

www.hsbclife.com.sg Customer Care Hotline: +65 6880 4888 Email: e-surance@hsbc.com.sg Mailing Address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

Goal Builder (USD) Top Up Form (Investment-Linked Insurance Plan)

NOTE: * WE WILL UPDATE YOUR PERSONAL PARTICULARS AND CONTACT DETAILS IN OUR RECORDS WITH THE INFORMATION PROVIDED IN THIS FORM. IF WE DO SO, WE WILL NOTIFY YOU.

Full Name of policyowner as shown		Policy no.			
in NRIC/Passport including alias*		NRIC / Passport no.*			
Email Address*		Contact no.*	+ Country/Region code		
CONSENT TO USE OF PE	RSONAL DATA				

HSBC's Data Privacy Policy (which may be found at https://www.insurance.hsbc.com.sg/privacy-and-security) forms a part of the terms and conditions governing your relationship with HSBC. By submitting this form, you consent to the collection, use and disclosure of your personal data for the purposes set out in the Data Privacy Policy.

US INSURANCE REGULATORY REQUIREMENTS:

Due to US insurance regulatory requirements, you are not to enter the US or any territory subject to US jurisdiction at the time of considering or deciding relevant matters on the insurance product, otherwise the request effected hereunder may be void.

By submitting this form, you confirm that you are in compliance with US laws and regulations and other laws having extra-territorial effect: - you are not physically present in the US when executing the policy servicing request(s);

- you are aware of and understand the **policy servicing restrictions** applicable to any and all persons residing temporarily or permanently in the US;

- you will inform HSBC Life (Singapore) Pte. Ltd. should you decide to reside in the US either temporarily or permanently; List of **policy servicing restrictions** is set out in our website <u>http://www.insurance.hsbc.com.sg/1/2/sghi/customer-service</u>



HSBC Life (Singapore) Pte. Ltd. (Reg. No. 199903512M) www.hsbclife.com.sq

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PART A: WHAT YOU SHOULD KNOW ABOUT INVESTMENT-LINKED INSURANCE POLICIES

An insurance policy is intended to meet your long-term financial needs. Investing in units of an investment-linked Fund ("Fund") is meant to produce returns over the long term. You should not expect to obtain short term gains from such investments. You may switch your investment to other Funds offered by HSBC Life (Singapore) Pte. Ltd. or redirect your future premium to the Funds of your choice while the policy is in force.

Risk of Investing in a Fund: Before investing in any Funds, You should consider the risks of investing in the Fund. Generally, some of the risk factors that you should consider are market & credit risk, liquidity risk and product-specific risks. The degree of risk depends on the investment approach, the geographical area of investment and types of investment underlying the Fund. You should consider investing in Funds that are aligned with your investment risk appetite.

Fund Performance: The past performance of any Fund is not necessarily indicative of the future or likely performance of the Fund. You should note that the value of the units, and income accruing to the units, may fall or rise and that you may not get back your original investment. Fund prices are published on the day after valuation of the respective Funds and can be found on our website.

Changes in Insurance Charges: Depending on the plan type, a top-up may be subject to underwriting and may result in a change in your sum insured and a change in insurance charges on your policy.

Should you need any clarification on the risks and implications of your request(s), you should consult your financial consultant, who will assess and advise you on the suitability of your request, before proceeding.

Pursuant to the Notice on Recommendation on Investment Products (FAA-N16) issued by the Monetary Authority of Singapore pursuant to the Financial Advisers Act, where the underlying investment product is an unlisted Specified Investment Product ("SIP"), a Financial Adviser (i.e. HSBC Life (Singapore) Pte. Ltd.) is required to conduct a Customer Knowledge Assessment ("CKA") before making any recommendation. The purpose of the CKA is to assess if you have the relevant knowledge or experience to understand the risks and features of unlisted SIPs, which include investment-linked insurance products ("ILP").

If you are assessed to have the relevant experience and/or knowledge to transact in ILPs, you may proceed with the policy change(s). However, you are strongly encouraged to talk to your financial consultant to better understand the risks and implications involved in the policy change(s). The completed CKA form must be submitted together.

If you are assessed <u>not to have</u> the relevant experience and/or knowledge to transact in ILPs, you must approach your financial consultant or visit our Customer Service Centre to complete a Goal Planner / Personal Financial Review before you can proceed with the policy change(s). We will act on any policy change(s) only after the "Financial Consultant's Declaration" section has been completed by a Financial Consultant.

