

**ADULT PROPOSAL FORM - Direct Channel**

Policy No.:

Company Direct No.:

Name of Customer Service Officer: \_\_\_\_\_

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

**A PARTICULARS OF LIFE TO BE ASSURED / MAIN APPLICANT**

1a) Title MR/ MRS/ MADAM/ MS/ MISS/ DR  
Name (According to NRIC/ Passport)

b) Enter your **EMAIL** for our e-news updates.

E-mail Address 1  E-mail Address 2

c) Residential Address\*  Postal Code

Country of Address

\*Address as indicated on NRIC.

d) Mailing Address  Postal Code

Country of Address

If the mailing address differs from residential address, please provide the reason(s): \_\_\_\_\_

Home Tel   Country Code

Office Tel   Ext  Country Code

Mobile Tel   Country Code

Fax No   Country Code

e) Date of Birth

f) Backdate to

g) NRIC / Passport No

h) Gender ☐ Male ☐ Female

i) Passport Expiry Date

j) Country of Birth

k) Nationality

l) Singapore PR ☐ Yes ☐ No

m) Height  m

n) Weight  kg

o) Race ☐ Chinese ☐ Malay ☐ Indian ☐ Others

p) Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

q) Name of Company/School: \_\_\_\_\_

r) Nature of Company Business: \_\_\_\_\_ s) Occupation/Position Held: \_\_\_\_\_

t) Exact Nature of duties involved: \_\_\_\_\_ u) Please state your annual income: \_\_\_\_\_

v) Source of Wealth: \_\_\_\_\_

**2) Tax Residency Self-Certification**

a) Tax Residency (Please tick): ☐ I am NOT a U.S. Tax Resident ☐ I am a U.S. Tax Resident

b) Are you currently solely a tax resident of Singapore?

(Note: Only applicable to a policy which is subject to the OECD Common Reporting Standard, where First Life to Be Assured is also the Proposer)

☐ YES, I'm currently only tax resident in Singapore and do not have a foreign tax residency.

☐ NO, I'm currently tax resident of the following complete list of jurisdictions:

Country of Tax Residence	Taxpayer Identification Number ("TIN")	Reason if TIN is not available, indicate A/B/C (refer to Table 1 on page 2)	If reason B has been selected, indicate why TIN is not available
1)			
2)			



Country of Tax Residence	Taxpayer Identification Number ("TIN")	Reason if TIN is not available, indicate A/B/C (refer to Table 1 below)	If reason B has been selected, indicate why TIN is not available
3)			
4)			
5)			

Justification on mismatch between Country of Tax Residence against Country of address and Contact (where applicable):

**Table 1**

Reason Code	Description
A	The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents
B	The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the table if you have selected this reason)
C	No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

## B PARTICULARS OF THE POLICY APPLIED FOR

Special Instruction:

If the premium is paid by CHEQUE, please write the name of the Proposer and the NRIC / Passport No. on the reverse side of the Cheque. The cheque should be crossed and made payable to "The Great Eastern Life Assurance Co Ltd" or "The Overseas Assurance Corporation Ltd" (where applicable).

3a) Premium Payable by:

Payment Mode ☐ Annually ☐ Half-yearly ☐ Quarterly ☐ Monthly by GIRO  
Payment Method ☐ Cash ☐ Cheque

Type of Policy/ Riders/ Supplementary Benefits	Sum Assured / Monthly or Daily Benefits (\$)	Term	Premium Term	Premium Payable (\$)
Basic Plan				
Other Riders				
Total				

## C DECLARATION OF REPLACEMENT OF EXISTING POLICY(IES)

4a) Do you have any existing insurance policies or are you currently applying for any other policies with any financial institutions including GE and OAC?

