



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 Fax: (65) 62212188
 Mailing Address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

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>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.</p> <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 designated 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 Personal Financial Review ("PFR") before you can proceed with the policy change(s). We will act on any policy change(s) only after section Part I: Financial Consultant's Declaration has been completed by your 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;
 - Health Certificate – For top-ups of more than S\$10,000 to Asset Manager I / Takaful Asset Manager I (Options 2 or 3);
 - Giro Form – For monthly top-ups to single premium policies;
 - 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%.
- For top-ups using CPFIS/SRS, there will not be a second attempt to deduct the amount from your CPFIS/SRS account if the first attempt is unsuccessful.

Important Notes on Investment-Linked Funds:

- Only HSBC Insurance Ethical series of Investment Linked Funds are fully Shariah compliant. If you invest in the HSBC Insurance Ethical series of Investment Linked Funds via Non-Takaful basic plans, your investment will not be considered fully Shariah compliant.
- HSBC Insurance Global Equity Fund and HSBC Insurance China Equity Fund are no longer available for CPFIS investments with effect from 31 August 2016.
- HSBC Insurance SGD Reserve Fund is no longer available from 14 September 2016.
- HSBC Insurance Premium Balanced Fund will no longer be available from 31 March 2017 for CPFIS investments.
- 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.
- HSBC Insurance Climate Change Equity Fund, HSBC Insurance Japan Equity Fund, HSBC Insurance China Balanced Fund, HSBC Insurance Asian Dividend Equity Fund, HSBC Insurance Asia Balanced Fund, HSBC Insurance Emerging Europe Equity Fund, HSBC Insurance Singapore Balanced Fund, HSBC Insurance Europe Equity Fund and HSBC Insurance Premium Property Equity Fund will no longer be available from 14 November 2017.
- HSBC Insurance Singapore Bond Fund will no longer be available for CPFIS investments from 15 April 2018.

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.)

Source of fund: Cash/Cheque SRS CPFIS-OA CPFIS-SA

Fund Allocation for One-time Top-up

Name of fund	Code	Cash/ SRS	CPFIS OA	CPFIS SA	Allocation (%)
HSBC Insurance Asia Equity Fund	KMF1	✓	✗	✗	
HSBC Insurance Asia Focused Income Fund	AFIF	✓	✗	✗	
HSBC Insurance Asian Bond Fund	ASBS	✓	✗	✗	
HSBC Insurance China Equity Fund	CGFS	✓	✗	✗	
HSBC Insurance Chinese Equity Fund	CEFF	✓	✗	✗	
HSBC Insurance Emerging Markets Equity Fund	EMFS	✓	✗	✗	
HSBC Insurance Ethical Global Equity Fund	TMF1	✓	✓	✗	
HSBC Insurance Ethical Global Sukuk Fund	TSFS	✓	✗	✗	
HSBC Insurance Europe Dynamic Equity Fund	EEFF	✓	✗	✗	
HSBC Insurance Global Bond Fund	GBOS	✓	✓	✓	
HSBC Insurance Global Emerging Markets Bond Fund	GMBF	✓	✗	✗	
HSBC Insurance Global Emerging Markets Equity Fund	EMEF	✓	✗	✗	
HSBC Insurance Global Equity Fund	GEQS	✓	✗	✗	
HSBC Insurance Global Equity Portfolio Fund	GEIF	✓	✗	✗	
HSBC Insurance Global Equity Volatility Focused Fund	GEVF	✓	✗	✗	
HSBC Insurance Global High Income Bond Fund	GHIF	✓	✗	✗	
HSBC Insurance Global Multi-Asset Fund	GMAF	✓	✗	✗	
HSBC Insurance India Equity Fund	IGFS	✓	✗	✗	
HSBC Insurance Pacific Equity Fund	PEQF	✓	✓	✗	
HSBC Insurance Premium Balanced Fund	KBFS	✓	✗	✗	
HSBC Insurance Singapore Bond Fund	KLBS	✓	✗	✗	
HSBC Insurance Singapore Equity Fund	SEFF	✓	✗	✗	
HSBC Insurance US Equity Portfolio Fund	UEIF	✓	✗	✗	
HSBC Insurance US Opportunities Equity Fund	UOEF	✓	✗	✗	
HSBC Insurance World Selection 1 Fund	WSF1	✓	✗	✗	
HSBC Insurance World Selection 3 Fund	WSF3	✓	✗	✗	
HSBC Insurance World Selection 5 Fund	WSF5	✓	✗	✗	
					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\$100 per month or S\$500 per year 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.

For **single premium** policies, please select the top-up frequency: Monthly Yearly
For monthly top-ups to single premium policies, please submit a Giro form.