Important Notes for Top-ups:

- In addition to this application form, please submit the following:
- A copy of your NRIC For all top-ups;
- A copy of the third party's NRIC For top-ups using a third party cheque / Giro
- If you are allocating the amount to 2 or more funds, the percentage share for each fund must be at least 10% and in multiples of 5%. The total percentage allocation must add up to 100%.

PART B: TOP-UP (ONE-TIME)

□ I would like to apply for a one-time top-up as indicated below:

Amount: US\$

(The amount must be at least US\$500 and in multiples of US\$10.)

Note:

- For policies purchased under Supplementary Retirement Scheme (SRS) and with no Dividend Payout Option selected, we will proceed based on "Reinvestment" as the default.
- Please note that any existing fund rebalancing arrangement will be terminated upon any top up application. Please fill up Part E to continue this feature.

Name of Fund	Fund Code	Dividend Payout Indicator	Allocation (%)	Dividend Payout Option (Select one option only)
Schroder Asian Growth Fund	YSAG	Yes		 Reinvestment Payout
Aberdeen Standard Pacific Equity Fund	YAPE	No		N/A
FSSA Dividend Advantage Fund	YFDA	Yes		 Reinvestment Payout



Name of Fund	Fund Code	Dividend Payout Indicator	Allocation (%)	Dividend Payout Option (Select one option only)
HGIF - Asia Pacific ex Japan Equity High Dividend	YHAP	Yes		 Reinvestment Payout
Capital Group New Perspective Fund (LUX)	YCGN	No		N/A
HGIF - Global Equity Climate Change	YHGE	No		N/A
AB Sustainable Global Thematic Portfolio	YASG	No		N/A
Schroder ISF Global Emerging Market Opportunities	YSEM	No		N/A
Franklin U.S. Opportunities Fund	YFUO	No		N/A
BlackRock European Equity Income Fund	YBEE	Yes		 Reinvestment Payout
Schroder Singapore Trust	YSST	No		N/A
JPMorgan ASEAN Equity Fund	YJAE	No		N/A
Allianz China A-Shares	YALC	No		N/A
FSSA Regional China Fund	YFSR	No		N/A
Franklin Technology Fund	YFTF	No		N/A
Allianz Global Artificial Intelligence	YAGA	No		N/A
Franklin Biotechnology Discovery Fund	YFBD	No		N/A
AB International Healthcare Portfolio	YAIH	No		N/A
BlackRock World Gold Fund	YBWG	No		N/A
BlackRock Asian Tiger Bond Fund	YBAT	No		N/A
HGIF - Global Short Duration Bond	YHGS	No		N/A
HGIF - Global High Income Bond Fund	YHGH	Yes		 Reinvestment Payout
PIMCO Emerging Markets Bond Fund	YPEM	No		N/A
Capital Group Global High Income Opportunities (LUX)	YCGG	Yes		 Reinvestment Payout
HGIF - Singapore Dollar Income Bond	YHSD	Yes		 Reinvestment Payout
AB American Income Portfolio	YAAI	Yes		 Reinvestment Payout
BlackRock Global High Yield Bond Fund	YBGH	Yes		□ Reinvestment □ Payout
First Sentier Bridge Fund	YHMS	Yes		 Reinvestment Payout
HGIF - Managed Solutions – Asia Focused Income	YBGA	Yes		 Reinvestment Payout
BlackRock Global Allocations Fund	YHW1	No		N/A
HSBC Portfolios - World Selection 1	YHW2	No		N/A



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Name of Fund	Fund Code	Dividend Payout Indicator	Allocation (%)	Dividend Payout Option (Select one option only)		
HSBC Portfolios - World Selection 2	YHW3	No		N/A		
HSBC Portfolios - World Selection 3	YHW4	No		N/A		
HSBC Portfolios - World Selection 4	YHW5	No		N/A		
HSBC Portfolios - World Selection 5	YSIE	No		N/A		
Schroder ISF Emerging Multi-Asset	YSIS	Yes		 Reinvestment Payout 		
Schroder ISF Sustainable Multi-Asset Income	YPEM	Yes		 Reinvestment Payout 		
PIMCO GIS Income Fund	YPIF	Yes		 Reinvestment Payout 		
Janus Henderson Global Technology Leaders Fund	YJTL	No		N/A		
Franklin Income Fund	YFIF	Yes		 Reinvestment Payout 		
HGIF – India Equity Fund	YHIE	No		N/A		
TOTAL	TOTAL					

PART C: TOP-UP (RECURRING)

□ I would like to apply for a recurring top-up as indicated below:

Amount: US\$

(The amount must be at least US\$500 and in multiples of US\$10.)

