



Top-up Form (Comprehensive)

This Form is only applicable for Asset Manager 1/Takaful Asset Manager 1 option 2 and option 3.

Warning: Pursuant to Section 25(5) of the Insurance Act, you are to disclose in this form, fully and faithfully, all the facts which you know or ought to know otherwise the top-up effected hereunder may be void.

Only original form correctly completed is considered a valid request and it is irrevocable by the policyowner. The request will not take effect until approved by the company. You should read the fund summary before deciding whether to buy or switch to a new fund. A copy of the fund summary can be obtained from the adviser or the company.

Please note that only the HSBC-Link Ethical series of Investment Linked Funds are fully Shariah compliant. If you invest in the HSBC-Link Ethical series of Investment Linked Funds via Non-Takaful basic plans, the entire contract will not be deemed a fully Shariah compliant contract as the basic plans do not adhere to Shariah requirements/guidelines.

Policy no.	
Adviser's no.	
Adviser's name	

Name of policyowner:				NRIC no.:		Contact no.:			
Source of fund (tick one)				<input type="checkbox"/> Cash/Cheque		<input type="checkbox"/> CPFIS-OA			
				<input type="checkbox"/> CPFIS-SA		<input type="checkbox"/> SRS			
1) Are you switching or intending to switch* any policy or investment product with this or any other office? If yes, were you:						Life insured		Policyowner	
a) advised by your Adviser to switch*?						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) informed by your Adviser on our fund switching facility?						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: If the answer to Question 1 is "Yes", please give full details in the table below.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
* Switching includes activities such as:									
1. Partial / full surrenders; followed by a new policy / other investment product / top up on your existing policy / other investment product.									
2. Terminated / intend to terminate an existing policy / rider (whether fully or partially), before / after the inception of a new policy / rider.									
When you switch from one product to another, please note that:									
1. you may incur additional costs and possible disadvantages which may outweigh the potential benefits from the switch;									
2. you may not be insurable on standard terms;									
3. you may have to pay a higher premium in view of higher age; and									
4. terms and conditions of your cover may differ.									
2) Do you, or your spouse or children have any life and/or health insurance policy(ies) or has applied to HSBC Insurance (Singapore) Pte. Limited or to any insurance companies for life and/or health insurance? If yes, please give full details in the table below.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship	Age	Name of company	Type of policy	Amount insured				Replacement policies lapse date (dd/mm/yy)	
				Life	Critical illness	Others (Please specify)	Year issued		

Part I - Request for topping-up to this policy as indicated below:

<input type="checkbox"/> One time (Amount: \$ _____)						<input type="checkbox"/> Yearly for the next _____ years (Amount: \$ _____)					
Name of Fund			Code	Share (%)	Name of Fund			Code	Share (%)		
Applicable for Cash/Cheque/SRS											
HSBC-Link Asia Balanced Fund			ABFS		HSBC-Link Japan Equity Fund			JGFS			
HSBC-Link Asian Bond Fund			ASBS		HSBC-Link Premium Property Equity Fund			PPFS			
HSBC-Link Asian Dividend Equity Fund			ADFS		HSBC-Link SGD Reserve Fund			SRFS			
HSBC-Link China Balanced Fund			CBFS		HSBC-Link Singapore Balanced Fund			SBFS			
HSBC-Link Climate Change Equity Fund			CCES		HSBC-Link World Selection 1 Fund ²			WSF1 ²			
HSBC-Link Emerging Europe Equity Fund			EEES		HSBC-Link World Selection 3 Fund ²			WSF3 ²			
HSBC-Link Emerging Markets Equity Fund			EMFS		HSBC-Link World Selection 5 Fund ²			WSF5 ²			
HSBC-Link Europe Equity Fund			EGFS		HSBC-Link Asia Equity Fund			KMF1			
HSBC-Link GEM Balanced Fund			GEFS		HSBC-Link Ethical Asia Equity Fund ¹			TAPF ¹			
					HSBC-Link Ethical Capital Protected Fund ¹			TSFS ¹			
Applicable for Cash/Cheque/SRS/CPF-OA											
HSBC-Link India Equity Fund			IGFS		HSBC-Link Pacific Equity Fund			PEQF			
HSBC-Link China Equity Fund			CGFS		HSBC-Link Ethical Global Equity Fund ¹			TMF1 ¹			
HSBC-Link Global Equity Fund			GEQS								
Applicable for Cash/Cheque/SRS/CPF-OA/CPF-SA											
HSBC-Link Global Bond Fund			GBOS		HSBC-Link Singapore Bond Fund			KLBS			
HSBC-Link Premium Balanced Fund			KBFS								
								Total:	100%		

Top-up Form (Comprehensive)

This Form is only applicable for Asset Manager 1/Takaful Asset Manager 1 option 2 and option 3.

