



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

GrowthInvest 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 |

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>.

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 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 Asia Focused Income Fund | AFIN | |
| HSBC Insurance Chinese Equity Fund | CEFN | |
| HSBC Insurance Europe Dynamic Equity Fund | EEFN | |
| HSBC Insurance Global Emerging Markets Equity Fund | EMEN | |
| HSBC Insurance Global Equity Portfolio Fund | GEIN | |
| HSBC Insurance Global Equity Volatility Focused Fund | GEVN | |
| HSBC Insurance Global High Income Bond Fund | GHIN | |
| HSBC Insurance Global Multi-Asset Fund | GMAN | |
| HSBC Insurance Global Emerging Markets Bond Fund | GMBN | |
| HSBC Insurance India Equity Fund | IGFN | |
| HSBC Insurance Pacific Equity Fund | PEQN | |
| HSBC Insurance Singapore Equity Fund | SEFN | |
| HSBC Insurance US Equity Portfolio Fund | UEIN | |
| HSBC Insurance US Opportunities Equity Fund | UOEN | |
| HSBC Insurance World Selection 1 Fund | WS1N | |
| HSBC Insurance World Selection 3 Fund | WS3N | |
| 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 Asia Focused Income Fund | AFIN | |
| HSBC Insurance Chinese Equity Fund | CEFN | |
| HSBC Insurance Europe Dynamic Equity Fund | EEFN | |
| HSBC Insurance Global Emerging Markets Equity Fund | EMEN | |
| HSBC Insurance Global Equity Portfolio Fund | GEIN | |
| HSBC Insurance Global Equity Volatility Focused Fund | GEVN | |
| HSBC Insurance Global High Income Bond Fund | GHIN | |
| HSBC Insurance Global Multi-Asset Fund | GMAN | |
| HSBC Insurance Global Emerging Markets Bond Fund | GMBN | |
| HSBC Insurance India Equity Fund | IGFN | |
| HSBC Insurance Pacific Equity Fund | PEQN | |
| HSBC Insurance Singapore Equity Fund | SEFN | |
| HSBC Insurance US Equity Portfolio Fund | UEIN | |
| HSBC Insurance US Opportunities Equity Fund | UOEN | |
| HSBC Insurance World Selection 1 Fund | WS1N | |
| HSBC Insurance World Selection 3 Fund | WS3N | |
| 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 | |
|------------------------------|--|-----------------------------|--|

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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Mailing Address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

Customer Knowledge Assessment Form

| | | |
|--|---------------------|----------------------|
| 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. | | |

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"). The list of policy changes to an unlisted SIP for which a CKA is required is as follows:-

- | | |
|-----------------------------------|------------------------|
| a) Fund switch | c) Premium redirection |
| b) Top-up (One-time or recurring) | d) Increase in premium |

Please complete this form and submit it together with the relevant policy amendment form(s).

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) | <p>Do you hold a diploma or higher qualification in any of the following fields?</p> <table border="0"> <tr> <td>Accountancy</td> <td>Actuarial science</td> <td>Business / Business administration</td> </tr> <tr> <td>Capital markets</td> <td>Commerce</td> <td>Economics</td> </tr> <tr> <td>Finance</td> <td>Financial engineering</td> <td>Financial planning</td> </tr> <tr> <td>Computational finance</td> <td>Insurance</td> <td></td> </tr> </table> <p>If yes, please specify the name of the qualification and the year the qualification is obtained: Name of Academic Qualification: _____ Year Qualification Obtained: _____</p> | Accountancy | Actuarial science | Business / Business administration | Capital markets | Commerce | Economics | Finance | Financial engineering | Financial planning | Computational finance | Insurance | | <input type="checkbox"/> | <input type="checkbox"/> |
| Accountancy | Actuarial science | Business / Business administration | | | | | | | | | | | | | |
| Capital markets | Commerce | Economics | | | | | | | | | | | | | |
| Finance | Financial engineering | Financial planning | | | | | | | | | | | | | |
| Computational finance | Insurance | | | | | | | | | | | | | | |
| 1b) | <p>Do you have a professional finance related qualification such as the Chartered Financial Analyst Examination conducted by the CFA Institute, or the Association of Chartered Certified Accountants Qualifications?</p> <p>Name of Professional Qualification: _____ Year Qualification Obtained: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| Investment Experience | | Yes | No | | | | | | | | | | | | |
| 2 | <p>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) <input type="checkbox"/> Investment-Linked Insurance Policies <input type="checkbox"/> Other Unlisted Specified Investment Products*</p> <p>Type of transactions: _____ Date of most recent transaction: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |

* 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 | <p>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)

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

Personal Particulars Update Form

| | | |
|---|-------------------|--|
| Name of Policyowner / Trustee / Life Insured | Policy no. | |
| | NRIC/Passport no. | |

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>.

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.

PART A: UPDATE OF PERSONAL PARTICULARS (RA1) (Please complete where applicable)

Change of Address

*New Residential Address _____

*New Permanent Address: _____

(if different from residential address) _____

New Mailing Address: _____

(if different from residential address) _____

Please update Mailing Address for:

ALL my policies with HSBC Insurance (Singapore) Pte. Limited

Only the following policies _____

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

The following Accounts with HSBC Bank (Singapore) Limited:

Sole account(s) Joint-OR account(s)

Joint-AND account(s) Credit Card(s)

Deposits, Loans, Investment

Notes: *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.

Change of Name

Last name/Surname _____ First/Given name _____

Change of NRIC / Passport number or Nationality

New NRIC / Passport no. _____ Identification Type NRIC Passport Malaysian ID

Multiple Nationalities Yes No

Nationality 1 _____ Nationality 2 _____ Nationality 3 _____

Note: Please submit a copy of your NRIC / Passport/s 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..

Change of Contact Detail(s)

Mobile no. (+) _____ Country _____ Home no. (+) _____ Country _____

Office no. (+) _____ Country _____ E-mail address _____

Note: Please indicate country and area code.

Change of Occupation

New Occupation _____ Length of employment _____

Employer/Business _____ Annual Income (SGD) \$ _____

Nature of business / industry:

Money Services Business* Charities, Non-Profit Organizations, Non-Government Organizations**

Involved in production / distribution of military products Government and State-owned Bodies

Casino / Other types of gaming / gambling operations Others (Please specify): _____

* Examples: Companies offering services involving money/currency exchange, money transfer, cheque cashing (excluding banks)
 ** Examples: Red Cross, World Wildlife Fund, Green Peace, Salvation Army, etc

PART B: 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. Ltd 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 (DD/MM/YY)