**Appendix B**

**Notification of Changes in Roles and Responsibilities/ Reporting Structure of Key Executive Persons to the Authority**

|  |  |
| --- | --- |
| Name of insurer |  |
| Name of key executive person |  |
| Current position | 🞎 Chief executive  🞎 Deputy Chief Executive  🞎 Appointed actuary  🞎 Certifying actuary  🞎 Others, please state:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Please tick accordingly)* |
| Description of proposed arrangement (including the reason for the proposed arrangement) |  |
| Date that the above proposed arrangement will take effect (dd/mm/yyyy) |  |
| Date of notification to the Authority (dd/mm/yyyy) |  |
| As per paragraph 9AA of the Notice, where applicable, please include a written explanation from the board of directors or nominating committee on   * + 1. whether the proposed arrangement would result in a conflict of interest with the key executive person’s current responsibilities in the licensed insurer, or would otherwise impair the key executive person’s ability to discharge his duties in the insurer, and the reasons for the assessment; and     2. in the case where the board of directors or nominating committee has assessed that there would be a conflict of interest or impairment, the measures that the insurer proposes to put in place, or has put in place, to mitigate the conflict or impairment, as the case may be. |  |

**Appendix C**

**NOTIFICATION OF ALL OUTSTANDING ENGAGEMENTS ACCEPTED BY APPOINTED ACTUARY/ CERTIFYING ACTUARY**

|  |  |
| --- | --- |
| Name of insurer |  |
| Name of appointed actuary/ certifying actuary |  |
| Appointed actuary/ certifying actuary | 🞎 Appointed actuary (“AA”)  🞎 Certifying actuary (“CA”)  *(Please tick accordingly)* |
| Date of notification to the Authority (dd/mm/yyyy) |  |

DETAILS OF ALL OUTSTANDING ENGAGEMENTS AS AT 31 DECEMBER \_\_\_\_ (yyyy)

Please set out the details of all equivalent roles that the AA/CA has in other insurers as at 31 December \_\_\_\_\_ (yyyy)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of insurer and country of licensing/registration | Type of appointment (e.g. AA or CA) | Type of insurer a | Run-off/Active b | Date of appointment (dd/mm/yyyy) | Other information (e.g. market share of insurer) c |
|  |  |  |  |  |  |

Notes:

a Please include information on whether the insurer is a direct life/general/composite insurer or life/general/composite reinsurer

b Please include information on whether the insurer is a going concern or in run-off.

c Where the insurer is not in Singapore, please include information on the market share of that insurer in the country of registration/licensing.

ASSESSMENT FROM INSURER

If the board of directors or nominating committee assessed that the other engagements of the AA or CA, as the case may be, would result in a conflict of interest or impair his ability to discharge his duties as the insurer’s AA or CA, as the case may be, please include a written explanation from the board of directors or nominating committee, on the mitigating measures that the insurer has put in place, or proposes to put in place.