

APPLICATION FOR TOP UP (For Investment Linked Plan Only)

WARNING :

It is important to seek advice from your financial planning consultant before proceeding with the transaction. Your adviser 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-dealing days will be carried forward to the next business day for processing.

KINDLY COMPLETE FULLY IN BLOCK LETTERS.






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

POLICY NO.

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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:

-  My Investment Risk Profile*
-  Customer Knowledge Assessment (CKA)*
-  Supplementary Proposal Form (Non-HPS, PCE) - please complete part II and Part III
-  Mobile Number
-  Email Address

* For policy under Financial Adviser firm, please submit the firm's equivalent documents

(A) ONE TIME SINGLE PREMIUM TOP-UP OF FUNDS

The following requirements must be met :

1. Policy must not be on Premium Holiday;
2. Minimum top up amount for Flexibuilder and Flexibuilder II is \$1,000;
3. Minimum top up amount for Wealth Builder is \$500;
4. Minimum top up amount for all other ILP plans is \$1,200;
5. Top up is not available for Asia Capital Builder Plan.

☐ I / We wish to perform a top-up as indicated below (TOP-UP). Details are as follows :

Fund Name(s) / Code(s)	Top-Up Amount

For Wealth Builder, there will be a charge of 1% of the top-up amount for each top-up application (not applicable to CPFIS or SRS policies). This charge will be debited to your account accordingly by canceling the appropriate number of units. The actual number of units to be allocated to your Policy, after approval, is determined by the actual offer price declared on the Valuation Date following the later of date of **(a) receipt of the payment or (b) acceptance after underwriting by us.

**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.

(B) **RECURRING SINGLE PREMIUM TOP-UP (SP) OF FUNDS**

Applicable to Investment Link (SP) only :

Minimum Recurring Top up amount for Monthly and Quarterly is \$300; Semi Annual is \$600 and Annual \$1,200.

- ☐ I wish to perform the top-up as indicated below on a recurring basis (AUTO TOP-UP). Details are as follows:

Recurring Single Premium Amount

\$

Date (dd/mm/yyyy)*	Duration		Frequency	
	Years	Months		
			<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
			<input type="checkbox"/> Half-yearly	<input type="checkbox"/> Yearly
	Fund Name(s) / Code(s)		Percentage (%)	

The actual number of units to be allocated to your Policy, after approval, is determined by the actual offer price declared on the Valuation Date following the later of date of receipt of the payment or acceptance after underwriting by us.

Notes to Auto Top-Up request

NON CPF Policy

I have attached a duly completed Application For Interbank Giro Form.

CPFIS / SRS Policy

- a) I authorise TMLS to deduct the recurring amounts from my designated account maintained in your records. I am aware that there will be bank charges imposed by my Agent Bank for every transaction performed.
- b) The effective top up date is determined AFTER the following requirements are met :
 - i. Your application is approved by TMLS;
 - ii. Your Giro Application (if any) is approved by the bank.
- c) This Auto Top-Up will terminate :
 - I. if there is insufficient monies in your account for the deduction of the top-up amount;
 - or
 - II. your policy expires; or
 whichever is earlier.

Example to illustrate Auto Top-Up Start Date and End Date

Policy Commencement Date : 10/02/2000
 Top-Up Duration : 1 year
 Top-Up Frequency : Quarterly
 Application for Auto Top-Up approved : 20/09/2006
 Actual Auto Top-Up Start Date : 10/10/2006

(This will be the Start Date even if you had requested for the top-up to start before 10/10/2006. However, if you had requested the Start Date to be in November, then the Start Date will be 10/11/2006)

Auto Top-Up End Date : 10/10/2007 (i.e. last Top-Up will be on 10/07/2007)

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	
Distribution Option	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Direct Credit (SGD policy currency only) (Please read the notes and fill in the details below.)
Name of Fund	
Distribution Option	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Direct Credit (SGD policy currency only) (Please read the notes and fill in the details below.)
Name of Bank	
Bank Account Number	
Name of Account Holder	
<p>Note:</p> <ol style="list-style-type: none"> 1. Please submit a copy of your bank statement / bank book for verification. 2. 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 (or such other sums as may be determined by Tokio Marine Life Insurance Singapore 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 our records. 7. If the above information is incomplete, the dividend shall be reinvested. 	