☐ Yes ☐ No If yes, please provide the details below:

Insurer Name	Type of policy (Life, Critical Illness, Disability Income, Accident, Health, Investment Linked, etc)	Sum Assured (\$)	Year of Issue or Application

**WARNING :** It is usually disadvantageous to replace an existing life assurance policy(ies)/accident and health plan/riders with a new one. Some disadvantages are:

- I insurance may not be granted on standard terms;
- II a higher premium may have to be paid in view of increased age;
- III the financial benefits accumulated over the years may be lost.

In your own interest, we would advise that you consult your present insurer before making a final decision, hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest.

5a) Is this proposal meant to fully or partially replace any life insurance policies or health insurance policies or unit trusts with any financial institutions including GE and OAC?

☐ Yes ☐ No

5b) If yes, please provide the details of the type of product(s) and financial institution(s).

I hereby declare and confirm that, unless otherwise indicated below\*, I am the Beneficial Owner. I acknowledge and agree that GE/OAC shall be entitled to rely on my declaration above on the beneficial ownership and purpose of this insurance policy.

\*The following individual(s) is/are the Beneficial Owner(s). I enclose a copy of the identity card or passport of the Beneficial Owner(s).

[illegible][illegible]

Country of Address \_\_\_\_\_

\*Address as indicated on NRIC.

[illegible]

Country of Address \_\_\_\_\_

If the mailing address differs from residential address, please provide the reason(s):

[illegible]

Office Tel 

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--	--	--	--	--	--	--	--	--	--	--	--

 Ext 

--	--	--	--

Country Code

[illegible][illegible][illegible]

f) Gender: ☐ Male ☐ Female

g) Passport Expiry Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

h) Nationality: \_\_\_\_\_ i) Date of Birth: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

j) Relationship with policyholder: \_\_\_\_\_ k) Tax Residency: ☐ I am NOT a U.S. Tax Resident  
(Please Tick) ☐ I am a U.S. Tax Resident

l) Are you currently solely a Tax resident of Singapore?

☐ YES, I'm currently only Tax resident in Singapore and do not have a foreign tax residency.

☐ NO, I'm currently tax resident of the following complete list of jurisdictions:

Country of Tax Residence	Taxpayer Identification Number ("TIN")	Reason if TIN is not available, indicate A/B/C (refer to Table 1 on page 2)	If reason B has been selected, indicate why TIN is not available
1)			
2)			
3)			
4)			
5)			

Justification on mismatch between Country of Tax Residence against Country of address and Contact (where applicable):

Please refer to the declaration clause at Section G, clause number 13.

Signature: \*

Name of Beneficial Owner: \*

Date: \*

a) Title	MR/ MRS/ MADAM/ MS/ MISS/ DR	
Name (According to NRIC/ Passport)	<table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>	
b) Residential Address*	<table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>	
	Postal Code	<table border="1" style="width: 100%; height: 20px;"></table>
Country of Address _____		
*Address as indicated on NRIC.		
c) Mailing Address	<table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>	
	Postal Code	<table border="1" style="width: 100%; height: 20px;"></table>
Country of Address _____		
If the mailing address differs from residential address, please provide the reason(s): _____		
Home Tel	<table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>	Office Tel
Country Code		Country Code
Mobile Tel	<table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>	Fax No
Country Code		Country Code
d) NRIC Type: _____		e) NRIC/Passport No: _____
f) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		g) Passport Expiry Date: _____
h) Nationality: _____		i) Date of Birth: _____
j) Relationship with policyholder: _____		k) Tax Residency: <input type="checkbox"/> I am NOT a U.S. Tax Resident (Please Tick) <input type="checkbox"/> I am a U.S. Tax Resident
l) Are you currently solely a Tax resident of Singapore?		
<input type="checkbox"/> YES, I'm currently <u>only Tax resident in Singapore</u> and do not have a foreign tax residency.		
<input type="checkbox"/> NO, I'm currently tax resident of the following <u>complete list of jurisdictions</u> :		

Country of Tax Residence	Taxpayer Identification Number ("TIN")	Reason if TIN is not available, indicate A/B/C (refer to Table 1 on page 2)	If reason B has been selected, indicate why TIN is not available
1)			
2)			
3)			
4)			
5)			

Justification on mismatch between Country of Tax Residence against Country of address and Contact (where applicable):

Please refer to the declaration clause at Section G, clause number 13.