No. of payments:

Note:

• For <u>regular premium</u> policies, the recurring top-up will be applied at the same payment frequency and use the same payment method as your regular premiums.

• For policies purchased under Supplementary Retirement Scheme (SRS) and with no Dividend Payout Option selected, we will proceed based on "Reinvestment" as the default.

• Please note that any existing fund rebalancing arrangement will be terminated upon any recurring top up application. Please fill up Part E to continue this feature.

Name of Fund	Fund Code	Dividend Payout Indicator	Allocation (%)	Dividend Payout Option (Select one option only)
Schroder Asian Growth Fund	YSAG	Yes		 Reinvestment Payout
Aberdeen Standard Pacific Equity Fund	YAPE	No		N/A
FSSA Dividend Advantage Fund	YFDA	Yes		 Reinvestment Payout
HGIF - Asia Pacific ex Japan Equity High Dividend	YHAP	Yes		 Reinvestment Payout
Capital Group New Perspective Fund (LUX)	YCGN	No		N/A
HGIF - Global Equity Climate Change	YHGE	No		N/A
AB Sustainable Global Thematic Portfolio	YASG	No		N/A
Schroder ISF Global Emerging Market Opportunities	YSEM	No		N/A
Franklin U.S. Opportunities Fund	YFUO	No		N/A



Name of Fund	Fund Code	Dividend Payout Indicator	Allocation (%)	Dividend Payout Option (Select one option only)
BlackRock European Equity Income Fund	YBEE	Yes		 Reinvestment Payout
Schroder Singapore Trust	YSST	No		N/A
JPMorgan ASEAN Equity Fund	YJAE	No		N/A
Allianz China A-Shares	YALC	No		N/A
FSSA Regional China Fund	YFSR	No		N/A
Franklin Technology Fund	YFTF	No		N/A
Allianz Global Artificial Intelligence	YAGA	No		N/A
Franklin Biotechnology Discovery Fund	YFBD	No		N/A
AB International Healthcare Portfolio	YAIH	No		N/A
BlackRock World Gold Fund	YBWG	No		N/A
BlackRock Asian Tiger Bond Fund	YBAT	No		N/A
HGIF - Global Short Duration Bond	YHGS	No		N/A
HGIF - Global High Income Bond Fund	YHGH	Yes		 Reinvestment Payout
PIMCO Emerging Markets Bond Fund	YPEM	No		N/A
Capital Group Global High Income Opportunities (LUX)	YCGG	Yes		 Reinvestment Payout
HGIF - Singapore Dollar Income Bond	YHSD	Yes		 Reinvestment Payout
AB American Income Portfolio	YAAI	Yes		 Reinvestment Payout
BlackRock Global High Yield Bond Fund	YBGH	Yes		 Reinvestment Payout
First Sentier Bridge Fund	YHMS	Yes		 Reinvestment Payout
HGIF - Managed Solutions – Asia Focused Income	YBGA	Yes		 Reinvestment Payout
BlackRock Global Allocations Fund	YHW1	No		N/A
HSBC Portfolios - World Selection 1	YHW2	No		N/A
HSBC Portfolios - World Selection 2	YHW3	No		N/A
HSBC Portfolios - World Selection 3	YHW4	No		N/A
HSBC Portfolios - World Selection 4	YHW5	No		N/A
HSBC Portfolios - World Selection 5	YSIE	No		N/A
Schroder ISF Emerging Multi-Asset	YSIS	Yes		 Reinvestment Payout
Schroder ISF Sustainable Multi-Asset Income	YHGH	Yes		 Reinvestment Payout



Name of Fund	Fund Code	Dividend Payout Indicator	Allocation (%)	Dividend Payout Option (Select one option only)
PIMCO GIS Income Fund	YPIF	Yes		 Reinvestment Payout
Janus Henderson Global Technology Leaders Fund	YJTL	No		N/A
Franklin Income Fund	YFIF	Yes		 Reinvestment Payout
HGIF – India Equity Fund	YHIE	No		N/A
TOTAL	100%			

