



HSBC Insurance (Singapore) Pte. Limited (Reg. No. 195400150N)
 21 Collyer Quay #02-01 Singapore 049320 Monday to Friday 9:30am to 5pm www.insurance.hsbc.com.sg
 Customer Care Hotline: (65) 6225 6111
 Mailing Address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

Goal Protector Top-up Form (Investment-Linked Insurance Plan)

NOTE: SHOULD THERE BE ANY CHANGES TO YOUR PARTICULARS, PLEASE COMPLETE THE PERSONAL PARTICULARS UPDATE FORM AS ATTACHED.

Name of policyowner	Policy no.	
	NRIC / Passport no.	
	Contact no.	(+) Country Code
<p>The personal data which you are submitting is being collected for the purposes stated in the HSBC Data Protection Policy. For more information on how we manage your personal data, please visit http://www.hsbc.com.sg/1/2/miscellaneous/privacy-and-security.</p> <p>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.</p>		

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 Insurance (Singapore) Pte. Limited 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 Insurance (Singapore) Pte. Limited) 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 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 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%.

Important Notes on Investment-Linked Funds:

- HSBC Insurance Global Equity Index Fund has been renamed as HSBC Insurance Global Equity Portfolio Fund with effect from 25 October 2017.
- HSBC Insurance US Equity Index Fund has been renamed as HSBC Insurance US Equity Portfolio Fund with effect from 25 October 2017.

PART B: TOP-UP (ONE-TIME) I would like to apply for a one-time top-up as indicated below:

Amount: S\$ _____ (The amount must be at least S\$500 and in multiples of S\$10.)

Name of Fund	Code	Allocation (%)
HSBC Insurance Global Multi-Asset Fund	GMAN	
HSBC Insurance Europe Dynamic Equity Fund	EEFN	
HSBC Insurance Global Equity Volatility Focused Fund	GEVN	
HSBC Insurance Global Emerging Markets Equity Fund	EMEN	
HSBC Insurance Chinese Equity Fund	CEFN	
HSBC Insurance US Opportunities Equity Fund	UOEN	
HSBC Insurance Global High Income Bond Fund	GHIN	
HSBC Insurance Global Equity Portfolio Fund	GEIN	
HSBC Insurance US Equity Portfolio Fund	UEIN	
HSBC Insurance Singapore Equity Fund	SEFN	
HSBC Insurance India Equity Fund	IGFN	
HSBC Insurance Pacific Equity Fund	PEQN	
HSBC Insurance Asia Focused Income Fund	AFIN	
HSBC Insurance Global Emerging Markets Bond Fund	GMBN	
HSBC Insurance World Selection 1 Fund	WS1N	
HSBC Insurance World Selection 2 Fund	WS2N	
HSBC Insurance World Selection 3 Fund	WS3N	
HSBC Insurance World Selection 4 Fund	WS4N	
HSBC Insurance World Selection 5 Fund	WS5N	
		100%

PART C: TOP-UP (RECURRING) I would like to apply for a recurring top-up as indicated below:

Amount: S\$ _____ (The amount must be at least S\$500 and in multiples of S\$10.)

No. of payments: _____

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

Name of Fund	Code	Allocation (%)
HSBC Insurance Global Multi-Asset Fund	GMAN	
HSBC Insurance Europe Dynamic Equity Fund	EEFN	
HSBC Insurance Global Equity Volatility Focused Fund	GEVN	
HSBC Insurance Global Emerging Markets Equity Fund	EMEN	
HSBC Insurance Chinese Equity Fund	CEFN	
HSBC Insurance US Opportunities Equity Fund	UOEN	
HSBC Insurance Global High Income Bond Fund	GHIN	
HSBC Insurance Global Equity Portfolio Fund	GEIN	
HSBC Insurance US Equity Portfolio Fund	UEIN	
HSBC Insurance Singapore Equity Fund	SEFN	
HSBC Insurance India Equity Fund	IGFN	
HSBC Insurance Pacific Equity Fund	PEQN	
HSBC Insurance Asia Focused Income Fund	AFIN	
HSBC Insurance Global Emerging Markets Bond Fund	GMBN	
HSBC Insurance World Selection 1 Fund	WS1N	
HSBC Insurance World Selection 2 Fund	WS2N	
HSBC Insurance World Selection 3 Fund	WS3N	
HSBC Insurance World Selection 4 Fund	WS4N	
HSBC Insurance World Selection 5 Fund	WS5N	
		100%