Signature: \* \_\_\_\_\_

Name of Beneficial Owner: \* \_\_\_\_\_

Date: \* \_\_\_\_\_

To avoid confusion and doubt, 'Beneficial Owner' does not mean the nominated beneficiary(ies) under the policy.

**E FAMILY HISTORY**

Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder, tuberculosis or any hereditary disease? If yes, please state condition, relationship, age at onset and age at death.		Life to be Assured Yes    No <input type="checkbox"/> <input type="checkbox"/>	
Relationship	Condition	Age at Onset	Age at Death

**F MEDICAL AND UNDERWRITING QUESTIONS**

1a) Have any of your applications or reinstatements of a life insurance or health insurance policy ever been declined, postponed or accepted with special conditions (for example loading or exclusions)? If yes, please provide the details below:		Life to be Assured Yes    No <input type="checkbox"/> <input type="checkbox"/>	
Insurer Name	Type of Policy	Reasons	
b) Have you ever made any claims or are you intending to make any claims on your insurance policies (for example for critical illness / disorder, disability, terminal illness, accident, hospitalization)? If yes, please provide the details below:		<input type="checkbox"/> <input type="checkbox"/>	
Insurer Name	Nature of Claim	Year of claim	Reason for claim
2 Do you engage or have any intention of engaging in any sport or occupation of a dangerous nature e.g. scuba /skin diving, motor-racing, military /private flying other than as a fare-paying passenger etc? If yes for diving, motor-racing and flying, please complete the specific questionnaire. For other activities, please state the name of activities and frequency of participation per year.		<input type="checkbox"/> <input type="checkbox"/>	
3 In the past 12 months, have you travelled out of the country where you currently live for more than 14 days consecutively for non holiday purpose? Or do you expect to do this within the next 12 months? If yes, please provide the details below:		<input type="checkbox"/> <input type="checkbox"/>	
Travel Period	<input type="checkbox"/> Travelled in past 12 months <input type="checkbox"/> Travelling in next 12 months		<input type="checkbox"/> Travelled in past 12 months <input type="checkbox"/> Travelling in next 12 months
Country			
City			
Purpose			
Frequency			
Duration per trip			
4 Are you now receiving or considering to receive medical treatment from a doctor, or intending to consult any doctor for any reason? If yes, please state details:		<input type="checkbox"/> <input type="checkbox"/>	
Nature of treatment	Name of doctor	Name and address of clinic or hospital	
5 Other than for the medical conditions or symptoms that you have already told us about, have you had or been advised to have any medical tests or investigations during the last 5 years? Or do you intend to have any tests or investigations in the coming year? (for example blood test, urine test, X-ray, ECG, Ultrasound, imaging scan, biopsy, mammogram, pap smear, prostate check) If yes, please provide the details below:		<input type="checkbox"/> <input type="checkbox"/>	
Type of Test		Type of Test	
Date of Test		Date of Test	
Reason for Test		Reason for Test	
Test Results		Test Results	
Name of Doctors		Name of Doctors	
Name and address of Clinic		Name and address of Clinic	
6 Have you smoked a cigarette or cigar in the last 12 months? If yes, how much do you smoke in a day? _____ cigarettes _____ cigars		<input type="checkbox"/> <input type="checkbox"/>	
7 Have you ever taken addictive drugs /narcotics or been treated for alcoholism or drug addiction? If yes for drug addiction, please complete the drug addiction questionnaire.		<input type="checkbox"/> <input type="checkbox"/>	

