



Life Insurance Corporation (Singapore) Pte Ltd
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 (Registration No.201210695E)

SINGLE PREMIUM POLICY APPLICATION FORM

For Office Use only		Particulars of Adviser	
Proposal No.		Name	
Receipt No.		Code	
Payment Received date		Leader Code	
Delivery Option	By Mail <input type="checkbox"/>	By Adviser <input type="checkbox"/>	Name of Firm

WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP 142), YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THIS POLICY.

KINDLY COMPLETE FULLY IN CAPITAL LETTERS and tick boxes (✓) as appropriate

PART I: DETAILS OF PROPOSER

Salutation: Mr / Mrs / Mdm / Miss / Dr Full Name (as shown in NRIC/FIN/Passport)	NRIC / FIN / Passport Number	Date of Birth (DD / MM / YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Age Next Birthday : _____Years	
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (Please give details) Country of Birth: _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Height (cm)	Weight (kilograms)
Residential Address	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Mailing Address (Proof of address is required if different from the above)	If foreigner, furnish your permanent address below		
Contact Number Office House Handphone	Email		
Name of Company or Organisation	Yearly income (S\$)	Occupation & Position	
Exact Nature of Work			

DETAILS OF THE PERSON TO BE INSURED (IF DIFFERENT FROM PROPOSER)

Relationship to the Proposer			
<input type="checkbox"/> Child (Below age 18 next birthday) <input type="checkbox"/> Spouse <input type="checkbox"/> Others _____ (Please give details)			
Full Name (as shown in NRIC/FIN/Passport)		NRIC / FIN /Passport Number	Date of Birth (DD / MM / YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (Please give details)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Height (cm) Weight (kilograms)
Residential Address		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Mailing Address (Proof of address is required if different from the above)		If foreigner, furnish your permanent address below	
Contact Number Office House Handphone		Email	
Name of Company or Organisation		Yearly income (S\$)	Occupation & Position
Exact Nature of Work			

DECLARATION OF BENEFICIAL OWNERSHIP

I declare that I am the Beneficial Owner* of the policy. Yes No

If you are not the Beneficial Owner, please provide the details as set out below and send to us a copy of the NRIC or Passport:

Name	NRIC or Passport Number of the Beneficial Owner	Relationship

*"Beneficial Owner" as defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism means the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporated.

For avoidance of doubt, completion of this section is not a nomination of beneficiary (ies) under the policy.

DETAILS OF PLAN AND RIDERS

Note: 1. All questions must be answered 2. Please indicate "NIL" for no information

Basic Plan Name	Sum Assured (\$\$)	Policy Term (years)	Single Premium Amount (\$\$)	Method of Payment: Cheque or Cashier's Order only

Method* for paying first premium (By crossed Cheque / Cashier order only) Cheque / Cashier Order number: _____ Bank: _____	Cheque / Cashier order should be made payable to ' Life Insurance Corporation (Singapore) Pte Ltd '	Must submit copy of Banker's Pay In Slip for payments made through Cashier Order.
*Note: Life Insurance (Corporation) Singapore Pte Ltd accepts insurance premiums payments from the Proposer or from the legal spouse, parent or grandparent of the Proposer only.		

SOURCE OF FUNDS AND WEALTH

Insurance premium for this application is paid by Proposer or self others

Name of the Payer: _____ NRIC/FIN/Passport of the payer: _____

Relationship to the Proposer: _____ Contact number: _____

Documentary evidence of relationship: _____

a) Source of funds :

Please provide details of the origin of the funds/monies used to pay the premium and/or the activity (ies) that generated the funds/monies used to pay the premium.

- Salary, bonuses and/or commissions Business/Trade Income (profits, dividends etc.)
 Investment Income (shares, unit trusts etc.) Inheritance / Gifts
 Savings Sale of business, property (ies) or other assets
 Insurance pay out Retirement/CPF funds
 Others, please specify details below

Details: _____

Supporting documents attached: _____

b) Source of Wealth (of Proposer and payer and beneficial owner, if different from the Proposer).

Please provide details of the origins of your entire body of wealth (that is, your total assets).

Proposer

- Employment Business/Trade Investments Inheritance/Gifts
 Savings Sale of business, property (ies) or other assets
 Insurance pay out Retirement/CPF funds
 Others, please specify

Details: _____

Supporting documents attached: _____

Payer (if not the Proposer)

- Employment Business/Trade Investments Inheritance/Gifts
 Savings Sale of business, property (ies) or other assets
 Insurance pay out Retirement/CPF funds
 Others, please specify

Details: _____

Supporting documents attached: _____

Beneficial owner (if not the Proposer or the payer)

- Employment Business/Trade Investments Inheritance/Gifts
 Savings Sale of business, property (ies) or other assets
 Insurance pay out Retirement/CPF funds
 Others, please specify

Details: _____

Supporting documents attached: _____

We reserve the right to conduct further investigations and/or request for further information or documentary evidence from time to time in order to comply with the prevailing laws and regulatory requirements.

