

ADULT PROPOSAL FORM - Direct Channel

Policy No.:

Company Direct No.:

Name of Customer Service Officer: _____

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, 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.

A PARTICULARS OF LIFE TO BE ASSURED / MAIN APPLICANT

1a) Title MR/ MRS/ MADAM/ MS/ MISS/ DR
 Name (According to NRIC/ Passport)

b) Enter your **EMAIL** for our e-news updates.
 E-mail Address 1 E-mail Address 2

c) Residential Address* Postal Code
 Country of Address

*Address as indicated on NRIC.

d) Mailing Address Postal Code
 Country of Address

If the mailing address differs from residential address, please provide the reason(s):

Home Tel
 Country Code

Office Tel Ext
 Country Code

Mobile Tel
 Country Code

Fax No
 Country Code

e) Date of Birth

f) Backdate to

g) NRIC / Passport No

h) Gender Male Female

i) Passport Expiry Date

j) Country of Birth

k) Nationality

l) Country of Residence

m) Singapore PR Yes No

n) City of Residence

o) Height m

p) Weight kg

q) Race Chinese Malay Indian Others

r) Marital Status Single Married Widowed Divorced

s) Name of Company/School: _____

t) Nature of Company Business: _____ u) Occupation/ Position Held: _____

v) Exact Nature of duties involved: _____ w) Please state your annual income: _____

x) Source of Wealth: _____ y) Source of fund: _____

2) Tax Residency Self-Certification

a) Tax Residency (Please tick): I am NOT a U.S. Tax Resident I am a U.S. Tax Resident

b) Are you currently solely a tax resident of Singapore?

(Note: Only applicable to a policy which is subject to the OECD Common Reporting Standard, where First Life to Be Assured is also the Proposer)

YES, I'm currently only tax resident in Singapore and do not have a foreign tax residency. My Singapore TIN is:

as per the "NRIC" declared above in 1(g) OR

(Singapore TIN is your NRIC/ FIN)

NO, I'm currently tax resident in the following list of countries/jurisdictions (include Singapore, if applicable):

Country of Tax Residence	Taxpayer Identification Number ("TIN")	If TIN is not available, please indicate Reason Code A, B or C (refer to Table 1 on page 2)	If reason B has been selected, indicate why TIN is not available
1)		A / B / C	



Country of Tax Residence	Taxpayer Identification Number ("TIN")	If TIN is not available, please indicate Reason Code A, B or C (refer to Table 1 below)	If reason B has been selected, indicate why TIN is not available
2)		A / B / C	
3)		A / B / C	
4)		A / B / C	
5)		A / B / C	

Please duplicate this page if you are a tax resident in more than five countries/jurisdictions.

Justification on mismatch between Country of Tax Residence against Country of address and Contact (where applicable):

Table 1

Reason Code	Description
A	The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents
B	The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the above table if you have selected this reason)
C	No TIN is required. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction

B PARTICULARS OF THE POLICY APPLIED FOR

Special Instruction:

If the premium is paid by CHEQUE, please write the name of the Proposer and the NRIC / Passport No. on the reverse side of the Cheque. The cheque should be crossed and made payable to "The Great Eastern Life Assurance Co Ltd" (where applicable).

3a) Premium Payable by:

Payment Mode Annually Half-yearly Quarterly Monthly by GIRO
 Payment Method Cash Cheque

Type of Policy/ Riders/ Supplementary Benefits	Sum Assured / Monthly or Daily Benefits (\$)	Term	Premium Term	Premium Payable (\$)
Basic Plan				
Other Riders				
			Total	

C DIRECT CREDIT REQUEST

Direct Credit via Bank Account

Name of Bank : **Overseas-Chinese Banking Corporation Limited**

Bank Account No.: _____

Important Notes:

- (1) Direct crediting of payout(s) (where applicable) can only be paid to a Singapore OCBC Bank account belonging to the legal owner of the policy. The Singapore OCBC Bank account must be a savings or current account.
- (2) Direct crediting of payout(s) (where applicable) is not applicable for policies issued under trust nomination.
- (3) Direct crediting of payout(s) (where applicable) can only be paid to the legal owner of age 18 years and above.
- (4) GE will correspond with you when payout(s) (where applicable) is due, if there is no request for Direct Credit of payment.

I/ We confirm that I/ we am/ are the legal and beneficial owner of the following bank account ("Account") and the Account number is correct. I/ We hereby authorise and instruct The Great Eastern Life Assurance Company Limited ("GE") to deposit any payout(s) (where applicable) that are payable to me/ us from time to time into this Account, as well as to verify my/ our Account with the following bank (where necessary). If the Account is denominated in a different currency from the currency of the monies payable under the policy applied for in this proposal form, I/ we understand that any amount to be credited into the Account will be subject to the bank's prevailing rates and charges. I/ We undertake not to hold GE liable for any costs, damages, losses and/ or expenses that I/ we may incur or suffer as a result of my/ our foregoing instruction.

