

CHANGE OF LIFE ASSURED FORM

(For TM Atlas Wealth / Classic, #go / Harvest / Wealth / Affluence Investment-Linked Series only)

		IGAPORE

PLEASE COMPLETE FULLY IN BLOCK LETTERS AND INK.

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 (2020 REVISED EDITION)(OR ANY SUBSEQUENT AMENDMENTS THEREOF), YOU ARE TO DISCLOSE IN THIS FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY.

LICK	boxes (*) as appropriate ar	a dete	te at	() acc	-orain	gty. Ai	iy aiiie	ename	iii wo	uta r	equir	e tne	Sign	ature c	n the	assi
PC	LICY NO.]						
	Removal of Life Assure (Applicable to TM Atlas Classic								assur	ed a	s inc	dica	ted b	elow.		
	Name of Life Assured(s):														_
	Add / Change of Life As (Addition of Life Assured is only												n only))		

Please complete part I & part II of this form. For add / change Life Assured on #go series Secure plan, please also submit the Supplementary Proposal Form.

NOTE:

1. New life Assured must meet the minimum and maximum entry age (age next birthday) limit as follow:

	Life assured
Minimum Age	19 Years Old for #goAffluence; 1 Month for all other plans
	75 - premium payment term / minimum contribution period* - for Regular Premium plan
Maximum Age	At the next Policy Anniversary, the age next birthday for the new life assured must not exceed 75 years for Single Premium plan

^{*}This condition will not be applicable if the application was made after premium payment term / minimum contribution period.

- 2. Each Change of Life Assured will be effective from the Policy Monthiversary immediately after the approval of this application. No coverage will be extended on new life assured prior to the effective date of this application. The coverage on all preceding Life Assured(s) prior to the latest effective date of such Change of Life Assured shall cease with immediate effect.
- Benefits of the basic plan and all first-party riders (if any) will be adjusted or terminated based on the new life assured which may subject to underwriting.
- Upon the Change of Life Assured, the monthly protection charges for the Advanced Death Benefit (if applicable) will be adjusted based on the age and sex of the oldest Life Assured in the policy as of the effective date of such change.

PART I

PARTICULARS OF POLICYHOLDER

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)

20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com

Name of Policyholder(s) (please underline Surname)	NRIC / Passport No.





PART II

PANTII							
PERSONAL PARTICULARS OF LIFE ASSURE	D						
Relationship to Policyholder:							
☐ *Child (below age next birthday 19)	\square *Spouse \square *Others, please specify: $_$						
(*please submit copy of birth certificate/lder		T					
Full name as shown on NRIC / Passport (Please *Mr / Mrs / Mdm / Miss / Dr	underline surname or last name):	Gender:					
MI / MIS / Maii / Miss / Di		☐Male ☐ Female					
NRIC / Passport No.:	Country of Residence:	☐ Smoker ☐ Non-Smoker					
Country of Birth:	Race:	Age Next Birthday:					
Nationality:	Contact Number (please provide at least 1 contact number):	Date of Birth (dd/mm/yyyy):					
Singaporean	Home:						
☐ Singapore PR	Mobile:	Marital Status :					
\square Others, please specify:	Office :	☐Single ☐ Married					
	Email address :	□Widowed □Divorced					
NRIC, please submit a proof of address issued within the last 3months): Same as Proposer Postal code: Same as Proposer Postal code: For existing client (with Tokio Marine Life Insurance Singapore Ltd.): Do you wish to update the following with the abinformation for all your other policy(ies)?							
Address(es) : ☐ Yes ☐ No NRIC / Passpo	ort No.: 🗆 Yes 🗀 No						
Annual Income :	Occupation : Exact Na	ature of Work :					
Currency : Amount :							
Name of Company / School :	Nature of Business :						
Business Address (for employed applicant only):							
	☐ Charities / Non-profit Organisation						
	□Commodities / Precious Metals & Stones □ Government						
Postal code:	☐ IT/Communications ☐ Manufacturing ☐ Money Services Business						
	☐ Oil & Gas ☐ Retail / F&B ☐ Travel / Hospitality						
	Others, please specify						