Fund Allocation for Recurring Top-up

Name of fund	Code	Cash/ SRS	CPFIS OA	CPFIS SA	Allocation (%)
HSBC Insurance Asia Equity Fund	KMF1	✓	x	x	
HSBC Insurance Asia Focused Income Fund	AFIF	✓	x	x	
HSBC Insurance Asian Bond Fund	ASBS	✓	x	x	
HSBC Insurance China Equity Fund	CGFS	✓	x	x	
HSBC Insurance Chinese Equity Fund	CEFF	✓	x	x	
HSBC Insurance Emerging Markets Equity Fund	EMFS	✓	x	x	
HSBC Insurance Ethical Global Equity Fund	TMF1	✓	✓	x	
HSBC Insurance Ethical Global Sukuk Fund	TSFS	✓	x	x	
HSBC Insurance Europe Dynamic Equity Fund	EEFF	✓	x	x	
HSBC Insurance Global Bond Fund	GBOS	✓	✓	✓	
HSBC Insurance Global Emerging Markets Bond Fund	GMBF	✓	x	x	
HSBC Insurance Global Emerging Markets Equity Fund	EMEF	✓	x	x	
HSBC Insurance Global Equity Fund	GEQS	✓	x	x	
HSBC Insurance Global Equity Portfolio Fund	GEIF	✓	x	x	
HSBC Insurance Global Equity Volatility Focused Fund	GEVF	✓	x	x	
HSBC Insurance Global High Income Bond Fund	GHIF	✓	x	x	
HSBC Insurance Global Multi-Asset Fund	GMAF	✓	x	x	
HSBC Insurance India Equity Fund	IGFS	✓	x	x	
HSBC Insurance Pacific Equity Fund	PEQF	✓	✓	x	
HSBC Insurance Premium Balanced Fund	KBFS	✓	x	x	
HSBC Insurance Singapore Bond Fund	KLBS	✓	x	x	
HSBC Insurance Singapore Equity Fund	SEFF	✓	x	x	
HSBC Insurance US Equity Portfolio Fund	UEIF	✓	x	x	
HSBC Insurance US Opportunities Equity Fund	UOEF	✓	x	x	
HSBC Insurance World Selection 1 Fund	WSF1	✓	x	x	
HSBC Insurance World Selection 3 Fund	WSF3	✓	x	x	
HSBC Insurance World Selection 5 Fund	WSF5	✓	x	x	
					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"/>																										
				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Relationship</th> <th rowspan="2" style="width: 10%;">Age</th> <th rowspan="2" style="width: 20%;">Name of company</th> <th rowspan="2" style="width: 15%;">Type of policy</th> <th colspan="3" style="text-align: center;">Amount insured</th> <th rowspan="2" style="width: 15%;">Year issued</th> <th rowspan="2" style="width: 20%;">Replacement policies lapse date - Applicable to Question 1 only</th> </tr> <tr> <th style="width: 10%;">Life</th> <th style="width: 10%;">Critical illness</th> <th style="width: 10%;">Others (Please specify)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Relationship	Age	Name of company	Type of policy	Amount insured			Year issued	Replacement policies lapse date - Applicable to Question 1 only	Life	Critical illness	Others (Please specify)														
Relationship	Age	Name of company	Type of policy	Amount insured			Year issued					Replacement policies lapse date - Applicable to Question 1 only																					
				Life	Critical illness	Others (Please specify)																											
* 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, <ul style="list-style-type: none"> ▪ 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: HEALTH QUESTIONS (TO BE COMPLETED BY THE LIFE INSURED)									
Warning: Pursuant to Section 25(5) of the Insurance Act Cap. 142, you are to disclose in this form, fully and faithfully, all the facts which you know or ought to know, otherwise any top-up effected hereunder may be void.									
This section is NOT applicable to Asset Manager I / Takaful Asset Manager I (Option 1), Asset Manager II / Takaful Asset Manager II, Growth Cultivator, Growth Manager, Growth Manager Plus and policies after Alpha Conversion For top-ups to Asset Manager I/Takaful Asset Manager I (Options 2 or 3), if the top-up amount is more than S\$10,000, please submit the Health Certificate instead.									
1)	Life insured:	Height (cm) _____	Weight (kg) _____						
				Life insured	Yes	No			
2)	Have you ever suffered from or received treatment or advice for any of the following diseases or impairments:							Yes	No
	(i) Cancer, tumour or growth, diabetes, disease of the heart or blood circulatory system including high blood pressure, stroke, chest pain, epilepsy, mental or nervous disorder, kidney disease, liver disease including hepatitis, urinary disorder, or any other significant disease or impairment?							<input type="checkbox"/>	<input type="checkbox"/>
	(ii) HIV infection, AIDS-related or any other sexually transmitted disease?							<input type="checkbox"/>	<input type="checkbox"/>
	If any of the answers to question 2 is 'yes', please provide details (including dates, duration, name and address of doctor, place of treatment and present condition). _____ _____ _____								
3)	If any of the answers to question 2 is 'yes', please tick the box on the right to acknowledge the following:								
	<input type="checkbox"/> Please tick to acknowledge.								
	I agree that the top up sum insured will follow the existing terms which may include any exclusions and/or reduced sum insured which I had consented to previously. I also agree to a reduction to the incremental sum insured as a result of my new health status and this sum insured will not be less than 88% of the standard sum insured.								

PART F: 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 G: DECLARATION AND AUTHORISATION**(MANDATORY)**

Please tick one option which applies to you:

	<p>(1) Applicable only if you are assessed to have the relevant experience and/or knowledge to transact in unlisted SIPs</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> I have received advice from a Financial Consultant* and a) I accept the Financial Consultant's advice.</p> <p><input type="checkbox"/> 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.</p>
	<p>(2) Applicable only if you are assessed <u>NOT</u> to have the relevant experience and/or knowledge to transact in unlisted SIPs</p> <p><input type="checkbox"/> I have received advice from a Financial Consultant* and a) I accept the Financial Consultant's advice</p> <p><input type="checkbox"/> 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).</p>

* 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 life insured_____
Signature of policyowner/trustee/assignee_____
Date (dd/mm/yyyy)**PART H: FINANCIAL CONSULTANT'S DECLARATION**Name of Financial
ConsultantFinancial 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

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.		

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
- 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		
<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)
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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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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.

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)

* 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 (DDMMYYYY)

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. 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 (DDMMYYYY)