Failure or refusal to provide information and/or documentary evidence requested may be construed unfavourably against you and we reserve the right not to accept you as a policyholder or to terminate any existing coverage without any liability on our part.

INSURANCE HISTORY OF THE PERSON TO BE INSURED

1. Has a proposal for Insurance or an application for revival of a policy on your life made to this or any other Insurer has ever been:

- (I) Withdrawn or dropped? Yes No
(II) Accepted with an extra premium or lien? Yes No
(III) Deferred or declined? Yes No
(IV) Accepted with modified terms? Yes No

If YES give details

STATEMENT REGARDING HABITS OF THE PERSON TO BE INSURED

1. Do you consume tobacco, nicotine products
(Cigarette, cigar, fine cigarillos, pipe, chewing tobacco, nicotine patch or gum) Yes No
(if yes, please give details of frequency and quantity of consumption)

2. Do you consume alcoholic beverages? Yes No

3. Have you ever used any habit forming drug or narcotics?
(if yes, give details) Yes No

PERSONAL STATEMENT REGARDING HEALTH OF THE PERSON TO BE INSURED

1. Have you ever suffered from or received treatment for the following
- (I) Asthma, tuberculosis or any other disease/condition of the lungs? Yes No
 - (II) High blood pressure or any disease/condition of the heart? Yes No
 - (III) Peptic ulcer or any disease/condition of the stomach, liver or spleen? Yes No
 - (IV) Any disease/condition of kidney, prostate, or urinary system? Yes No
 - (V) Diabetes, hernia, hydrocele, or leprosy? Yes No
 - (VI) Paralysis or epilepsy or any disease/condition of the nervous system? Yes No
 - (VII) HIV or AIDS? Yes No
 - (VIII) Liver cirrhosis or end stage liver failure? Yes No
 - (IX) Cancer Yes No
 - (X) Alcoholism, drug addiction or any other major illness or disorder? Yes No
- If answer is YES to any of the above please give details

2. Have you had an electrocardiogram, X-Ray or Screening, blood urine or stool examination in last two years? Yes No
- If YES give details

HEALTH QUESTIONS FOR FEMALES ONLY (FOR AGE 10 YEARS AND ABOVE)

1. Are you pregnant now? Yes No
- If YES, how many months?
2. If you have conceived in last 5 years, were there any complications during the pregnancy? Yes No
- If YES give details

REPLACEMENT OF EXISTING POLICIES

1. Do you have any existing policy? If yes please provide details below	Proposer <input type="checkbox"/> Yes <input type="checkbox"/> No	Insured <input type="checkbox"/> Yes <input type="checkbox"/> No			
Proposer					
Name of company	Year issued	Sum Assured	Total & Permanent Disability	Accident and Hospitalisation	Others
		Life Critical illness Term			
Insured					
Name of company	Year issued	Sum Assured	Total & Permanent Disability	Accident and Hospitalisation	Others
		Life Critical illness Term			

<p>2. Is the insurance you are applying for to replace any existing policy (ies) listed above? It is not advisable to replace an existing life insurance policy with a new one due to the following reasons. (i) The insurance may not be granted on standard terms (ii) You may have to pay a higher premium on account of increase in age (iii) You may lose the financial benefits accumulated over the years (Please consult your present insurer before making a final decision. Make a careful comparison so that you are sure that you are making a decision that is in your best interest)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If your answer to questions 2 above is “Yes”, please furnish full details below

Question number	Details

DECLARATION ON POLITICALLY EXPOSED PERSON (PEP)

Is the Proposer or beneficial owner a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Proposer or beneficial owner a close associate of a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please provide details	
Name of the PEP or person connected to PEP:	
Relationship with PEP	

1. Politically Exposed Person (PEP) is an individual who is or has been entrusted with prominent public functions whether in Singapore or foreign country. Prominent public function as defined in MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism includes the roles held by head of state, a head government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporation, senior political party officials, members of the legislature and senior management of international organisations.
2. Close associate person means an individual who is closely connected to a politically exposed person either socially or professionally. Examples of close associate person include parent, step-parent, child, step-child, adopted child, spouse, sibling, stepsibling and adopted sibling.

DECLARATION AND AUTHORISATION

I/We declare and warrant that the answers given in this application are true, correct and complete and I/We accept full responsibility for them whether written by me/us or by anyone else on my/our behalf. I/We have not withheld any information. I/We agree that this application and other written answers, statements, information or declarations made by me/us or on my/our behalf to Life Insurance Corporation (Singapore) Pte Ltd (**“the Company”**) or its Medical Examiners shall form the basis of the contract of insurance between me/us and Life Insurance Corporation (Singapore) Pte Ltd and if anything untrue, incorrect or incomplete is stated, the insurance policy issued shall not be valid.