I 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 before 3pm on a business day for the request to be processed on the same day. If Top Up request receive at or after 3pm, it will be processed the following working day for it to be transacted at the Unit Price on the working day of which after next pricing day. If supporting document is required, the request will be processed on the date of receipt of the final document.
3. Should there be pending transaction under the policy, the Top Up transaction will only be processed upon completion of the pending transaction. This would mean a delay in effecting the Top Up.
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. Upon the update of Mobile number and email address, you could expect to receive a pin mailer and an email with instruction to access to the policyholder portal for viewing of policy information and e-Statement.

DECLARATION & AUTHORISATION

I/We understand and agree that:

- a. Tokio Marine Life Insurance Singapore 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 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, which I / we have read, understood and agreed to the same.

Signature of Policyholder/ Trustee(s) / Assignee

Name : _____
 NRIC No. : _____
 Mobile No. : _____
 Email Address : _____
 Date : _____

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"> Accountancy Business/Business Administration/Business Management/Business Studies Economics Financial Engineering Computational Finance Actuarial Science Capital Markets Commerce Finance Financial Planning Insurance 	<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"> Chartered Financial Analyst (CFA) Chartered Certified Accountants (ACCA) 	<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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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"> Development/ structuring/ management/ sale/ trading/ research/analysis of investment products; Provision of training in investment products; Accountancy, actuarial science, treasury or financial risk management activities; or Provision of legal advice or possession of legal expertise in the relevant area. 	<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):

CUSTOMER KNOWLEDGE ASSESSMENT OUTCOME	MYSELF	SPOUSE
I have answered 'YES' to at least one of the above questions. I have the relevant knowledge or experience to purchase a collective investment scheme or an investment-linked policy.	<input type="checkbox"/>	<input type="checkbox"/>
I have answered 'NO' to ALL of the above questions. I do not have the relevant 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.

■ MY INVESTMENT RISK PROFILE

This section is only applicable for clients who have met the Customer Knowledge Assessment criteria and have the relevant knowledge or experience to purchase an investment-linked policy with TMLS.