Direct Credit via PayNow

I/ We confirm that I/ we have registered with PayNow and I/ we have linked my/ our Singapore NRIC/FIN/UEN to my/ our bank account ("PayNow Account") whereby I/ we am/ are the legal and beneficial owner of the PayNow Account. I/ We hereby authorise and instruct The Great Eastern Life Assurance Company Limited ("GE") to deposit any payout(s) (where applicable) that are payable to me/ us from time to time into my/ our PayNow Account as well as to verify my/ our PayNow Account with the respective Bank (where necessary). If the PayNow Account is denominated in a different currency from the currency of the monies payable under the policy applied for in this proposal form, I/ we understand that any amount to be credited into the PayNow Account will be subject to the bank's prevailing rates and charges. I/ We undertake not to hold GE liable for any costs, damages, losses and/ or expenses that I/ we may incur or suffer as a result of my/ our foregoing instruction.

2)		A / B / C	
3)		A / B / C	
4)		A / B / C	
5)		A / B / C	

Please duplicate this page if you are a tax resident in more than five countries/jurisdictions.

Justification on mismatch between Country of Tax Residence against Country of address and Contact (where applicable):

Declaration

Please refer to the declaration clause entitled "Self-Certification (Tax Residency)" in Section H.

Signature: * _____

Name of Beneficial Owner: * _____

Date:* _____

F FAMILY HISTORY

Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder, tuberculosis or any hereditary disease? If yes, please state condition, relationship, age at onset and age at death.		Life to be Assured Yes No <input type="checkbox"/> <input type="checkbox"/>	
Relationship	Condition	Age at Onset	Age at Death

G MEDICAL AND UNDERWRITING QUESTIONS

1a) Have any of your applications or reinstatements of a life insurance or health insurance policy ever been declined, postponed or accepted with special conditions (for example loading or exclusions)? If yes, please provide the details below:	Life to be Assured Yes No <input type="checkbox"/> <input type="checkbox"/>																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Insurer Name</th> <th style="width: 30%;">Type of Policy</th> <th style="width: 40%;">Reasons</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table>	Insurer Name	Type of Policy	Reasons																
Insurer Name	Type of Policy	Reasons																	
b) Have you ever made any claims or are you intending to make any claims on your insurance policies (for example for critical illness / disorder, disability, terminal illness, accident, hospitalization)? If yes, please provide the details below:	<input type="checkbox"/> <input type="checkbox"/>																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Insurer Name</th> <th style="width: 25%;">Nature of Claim</th> <th style="width: 25%;">Year of claim</th> <th style="width: 25%;">Reason for claim</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> </tbody> </table>	Insurer Name	Nature of Claim	Year of claim	Reason for claim															
Insurer Name	Nature of Claim	Year of claim	Reason for claim																
2 Do you engage or have any intention of engaging in any sport or occupation of a dangerous nature e.g. scuba /skin diving, motor-racing, military /private flying other than as a fare-paying passenger etc? If yes for diving, motor-racing and flying, please complete the specific questionnaire. For other activities, please state the name of activities and frequency of participation per year.	<input type="checkbox"/> <input type="checkbox"/>																		
3 In the past 12 months, have you travelled out of the country where you currently live for more than 14 days consecutively for non holiday purpose? Or do you expect to do this within the next 12 months? If yes, please provide the details below:	<input type="checkbox"/> <input type="checkbox"/>																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; padding: 5px;">Travel Period</td> <td style="width: 25%; padding: 5px;"> <input type="checkbox"/> Travelled in past 12 months <input type="checkbox"/> Travelling in next 12 months </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Travelled in past 12 months <input type="checkbox"/> Travelling in next 12 months </td> </tr> <tr><td style="padding: 5px;">Country</td><td></td><td></td></tr> <tr><td style="padding: 5px;">City</td><td></td><td></td></tr> <tr><td style="padding: 5px;">Purpose</td><td></td><td></td></tr> <tr><td style="padding: 5px;">Frequency</td><td></td><td></td></tr> <tr><td style="padding: 5px;">Duration per trip</td><td></td><td></td></tr> </table>	Travel Period	<input type="checkbox"/> Travelled in past 12 months <input type="checkbox"/> Travelling in next 12 months	<input type="checkbox"/> Travelled in past 12 months <input type="checkbox"/> Travelling in next 12 months	Country			City			Purpose			Frequency			Duration per trip			
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Duration per trip																			