PART D: DIVIDEND PAYMENT OPTION - PAYOUT (Not applicable for policies bought under Supplementary Retirement Scheme Accounts)						
Please indicate the option if you have selected dividend payout option. If no payment option is selected, a cheque will be sent to you.						
Cheque	* Direct credit to my bank	Name of Bank:				
		Account Number:				
* If the Direct Credit option is selected, please submit a scan/image of your bank statement, clearly showing your full name, bank account number and bank's logo/ emblem for account ownership verification.						
 bank charges, currency 	may be subject to fees and charges exchange and all other incidental c	s levied by your bank and such fees an osts related to the transfer will be born t to HSBC Life's evaluation of applicat	e by you;			
1) "Direct Credit" optior • you have indio • you have NOT • you have prov	 We will send a cheque to you if: 1) "Direct Credit" option is selected and you have indicated a bank account belonging to a third-party or you have NOT submitted a clear image/copy of bank statement with all required information in a language we support or you have provided a non-Singapore bank account number 2) No payment option is selected. 					
PART E: AUTOM	ATIC FUND REBALANCI	NG				
Warning: Please note th	at any existing fund rebalancing a	arrangement will cease upon this top	up application			
Premium(s) allocatiThis feature is avail		/ onwards.	variance from the pre-specified Regular			
Yes (I would like to	activate Automatic fund rebalanc	ing arrangement)				
No (I would like to <u>c</u>	ancel existing Automatic fund reb	palancing arrangement)				
Note: If you wish to char	nge the Regular Premium(s) alloc	ation percentage, you will need to su	ubmit a new premium redirection request.			