PART D: DECLARATION ON SWITCHING AND EXISTING POLICIES (MANDATORY)

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. a) Advised by your financial consultant to switch*? b) Informed by your financial consultant on our Fund switching facility?	Policyowner		Life Insured	
	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship	Age	Name of company	Type of policy	Amount insured				Replacement policies lapse date - Applicable to Question 1 only
				Life	Critical illness	Others (Please specify)	Year issued	

* 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 or same cost, or the same 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 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	
Reason for using third party cheque / Giro	

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 NOT 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 Insurance (Singapore) Pte. Limited;
- The application form must reach HSBC Insurance (Singapore) Pte. Limited by 2pm on a business day for the request to be processed on same business day. Any application form received after 2pm 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. If medical underwriting is required, the request will be processed on the date of approval;
- I should read the relevant Fund Summaries and Product Highlights Sheets before deciding whether to buy a new Fund. These documents can be obtained from my Financial Consultant; and
- My application is subject to the terms and conditions as stated in the Policy Contract and is effective only when it has been officially accepted and notified to me by HSBC Insurance (Singapore) Pte. Limited.
- Compliance with US laws and regulations and other laws having extra-territorial effect:
 - I am not physically present in the US when executing the policy servicing request(s);
 - I am aware of and understand the policy servicing restrictions* applicable to any and all persons residing temporarily or permanently in the US; and
 - I will inform HSBC Insurance (Singapore) should I decide to reside in the US either temporarily or permanently
 - List of policy servicing restrictions is set out in our website <http://www.insurance.hsbc.com.sg/1/2/sghi/customer-service>

Signature of policyowner/trustee/assignee_____
Date (dd/mm/yyyy)**PART G: FINANCIAL CONSULTANT'S DECLARATION**

Name of Financial Consultant		Financial Consultant's code	
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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 and submit it together with the relevant policy amendment form(s).

Name of policyowner	Policy no.	
	NRIC / Passport no.	
	Contact no.	(+) Country 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.

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- 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).

The personal data which you are submitting is being collected for the purposes stated in the HSBC Data Protection Policy. For more information on how we manage your personal data, please visit <http://www.hsbc.com.sg/1/2/miscellaneous/privacy-and-security>.

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	Yes	No
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: _____	<input type="checkbox"/>	<input type="checkbox"/>
1b) Do you have a professional finance-related qualification#? Name of academic qualification: _____ Year qualification obtained: _____ # Examples of this would include <ul style="list-style-type: none"> • Chartered Financial Analyst Examination conducted by the CFA Institute • Association of Chartered Certificate Accountants Qualifications • Associate Wealth Planner or Certified Financial Planner by the Certified Financial Planners Board of Standards • Certified Financial Risk Manager Programme by the Global Association of Risk Professionals • Chartered Alternative Investment Analyst Examination conducted by the Chartered Alternative Investment Analyst Association • Chartered Financial Consultant by the American College 	<input type="checkbox"/>	<input type="checkbox"/>

Investment Experience	Yes	No
<p>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:</p> <p><input type="checkbox"/> Collective Investment Schemes (e.g. Unit trusts)</p> <p><input type="checkbox"/> Investment-Linked Insurance Policies</p> <p><input type="checkbox"/> Other Unlisted Specified Investment Products*</p> <p>Type of transactions: _____</p> <p>Date of most recent transaction: _____</p> <p><small>* 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.</small></p>	<input type="checkbox"/>	<input type="checkbox"/>
Work Experience	Yes	No
<p>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:</p> <p><input type="checkbox"/> Development / Structuring / Management / Sale / Trading / Research / Analysis of investment products</p> <p><input type="checkbox"/> Provision of training on investment products</p> <p><input type="checkbox"/> Accountancy, Actuarial Science, Treasury, Financial Risk Management and Legal Work in financial areas</p> <p>Areas of relevance: _____</p> <p>Number of years of service: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please tick one option which applies to you.