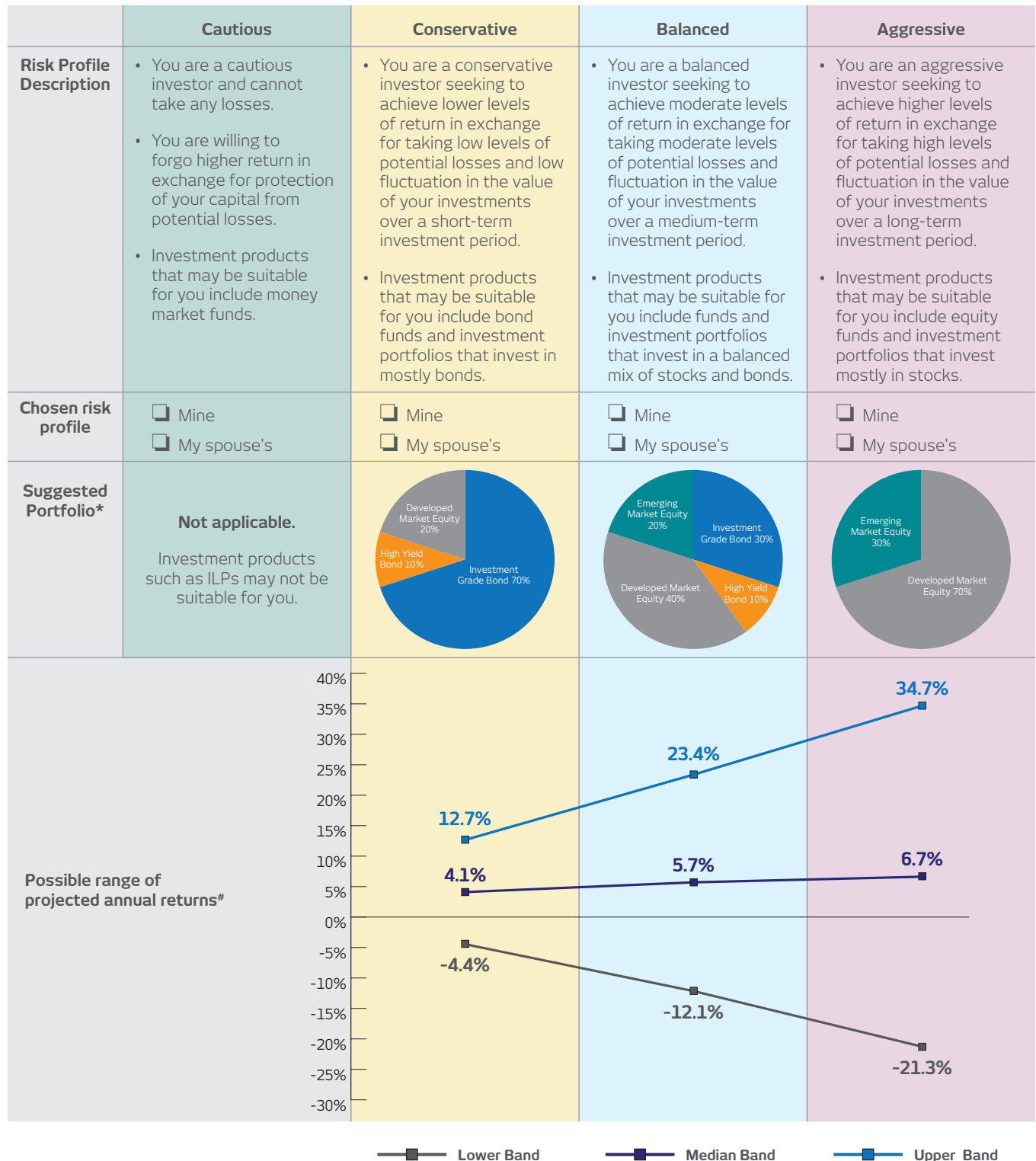
Would you like to select your investment risk profile?

☐ Yes – please complete this page.

☐ No – please proceed to page 7 and answer each question in the Risk Profile Questionnaire to determine your investment risk profile.

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.



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.

MY INVESTMENT RISK PROFILE

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
1.	Which of the following statements best describe your investment preference?			
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
2.	For capital that has been allocated into investments, how long can you hold this capital to achieve your investment objectives?			
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
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?			
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
4.	If an emergency happens, how much will you need to withdraw from your investments*?			
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
5.	Given a bad investment year, which of the following hypothetical potential investment loss scenarios would be most acceptable to you?			
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
Total Score				

* 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.