1. Are you switching or intending to switch' any policy or investment product with this or any other office? If yes, please complete the rest of the questions. Policyowner Life Insured 1. Advised by your financial consultant to switch? 0	PART F: D	PART F: DECLARATION ON SWITCHING AND EXISTING POLICIES (MANDATORY)									
Consistent office? If yes, please complete the rest of the questions. a) Advised by your financial consultant to switch? b) Informed by your financial consultant to switch? b) Informed by your financial consultant on our Fund switching facility? 2. Do you have any existing life and/or health insurance policies or any current application for life and/or health insurance policies with other companies? If yes, please give full details below. Policy our financial consultant on our Fund switching facility? Policy Use a specific and/or health insurance policies or any current application for life and/or health insurance policies with other companies? If yes, please give full details below. Relationship Age Name of company Type of policy Life Critical Others (Please Specify) Year issued Question 1 only Switching includes partially or fully surrendering your existing policy immediately before or followed by the purchase of a new policy or other policy or an increase in your investment in any other existing policy. When you switch from one product to another, you may note please in your investment in any other existing policy. When you switch from one product to another, you may note be insurable on standard terms; the new policy or a ble ses suitable for you; and you are using a third party cheque/bank account for the top-up, please complete this section and submit a copy of the third party's NRIC. Please note that only cheques/bank accounts from immediate family members (spouse, siblings, parents or chidren) and used. PART E: SOURCE OF TOP-UP PREMIUM If you are using a third party cheque/bank account for the top-up, please complete this section and submit a copy of the third party's NRIC. Please note that only cheques/bank accounts from immediate family members (spouse, siblings, parents or chidren) and used. Third party's NRIC. Please note that only cheques/bank accounts from immediate family members (spouse, siblings, parents or chidren) and used.								P	olicyowner	Life In:	sured
a) Advised by your financial consultant to switch? b) Informed by your financial consultant on our Fund switching facility? 2. Do you have any existing life and/or health insurance policies or any current application for life and/or health insurance policies with other companies? If yes, please give full details below. Relationship Age Name of company Policy Company Policy Name of company Policy Policy Contical Life Critical Life Critical Criti							this	Yes	s No	Yes	No
b) Informed by your financial consultant on our Fund switching facility? 2. Do you have any existing life and/or health insurance policies or any current application for life and/or health insurance policies or any current insurence policies or any current insurence policies are any existing life and/or health insurance policies or any current insurence policies are any existing life and/or health insurance policies or any current insurence policies are any existing life and/or health insurance policies or any current insurence policies are any existing life and/or health insurance policies or any current insurence policies are any existing life and/or health insurance policies or any current insurence policies lapsed at the policies lapsed at the policies lapsed at the policies lapsed at the policies are any existing policy immediately before or followed by the purchase of a new policy or other policy or an increase in your investment in any other existing policy. When you switch from one product to another, you may not be insurable on standard terms; you may not be insurable on standard terms; you any not be insurable for you; and being the policy before or some cost, or the same level of benefits at a higher cost. PART E: SURCE OF TOP-UP PREMIUM If you are using a third party cheque/bank account for the top-up, please complete this section and submit a copy of the third party's NRC. Please note that only cheques/bank accounts from immediate family members (spouse, siblings, parents or children) and be used. Third party's NRC. Please note that only cheques/bank accounts from immediate family members (spouse, siblings, parents or children) and be used.					of the question	ons.		-			_
2. Do you have any existing life and/or health insurance policies or any current application for life and/or health insurance policies with other companies? If yes, please give full details below.								-	—	—	—
2. Do you have any existing life and/or health insurance policies or any current application for life and/or health insurance policies with other companies? If yes, please give full details below. Yes No Yes No Relationship Age Name of company Type of policy Amount insured Replacement policies lapse date - Applicable to Question 1 only * Mame of company Type of policy Critical lifes Others (Please specify) Year issued Replacement policies lapse date - Applicable to Question 1 only * Switching includes partially or fully surrendering your existing policy immediately before or followed by the purchase of a new policy or an increase in your investment in any other existing policy. When you switch from one product to another, you may not be insurable on standard terms; you may not be insurable on standard terms; the new policy may be less suitable for you; and * you are using a third party cheque/bank account for the top-up, please complete this section and submit a copy of the third party's NRIC. Please note that only cheques/bank accounts from immediate family members (spouse, siblings, parents or children) can be used.	b) Informed	b) Informed by your financial consultant on our Fund switching facility?									
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please give full details below. Amount insured Amount insured Replacement policies lapse date - Applicable to Question 1 only Relationship Age Name of company Type of policy Critical Life Critical (Please specify) Year issued Replacement policies lapse date - Applicable to Question 1 only * Switching includes partially or fully surrendering your existing policy immediately before or followed by the purchase of a new policy or other policy or an increase in your investment in any other existing policy. When you switch from one product to another, • you may incur penalties, fees and charges, additional costs and other possible disadvantages which may outweigh the potential benefits (if any) from the switch; • you may not be insurable on standard terms; • you may have to pay a higher premium in view of higher age or otherwise be insured for a lower level of benefits at a higher cost. Image: Section and submit a copy of the third party's NRIC. Please note that only cheques/bank accounts from immediate family members (spouse, siblings, parents or children) can be used. Third party's name and NRIC no. Image: Section and Sectio	application for life and/or health insurance policies with other companies? If yes,					Yes	No	Yes	No		
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* Switching includes partially or fully surrendering your existing policy immediately before or followed by the purchase of a new policy or other policy or an increase in your investment in any other existing policy. When you switch from one product to another, * Switching includes partially or fully surrendering your existing policy immediately before or followed by the purchase of a new policy or other policy or an increase in your investment in any other existing policy. When you switch from one product to another, • you may incur penalties, fees and charges, additional costs and other possible disadvantages which may outweigh the potential benefits (if any) from the switch; • you may not be insurable on standard terms; • the new policy may be less suitable for you; and • you may have to pay a higher premium in view of higher age or otherwise be insured for a lower level of benefits at a higher cost. PART E: SOURCE OF TOP-UP PREMIUM If you are using a third party cheque/bank account for the top-up, please complete this section and submit a copy of the third party's name and NRIC no. Relationship with policyowner / life insured	Relationship	Age	company		Life	-	-		Year issued		
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party's NRIC. Please note that only cheques/bank accounts from immediate family members (spouse, siblings, parents or children) can be used. Third party's name and NRIC no. Relationship with policyowner / life insured	PART E: S	OURC	E OF TOP-UP	PREMIUM							
Relationship with policyowner / life insured	party's NRIC.	party's NRIC. Please note that only cheques/bank accounts from immediate family members (spouse, siblings, parents or children)									
	Third party's r	name an	d NRIC no.								
Reason for using third party cheque / Giro	Relationship v	vith polic	cyowner / life insur	ed							
	Reason for us	ing third	l party cheque / Gi	ro							



PART F: DECLARATION AND AUTHORISATION

(MANDATORY)