I/We undertake to provide Life Insurance Corporation (Singapore) Pte Ltd such further information and documentary evidence as may be required from time to time.

I/We agree to inform Life Insurance Corporation (Singapore) Pte Ltd as soon as possible if there is any change in the state of my health and/or Insured’s health or if I and/or Insured plan to seek any medical consultation, investigation or treatment between the date of this application and before the date the policy is issued by Life Insurance Corporation (Singapore) Pte Ltd. I/We understand that Life Insurance Corporation (Singapore) Pte Ltd may impose special terms according to the information provided by me/us.

I/We declare and warrant that I/We am/are not an undischarged bankrupt(s) and I or We have committed no act of bankruptcy within the last twelve months or received any notification or adjudication order for bankruptcy made against me or us during that period.

I/We have been given the following documents, the contents of which were explained to my satisfaction:

1. Your Guide to Life Insurance
2. Product Summary and
3. Benefit Illustration
4. Fact-find form

I/We confirm that the entire marketing and selling process in respect of my/our proposed insurance application has been conducted in Singapore. I/We agree that the policy will be entered in the Register of the Singapore policies.

I/We agree that there shall be no liability upon Life Insurance Corporation (Singapore) Pte Ltd until a policy has been issued and delivered to me and the first premium has been paid in full. Payment of premium before acceptance of this proposal by the Life Insurance Corporation (Singapore) Pte Ltd does not commit the company to issue policy.

I/We agree and authorise

- (i) Any medical source, insurance office or organisation to release to Life Insurance Corporation (Singapore) Pte Ltd and
- (ii) Life Insurance Corporation (Singapore) Pte Ltd to release to any medical source or insurance office any relevant information concerning me/us at the time, irrespective of whether the proposal is accepted by Life Insurance Corporation (Singapore) Pte Ltd or not. A photocopy of this authorisation is valid as an original copy.

I/We understand that it is usually disadvantageous to replace an existing investment product with a new investment product, whether from the same or different financial institution.

If a material fact is not disclosed in this proposal, any policy issued 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 adviser but was not included in the proposal. Please check to ensure that you are fully satisfied with the information declared in this proposal before signing.

PERSONAL DATA CONSENT

I/We consent to Life Insurance Corporation (Singapore) Pte Ltd, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes, ancillary or related to the administering of policy (ies), account(s) and managing my /our relationship with Life Insurance Corporation (Singapore) Pte Ltd

I/We also consent to Life Insurance Corporation (Singapore) Pte Ltd, transferring my/our personal data to 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 the collection, use and disclosure of your personal data, please visit <http://www.licsingapore.com>

US TAX DECLARATION UNDER FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Are you a United States (U.S) citizen of U.S resident for tax purposes? Yes / No

If your answer is yes, give your Taxpayer Identification Number (TIN)

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You are required to complete Form W-9. Please note that any false, misleading information regarding U.S citizen or U.S resident status federal income tax purposes may result in severe penalties.

Signed in Singapore on the _____ day of _____ 201	
Signature of Proposer/Parent/Legal Guardian	Signature of Witness
Signature of Insured (For child age 16 and above)	Name & NRIC of Witness

PARENTAL CONSENT

To be completed by parent /legal guardian if the proposer is between 10-16 years old

I hereby give my consent for life insurance policy to be issued on the life of my child/ward and he/she is the proposer of the policy.

Name of the Parent/Legal Guardian _____	NRIC/Passport No. _____
Relationship to the child _____	Signature of the Parent/Legal Guardian _____

REPRESENTATIVE'S DECLARATION

1. I declare that all the answers given to me by the Proposer/Insured are declared in the application. I have not withheld any information which may influence the acceptance of this application by the Company.
2. I have not given any statement to the Proposer or the Insured which is contrary to the provisions given in the Company's standard policy
3. I have personally SEEN the Proposer/Insured and have explained the terms of the policy.
4. I have attached photocopies of the original identification documents and confirm that the attached is a copy of the original.
5. Is the application meant to replace an existing policy? Yes /No
If yes, please provide details :

Signature of Representative	Date

PROPOSAL SUBMISSION CHECKLIST

KINDLY COMPLETE FULLY IN BLOCK LETTERS

Documents Submitted:

- Proposal form
- Adviser's Confidential report
- Fact Find form
- Benefit Illustration
- Product Summary
- NRIC/FIN
- Passport (Other than Singaporeans & PRs)
- Employment / Dependant Pass (Other than Singaporeans & PRs)
- Banker's Pay in slip in case of Cashier's Order or Bank Draft
- Others

Premiums Paid

Amount (S\$)

Cheque

Cheque Number _____

Bank _____