



**APPLICATION FOR TOP UP AND RECURRING SINGLE PREMIUM**  
(TM Atlas Wealth / Classic, #go / Harvest / Wealth / Affluence Investment-Linked Series only)

**WARNING :**

It is important to seek advice from your Financial Adviser Representative (“Representative”) before proceeding with the transaction. Your Representative can provide appropriate recommendations to you, taking into account your investment objectives, financial situation and needs.

Please be informed that any incomplete documentation will affect the processing of your transaction request and the unit price of the transaction. As some of the funds may be closed and prices are not available on certain days, transaction instructions submitted on these non-pricing days will be carried forward to the next available pricing day for processing.

KINDLY COMPLETE FULLY IN BLOCK LETTERS.

Please email the completed form to [collection@tokiomarine-life.sg](mailto:collection@tokiomarine-life.sg). Alternatively, you may login to policyholder portal by scanning the QR Code with Singpass app to submit the request online.

POLICY NO.

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Policy Currency

SGD
  USD
  GBP
  AUD
  EUR

Is this application self-initiated by you (i.e. policyholder)?  Yes  No

Please note that the following documents and information are compulsory for this application:	
	Abridged Fact Find Form (Applicable to Tokio Marine Financial Advisers (“TMFAS”) Representatives)
	Mobile Number and Email Address
	A copy of Policyholder’s NRIC (Front & Bank) / Passport

Choose only one option from the table below.

Options	Remarks
<input type="checkbox"/> Option A  I/We did not meet with a Representative and do not wish to be referred to a Representative for advice before submitting this Application form.	Please complete Sections A to E.  (This option is not permitted if you do not pass Customer Knowledge Assessment (Section A).)
<input type="checkbox"/> Option B  My/Our policy is serviced by a TMFAS Representative and I/we met him/her for advice.	When meeting your Representative, you are required to undergo a financial needs analysis. Please complete Sections A to E of the form, and Section G (where applicable).
<input type="checkbox"/> Option C  My policy is serviced by a Representative from another Financial Advisory firm and I/we met him/her for advice.	Please complete Sections C to F of the form, and Section G (where applicable).





**SECTION A: CUSTOMER KNOWLEDGE ASSESSMENT**

**IMPORTANT NOTICE ON THE COMPLETION OF CUSTOMER KNOWLEDGE ASSESSMENT (CKA)**

The purpose of the CKA is to ensure that you have the relevant knowledge or experience to understand the risks and features of an unlisted Specified Investment Product (e.g. Collective Investment Scheme or an Investment-Linked Policy).

Any inaccurate or incomplete information provided by you may affect the assessment outcome and the suitability of the product recommended, if any.

Please read each of the following statements carefully and tick (/) the appropriate box:

EDUCATIONAL QUALIFICATION				
1.	Do you have a Diploma or Higher Qualification in any of the following fields stated below?	MYSELF	SPOUSE	If "Yes", please provide more details. (Please specify for yourself and/or spouse):
	<ul style="list-style-type: none"> <li>• Accountancy</li> <li>• Business/Business Administration/Business Management/Business Studies</li> <li>• Economics</li> <li>• Financial Engineering</li> <li>• Computational Finance</li> <li>• Actuarial Science</li> <li>• Capital Markets</li> <li>• Commerce</li> <li>• Finance</li> <li>• Financial Planning</li> <li>• Insurance</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No	A. Type of qualification (Please indicate area of specialisation, if any):  B. Name of institution issuing the above qualification:  C. Year of graduation:
2.	Do you have any of the professional finance-related qualifications stated below?	MYSELF	SPOUSE	If "Yes", please provide more details. (Please specify for yourself and/or spouse):
	<ul style="list-style-type: none"> <li>• Chartered Financial Analyst (CFA)</li> <li>• Chartered Certified Accountants (ACCA)</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Year of Completion:
INVESTMENT EXPERIENCE				
3.	Have you performed at least 6 transactions in Collective Investment Schemes e.g. Unit Trusts, and/or Investment-Linked Policies in the last 3 years?	MYSELF	SPOUSE	If "Yes", please provide more details. (Please specify for yourself and/or spouse):
	Please specify the following, in the last column: • the full name of the Financial Institution(s) where the transactions were carried out, • the type of transaction(s) that were carried out and • any other relevant information.  Example: • Mr A bought into Fidelity Multi-Asset Income Fund in May 2019 • Mr B bought Tokio Marine ILP plan (TM Atlas Wealth) in June 2019	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
WORK EXPERIENCE				
4.	Do you have a minimum of 3 consecutive years of working experience in the past 10 years involving any of the following fields?	MYSELF	SPOUSE	If "Yes", please provide more details. (Please specify for yourself and/or spouse):
	<ul style="list-style-type: none"> <li>• Development/ structuring/ management/ sale/ trading/research/analysis of investment products;</li> <li>• Provision of training in investment products;</li> <li>• Accountancy, actuarial science, treasury or financial risk management activities; or</li> <li>• Provision of legal advice or possession of legal expertise in the relevant area.</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No	A. Name of Employer:  B. Working experience:  C. Period of Employment (from year to year):





