

Proposal/Policy Number



Premium Payment Form

Who are required to report on this form

For (1) Non-Singapore-Sourced Payments; <u>OR</u> (2) Payments/Top-up of Amounts from \$12,000 or Greater

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

How to submit this form

You can submit this form together with the Proposal Form/Fund Investment Instruction Form/Giro Application Form

1. POLICY INFORMATION

Purpose of Transaction:	New Business
	Renewal
	🗆 Тор-ир
Name of Proposer:	
Name of Life Assured:	
(if other than Proposer)	

2. PAYMENT INFORMATION

Amount: (per policy <u>or</u> per payment)			
Payor:	Proposer or Life Assured		
	Other – Please complete Section 3. Third Party Payor Information		
Mode of Payment:	🗆 Cash		
	□ NETS	🗆 Credit Card	
	🗆 Cashier's order	🗆 Telegraphic transfer (TT)	
	🗆 Cheque	🗆 Bank draft	
	Other:	(please specify)	
Source of Payment:	□ Singapore		
	□ Other:	(please specify)– <i>Please</i>	
	complete Section 4: Source of Fund		

3. THIRD PARTY PAYOR INFORMATION †

+ For Payors who are individuals, please furnish copy of proof of relationship between payor and proposer. Acceptable proof of relationship includes a copy of birth certificate for parent-child, marriage certificate for husband-wife <u>OR</u> proof of residential address for payor and proposer who are staying together. Proof of address can be statements/ letters from government authority/ financial institution, telecommunication bills, utility bills or tenancy agreement dated within the last 6 months. For Payors who are companies or organisations paying for their director's/ shareholder's purchase, please furnish copy of business profile (within the last 6 months) showing the shareholders and directors.

* Name of Payor: (as per ID / Passport / Company Registration)	
* Date of Birth / Date of Incorporation.:	
* Relationship with Proposer 1 :	
* Registration No.: (For Payors who are companies or organizations)	
* Nationality/ Country of Incorporation:	
* Residential / Registered Address:	
* Contact No.:	

* Compulsory for payments made by 3rd Party Payors

4. SOURCE OF FUNDS

Please describe source of the funds, e.g. salary, commissions, bonuses, interest and dividends, other assets, etc. If funds are from a 3rd Party Payor, please describe the source of the Payor's funds.

Please note that we may call for evidence for more information (e.g. supporting verification evidence such as proof of income/asset) if we deem necessary.

5. DECLARATION

I hereby declare that the foregoing statements are to the best of my knowledge and belief, true and complete.

Signature of the Proposer / Payor	Signature Date

(Please delete as appropriate)

Signature of the Financial Planner

Witnessed by:

Signature Date

(Signature of witness may be waived with approval from Compliance)