

FOR OFFICE USE ONLY

Received date:

Policy number:

Appointment of Secondary Life Assured

WARNING NOTE:

IN PURSUANCE OF SECTION 25(5) OF THE INSURANCE ACT (CAP 142) REVISED EDITION 2002, SINGAPORE, YOU ARE TO DISCLOSE IN THIS SUPPLEMENTARY QUESTIONNAIRE, FULLY AND FAITHFULLY, ALL FACTS WHICH YOU KNOW, OR OUGHT TO KNOW, OTHERWISE THE POLICY ISSUED HEREUNDER MAY BE VOID.

This form is submitted for: (Please tick at least one, or whichever applicable):

New Business Policy Servicing

3 Simple Steps to file a declaration

- (1) Read the "Before you proceed" section for some important reminders
- (2) Complete this form
- (3) You can submit this form through any 1 of these channels:

(a) By Post to:-

Operations Dept
HSBC Life (Singapore) Pte. Ltd. (Company Reg. No. :199903512M)
Robinson Road Post Office
P.O. Box 1094
Singapore 902144
Telephone: +65 6880 4888 Website: hsbclife.com.sg

(b) By Hand to; (i) your Financial Planner; or By Email cc.life@mail.life.hsbc.com.sg

1. BEFORE YOU PROCEED

- This application should be completed by Proposer/Policyholder.
- We will need certified true copy of Secondary Life Assured's Identity Card/Birth Certificate and a copy of the Marriage Certificate if Secondary Life Assured appointed is your spouse.
- The Secondary Life Assured must have an insurable interest to the Proposer/Policyholder.
- List of relationship of Secondary Life Assured with insurable interest:
 - i) Your Spouse
 - ii) Your child
 - iii) Your adopted child or Stepchild
- Your child, adopted child or Stepchild must be at least 30 days old to below 18 years old (attained age) on the date of appointment of Secondary Life Assured. Your adopted child or Stepchild must be adopted through legally means, subject to Our receipt of satisfactory supporting legal documents.
- When there is appointment of Secondary Life Assured:
 - o The policy continues with the Secondary Life Assured upon the death or diagnosis of Terminal Illness of the Primary Life Assured, Secondary Life Assured will become the new Life Assured and as such, no Death or Terminal Illness benefits will be payable;
 - o If the Primary Life Assured is also the Policyholder, the ownership of the policy will not be automatically transferred to the appointed Secondary Life Assured despite the continuation of the policy with the Secondary Life Assured;
 - o The original Maturity Date remains the same;
 - o There will be no changes to the Premium, premium payment term, policy term, payout period and Annual Income payout. Premium payment for the Policy will continue to be paid (if applicable);
 - o Any existing Riders attached on the Primary Life Assured will be terminated;
 - o This application will supersede any appointment of Secondary Life Assured that has been submitted to us.
 - o We will notify you of any appointment/change/removal/effecting of Secondary Life Assured

2. INFORMATION OF PROPOSER/POLICYHOLDER

Full Name (as shown in NRIC/FIN/Passport/Birth Certificate) – Please underline surname	Identity No. (ID No.) – refers to NRIC/FIN/Passport/Birth Certificate No.
.....

3. INFORMATION OF SECONDARY LIFE ASSURED

Full Name (as shown in NRIC/FIN/Passport/Birth Certificate) - Please underline surname	
.....	
Identity No. (ID No.)	Nationality
..... (ID No. refers to NRIC/FIN/Passport/Birth Certificate No.) (Please submit certified copy of identity)	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality:) <input type="checkbox"/> Others (Nationality:)
Date of Birth (DOB)	Age
DOB : dd mm yyyy	Age nearest birthday:
Gender	Relationship to Proposer/Policyholder
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Spouse <input type="checkbox"/> Child / Adopted Child* / Stepchild* * Note: Please submit relevant supporting legal documents for Adopted Child/Stepchild.
Residential Address	
Number/Street/Building: City: State: Country: Postal Code:	
Contact details – Please indicate country code in the bracket if it is overseas line	
Mobile No.*: (.....)- Home No.: (.....)-	