<b>CUSTOMER KNOWLEDGE ASSESSMENT OUTCOME</b>	<b>MYSELF</b>	<b>SPOUSE</b>
<b>Pass CKA</b> I have answered 'YES' to at least one of the above questions. I have fulfilled the CKA criteria and am deemed to have the knowledge or experience to purchase a collective investment scheme or an investment-linked policy.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fail CKA</b> I have answered 'NO' to ALL of the above questions. I have not fulfilled the CKA criteria and am deemed to not have the knowledge or experience to purchase a collective investment scheme or an investment-linked policy.	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE:** For Joint Life applications, both Myself and my Spouse will be deemed as not satisfying the CKA criteria if either party does not have the relevant qualification, knowledge or experience in collective investment scheme or an investment-linked policy.





**SECTION B: MY INVESTMENT RISK PROFILE**

Would you like to select your investment risk profile?

- Yes - Please complete (I) - Investment Risk Profile Classification. This is not applicable if you have failed CKA.
- No - Please proceed to (II) Risk Profile Questionnaire and answer each question to determine your investment risk profile.

**(I) Investment Risk Profile Classification**

Please read the Investment Risk Profile Classification below and select the investment risk profile that best describes you according to the needs and priorities you have chosen.

	Cautious	Conservative	Balanced	Aggressive																
<b>Risk Profile Description</b>	<ul style="list-style-type: none"> <li>You are a cautious investor and cannot take any losses.</li> <li>You are willing to forgo higher return in exchange for protection of your capital from potential losses.</li> <li>Investment products that may be suitable for you include money market funds.</li> </ul>	<ul style="list-style-type: none"> <li>You are a conservative investor seeking to achieve lower levels of return in exchange for taking low levels of potential losses and low fluctuation in the value of your investments over a short-term investment period.</li> <li>Investment products that may be suitable for you include bond funds and investment portfolios that invest in mostly bonds.</li> </ul>	<ul style="list-style-type: none"> <li>You are a balanced investor seeking to achieve moderate levels of return in exchange for taking moderate levels of potential losses and fluctuation in the value of your investments over a medium-term investment period.</li> <li>Investment products that may be suitable for you include funds and investment portfolios that invest in a balanced mix of stocks and bonds.</li> </ul>	<ul style="list-style-type: none"> <li>You are an aggressive investor seeking to achieve higher levels of return in exchange for taking high levels of potential losses and fluctuation in the value of your investments over a long-term investment period.</li> <li>Investment products that may be suitable for you include equity funds and investment portfolios that invest mostly in stocks.</li> </ul>																
<b>Chosen risk profile</b>	<input type="checkbox"/> Mine <input type="checkbox"/> My spouse's	<input type="checkbox"/> Mine <input type="checkbox"/> My spouse's	<input type="checkbox"/> Mine <input type="checkbox"/> My spouse's	<input type="checkbox"/> Mine <input type="checkbox"/> My spouse's																
<b>Suggested Portfolio*</b>	<p><b>Not applicable.</b></p> <p>Investment products such as ILPs may not be suitable for you.</p>																			
<b>Possible range of projected annual returns#</b>		<table border="1"> <caption>Projected Annual Returns Data</caption> <thead> <tr> <th>Risk Profile</th> <th>Lower Band</th> <th>Median Band</th> <th>Upper Band</th> </tr> </thead> <tbody> <tr> <td>Cautious</td> <td>-4.4%</td> <td>4.1%</td> <td>12.7%</td> </tr> <tr> <td>Conservative</td> <td>-12.1%</td> <td>5.7%</td> <td>23.4%</td> </tr> <tr> <td>Balanced</td> <td>-21.3%</td> <td>6.7%</td> <td>34.7%</td> </tr> </tbody> </table>			Risk Profile	Lower Band	Median Band	Upper Band	Cautious	-4.4%	4.1%	12.7%	Conservative	-12.1%	5.7%	23.4%	Balanced	-21.3%	6.7%	34.7%
Risk Profile	Lower Band	Median Band	Upper Band																	
Cautious	-4.4%	4.1%	12.7%																	
Conservative	-12.1%	5.7%	23.4%																	
Balanced	-21.3%	6.7%	34.7%																	

