



CHANGE OF LIFE ASSURED FORM (FOR TM Atlas & #go Investment-Linked Plans)

FORM SIGNED IN SINGAPORE

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.

PLEASE COMPLETE FULLY IN BLOCK LETTERS AND INK.

Tick boxes (✓) as appropriate and delete at (*) accordingly. Any amendment would require the signature of the assured.

POLICY NO.

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Removal of Life Assured I wish to perform removal of life assured as indicated below.
(Applicable to TM Atlas Classic, TM Atlas Wealth, #go Investment-Linked Plans only)

Name of Life Assured(s): _____

Add / Change of Life Assured I wish to perform an addition of life assured.
(Addition of Life Assured is only applicable to TM Atlas Classic, TM Atlas Wealth, #go Investment-Linked Plans 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 |
| Maximum Age | 75 - premium payment term / minimum contribution period* - for Regular Premium plan 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.
3. 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.
4. 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

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



PART II

| PERSONAL PARTICULARS OF LIFE ASSURED | | |
|--|--|--|
| Relationship to Policyholder: <input type="checkbox"/> *Child (below age next birthday 19) <input type="checkbox"/> *Spouse <input type="checkbox"/> *Others, please specify: _____ <i>(*please submit copy of birth certificate/Identification Document or copy of Passport)</i> | | |
| Full name as shown on NRIC / Passport (Please underline surname or last name): *Mr / Mrs / Mdm / Miss / Dr | | Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female |
| NRIC / Passport No.: | Country of Residence: | <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker |
| Country of Birth: | Race: | Age Next Birthday: |
| Nationality : <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others, please specify: _____ | Contact Number (please provide at least 1 contact number): Home: _____ Mobile: _____ Office : _____ Email address : _____ | Date of Birth (dd/mm/yyyy): _____ Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced |
| Residential Address (if different from address reflected on NRIC, please submit a proof of address issued within the last 3months): <input type="checkbox"/> Same as Proposer Postal code : _____ | | Mailing Address (please complete if different from residential and submit a proof of address within the last 3 months): <input type="checkbox"/> Same as Proposer Postal code : _____ |
| For existing client (with Tokio Marine Life Insurance Singapore Ltd.): Do you wish to update the following with the above information for all your other policy(ies)? Address(es) : <input type="checkbox"/> Yes <input type="checkbox"/> No NRIC / Passport No.: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Annual Income : Currency : _____ Amount : _____ | Occupation : | Exact Nature of Work : |
| Name of Company / School : | Nature of Business : <input type="checkbox"/> Banking / Finance <input type="checkbox"/> Building / Construction / Real Estate <input type="checkbox"/> Casino / Other gaming or gambling operations <input type="checkbox"/> Charities / Non-profit Organisation <input type="checkbox"/> Commodities / Precious Metals & Stones <input type="checkbox"/> Government <input type="checkbox"/> IT / Communications <input type="checkbox"/> Manufacturing <input type="checkbox"/> Money Services Business <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Retail / F&B <input type="checkbox"/> Travel / Hospitality <input type="checkbox"/> Others, please specify _____ | |
| Business Address (for employed applicant only): Postal code: _____ | | |





| Residency | Life Assured |
|---|---|
| (i) For citizen of Singapore : Have you resided outside Singapore continuously for 5 or more years preceding the date of this application <u>and</u> currently not residing in Singapore? | <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No |
| (ii) For permanent residents of Singapore and work pass holders : Have you resided in Singapore for more than a total of 183 days in the 12 months preceding the date of this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No ² |
| (iii) For dependant, student or long-term pass holders : Do you have a pass or permit that has a duration longer than 90 days <u>and</u> have resided in Singapore for more than 90 consecutive days during the 12 months preceding the date of this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No ² |
| (iv) If you do not belong to any of the above categories , please tick here. | <input type="checkbox"/> |
| ¹ To submit photocopy of documentary proof such as work or student permit issued by relevant authorities in the foreign country where Life Assured is residing. | |
| 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 members or Beneficial Owners ever been entrusted with prominent public functions whether in Singapore or in a foreign country?
If yes, please provide the following details :

Policyholder

Life Assured

Yes No

Yes No

Full name of PEP(s) :

Relationship to Policyholder/Life assured:

Position held :

Country that conferred the position :

Source of wealth¹ :

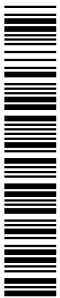
¹ "Source of wealth" is defined as the description of the economic activity which has generated that net worth.

PART III CLIENT'S DECLARATION

I/We declare that:

For Common Reporting Standard

- 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.
- 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.
- 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.
- 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.





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 and Securities Act nor am I/are we a resident of Canada or Ireland for tax purposes. I/We further agree that the Company may at its discretion terminate the policy or declare the policy issued under this proposal void if the foregoing declaration (the "Declaration") is untrue.
- (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. I/We further agree that the Company may at its discretion terminate the policy or declare the policy issued under this proposal void.
- (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 terminate the policy issued under this proposal at any time if such termination is necessary for compliance with the laws and subsidiary legislation relevant to any of the Funds of their underlying funds.

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;
- (l) 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):

- phone call / voice call text messages

(collectively, the "Purposes").

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(ies) in force 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

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