		Life to be Assured									
		Yes	No								
8	Do you consume beer, wine or other alcoholic beverages? If yes, please state the type of alcoholic beverages and average weekly consumption.	<input type="checkbox"/>	<input type="checkbox"/>								
9	Have you ever had or been told that you have or been treated for: a) diabetes, thyroid disorders or any other endocrine disorders? b) asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints /discomfort, or any other lung disease or disorder? c) raised cholesterol, high blood pressure, heart attack, heart murmur, mitral valve prolapse or other heart valve disease or disorder, breathlessness, irregular /fast heart rate, chest discomfort /pain, cardiomyopathy, disease of or any other disorders of the heart or blood vessels? d) epilepsy, fits, stroke, paralysis, weakness of limbs, prolonged headache, unconsciousness, nervous breakdown, depression, or any other nervous /mental disorders? e) gastritis, stomach /duodenal ulcer, blood in the stools, fistula, piles, or any other stomach /bowel disease or disorder? f) jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disease or disorder? g) blood, protein /sugar in the urine, kidney stones, infection, or any other disease or disorder of the kidney, bladder, or genital organs? h) slipped disc, gout, arthritis, pain /deformity /disease or disorder of the muscles, spine, limbs or joints, or severe injury? i) anaemia, any other disease or disorder of the blood, advised to abstain from donating blood, or received blood transfusion or blood products on account of haemophilia or any other reasons? j) ear discharge, nose bleeds, double vision, impaired sight or hearing or speech, or any disease or disorder of the eye, ear, nose or throat? k) cancer, tumours, cysts or growths of any kind? l) any other illness, disorder, operation, physical disability or accident not mentioned above?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
10	Have you or your spouse ever been told that you have, received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition?	<input type="checkbox"/>	<input type="checkbox"/>								
11	Have you ever had HIV testing done (please state reason and results); or in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions?	<input type="checkbox"/>	<input type="checkbox"/>								
12	<b>For Female applicants only:</b> a) Are you now pregnant? If yes, how many months? b) Have you ever had any complication(s) in previous pregnancy(ies)? If yes, please provide date and nature of complication. c) Have you ever been found to have or are you aware of any breast lumps or disease(s) of the breasts? d) Have you ever had any abnormal Pap Smear test or been told by any doctor to have a repeat Pap Smear within the next 6 months? e) Have you ever had recurrent /persistent irregular /painful /unusually heavy menstruation? f) Have you ever been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis, or any other gynaecological investigations?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
13	Other than for the medical conditions or symptoms that you have already told us about, do you have a regular doctor whom you consult for medical reasons (excluding minor illnesses such as cold or flu)? If yes, please provide the details below: Life to be Assured	<input type="checkbox"/>	<input type="checkbox"/>								
<table border="1"> <tr> <td>Date</td> <td></td> </tr> <tr> <td>Reason for Visit</td> <td></td> </tr> <tr> <td>Name of Doctor</td> <td></td> </tr> <tr> <td>Name and address of clinic or hospital</td> <td></td> </tr> </table>		Date		Reason for Visit		Name of Doctor		Name and address of clinic or hospital			
Date											
Reason for Visit											
Name of Doctor											
Name and address of clinic or hospital											

If the answer is "Yes" to any of the questions 4, 9 - 12 (except 12a), please complete the Special Health Questionnaire.