**NOTE:**

\* The suggested portfolios provide a strategic asset allocation for each risk profile based on TMLS ILP sub-funds. The portfolios may contain hedge funds, index funds, commodity funds, precious metal funds, property funds, etc.

# The figures in the chart above were analysed using historical performance data for the period from 2000 to 2019 which encapsulates multiple market cycles. It serves only as a guide to the possible return ranges of the suggested portfolios illustrated.





**(I) Risk Profile Questionnaire**

This Risk Profile Questionnaire is designed to help us understand your willingness to take on risk.

Answer each of the following questions carefully. Tally the points awarded for each question to determine your investment risk profile. The following 5 questions are intended to be used in totality to ascertain your risk profile according to the needs and priorities you have chosen.

QUESTIONS	MYSELF	SPOUSE	SCORE
<b>1. Which of the following statements best describe your investment preference?</b>			
a. I prefer investments with little or no fluctuations in value and with minimal chance of losing money. (i.e. very low potential gain and loss)	<input type="checkbox"/>	<input type="checkbox"/>	1
b. I prefer investments with low fluctuations in value and willing to take some risk and accept low amount of losses. (i.e. low potential gain and loss)	<input type="checkbox"/>	<input type="checkbox"/>	2
c. I prefer investments with moderate fluctuations in value and can accept moderate amount of losses. (i.e. moderate potential gain and loss)	<input type="checkbox"/>	<input type="checkbox"/>	3
d. I can accept investments with high fluctuations in value and willing to take higher risk and accept high amount of losses. (i.e. high potential gain and loss)	<input type="checkbox"/>	<input type="checkbox"/>	4
<b>2. For capital that has been allocated into investments, how long can you hold this capital to achieve your investment objectives?</b>			
a. Less than 1 year	<input type="checkbox"/>	<input type="checkbox"/>	1
b. More than 1 year and up to 5 years	<input type="checkbox"/>	<input type="checkbox"/>	2
c. More than 5 years and up to 10 years	<input type="checkbox"/>	<input type="checkbox"/>	3
d. More than 10 years	<input type="checkbox"/>	<input type="checkbox"/>	4
<b>3. What would you do if your investments* were affected by poor economic conditions and dropped by 25% in its value over a three months period?</b>			
a. I will sell all my investments as I do not want to lose any more money.	<input type="checkbox"/>	<input type="checkbox"/>	1
b. I will sell part of my investments as markets may rebound, but I do not want to risk everything.	<input type="checkbox"/>	<input type="checkbox"/>	2
c. I will hold my investments as it is likely that markets will rebound.	<input type="checkbox"/>	<input type="checkbox"/>	3
d. I will place more funds into my investments while its value is low in order to get higher returns when markets rebound.	<input type="checkbox"/>	<input type="checkbox"/>	4
<b>4. If an emergency happens, how much will you need to withdraw from your investments*?</b>			
a. I will need to withdraw a significant amount from my investments as I do not have any additional funds.	<input type="checkbox"/>	<input type="checkbox"/>	1
b. I may require a moderate amount from my investments.	<input type="checkbox"/>	<input type="checkbox"/>	2
c. I may only require a small amount from my investments.	<input type="checkbox"/>	<input type="checkbox"/>	3
d. I will not need to depend on my investments.	<input type="checkbox"/>	<input type="checkbox"/>	4
<b>5. Given a bad investment year, which of the following hypothetical potential investment loss scenarios would be most acceptable to you?</b>			
a. I am not willing to tolerate any loss.	<input type="checkbox"/>	<input type="checkbox"/>	1
b. I am willing to tolerate up to 10% of losses on my invested capital.	<input type="checkbox"/>	<input type="checkbox"/>	2
c. I am willing to tolerate up to 20% of losses on my invested capital.	<input type="checkbox"/>	<input type="checkbox"/>	3
d. I am willing to tolerate more than 20% of losses on my invested capital.	<input type="checkbox"/>	<input type="checkbox"/>	4
<b>Total Score</b>			

