

Complementary application form

Please attach this form to your main application form.

Details of proposer

Name (as shown in NRIC or FIN)	NRIC number or FIN
--------------------------------	--------------------

Details of insured

Name (as shown in NRIC or FIN)	NRIC number or FIN
--------------------------------	--------------------

Please select the plan by ticking the check box below and state policy number that provides the Guaranteed Insurability Option/Simplified Application Benefit.

VivoCash Policy number: _____

The following conditions shall apply for the Guaranteed insurability option:

- i The insured can take up this option no more than two times under the policy.
- ii Each time the insured takes up an option, it must be on a different life event. Please indicate the insured's life event by ticking the check box below and provide the date leading to this application:

<input type="checkbox"/> Turning 21	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce
<input type="checkbox"/> Death of a spouse	<input type="checkbox"/> Becoming a parent	<input type="checkbox"/> Purchase of a residential property

Date of the life event (dd/mm/yyyy): _____

(Please submit documentary proof for the life event you selected. We may request for additional information if necessary.)

- iii The insured must take up this option within three months after the date of the above life event.
- iv The insured must be 50 years old or under at the time of taking up this option.
- v The life event must have taken place no earlier than 12 months after the cover start date of VivoCash.
- vi The sum assured for the new policy is limited to 50% of the sum assured for VivoCash or \$100,000, whichever is lower.
- vii If we have added any special terms to VivoCash (such as extra exclusions or an increased premium), we will also add these terms to the new policy which the insured takes up.

Please refer to the policy contract of VivoCash for more details on the terms and conditions.

Maternity 360 Policy number: _____

The following conditions shall apply for the Simplified application benefit:

- i The new policy on the life of the child must be taken up within 60 days after birth.
- ii If there are more than one policy bought, the cover for death, total and permanent disability and dread disease for all policies, whichever is highest, must not be more than \$150,000 (including the multiple, if applicable). For example, if you buy a policy where the death cover is 180% of the sum assured, the maximum sum assured you can buy will be \$150,000/180% = \$83,333.

Please refer to the policy contract of Maternity 360 for more details on the terms and conditions.

Declaration

I declare that the insured

- a has not been diagnosed with an **advanced-stage dread disease**;
- b is not suffering from any conditions that would result or have resulted in him/her being **totally and permanently disabled**; and
- c has not been diagnosed with any of the conditions named under the Congenital Illnesses Benefit of the Maternity 360 policy (only applicable for Maternity 360 policy).

Advanced-stage dread disease means any one of the advanced-stage, severe-stage, end-stage (or its equivalent or more serious stage by any other names) critical illnesses or dread diseases defined by the Life Insurance Association of Singapore, or any insurer in Singapore.

Totally and permanently disabled, mean any of the below.

- If the insured is under 65 years old, **totally and permanently disabled** means **total physical loss**, or the inability to take part in any paid work for the rest of a person's life.
- If the insured is 65 years old and above but under 70 years old, **totally and permanently disabled** means **total physical loss**, or **severe disability**.

Total physical loss means:

- the total and permanent loss of sight in both eyes;
- the loss of, or total and permanent loss of use of, two limbs at or above the wrist or ankle; or
- the total and permanent loss of sight in one eye and the loss of, or total and permanent loss of use of, one limb at or above the wrist or ankle.

Severe disability means the inability to perform at least three of the following activities of daily living, even with the aid of special equipment and always needing the help of another person throughout the entire activity.

- 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.
- Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
- Transferring - ability to move from a bed to an upright chair or wheelchair and vice versa.
- Mobility - the ability to move indoors from room to room on level surfaces.
- Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding - the ability to feed oneself once food has been prepared and made available.

I declare that the answers in this form are true, correct and complete, and I have not withheld any relevant information. I accept full responsibility for them, whether written by me or by anyone else on my behalf.

Declaration (continued)

I acknowledge and agree that this form will constitute part of my application for life or health insurance, and will form the basis of the contract of insurance. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.
I understand that I will tell you as soon as possible if there is any change in the state of the insured's health that may cause the above declaration to be no longer true, correct or accurate between the date of this declaration and before the date you issue this policy.

Signature of proposer

Signature of insured

Signed on (dd/mm/yyyy):

Signed on (dd/mm/yyyy):

Adviser/Representative's declaration

I confirm that this application meets all the terms and conditions stated in the contract required for Guaranteed insurability option or Simplified application benefit, whichever applicable.

Signature of adviser/representative

Date (dd/mm/yyyy)