## G DECLARATION

- I declare that the information I have given to The Great Eastern Life Assurance Company Limited ("GE") and/or The Overseas Assurance Corporation Limited ("OAC") or their medical examiner in this proposal form and any documents are true and complete (including all information which I had already disclosed in the previous proposal forms with GE and/or OAC) and, as far as I know, I have not withheld any facts which are likely to influence the assessment and acceptance of this proposal. GE and/or OAC shall not be deemed to have been notified of any information where the disclosure is not made in this proposal form. In the event where it is discovered subsequently that I suffer from a medical condition which is not disclosed in this proposal form, I agree that I shall not be entitled to rely on the defence that I had provided such disclosure in other policies with GE and/or OAC. I understand that if I have withheld any information or given false information, and you issue the policy, I agree you reserve the right to re-underwrite, terminate or void the policy. I agree that the statements made in this proposal together with any documents I provide in relation to myself and/or the Life Assured under this policy will form the basis of the contract of insurance and any temporary insurance (if any).
- I understand and agree that I am fully responsible for the truth of the statements made in the proposal form. I also understand and agree that I will be legally bound by the statements made once this form is signed.
- I agree to inform GE and/or OAC about any change in my health and/or any facts which are likely to influence the assessment and acceptance of this proposal arising between the date of this proposal and the date GE and/or OAC issue the policy. Once GE and/or OAC receive this information, GE and/or OAC are entitled to decide whether to accept or reject this proposal.
- I agree that GE and/or OAC will have no liability until GE and/or OAC have accepted this proposal and I have paid the first premium in full.
- I agree that should I decide not to take up the proposal under the standard or revised terms offered by GE and/or OAC or if the proposal is officially accepted by GE and/or OAC and I decide to terminate the policy within 14 days from the date of receipt of the policy documents, then the amount refundable to me shall be the premium(s) paid less any adjustment to reflect the change in market value of the underlying assets (if applicable), less any cost(s) incurred by GE and/or OAC in assessing the risk under the policy, subject to a maximum refund of the premium(s) paid.

- 6 I authorize and agree to the following:
- (a) Any medical source, insurance office, reinsurer or organization can release my relevant information to GE and/or OAC and vice versa, regardless of whether GE and/or OAC accept this proposal;
  - (b) GE and/or OAC or any of their approved medical examiners or laboratories can carry out the necessary medical assessments and tests to underwrite and assess my/ our health in relation to this proposal and any claims I make under it; and
  - (c) GE and/or OAC can use or reveal as they reasonably consider appropriate, any information they have collected or hold (whether provided in this proposal or otherwise) to allow them, their related companies or independent third parties, within or outside Singapore, to deal with any matters relating to this proposal or policy or any other policies that I currently have with GE and/or OAC. This includes processing this proposal, communicating with me for any purpose and providing me with advice or information about products and services which GE and/or OAC believe may be of interest to me.
- A photocopy of this authorization shall have the same effect as the original.

7 I confirm that I am not an undischarged bankrupt and that no bankruptcy application (including any statutory demands) or order has been made against me.

8 I agree that the policy will be issued as a Singapore policy and agree that the policy will be entered in the register of Singapore policies.

9 I agree that my policy will be mailed directly to me according to the mailing address as provided in the proposal form.

10 I, the Proposer, have been given the following documents, and the contents of which have been explained to my satisfaction:

- a) Your Guide To Life Insurance (I have received a hard copy or been told where to find it on [www.greateasternlife.com](http://www.greateasternlife.com) or [www.lia.org.sg](http://www.lia.org.sg)) (if applicable);
- b) Your Guide To Health Insurance for health insurance rider or benefit attached (I have received a hard copy or been told where to find it on [www.greateasternlife.com](http://www.greateasternlife.com) or [www.lia.org.sg](http://www.lia.org.sg)) (if applicable);
- c) Product Summary; and
- d) Benefit Illustration /Policy Illustration/ Product Quotation (where applicable).

11 In the event GE and/or OAC becomes aware that I/we and/or any other named insured(s) am/are or have become a prohibited person, meaning a person/entity who is subject to any laws, regulations and/or sanctions administered by any governmental or regulatory authorities or any competent authority or law enforcement in any country, which have the effect of prohibiting GE and/or OAC from providing insurance coverage or otherwise offering any benefits to me/us or any other named insured(s) under the policy or proposal submitted or any cover note issued, whichever applicable, I/we agree that GE and/or OAC may suspend, terminate or void the policy or my/our insurance coverage under the policy, whichever applicable, with effect from the appropriate date or from inception, as appropriate and at the sole discretion of GE and/or OAC, and shall not be required to transact any business with me/us in connection with the policy, including but not limited to, making or receiving any payments under the policy or proposal submitted or any cover note issued, whichever applicable.