\* This includes both planned and actual investments.

**Scoring Matrix**

Add the score for each question and calculate the Total Score. Find your Risk Profile from the table below based on your Total Score. For example, if you score 16, you are categorised as Balanced.

Total Score	Risk Profile
5 – 7	Cautious
8 – 12	Conservative
13 – 17	Balanced
18 – 20	Aggressive





**Investment Risk Profile Outcome**

My Assessed Investment Risk Profile: \_\_\_\_\_

My Spouse's Assessed Investment Risk Profile: \_\_\_\_\_

**Investment Risk Profile Classification**

	Cautious	Conservative	Balanced	Aggressive
Risk Profile Description	<ul style="list-style-type: none"> <li>You are a cautious investor and cannot take any losses.</li> <li>You are willing to forgo higher return in exchange for protection of your capital from potential losses.</li> <li>Investment products that may be suitable for you include money market funds.</li> </ul>	<ul style="list-style-type: none"> <li>You are a conservative investor seeking to achieve lower levels of return in exchange for taking low levels of potential losses and low fluctuation in the value of your investments over a short-term investment period.</li> <li>Investment products that may be suitable for you include bond funds and investment portfolios that invest in mostly bonds.</li> </ul>	<ul style="list-style-type: none"> <li>You are a balanced investor seeking to achieve moderate levels of return in exchange for taking moderate levels of potential losses and fluctuation in the value of your investments over a medium-term investment period.</li> <li>Investment products that may be suitable for you include funds and investment portfolios that invest in a balanced mix of stocks and bonds.</li> </ul>	<ul style="list-style-type: none"> <li>You are an aggressive investor seeking to achieve higher levels of return in exchange for taking high levels of potential losses and fluctuation in the value of your investments over a long-term investment period.</li> <li>Investment products that may be suitable for you include equity funds and investment portfolios that invest mostly in stocks.</li> </ul>
Suggested Portfolio*	<p><b>Not applicable.</b></p> <p>Investment products such as ILPs may not be suitable for you.</p>			
Possible range of projected annual returns#				

**NOTE:**

\* The suggested portfolios provide a strategic asset allocation for each risk profile based on TMLS ILP sub-funds. The portfolios may contain hedge funds, index funds, commodity funds, precious metal funds, property funds, etc.

# The figures in the chart above were analysed using historical performance data for the period from 2000 to 2019 which encapsulates multiple market cycles. It serves only as a guide to the possible return ranges of the suggested portfolios illustrated.





**SECTION C: TOP UP AND RECURRING SINGLE PREMIUM**

(A)  **TOP-UP PREMIUM**

**Note:**

1. Minimum amount for each top-up premium is as follow:

Plan Name	Minimum amount (in the policy currency)
#goClassic, TM Atlas, #goInvest, #goUltra, #goTreasures	\$3,000 per transaction
All Other #go / Harvest / Wealth / Affluence Investment Linked Plan	\$1,000 per transaction

2. 100% of top-up premium paid less premium charge will be used to purchase units and allocated to the accumulated units account (AUA) / Top Up Account (TUA) respectively.  
The actual units to be allocated to your policy after approval is determined by the actual unit price declared on the valuation date following the later of **\*\***(a) date of receipt of the payment OR (b) acceptance of this application.