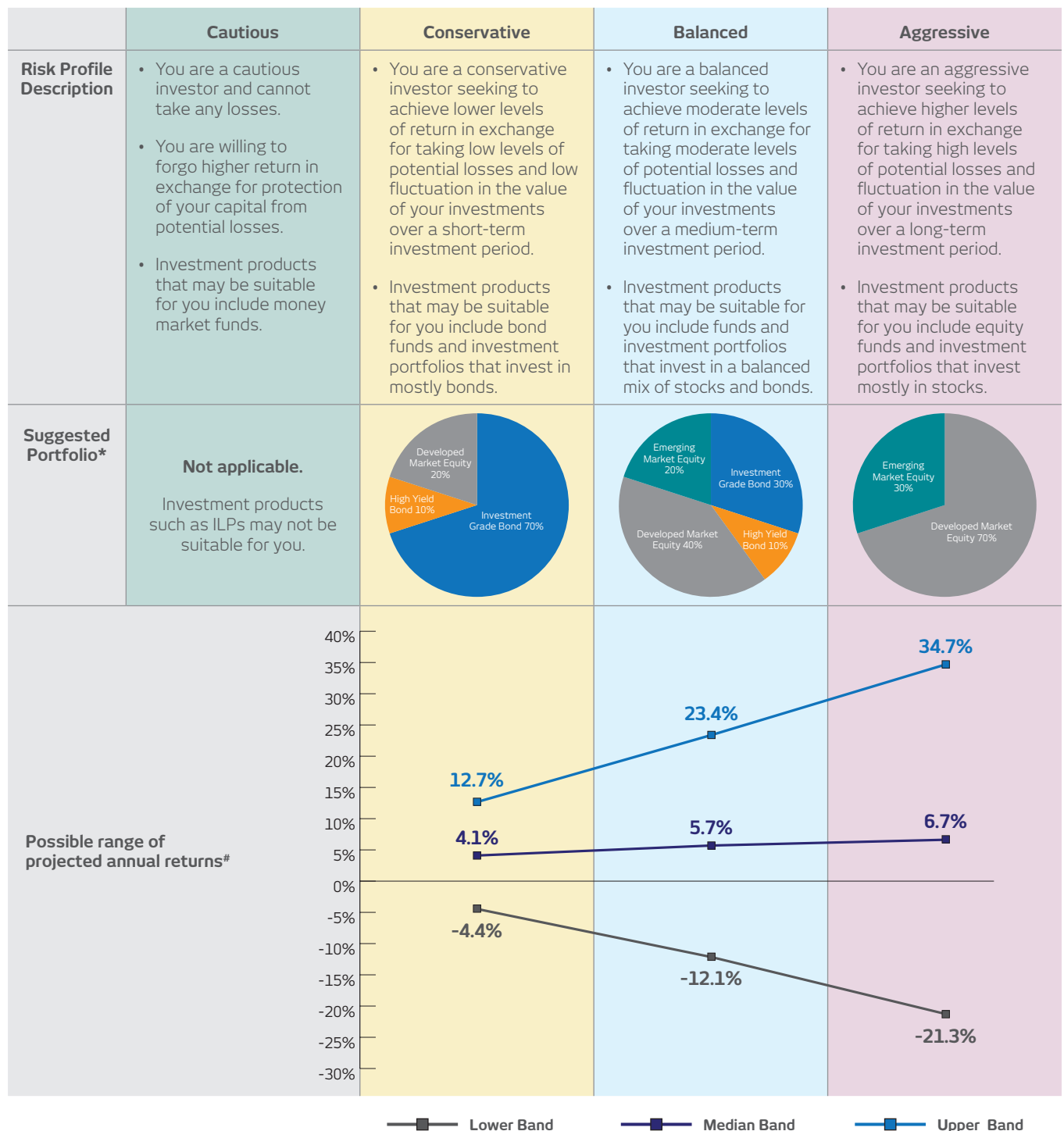
For example, if you score 16, you are categorised as Balanced.

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

MY INVESTMENT RISK PROFILE

My Assessed Investment Risk Profile: _____ My Spouse's Assessed Investment Risk Profile: _____

Investment Risk Profile Classification



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.

Policy Owner's Acknowledgement

Please indicate accordingly:

- ☐ I/We **WISH** to receive advice offered by my/our Representative.
- (i) Please complete the Abridged Personal Financial Priorities (PFP) for Investment Linked Policy.
 - (ii) I//We have verified the information in this document and Abridged PFP and agree with the advice.

NOT APPLICABLE FOR CLIENT WHO FAIL CKA

- ☐ I/We **DO NOT WISH** to receive advice offered by my Representative. I/We understand that:
- (i) it is my/our responsibility to ensure the requested ILP transaction is suitable for me/us and
 - (ii) I/we will not be able to rely on Section 27 of the Financial Advisers Act to file a civil claim in an event of a loss.
 - (iii) I/We confirm that I/we wish to proceed with the requested ILP transaction without advice.

Date & Signature of Policyholder/ Trustee(s) / Assignee

Name: _____

NRIC No.: _____

Date & Signature of Joint Owner / 2nd assignee (if applicable)

Name: _____

NRIC No.: _____