Further, in the event GE and/or OAC becomes aware that any of the Life Assured, Trustee, Assignee, Beneficiary, Beneficial Owner and/or Nominee and/or Mortgagee/Financier named in or connected with the policy is or has become a prohibited person, I/we agree that GE and/or OAC may suspend, terminate, or void the policy or my/our insurance coverage under the policy, whichever applicable, with effect from the appropriate date or from inception, as appropriate and at the sole discretion of GE and/or OAC, and shall not be required to transact any business in connection with the policy, including but not limited to, making or receiving any payments under the policy or proposal submitted or any cover note issued, whichever applicable.

Under any of the above circumstances, GE and/or OAC shall not be deemed to provide cover and/or be liable to pay any claim or benefits under the policy or proposal submitted or any cover note issued, whichever applicable.

12 I have specifically taken note of the following information:

- (a) Benefits, limitations and risks of the policy;
- (b) Conditions under which benefits will be payable;
- (c) Conditions under which the policy will terminate;
- (d) Exclusions where benefits will not be payable;
- (e) Free-look provision; and
- (f) Fees and charges to be borne by me, including but not limited to cash payments in the form of commission, costs of benefits and services paid to the distribution channel (where applicable).

### 13 Self-Certification (Tax Residency)

I certify that I am the account holder (or I am authorized to sign for the account holder) in respect of this policy. In situations, where the ownership of the policy is to be transferred to the Life Assured on his 18th birthday, I certify that I am giving this self-certification on behalf of the Life Assured as well, in my capacity as legal guardian of the Life Assured.

I understand and acknowledge that GE/OAC is required by law to collect information regarding the tax residency status of each account holder and further, GE/OAC may be legally obliged to report the tax residency information contained in this form, including information regarding the account holder and any other reportable account(s) to the Inland Revenue of Singapore, which in turn may exchange such information with the tax authorities of another country or countries in which the account holder may be tax resident, pursuant to intergovernmental agreements to exchange financial account information.

I also understand that each country has its own rules for defining tax residence, and that if I have any questions on how to determine the tax residency status or complete this form on behalf of myself (or the account holder on behalf of whom I am authorized to sign this form), I should consult my tax adviser or the information at the automatic exchange of information portal of the Organisation for Economic Co-operation and Development: <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>. GE/OAC will not be in a position to provide assistance beyond the information contained within the instructions set out here.

I declare that all statements made in this form are, to the best of my knowledge and belief, correct and complete. I undertake to inform GE/OAC within 30 days if there is a change in circumstances that affects the tax residency status of myself (or the account holder on behalf of whom I am authorized to sign this form) or the Life Assured, or causes the information in this form to be incorrect or incomplete. I shall provide (or, where I am signing this form on behalf of an account holder, provide or procure that the account holder provides) GE/OAC with an updated self-certification form within 90 days of such change in circumstances.

I understand that under the Income Tax Act of Singapore, it is an offence for a person to provide information regarding his/her tax residence status which is false or misleading in a material particular, if such person knows or has reason to believe that such information is false or misleading. I am also aware that such offence is punishable with a fine not exceeding \$10,000 or imprisonment for up to 2 years or to both.

14 I agree that I will update GE and/or OAC promptly of any change or addition to the information provided herein about me, the Life Assured, the beneficiary named in this proposal or of the policy and any other relevant persons (if any, and collectively with the Life Assured and the beneficiary, the "Relevant Persons") and as and when GE and/or OAC may reasonably require. I further agree, or represent to GE and/or OAC that each Relevant Person has agreed when information about him is provided to GE and/or OAC, that GE and/or OAC may disclose such information for the purpose of its compliance with any applicable rules, laws and regulations, codes of practice or guidelines or to assist in law enforcement and investigations by relevant authorities.