*\*Top-up premiums can be paid at any time after one (1) year from the commencement date of the policy and for as long as the policy is in-force.*

*\*\* Date of receipt of payment refer to the date of which TMLS input such premium onto policy record regardless of the method of payment being made.*

**Premium Charge for Top-up Premium**

*(5% premium charge will be imposed on the top-up premium if this field is left empty)*

%

Fund Name(s) / Code(s)	Top-up Premium (\$)
<b>Total</b>	





(B)  **RECURRING SINGLE PREMIUM (“RSP”) for Regular Premium TM Altas and #go / Harvest / Wealth / Affluence Investment Linked Plan (if applicable) only**  
*For #goElite, #goElite Secure and #goWealth Enrich, please complete part C of the form.*

**Note:**

1. Minimum RSP is \$50/\$150/\$300/\$600 (in the policy currency at point of application) according to premium modes monthly/quarterly/half-yearly/yearly. The RSP amount is to be in multiples of \$10.
2. 100% of RSP paid less premium charge will be used to purchase units and allocated to the accumulation units account (AUA) / Top Up Account (TUA) respectively.
3. RSP has the same premium due date, payment frequency and payment method as regular premium (“RP”). Full premium comprising of the RP, RSP and premiums for riders attached (if any) to the policy will be billed.
4. The investment allocation instruction for RSP will follow the investment allocation instruction of the RP.
5. The first RSP is due on the next premium due date following the approval of this application.
6. RSP is not allowed during Premium Holiday. Resumption of RSP is allowed only if the RP payment has resumed and the RP amount is equivalent to the annualised RP committed at commencement date.

**Recurring Single Premium Amount**

\$

**Premium Charge for Recurring Single Premium**

%

*(5% premium charge will be imposed on the recurring single premium if this field is left empty)*







**DIVIDEND DISTRIBUTION OPTION (Applicable to Top Up to ILP Sub-Funds that provide a dividend distribution)**

Note: A notification will be sent via email when the dividend statement is ready for viewing.

Please select only one option. If no selection is indicated, the default option shall be reinvestment.

**Name of Fund**  
(Please indicate all applicable Funds)

Distribution Option

- Reinvestment
- Direct Credit (SGD policy currency only)  
(please read the notes and fill in the details below)
- No change in crediting account.
- To a new crediting bank account (please fill in Name of bank, Bank Account Number, Name of Account Holder)
- Cheque (non-SGD policy currency only)

**Name of Fund**  
(Please indicate all applicable Funds)

Distribution Option

- Reinvestment
- Direct Credit (SGD policy currency only)  
(please read the notes and fill in the details below)
- No change in crediting account.
- To a new crediting bank account (please fill in Name of bank, Bank Account Number, Name of Account Holder)
- Cheque (non-SGD policy currency only)

**Name of Bank**

**Bank Account Number**

**Name of Account Holder**

**Note:**

1. Please submit a copy of your bank statement / bank book for verification.
2. On Direct Credit, the dividend will only be credited into a Singapore-registered bank account denominated in Singapore currency that supports the direct crediting.
3. Dividend payment for funds with the same distribution option will be credited to the same bank account number.
4. No third-party crediting is allowed. The Name of Account Holder must be the Proposer / Trustee(s) / Assignee.
5. If the dividend amount is below S\$50 (in fund currency) or such other sums as may be determined by Tokio Marine Life Insurance Singapore Pte. Ltd ("TMLS") from time to time, such amount shall be invested.
6. This will be treated as the latest Dividend Distribution processing instruction to be registered in TMLS records.
7. If the above information is incomplete, the dividend shall be reinvested.





## SECTION D: POLICYHOLDER'S ACKNOWLEDGEMENT

Please TICK and ACKNOWLEDGE as appropriate:

### PASS CKA

- I/We understand that I /We have PASSED the CKA and I/We DO NOT WISH to receive any advice offered by my/our Representative. I/We acknowledge that it is my responsibility to ensure that the requested transaction is suitable for me/us. By choosing not to receive any advice, I/We will not be able to rely on section 36 of the Financial Advisers Act 2001 (FAA) to file a civil claim in the event of a loss.
- I/We understand that I /we have PASSED the CKA and WISH to receive advice offered to me by my/our Representative. Based on assessment of the suitability of the requested transaction, I/We have been advised that:
- The investment product/s that I/we intend to invest/transact in is/are SUITABLE for me/us, and I/We would like to PROCEED with the investment/transaction.
- The investment product/s that I/we intend to invest/transact in is/are NOT RECOMMENDED for me/us or higher than my/our risk profile, and I/We would like to PROCEED with the investment/transaction. I/We acknowledge that it is my responsibility to ensure that the requested transaction is suitable for me/us. By choosing not to receive any advice, I/We will not be able to rely on section 36 of the Financial Advisers Act 2001 (FAA) to file a civil claim in the event of a loss.

