

The change of Life Assured is allowed:

- (a) up to 3 times after the first policy year and before the end of premium payment term;
- (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;
 - min and max of premium payment term;
 - · min and max of Accumulation Period;
 - min and max of Income Payout Period; and
 - min and max of Guaranteed Monthly Income.

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 premium of the basic plan;
- (d) once the Reduced Paid Up option has been activated; or
- (e) during the Accumulation Period and Income Payout Period.

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

Yes. Premiums for the basic plan will be adjusted in accordance to the new Life Assured.

1.12 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 Q1.10.

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1.13 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.

1.14 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.

1.15 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.

1.16 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.

2. PREMIUM

2.1 Are there any premium distinctions on smoking status for clients buying MyRetirementChoice III?

Premium rates will not differ based on smoker status. Premium rates will differ based on entry age, gender, premium payment term, Accumulation Period and Income Payout Period.

3. POLICY VALUES

3.1 Does this plan provide capital guarantee?

Capital is guaranteed at the end of the chosen Accumulation Period , provided that 100% of the total premiums are paid before the end of the grace period. The guaranteed surrender value of the Policy will be at least 100% of the Total Premiums Paid at the end of the Accumulation Period, and it will decrease gradually following the payout of Monthly Total Income.

3.2 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.

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The policyholder can apply to the Company, without having to provide any evidence of insurability, to use the cash surrender value to convert the policy to a non-participating paid up Endowment policy for a reduced monthly GMI, subject to the minimum GMI per month.

The reduced GMI will be determined by Us (at the date of the conversion) based on the cash surrender value, any indebtedness 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 MCB for RPU policies; AMI and MCB will not be payable during the Income Payout Period;
- (b) 105% of Total Premiums Paid for the basic plan will be payable as Death Benefit or an advance of death benefit due to Terminal Illness claim (The Total Premium Paid will refer to the Total Premium Paid before paid up);
- (c) Guaranteed Monthly Income will still be payable during the Income Payout Period based on the reduced GMI:
- (d) Care Income Benefit and Fast Forward Option will not be available;
- (e) Cash Surrender Value will not be available;
- (f) All Supplementary Benefits attached under this Policy will be cancelled;
- (g) 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
- (h) 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 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 unless there is a change of Life Assured as mentioned under FAQ1.13. 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:

- 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.
- 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.

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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 benefit II 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.

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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 5 times the Basic Plan Annual Premium when there is already a maximum aggregated Death/TI/TPD benefit of SGD250,000 per Life Assured?

Although there is a maximum aggregation limit of SGD250,000 for Death/TI/TPD benefit, capping of maximum EasyTerm Sum Assured per policy at 5 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 SGD250,000 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 aggregation limit per life assured for Cancer Premium Waiver II or EasyTerm, assuming he has existing life policies with Aviva?

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 aggregation 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 aggregation 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 aggregation limit for EasyPayer Premium Waiver:

A. If it is known that this is the 1st policy with EasyPayer Premium Waiver (also has no Joint Life Premium Waiver before):

Submit 2 separate Applications

- 1st Application keeps within the maximum aggregation limit for EasyPayer Premium Waiver of SGD350.000.
- 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 and/or Joint Life Premium Waiver:

Submit the Application with reduced total benefit to be waived to keep within the maximum aggregation limit for EasyPayer Premium Waiver of SGD350,000.

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.

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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 MyRetirementChoice III?

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 ≤ SGD24,000, 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 ≥ 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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