



HSBC Life (Singapore) Pte. Ltd. (Reg. No. 199903512M)  
 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

## GrowthInvest (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 in NRIC/Passport including alias*		Policy no.	
		NRIC / Passport no.*	
Email Address*		Contact no.*	(+ ) Country/Region code

Electronic (e)-Statement Service\*       Opt in (Yes, I would like to receive e-statement)       Opt out (No, I prefer to receive hardcopy)

- 1) Unless you opt-out, you will automatically be enrolled into the e-statement service if you have an email address registered with us.
- 2) Should you still prefer to receive paper statement to your mailing address, you can select opt out from e-Statement.
- 3) The e-Statement Service is currently available for all policy statements – Annual, Bonus and Monthly Statements.
- 4) We will notify you of any changes to your e-Statement option.

**Consent to use of personal data**

I understand that 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 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.

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.

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

Name of Fund	Code	Allocation (%)
HSBC Insurance Europe Dynamic Equity Fund (USD)	XEEF	
HSBC Insurance Global Emerging Markets Equity Fund (USD)	XEME	
HSBC Insurance Global Sustainable Equity Portfolio Fund (USD)	XGEI	
HSBC Insurance Global Equity Volatility Focused Fund (USD)	XGEV	
HSBC Insurance Global High Income Bond Fund (USD)	XGHI	
HSBC Insurance Global Emerging Markets Bond Fund (USD)	XGMB	
HSBC Insurance India Equity Fund (USD)	XIGF	
HSBC Insurance Pacific Equity Fund (USD)	XPEQ	
HSBC Insurance US Equity Portfolio Fund (USD)	XUEI	
HSBC Insurance World Selection 1 Fund (USD)	XWS1	
HSBC Insurance World Selection 3 Fund (USD)	XWS3	
HSBC Insurance World Selection 5 Fund (USD)	XWS5	
		<b>100%</b>

**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: \_\_\_\_\_  
 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 Europe Dynamic Equity Fund (USD)	XEEF	
HSBC Insurance Global Emerging Markets Equity Fund (USD)	XEME	
HSBC Insurance Global Sustainable Equity Portfolio Fund (USD)	XGEI	
HSBC Insurance Global Equity Volatility Focused Fund (USD)	XGEV	
HSBC Insurance Global High Income Bond Fund (USD)	XGHI	
HSBC Insurance Global Emerging Markets Bond Fund (USD)	XGMB	
HSBC Insurance India Equity Fund (USD)	XIGF	
HSBC Insurance Pacific Equity Fund (USD)	XPEQ	
HSBC Insurance US Equity Portfolio Fund (USD)	XUEI	
HSBC Insurance World Selection 1 Fund (USD)	XWS1	
HSBC Insurance World Selection 3 Fund (USD)	XWS3	
HSBC Insurance World Selection 5 Fund (USD)	XWS5	
		<b>100%</b>

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

	Policyowner		Life Insured	
	Yes	No	Yes	No
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?	<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:

<b>(1) Applicable only if you are assessed to have the relevant experience and/or knowledge to transact in unlisted SIPs</b>	
<input type="checkbox"/>	I have chosen <b>NOT to receive</b> 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.
<input type="checkbox"/>	I have received advice from a Financial Consultant* and a) I <b>accept</b> the Financial Consultant's advice.
<input type="checkbox"/>	b) I have chosen <b>NOT to accept</b> 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.
<b>(2) Applicable only if you are assessed <u>NOT</u> to have the relevant experience and/or knowledge to transact in unlisted SIPs</b>	
<input type="checkbox"/>	I have received advice from a Financial Consultant* and a) I <b>accept</b> the Financial Consultant's advice
<input type="checkbox"/>	b) I <b>DO NOT accept</b> 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.;
- The application form must reach HSBC Life (Singapore) Pte. Ltd. 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 Life (Singapore) Pte. Ltd..
- 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 Life (Singapore) Pte. Ltd. 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>.
- 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)**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)



**HSBC Life (Singapore) Pte. Ltd.** (Reg. No. 199903512M)  
 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

### Customer Knowledge Assessment Form

Please 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 <https://www.insurance.hsbc.com.sg/privacy-and-security/>) 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	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	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify the name of the qualification and the year the qualification is obtained: Name of academic qualification: _____ Year qualification obtained: _____		
1b) Do you have a professional finance-related qualification#? Name of academic qualification: _____ Year qualification obtained: _____	<input type="checkbox"/>	<input type="checkbox"/>
# Examples of this would include <ul style="list-style-type: none"> <li>• Chartered Financial Analyst Examination conducted by the CFA Institute</li> <li>• Association of Chartered Certificate Accountants Qualifications</li> <li>• Associate Wealth Planner or Certified Financial Planner by the Certified Financial Planners Board of Standards</li> <li>• Certified Financial Risk Manager Programme by the Global Association of Risk Professionals</li> <li>• Chartered Alternative Investment Analyst Examination conducted by the Chartered Alternative Investment Analyst Association</li> <li>• Chartered Financial Consultant by the American College</li> </ul>		

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 <b>to have</b> 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 <b>not to have</b> 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)