15 I understand that GE and/or OAC will not be liable for any costs or losses that may be incurred to me or any of the Relevant Persons due to actions of GE and/or OAC permitted herein. In this connection, I agree to indemnify GE and/or OAC against all claims of the Relevant Persons for the aforesaid costs or losses. I further understand that my failure to fulfill any of the obligations herein, or any of untrue or inaccurate representations given herein, will entitle GE and/or OAC to deduct or withhold such amount from any payment payable under the relevant policy, and/ or to terminate the policy without being held liable, to the extent permitted by law, and I will indemnify GE and/or OAC against all costs and losses that may be incurred to it therefrom.

16 I agree to complete and sign such documents and do such things for purposes reasonably required by GE and/or OAC to evaluate my proposal and to provide the products or services which I am applying for.

17 I acknowledge that I am responsible for making sure that I am allowed to buy this policy under the laws and regulations that apply to my nationality and the country where I live. I understand that GE and/or OAC cannot accept liability for any legal consequences under the laws of any other country or any tax effects that may arise in connection with buying this policy.

I declare that any funds and assets I place with GE and/or OAC and any profits that they generate, will comply with the tax laws of the countries where I am resident(s) and of which I am citizen(s).



## 18 Policy Application, Service and Administration

By providing the information set out above, I agree and consent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") collecting, using, disclosing and sharing amongst themselves my personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate my proposal and to provide the products or services which I am applying for (including, without limitation, any policy renewals and policy upgrades, substitutions or replacements).

I further confirm and represent to the Companies and its Representatives that the insured individual(s) of the policy that I am applying for ("Life/Lives Assured") has/have agreed and consented to the disclosure of his/her/their personal data to the Companies and its Representatives, and further, that for the Companies and its Representatives' collection, use and/or disclosure of the personal data of the Life/Lives Assured, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate my proposal and to provide the products or services which I am applying for (including, without limitation, any policy renewals and policy upgrades, substitutions or replacements).

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greasternlife.com/sg/en/privacy-and-security-policy.html> and which I confirm each of us and the Lives Assured have read and understood.

**Yes, I would also like to stay in touch with the Companies to get updates and rewards via (tick one or more)<sup>1</sup> :**

- ☐ **phone<sup>2</sup> ;**  
☐ **mail, email and other means of communication.**

By ticking the box(es) above, I understand that:

- the Companies and their Representatives may collect, use and/or disclose my personal data for contacting me about products and services offered by the Companies; and
- my response here does not affect my other consents given to the Companies and their Representatives and their rights at law in respect of my personal data<sup>3</sup>.

<sup>1</sup> This consent is independent of this Proposal and the relevant policy.

<sup>2</sup> This option includes voice calls, text and fax via my Singapore telephone numbers provided in this form and my other Singapore telephone numbers in your records from time to time.

<sup>3</sup> Leaving any of the boxes above blank will not be treated as a withdrawal of any other consent I may have previously provided to the Companies and their Representatives.

### Declaration by Customer Service Officer

I hereby declare and confirm that I have personally seen the Proposer. I have also sighted the proof of identity and certify that the particulars are the same as stated on the proposal.

\_\_\_\_\_  
Signature of Customer Service Officer

\_\_\_\_\_  
Date

#### WARNING:

**If you fail to tell us an important fact in this proposal, any policy we issue may not be valid. If you are not sure whether a fact is important, we advise you include it in this proposal. This also applies if you provide information to the Customer Service Officer but he or she does not include it in the proposal. Please check that you are fully satisfied with the information declared in this proposal.**

Signature of Life to be  
Assured/ Main Applicant \_\_\_\_\_

Dated in \_\_\_\_\_ on:

Signature of Witness  
(Customer Service Officer) \_\_\_\_\_

\_\_\_\_\_  
(Day) / (Month) / (Year)