4. SECONDARY LIFE ASSURED TERMS AND CONDITIONS

I, the Proposer/Policyholder agree as follows:

- (a) Appointment and effecting of Secondary Life Assured are subject to HSBC Life (Singapore) Pte. Ltd.'s (collectively "HSBC Life") consideration and approval;
- (b) Appointment/change/removal of Secondary Life Assured can no longer be exercised upon death, diagnosis of Terminal Illness of the Policyholder;
- (c) If the Secondary Life Assured dies while the Primary Life Assured is still alive, Death Benefit will not be payable and I can re-appoint a new Secondary Life Assured subject to HSBC Life's Approval;
- (d) If this Policy has a nomination of beneficiary or a trust created, appointment of Secondary Life Assured is not allowed. Likewise, if this Policy has a Secondary Life Assured appointed, nomination of beneficiary or creation of a trust is not allowed;
- (e) If the Secondary Life Assured becomes the new Life Assured, nomination of beneficiary or creation of trust is not allowed;
- (f) HSBC Life reserves the right to request, from time to time for satisfactory proof that the Secondary Life Assured is alive before HSBC Life agree to pay out the Annual Income. The onus and cost incurred in providing the proof of survivorship lies with me;
- (g) No assignment of policy is allowed unless there is insurable interest between the Assignee and the Secondary Life Assured or unless I remove the Secondary Life Assured.

5. DECLARATION AND AGREEMENT

I or We declare that:

1. To the best of my or our knowledge and belief that the information given by me or us to HSBC Life or its Medical Examiner is true and complete and that no material facts such as facts likely to influence the assessment and acceptance of this proposal have been withheld. And I am or We are not an undischarged bankrupt(s) and I or We have committed no act of bankruptcy within the last twelve months or received any notification or adjudication order for bankruptcy made against me or us during that period.
2. The application of this Appointment of Secondary Life Assured can only be accepted upon issuance of the Policy.
3. I hereby request that my policy be changed in accordance with the particulars as indicated in this application form, and I understand and on behalf of myself / ourselves and all covered person(s) that
4. HEREBY DECLARE on behalf of myself and all covered persons referred to in this request form ("Relevant Persons") that
 - (a) all statements and answers to all questions, whether or not written by my own hand, are to the best of my knowledge and belief complete and true;
 - (b) should any statement(s) be incomplete, false, wrong or inaccurate, or should there be any omission(s) on my / our part in disclosing the information, HSBC Life shall have the rights to cancel the Policy or repudiate the claim, if any.
5. The information I have provided is my personal data and, where it is not my personal data, that I have the consent of the owner of such personal data to provide such information.
6. By providing this information, I understand and give my consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and its representatives or agents to:
 - i. Collect, use, store, transfer and/or disclose the information, to or with all such persons (including any member of the HSBC Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling HSBC Life to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my or our relationship and policy(ies) with HSBC Life, and for the purposes set out in the Data Use Statement which can be found at www.hsbclife.com.sg ("Purposes").
 - ii. Collect, use, store, transfer and/or disclose personal data about me, the Life Assured and those whose personal data I have provided from sources other than myself for the Purposes.
 - iii. Contact me to share information about products and services offered by HSBC Life that may be of interest to me by post and e-mail and
 - By telephone
 - By text message

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Planner but was not included in the proposal. Please check to ensure that you are fully satisfied with the information declared in this proposal before signing.

Signed and dated in Singapore

Signature* of Proposer/Policyholder

Signature Date

*The signature of Proposer/Policyholder should be signed in the same manner as they appear in our records.

Signature of Financial Planner

Signature Date

6. TRACK STATUS OF YOUR REQUEST

If you have any query on your request, please reach us via



Your Financial
Planner



+65 6880 4888



cc.life@mail.life.hsbc.com.sg

HSBC Life is committed to making your service experience as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.