Please tick one option which applies to you:

(1) Applicable only if you are assessed to have the relevant experience and/or knowledge to transact in unlisted SIPs

- I have chosen NOT to receive advice from any Financial Consultant. I understand that
 (a) it is my responsibility to ensure the suitability of the requested ILP transaction(s); and
 (b) I will not be able to rely on Section 27 of the FAA to file a civil claim in the event I allege I have suffered a loss.
- I have received advice from a Financial Consultant* and a) I accept the Financial Consultant's advice.
- **b**) I have chosen **NOT to accept** the Financial Consultant's advice. I understand that
 - (i) it is my responsibility to ensure the suitability of the requested ILP transaction(s); and
 - (ii) I will not be able to rely on Section 27 of the FAA to file a civil claim in the event I allege I have suffered a loss.

(2) Applicable only if you are assessed <u>NOT</u> to have the relevant experience and/or knowledge to transact in unlisted SIPs

- I have received advice from a Financial Consultant* and a) I accept the Financial Consultant's advice
- b) I DO NOT accept the Financial Consultant's advice and I confirmed that I would like to proceed with the requested ILP transaction(s).
 - The Financial Consultant has explained to me that
 - (i) it is my responsibility to ensure the suitability of the requested ILP transaction(s);
 - (ii) I will not be able to rely on Section 27 of the FAA to file a civil claim in the event I allege I have suffered a loss; and
 - (iii) I am aware of the implications and consequences of proceeding with the requested ILP transaction(s).

* Please request your Financial Consultant to sign the "Financial Consultant's Declaration" section below.

I understand and agree that:

- Only an original, duly completed and signed application form is considered a valid request. The request is irrevocable once it is received by HSBC Life (Singapore) Pte. Ltd.;
- For a Fund switch request, the application form must reach HSBC Life (Singapore) Pte. Ltd. by 3:30pm on a business day for the request to be processed on same day. Any application form received after 3:30pm will be deemed submitted on the next business day. If any supporting documents are required, the request will be processed on the date of receipt of the final document;
- A premium redirection request will be processed within 3 business days after the date of receipt of the application form or any required supporting documents, whichever is later. The change will be effected on the next premium due date;
- I should read the relevant Fund Summaries and Product Highlights Sheets of the new Fund(s) before investing in the new Fund(s). These documents can be obtained from my financial consultant;
- My application is subject to the terms and conditions as stated in the Policy General Provisions and is effective only when it has been
 officially accepted and notified to me by HSBC Life (Singapore) Pte. Ltd.;
- If there are any pending unit-linked transaction for this policy (i.e. Top-up, Fund Switch, Withdrawal and Benefits Billing), this application will be processed on the next business day following the completed processing of pending transaction(s);
- I confirm that the information provided in this form is correct and complete. By signing below, I authorize HSBC Life (Singapore) Pte. Ltd. to
 update my particulars in your records with the information provided in this form and disclose the updated information to HSBC Bank (Singapore)
 Limited to update their records accordingly if I am a customer of HSBC Bank (Singapore) Limited.

Signature of policyowner/ trustee/ assignee

Date (dd/mm/yyyy)



www.hsbclife.com.sg Customer Care Hotline: +65 6880 4888 Email: e-surance@hsbc.com.sg Mailing Address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

PART G: FINANCIAL CONSULTANT'S DECLARATION

Name of Financial Consultant	Financial Consultant's code	

I have explained the risk and implications of the transaction(s) to the policyowner/trustee/assignee. I have completed the Personal Financial Review with the policyowner/trustee/assignee, and have complied with the requirements prescribed by MAS FAA-N16: Notice on Recommendations on Investment Products.

Signature of Financial Consultant

Date (dd/mm/yyyy)



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Customer Knowledge Assessment Form

Please complete this form	lease complete this form and submit it together with the relevant policy amendment form(s).				
Full Name of policyowner as shown in NRIC/Passport including alias		Policy no.			
		NRIC / Passport no.			
		Contact no.	+		
			Country/Region code		

For Takaful policy, please read "certificate" for policy, "certificate holder" for policyowner, "Wakil" for financial consultant, "participant" for life insured, "takaful benefit" for sum insured.