<input type="checkbox"/>	<p>I have answered "Yes" to at least one of the questions in Part A.</p> <p>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).</p>
<input type="checkbox"/>	<p>I have answered "No" to all the questions in Part A.</p> <p>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).</p>

- 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

Date (dd/mm/yyyy)



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Personal Particulars Update Form

Name of Policyowner / Trustee / Life Insured			
Policy No.		NRIC / Passport No.	

Please complete and mail the signed form with the required documents to us.

Please allow up to 5 business days from the date of receipt of the form and supporting documents, if any, for the changes to be effected.
The personal data which you are submitting is being collected for the purposes stated in the HSBC Data Protection Policy. For more information on how we manage your personal data, please visit <http://www.hsbc.com.sg/1/2/miscellaneous/privacy-and-security>.

ALL FIELDS ARE MANDATORY

UPDATE OF PERSONAL PARTICULARS (RA1) (Please complete where applicable)

Change of Address

Note: * For Residential and Permanent Address, PO Box and C/O address is not allowed. If you reside in a country where complete legal addresses do not exist, please provide a description of the location of your property (which should include exact street/ building name, apartment/ villa number, city, country and the closest landmark, etc). As a precautionary measure, acknowledgement letters will be sent to both new and old mailing address.

* New Residential Address

Postal Code	
Country	

At this Residential Address since (DDMMYYYY)

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* **New Permanent Address** (For foreigners, please indicate your overseas permanent address as the permanent address)
(If different from residential address)

Postal Code	
Country	

* Mailing Address

(If different from residential address)

Postal Code	
Country	

Please update Mailing Address for:

- ALL my policies with HSBC Insurance (Singapore) Pte Limited Only the above policies

AND (where you are also a customer of HSBC Bank (Singapore) Limited)

- ALL my accounts, products & services with HSBC Bank (Singapore) Limited My Credit Card account only

(For Joint-AND account(s), signatures of ALL account holders are required)

Change of Name

Note: Please submit a copy of Deed Poll / NRIC / Passport as proof of change

Salutation Mr Mrs Madam Ms Others _____

Last Name / Surname

First / Given Name

Change of NRIC / Passport number / Nationality

Note: Please submit a copy of Deed Poll / NRIC / Passport as proof of change

Please also submit a copy of your old NRIC / passport if your current identification document is different from that on our records.

Identification Type NRIC Passport Malaysian IC

New NRIC / Passport No Passport Expiry Date (DDMMYY)

Country of Birth

Multiple Nationalities Yes No

Nationality 1 Nationality 2

Nationality 3

Change of Contact Detail (s)

Mobile No Country Area Code & Telephone

Home No Country Area Code & Telephone

Office No Country Area Code & Telephone

E-mail Address

Change of Employment Details

Self Employed Sole Proprietor Business Owner Not Employed

Employed Key Controller Employee Homemaker Retired Student (Course End Date: _____)

Job Title Employer / Business Name

Nature of Business / Industry Type

Work Address

Postal Code Country

Length of Employment Year(s) Month(s) Annual Income (SGD)

DECLARATION AND AUTHORISATION

I confirm that the information provided in this form is correct and complete. By providing my signature, I authorise HSBC Insurance (Singapore) Pte. Limited to update my particulars according to this form and disclose my information to HSBC Bank (Singapore) Limited to update their records accordingly.

Signature of Policyowner / Trustee / Life Insured

Date (DDMMYYYY)