

Product Type Affinity ElderShield DPS IncomeShield Employee Benefit Life Insurance

Financial questionnaire

Personal details

| | | |
|--------------------------------|---|-----------------|
| Name (as shown in NRIC or FIN) | Relationship to proposer (if different from proposer) | Proposal number |
| NRIC number or FIN | Occupation | |

Personal or family protection

1 What was your income during the last two tax years?

| Year | From own occupation (S\$) | From investment (S\$) | From other sources (S\$) (Please give details.) |
|------|---------------------------|-----------------------|--|
| | | | |
| | | | |

2 Please provide details of your dependants, if you have any.

| Name of dependants | Age | Relationship to you |
|--------------------|-----|---------------------|
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| | | |

3 Do you have any existing policies or proposals pending approval? If you answered yes, please give details below. Yes No

| Name of insurer | Year issued or pending | Sum assured (S\$) | | | Accident and hospitalisation (S\$) | Others (S\$) |
|-----------------|------------------------|-------------------|------------------|--------------------------------|------------------------------------|--------------|
| | | Death | Critical illness | Total and permanent disability | | |
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Personal or family protection (continued)

4 Please give an estimated value of your assets and any debts.

| Assets | Estimated value (\$\$) | Debts | Estimated value (\$\$) |
|--|------------------------|---------------------------------------|------------------------|
| Cash and savings | | Overdraft and personal loans | |
| Residential property | | Residential property mortgage | |
| Investment property | | Investment property mortgage | |
| Investments (shares, bonds, unit trusts, and so on) | | Motor vehicle loans | |
| Other assets (Please give details.) | | Other debts (Please give details.) | |
| Total assets | | Total liabilities | |

5 Please indicate the source of funds used to finance the premiums.

- Salary or commission
- Personal savings
- Sale of assets (Please give details below.)
- Proceeds from a policy (Please give details below.)
- Inheritance (Please give details below.)
- Other (Please give details below.)

Details:

Personal loan protection (please complete if applicable)

6 Please provide a copy of the loan agreement and provide details below.

| | |
|-----------------------------|--|
| a Purpose of loan | |
| b Amount of loan | |
| c Term and repayment method | |
| d Name of lender | |
| e Name of borrower | |

Declaration

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.

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 confirm that there has been no change in the insured's health since the completion of the application and all additional declarations made in connection with the application.

| | |
|-----------------------|---|
| Signature of proposer | Signature of insured (for age 16 and above) |
| Date (dd/mm/yyyy): | Date (dd/mm/yyyy): |