Important notes:

- i) In order for the same day processing, this form must reach the Company before 2pm on each business day.
- ii) The minimum top-up amount is \$500 and in multiples of \$10. Units will be purchased based on the offer price established on the next valuation date after underwriting and approval by the Company together with the fund received.
- iii) For non-CPFIS policy, the payment and a certified true copy of NRIC must accompany with the completed form.
- iv) For CPFIS/SRS policy, there will not be a second attempt to collect the yearly topping-up amount if the first attempt is unsuccessful.
- v) The method of payment for yearly topping-up must be the same as the original single premium or regular premium.
- vi) The duration of the yearly top-up should not be greater than the duration of the basic plan/product.

¹ HSBC-Link Ethical Asia Equity Fund (TAPF), HSBC-Link Ethical Global Equity Fund (TMF1) and HSBC-Link Ethical Capital Protected Fund (TSFS) are applicable for Takaful plans.

² HSBC-Link World Selection 1 Fund, HSBC-Link World Selection 3 Fund and HSBC-Link World Selection 5 Fund are only available to products distributed by our Financial Consultants from The Hongkong and Shanghai Banking Corporation Limited and HSBC Insurance (Singapore) Pte. Limited. They are currently not available to products distributed by our Independent Financial Advisors.

Health Questions			
1)	Life insured:	Height (cm) _____	Weight (kg) _____
2)	Have you ever suffered from or received treatment or advice for any of the following diseases or impairments:	Yes	No
	(i) Cancer, tumour or growth, diabetes, disease of the heart or blood circulatory system including high blood pressure, stroke, chest pain, epilepsy, mental or nervous disorder, kidney disease, liver disease including hepatitis, urinary disorder, or any other significant disease or impairment?	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) HIV infection, AIDS-related or any other sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>
3)	Have you had five (5) consecutive days off work or spent three (3) consecutive days in hospital in the last five years for any illness, sickness, disease, injury or disorder? Please ignore normal pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>
4)	During the past 5 years, have you been treated by a doctor or specialist for more than two weeks, or were you required or have undergone any investigation or treatment or special test (e.g., electrocardiogram, X-ray, ultrasound, echocardiogram, MRI, CT scan, blood or urine test or biopsy)?	<input type="checkbox"/>	<input type="checkbox"/>
5)	Are you currently receiving or considering receiving medical attention, or taking any prescribed drugs?	<input type="checkbox"/>	<input type="checkbox"/>
6)	If any of the answers to Q2 to Q5 is "Yes", give full particulars below, including nature of diseases or illness, relevant dates, duration, name and address of doctors, place of treatment and present condition, noting the question number:		
7)	Have you ever had any application, renewal or reinstatement for a Life, Disability, Accident, Health or Critical Illness policy being declined, postponed, rated up, or in any way issued on special terms or ever made a claim for accident, health or any sort of such benefits? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>

Note: Please complete Part II if the amount is more than \$10,000.

Part II - Health Questions and Others					
Family health history					Life insured
					Yes No
Have either of your natural parents or any siblings suffered or died from heart disease, stroke, high blood pressure, kidney disease, cancer (please specify type), paralysis, epilepsy, mental illness, tuberculosis or any hereditary disease? If yes, give full details below.					<input type="checkbox"/> <input type="checkbox"/>
Relationship	Living			Deceased	
	Age at onset of illness	Suffering from	Age at death	Date of death	Cause of death

