



HSBC Insurance (Singapore) Pte. Limited (Reg. No. 195400150N)
www.insurance.hsbc.com.sg
Customer Care Hotline: (65) 6225 6111 Email: e-surance@hsbc.com.sg
Mailing Address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

Secondary Life Insured Form (RA3) For HSBC Life Wealth Builder Only

INSTRUCTIONS:

WARNING: STATEMENT MADE IN ACCORDANCE WITH SECTION 25(5) OF THE INSURANCE ACT (CHAPTER 142) OR ANY OTHER FUTURE AMENDMENTS TO IT: YOU ARE REQUIRED TO DISCLOSE IN RESPECT OF THIS APPLICATION, FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OR THE POLICY MAY BE VOID.

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS AND SUBMIT THE REQUIRED DOCUMENTS WITH THE FORM.

- 1) A copy of NRIC / Passport of both Policyowner(s) and Secondary Life Insured;
- 2) Proof of relationship:
 - A certified true copy of Marriage Certificate (for spouse appointed as Secondary Life Insured) or
 - A certified true copy of Birth Certificate (for child appointed as Secondary Life Insured).

CONSENT TO USE OF PERSONAL DATA:

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

US INSURANCE REGULATORY REQUIREMENTS:

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

By submitting this form, you confirm that you are in compliance with US laws and regulations and other laws having extra-territorial effect:

- you are not physically present in the US when executing the policy servicing request(s);
- you are aware of and understand the **policy servicing restrictions** applicable to any and all persons residing temporarily or permanently in the US;
- you will inform HSBC Insurance (Singapore) Pte. Limited 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>

IMPORTANT INFORMATION ABOUT SECONDARY LIFE INSURED APPOINTMENT

1. Only the Policyowner(s) can appoint a Secondary Life Insured and the Policyowner(s) must have an insurable interest in the Secondary Life Insured.
2. In the event of any change in ownership of the policy, any existing Secondary Life Insured appointment will be revoked. Before appointment of a new Secondary Life Insured, the new Policyowner(s) will need to provide proof of relationship with the original policyowner(s).
 - a. Spouse - A certified true copy of Marriage Certificate (for spouse appointed as new policyowner) or
 - b. Child - A certified true copy of Birth Certificate (for child appointed as new policyowner).
3. Appointment of Secondary Life Insured is only allowed while the policy is still in force to ensure continuity of the Policy upon death or diagnosis of Terminal Illness of the Life Insured. The policy allows a maximum of one Life Insured and one Secondary Life Insured at any material time.
4. The Policyowner(s) can appoint, change or remove the Secondary a Secondary Life Insured up to a total of 3 times during the Policy Term while the policy is still in force and the Life Insured is still alive. We may decide to either accept or reject the appointment of the Secondary Life Insured depending on the change of circumstances from time to time.
5. This application will overwrite any previous appointment of Secondary Life Insured that has been submitted to us.
6. Appointment of a Secondary Life Insured is not allowed:
 - a. If a beneficiary under the Policy has been nominated;
 - b. If a trust has been created under the policy; or
 - c. For Policies purchased through SRS.
7. When the Secondary Life Insured becomes the new Life Insured:
 - a. no death benefit or Terminal Illness Benefit will be payable on the prevailing Life Insured;
 - b. the Policy continues until the Policy matures on Expiry Date;
 - c. any optional supplementary benefit covering the prevailing Life Insured will be terminated;
 - d. there will be no change to the Premium amount, Premium Term or Policy Term; and
 - e. remaining Premiums due will continue to be payable.
8. If the Secondary Life Insured dies before the Life Insured, no Death Benefit will be payable on the life of the Secondary Life Insured. The Policy will continue as if there is no Secondary Life Insured. However, the Policyowner(s) may re-appoint a new Secondary Life Insured, subject to the terms of the General Provisions.
9. The Policyowner(s) may choose to revoke the appointment of the Secondary Life Insured when the Life Insured dies or is diagnosed with Terminal Illness, prior to notifying us of the death or Terminal Illness diagnosis (as the case may be) of the Life Insured. In this case, the Death Benefit or the Terminal Illness Benefit (as the case may be) will be payable with clause 5 of the General Provisions and the Policy terminates.



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- 9. Upon the death or diagnosis of Terminal Illness of the Life Insured, the Secondary Life Insured will become the new Life Insured, subject to our acceptance based on prevailing rules and guidelines. Where the Life Insured is also the Policyholder, ownership of the Policy will not be automatically transferred to the appointed Secondary Life Insured and any Benefits will be payable in accordance with Clauses 21 and 22 of the General Provisions.
- 10. We will notify you of any appointment, change and removal of Secondary Life Insured.
- 11. Please refer to your Policy General Provisions for the specific terms and conditions of this option.

A. POLICY INFORMATION

Policy No			
Full Name of Policy Owner/Assignee 1 as recorded in NRIC/Passport (including alias)		Full Name of Joint Policyowner/Assignee 2 as recorded in NRIC/Passport (including alias) <i>*if any</i>	
Contact No.	(+) Country/Region Code	Contact No.	(+) Country/Region Code
NRIC / Passport No.		NRIC / Passport No.	
Email Address		Email Address	

This form is submitted for:

Appointment of Secondary Life Insured* Revocation of Secondary Life Insured
*Continue to fill the information below

PLEASE COMPLETE PARTICULARS OF SECONDARY LIFE INSURED

B. PERSONAL PARTICULARS

Full Name as in NRIC/Passport/Birth Cert (including alias) Title: Mr Mrs Madam Ms Others: _____

Last Name / Surname:

First / Given Name:

Former / Other Name (documentary proof is required e.g. deed poll):

Relationship to Policyowner(s): <input type="checkbox"/> Spouse <input type="checkbox"/> Child/Adopted Child/Stepchild* (Must be under age of 18 ANB) * Please submit any supporting legal documents for the Adopted Child/Stepchild.	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Date of Birth (dd/mm/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female



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Identification Type: <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Malaysian IC	NRIC / Passport No:	
Nationality (please list all):		
C. ADDRESS DETAILS		
<ul style="list-style-type: none">For residential and permanent address, PO Box and C/O address is not allowed.If you reside in a country/region 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/region and the closest landmark, etc.		
Residential Address (residential address refers to your current place of residence. Please provide proof of residential address)		
Postal Code:	Country/Region:	
At this address since (dd/mm/yyyy):		
Previous Address (if Residential Address is less than 12 months)		
Postal Code:	Country/Region:	
Mailing Address (if different from Residential Address)		
Postal Code:	Country/Region:	
Permanent Address (if different from Residential Address)		
Postal Code:	Country/Region:	
D. CONTACT DETAILS		
Contact Number (please include Country / Region code)		
Mobile No. (+)	Home No. (+)	Office No. (+)
Email address (To be completed in capital letters) :		



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E. DECLARATION AND AUTHORISATION

I/we understand, declare and/or agree that:

1. 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;
2. Appointment of Secondary Life Insured is subject to the terms and conditions as stated in this form and the Policy General Provisions and is effective only when it has been officially accepted and notified to me/us by HSBC Insurance (Singapore) Pte. Limited;
3. The information provided in this form is correct and complete. By signing below, I authorize HSBC Insurance (Singapore) Pte. Ltd to update my/our particulars in your records with the information provided in this form and disclosed the updated information to HSBC Bank (Singapore) Limited to update their records accordingly.

Signature of Policyowner(s)/Joint Policyowner(s)/Assignee(s)
/Trustee(s)

Name (as per NRIC/Passport):

NRIC/Passport:

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