Residency	Life Assured			
(i) For citizen of Singapore: Have you resided outside Singapor preceding the date of this applicat	☐ Yes¹ ☐ No			
(ii) For permanent residents of Sing Have you resided in Singapore for preceding the date of this applicat	☐ Yes ☐ No²			
(iii) For dependant , student or long - Do you have a pass or permit that resided in Singapore for more tha preceding the date of this applica	☐ Yes ☐ No²			
(iv) If you do not belong to any of th				
¹ To submit photocopy of documental foreign country where Life Assured	issued by relevant autho	rities in the		
² To submit photocopy of passport including pages with immigration stamps or similar travel documents.				
POLITICALLY EXPOSED PERSONS (PEP)				
"Prominent public functions" include the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.				
Have you or any immediate family me entrusted with prominent public func- foreign country? If yes, please provide the following d	Life Assured ☐ Yes ☐ No			
Full name of PEP(s):	Relationship to Policyh	older/Life assured:		
Position held :	Source of wealth ¹ :			

PART III CLIENT'S DECLARATION

I/We declare that:

For Common Reporting Standard

- (a) I/We understand that the information provided by me/us is covered by the full provisions of the terms and conditions governing my/our relationship with TMLS setting out how TMLS may use and share the information provided by me/us.
- (b) I/We acknowledge that the information contained in this form and information about me/us and any Reportable Account(s) may be provided to any relevant tax authority, including IRAS and exchanged with tax authorities of another jurisdiction in which I/We may be resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information.
- (c) I/We undertake to advise TMLS within 30 days of any change in circumstances which affects my/our tax residency status or cause any of the information contained in this form to be inaccurate or incomplete, and to provide TMLS with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.
- (d) I/We understand that a statement that is false, misleading or incorrect may be regarded as an offence, therefore, may be subject to penalties under relevant law or regulation.



¹ "Source of wealth" is defined as the description of the economic activity which has generated that net worth.



For Investment-linked Products

(a) No Offer or Solicitation Outside Singapore

I/We understand that

- i. The Investment-Linked Policy Sub-Funds (the "Funds") offered under the product that I/we am/are applying for have not been approved for offer, sale or purchase by any authority outside Singapore;
- ii. This proposal and all other documents relating to the Funds do not constitute an offer to sell or a solicitation of any offer to buy or subscribe for any securities in the United States of America or any jurisdiction in which such distribution or offer is not authorised to any person;
- iii. This proposal and all other documents relating to the Funds do not constitute an offer to sell of the solicitation of any offer to buy or subscribe for any securities to or for the benefit of any of the following persons:
 - (A) A US Person as defined in Rule 902 of Regulation S under the Securities Act;
 - (B) A resident of Canada; or
 - (C) A resident of Ireland.
- (b) I/We represent and warrant that I/we am/are not a US Person as defined in Rule 902 of Regulation S under the Securities Act nor am I/are we a resident of Canada or Ireland for tax purposes (the "Declaration").
- (c) In the event I/we become a US Person or a resident of Canada or Ireland, /we agree to notify the Company within thirty (30) days from the date of the change of my/our status.
- (d) I/We further agree to indemnify the Company for all claims, liabilities, actions, demands, losses, damages, costs and expenses (including, without limitation, legal costs on an indemnity basis) of any kind or nature arising from, in connection with or related in any way to:
 - i. my/our delay or failure to inform the Company of the change of my/our citizenship and or/residency status; and/or
 - ii. the provision of any false or misleading information regarding the Declaration.
- (e) I/We understand that the investment in the Funds does not amount to legal or registered ownership of any underlying funds whose performance is linked to such Funds and that a unitholder of the Funds does not hold any rights or interest whatsoever under the terms and conditions of any such underlying Funds.
- (f) I/We agree that the Company may at its discretion take any action necessary for compliance with the laws and subsidiary legislation relevant to any of the Funds or their underlying funds, including but not limited to terminating or voiding the policy issued under this proposal where there has been a false Declaration or nondisclosure of change in residence status.

This application is governed by and constructed in accordance to the laws of Singapore.

This policy is underwritten by Tokio Marine Life Insurance Singapore Ltd. and will be entered into the register of Singapore policies, except for Brunei policies.

If a material fact is not disclosed in this application form, any assurance / changes applied for and effected will 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 your adviser but was not included in this application. Please check to ensure you are fully satisfied with the information declared in this application.