### DID NOT PASS CKA

- I/We understand that I/we DID NOT PASS the CKA and have received advice offered by my/our Representative. Based on assessment of the suitability of the requested transaction, I/We have been advised that the investment product/s that I/We intend to invest/transact in is/are SUITABLE for me/us, and I/We would like to PROCEED with the investment/transaction.
- I/We understand that I/we DID NOT PASS the CKA and have received advice offered by my/our Representative. The investment product/s that I/we intend to invest/transact in is/are NOT RECOMMENDED for me/us or higher than my/our risk profile, and I/We would like to PROCEED with the investment/transaction.  
(Firm to complete Section G.)

## SECTION E: DECLARATION & AUTHORISATION

I/We understand and 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 TMLS.
2. For Top-up request, the application form must reach TMLS by 3pm on a business day for the request to be processed on the same day. If supporting document is required, the request will be processed on the date of receipt of the final document.
3. If there is pending transaction under this policy, this Top-up application will only be processed upon the completion of this pending transaction. This would mean a delay in effecting the Top-up transaction.
4. My application is subject to the terms and conditions as stated in the Policy Schedule and is effective only if it has been approved by TMLS.
5. Mobile number and email address provided below will be treated as the latest contact to be registered in our records.
6. I/We understand and agree that:
  - (a) Tokio Marine Life Insurance Singapore Pte. Ltd (the "Company") shall not be deemed to provide cover and neither should the Company be liable to pay any claim, provide any benefit under the Policy/relevant Policy or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose the Company (or its parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of its parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, Singapore, the European Union, United Kingdom or United States of America;



- (b) where the Company becomes aware that I/We, the Life Assured or **any person or entity connected with the Policy/relevant Policy** (see paragraph (c) below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in paragraph (a), the Company shall be entitled to block, suspend and/or terminate the Policy/relevant Policy at any time including but not limited to, not making or receiving any payments under the Policy/relevant Policy. The decision of the Company on the aforementioned is final and;
- (c) a person or entity connected with the Policy/relevant Policy includes an assignee, a beneficiary, a trustee, an executor, an administrator, a director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, for my/our beneficial owners or beneficiaries' beneficial owners. As an ongoing obligation, I/We will immediately inform the Company if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons.

**PERSONAL DATA NOTICE**

I / We agree and consent that Tokio Marine Life Insurance Singapore Pte. Ltd. may collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in the insurance application form and/or the Tokio Marine Insurance Group's Data Protection Policy available at [www.tokiomarine.com](http://www.tokiomarine.com), which I / we have read, understood and agreed to the same.

Signature of Assured / Trustee / Assignee

Signature of Joint Assured / Trustee / 2nd Assignee (if applicable)

Name \_\_\_\_\_

NRIC No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

NRIC No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_





**SECTION F: ACKNOWLEDGEMENT BY FINANCIAL ADVISER REPRESENTATIVE**  
(other than TMFAS Representatives)

The policyholder(s) has/have obtained advice from me and confirm to proceed with the requested transaction(s).

Signature of Financial Adviser Representative

Name : \_\_\_\_\_

Adviser Code : \_\_\_\_\_

Date : \_\_\_\_\_

**SECTION G: SENIOR MANAGEMENT APPROVAL (FOR FIRM'S OFFICIAL USE ONLY)**

*(Only applicable if policyholder(s) failed CKA and proceed with non-recommended transaction)*

The policyholder(s) has/have failed CKA and received advice from the Representative. However, the policyholder(s) intend to proceed with the requested transaction that is higher than his/her/their risk profile or not recommended.

Approve the intended purchase/transaction:

Yes

No

Comments (if any):

Name of Senior Management or Delegate:

Title of Senior Management or Delegate:

Signature of Senior Management or Delegate:

Date of Approval:

\* For TMFAS Representatives, please append a copy of the Senior Management Approval Form.

\* For other FA firms, if Section G is not completed, please provide other form(s) of documentation where senior management approval has been obtained.