Pursuant to the Notice on Recommendation on Investment Products (FAA-N16) issued by the Monetary Authority of Singapore pursuant to the Financial Advisers Act, where the underlying investment product is an unlisted Specified Investment Product ("SIP"), a Financial Adviser (i.e. HSBC Life (Singapore) Pte. Ltd.) is required to conduct a Customer Knowledge Assessment ("CKA") before making any recommendation. The purpose of the CKA is to assess if you have the relevant knowledge or experience to understand the risks and features of unlisted SIPs, which include investment-linked insurance products ("ILP"). The list of policy changes to an unlisted SIP for which a CKA is required is as follows:-

a) Fund switch

b) Top-up (One-time or recurring)

c) Premium redirection d) Increase in premium

If you are assessed **to have** the relevant experience and/or knowledge to transact in ILPs, you may proceed with the policy change(s). However you are strongly encouraged to talk to your financial consultant to better understand the risks and implications involved in the policy change(s).

If you are assessed **not to have** the relevant experience and/or knowledge to transact in ILPs, you **must** approach your financial consultant or visit our Customer Service Centre to complete a Personal Financial Review ("PFR") before you can proceed with the policy change(s).

Consent to use of personal data

I understand that HSBC's Data Privacy Policy (which may be found at <u>https://www.insurance.hsbc.com.sg/privacy-and-security/</u>) forms a part of the terms and conditions governing my relationship with HSBC. I consent to the collection, use and disclosure of my personal data for the purposes set out in the Data Privacy Policy.

PART A: CUSTOMER KNOWLEDGE ASSESSMENT

Please note that any inaccurate or incomplete information provided by you may affect the outcome of the CKA. Therefore, please ensure that all information provided by you is accurate and complete.

Educational Qualifications

1a) Do you hold a diploma or higher qualification in any of the following fields? Accountancy Actuarial science Business / Business administration Capital markets Commerce Economics Finance Financial engineering Financial planning Computational finance Insurance If yes, please specify the name of the qualification and the year the qualification is obtained: Name of academic qualification: Year qualification obtained:				
 Association of Charte Associate Wealth Pla Certified Financial Ri Chartered Alternative 	Analyst Examination conducted b red Certificate Accountants Qua Inner or Certified Financial Planr sk Manager Programme by the C	Iffications her by the Certified Financial Planners Board of Standards Global Association of Risk Professionals n conducted by the Chartered Alternative Investment Analyst Association		

Yes

No



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Investment Experience		Yes	No
2)	Have you made at least 6 transactions in the following unlisted "Specified Investment Products" in the past 3 years? If yes, please indicate the type of products (you may select more than one) and specify date of most recent transaction: Collective Investment Schemes (e.g. Unit trusts) Investment-Linked Insurance Policies Other Unlisted Specified Investment Products* Type of transactions: Pate of most recent transaction: * Unlisted Specified Investment Product means a Specified Investment Product ("SIP") that is not approved in-principle for listing and quotation on, or listed for quotation nor quoted on, a securities market or a futures market. Please check with your financial institution if you are not sure whether the prior transactions you have made are transactions in unlisted SIPs.		
Work Experience		Yes	No
3)	Do you have a minimum of 3 consecutive years of working experience in the past 10 years in the following fields? If yes, please indicate as appropriate and specify the number of years of service: Development / Structuring / Management / Sale / Trading / Research / Analysis of investment products Provision of training on investment products Accountancy, Actuarial Science, Treasury, Financial Risk Management and Legal Work in financial areas Areas of relevance: Number of years of service:		

PART B: CKA OUTCOME/DECLARATION AND AUTHORISATION (MANDATORY)

Please tick one option which applies to you.

I have answered "Yes" to at least one of the questions in Part A. I am assessed to have the relevant knowledge and/or experience to transact in the relevant ILPs and I wish to proceed with the policy change(s). I understand that I have been offered advice and that if I have chosen not to receive advice, I have also waived the right to seek compensation under Section 27 of the Financial Adviser's Act (Cap 110).
I have answered "No" to all the questions in Part A. I am assessed not to have the relevant knowledge and/or experience to transact in ILPs. I understand that I need to approach my financial consultant or visit your Customer Service Centre to complete a Personal Financial Review ("PFR") before I can proceed with the policy change(s).

- I understand the purpose of the CKA and the outcome of my CKA;
- I declare that the above information provided by me is true and accurate, and any inaccurate or incomplete information provided by me may affect the CKA outcome.

Signature of policyowner/trustee/assignee