Health details and habits		Life insured
		Yes No
1)	a. Do you smoke cigarettes? If yes, how many sticks per day? _____ For how many years? _____ yrs	<input type="checkbox"/> <input type="checkbox"/>
	b. Have you smoked any cigarettes in the past 12 months?	<input type="checkbox"/> <input type="checkbox"/>
2)	Do you take drugs? If yes, state type and quantity consumed.	<input type="checkbox"/> <input type="checkbox"/>
3)	Do you take alcohol? If yes, state type and quantity consumed.	<input type="checkbox"/> <input type="checkbox"/>
4)	Are you now a member of any military force, do you contemplate engaging in any private flying, diving, sky diving, rock/mountain climbing, racing or any other hazardous sports or flying other than as a fare paying passenger on a regular scheduled airline or have you in the last five years engaged in such flying or sports?	<input type="checkbox"/> <input type="checkbox"/>
5)	Give name and contact no. of your usual doctor:	
6)	State date and nature of your last consultation and give name and address of the doctor consulted.	

Top-up Form (Comprehensive)

This Form is only applicable for Asset Manager 1/Takaful Asset Manager 1 option 2 and option 3.

Health questions		Life insured	
		Yes	No
7)	Have you ever had or been told to have or been treated for:		
a.	epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous/mental, disorders?	<input type="checkbox"/>	<input type="checkbox"/>
b.	diabetes, thyroid disorders or any other endocrine disorders?	<input type="checkbox"/>	<input type="checkbox"/>
c.	ear discharge, nose bleeds, double vision, impaired sight, hearing or speech or any other disorders of ear, eye, nose or throat?	<input type="checkbox"/>	<input type="checkbox"/>
d.	asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/discomfort or any other lung disorders?	<input type="checkbox"/>	<input type="checkbox"/>
e.	raised cholesterol, high blood pressure, heart attack, heart murmur, mitral valve prolapse or other heart valve disorders, breathless, irregular or fast heart rate, chest discomfort or pain, disease of any other disorders of the heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>
f.	gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?	<input type="checkbox"/>	<input type="checkbox"/>
g.	jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?	<input type="checkbox"/>	<input type="checkbox"/>
h.	blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?	<input type="checkbox"/>	<input type="checkbox"/>
i.	slipped disc, gout, arthritis, pain or deformity or disorder of the muscles, spine, limbs or joints or severe injury?	<input type="checkbox"/>	<input type="checkbox"/>
j.	cancer, tumours, cyst or growths of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
k.	anaemia, any other disorders of the blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?	<input type="checkbox"/>	<input type="checkbox"/>
l.	any other illness, disorder, operation, physical disability or accident not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>
8)	Have you ever had HIV testing done (please state reason and results); or in the last three 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"/>
9)	Have you gone abroad other than for holidays during the last two years? If yes, please provide full details: purpose, destination, length of stay and frequency (per annum).	<input type="checkbox"/>	<input type="checkbox"/>
10)	Female (only)		
a.	Have you suffered from or are you aware of any breast lumps or any other disorders of your breasts?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of female organs?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Have you ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigation? If yes, please state type, reason, date of test done and results of test (copy to be submitted if available).	<input type="checkbox"/>	<input type="checkbox"/>
e.	For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension, etc	<input type="checkbox"/>	<input type="checkbox"/>
f.	Are you now pregnant? If yes, how many months? _____ month(s)	<input type="checkbox"/>	<input type="checkbox"/>
11)	If any of the answers is "Yes", give full particulars below, including nature of diseases or illness, relevant dates, duration, name and address of doctors, place of treatment and present condition, noting the question number:		

Signature of life insured

Signature of policyowner /trustee/assignee

Date (dd/mm/yy)

For completion by adviser		
Source of premium (For non CPFIS policy only):		
<input type="checkbox"/> Own earnings / savings		
<input type="checkbox"/> Third party's cheque / cashier's order	Third party's name and NRIC no.	_____
(To submit certified true copy of third party's NRIC)	Relationship with policyowner	_____
<input type="checkbox"/> Spouse's money	Reason for using third party's cheque/cashier's order	_____
<input type="checkbox"/> Parent's money	If spouse, parent or legacy, please provide name	_____
<input type="checkbox"/> Legacy		_____
<input type="checkbox"/> Others	Please state details	_____

For Takaful policy, please read "certificate" for policy, "certificate holder" for policyowner, "wakil" for adviser, "participant" for life insured, "takaful benefit" for sum insured.