PERSONAL DATA AND MARKETING MATERIALS

I/We agree and consent that the Company may collect, use, process and disclose the personal data, which includes but is not limited to my/our name and contact details, as provided by me/us to the Company through this form, any documents provided by me/us to the Company from time to time and other sources (including other insurers, financial and medical institutions) as the Company deems appropriate and relevant for the purposes of:

- (a) providing advice or recommendation for insurance products offered by the Company;
- (b)processing, considering and underwriting my/our insurance application(s) with the Company. It includes on-going due diligence and screening activities (including background checks, anti-money laundering, "know-your-client", creditworthiness, financial and medical conditions, and reviewing whether to continue insuring me/us or the Life Assured) in accordance with applicable legal and regulatory obligations or the Company's policies;
- (c) administering, servicing (including pre- and post- sales support), managing and maintaining my/our relationship and policy(ies) with the Company (including the mailing of correspondences to me/us involving the disclosure of my/our personal data printed on the external envelopes);
- (d) carrying out the operations and transactions under my/our policy(ies) including debt recovery, making and obtaining payments;
- (e) processing, investigating and settling the claim under my/our policy(ies) issued by the Company or other insurers;
- (f) carrying out my/our instructions or responding to my/our enquiries;
- (g) detecting, preventing or investigating fraud, misconduct, unlawful activity or omission relating to this form, claim or policy(ies) issued by the Company or other insurers, and whether there is any suspicion of the aforementioned;
- (h) storing, hosting, backing up (whether for disaster recover or otherwise) of the personal data whether within or outside Singapore;
- (i) complying with applicable legal and regulatory obligations in managing my/our relationship and policy(ies) with the Company, including the regulatory and industry association reporting obligations;
- (j) carrying out research, survey and statistical analysis;
- (k) reinsuring arrangement and management;
- (I) quality assurance and training program;
- (m) informing or engaging me/us for the Company's charity events; and
- (n) sending me/us the marketing, advertising and promotional information about the insurance products, financial or investment products or any other products or services that the Company or any of the Group Companies (defined hereunder) in Singapore is or may be selling or marketing which may be of interest or benefit to me/us, including the update of the same ("Marketing Materials") via the following modes of communications, using the contact information provided by me/us from time to time:

(please tick if you wish to	opt-out):
postal mail	☐ e-mail
(please tick if you wish to	opt-in):
\square phone call / voice call	☐ text messages
(collectively, the "Purpose	s").

I/We agree and consent that the Company may disclose the personal data to the third parties (whether sited in or outside Singapore) in carrying out one or more the Purposes and such third parties may use and process the personal data for one or more of the Purposes. The third parties may include but are not limited to:

- (a) my/our financial advisers, agents, brokers or the Company's distribution intermediaries;
- (b) the Company's head office, regional office, subsidiaries, branches, related corporations and/or any other companies within the group companies of which the Company forms a part or any company affiliated with the Tokio Marine Insurance Group (collectively, "Group Companies");
- (c) auditors, lawyers, service providers or agents who supply services to the Company such as information technology service, data entry and storage, mail distribution, claim assessment and administration, payment, cheque printing, marketing, research, emergency assistance service, medical and professional services;
- (d) reinsurers, other insurers, financial institutions, credit reference agencies and debt collection agencies; and
- (e) governmental/ regulatory authorities, industry association, courts, dispute resolution forum (of which have jurisdiction over the Company or its Group Companies) or legal process participants and their advisors.





I/We acknowledge, declare and agree that:

- (a) the personal data may be withdrawn at any time by giving reasonable notice to the Company;
- (b) if I/we have withdrawn consent for the Company to collect, use, process and disclose the personal data in relation to my/our insurance policy(ies), it may affect the Company's ability or prevent the Company from keeping my/our insurance policy(ies) in force or supplying the services to me/us. In such a case, I/we may be required to surrender or terminate all my/our policies with the Company upon the withdrawal of such consent and I/we agree to bear all losses resulting from the same;
- (c) the withdrawal of consent for sending me/us Marketing Materials will not impact the Company's ability or prevent the Company from keeping my/our insurance policy(les) inforce or supplying the services to me/us. I/We will give reasonable notice to the Company if I/we wish to withdraw consent for Marketing Materials or change the communication mode to receive them;
- (d) the Company may collect, use, disclose and/or process the personal data without my/our consent if permitted under any applicable law;
- (e) I/we have read, understood and agreed to observe the clauses contained in this form and the Company's Data' Protection Policy available at www.tokiomarine.com; and
- (f) my/our consent provided to the Company in this form shall be applicable to the policy that I/we are applying for in this form, and also all other existing policies that the Company is liable for.

Signature of Witness	Signature of Life# Assured
Name of Witness	
NRIC No. of Witness	Date, Signature of Policyholder and Joint Owner (if applicable) (if other than Life Assured)
TMLS Adviser's Code No.	Name of Adviser Unit / FA firms / Bank

Only Life Assured Age on Next Birthday 19 and above is required to sign