<p>4 Are you now receiving or considering to receive medical treatment from a doctor, or intending to consult any doctor for any reason? If yes, please state details:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">Nature of treatment</th> <th style="width: 30%;">Name of doctor</th> <th style="width: 40%;">Name and address of clinic or hospital</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Nature of treatment	Name of doctor	Name and address of clinic or hospital							<input type="checkbox"/> <input type="checkbox"/>			
Nature of treatment	Name of doctor	Name and address of clinic or hospital											
<p>5 Other than for the medical conditions or symptoms that you have already told us about, have you had or been advised to have any medical tests or investigations during the last 5 years? Or do you intend to have any tests or investigations in the coming year? (for example blood test, urine test, X-ray, ECG, Ultrasound, imaging scan, biopsy, mammogram, pap smear, prostate check) If yes, please provide the details below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Type of Test</td> <td style="width: 50%;">Type of Test</td> </tr> <tr> <td>Date of Test</td> <td>Date of Test</td> </tr> <tr> <td>Reason for Test</td> <td>Reason for Test</td> </tr> <tr> <td>Test Results</td> <td>Test Results</td> </tr> <tr> <td>Name of Doctors</td> <td>Name of Doctors</td> </tr> <tr> <td>Name and address of Clinic</td> <td>Name and address of Clinic</td> </tr> </table>	Type of Test	Type of Test	Date of Test	Date of Test	Reason for Test	Reason for Test	Test Results	Test Results	Name of Doctors	Name of Doctors	Name and address of Clinic	Name and address of Clinic	<input type="checkbox"/> <input type="checkbox"/>
Type of Test	Type of Test												
Date of Test	Date of Test												
Reason for Test	Reason for Test												
Test Results	Test Results												
Name of Doctors	Name of Doctors												
Name and address of Clinic	Name and address of Clinic												
<p>6 Have you smoked a cigarette or cigar in the last 12 months? If yes, how much do you smoke in a day? _____ cigarettes _____ cigars</p>	<input type="checkbox"/> <input type="checkbox"/>												
<p>7 Have you ever taken addictive drugs /narcotics or been treated for alcoholism or drug addiction? If yes for drug addiction, please complete the drug addiction questionnaire.</p>	<input type="checkbox"/> <input type="checkbox"/>												
<p>8 Do you consume beer, wine or other alcoholic beverages? If yes, please state the type of alcoholic beverages and average weekly consumption. _____</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Life to be Assured</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Life to be Assured	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>						
Life to be Assured	Yes	No											
	<input type="checkbox"/>	<input type="checkbox"/>											
<p>9 Have you ever had or been told that you have or been treated for:</p> <ul style="list-style-type: none"> a) diabetes, thyroid disorders or any other endocrine disorders? <input type="checkbox"/> <input type="checkbox"/> b) asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints /discomfort, or any other lung disease or disorder? <input type="checkbox"/> <input type="checkbox"/> c) raised cholesterol, high blood pressure, heart attack, heart murmur, mitral valve prolapse or other heart valve disease or disorder, breathlessness, irregular /fast heart rate, chest discomfort /pain, cardiomyopathy, disease of or any other disorders of the heart or blood vessels? <input type="checkbox"/> <input type="checkbox"/> d) epilepsy, fits, stroke, paralysis, weakness of limbs, prolonged headache, unconsciousness, nervous breakdown, depression, or any other nervous /mental disorders? <input type="checkbox"/> <input type="checkbox"/> e) gastritis, stomach /duodenal ulcer, blood in the stools, fistula, piles, or any other stomach /bowel disease or disorder? <input type="checkbox"/> <input type="checkbox"/> f) jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disease or disorder? <input type="checkbox"/> <input type="checkbox"/> g) blood, protein /sugar in the urine, kidney stones, infection, or any other disease or disorder of the kidney, bladder, or genital organs? <input type="checkbox"/> <input type="checkbox"/> h) slipped disc, gout, arthritis, pain /deformity /disease or disorder of the muscles, spine, limbs or joints, or severe injury? <input type="checkbox"/> <input type="checkbox"/> i) anaemia, any other disease or disorder of the blood, advised to abstain from donating blood, or received blood transfusion or blood products on account of haemophilia or any other reasons? <input type="checkbox"/> <input type="checkbox"/> j) ear discharge, nose bleeds, double vision, impaired sight or hearing or speech, or any disease or disorder of the eye, ear, nose or throat? <input type="checkbox"/> <input type="checkbox"/> k) cancer, tumours, cysts or growths of any kind? <input type="checkbox"/> <input type="checkbox"/> l) any other illness, disorder, operation, physical disability or accident not mentioned above? <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
<p>10 Have you or your spouse ever been told that you have, received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition?</p>	<input type="checkbox"/> <input type="checkbox"/>												
<p>11 Have you ever had HIV testing done (please state reason and results); or in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions?</p>	<input type="checkbox"/> <input type="checkbox"/>												
<p>12 For Female applicants only:</p> <ul style="list-style-type: none"> a) Are you now pregnant? If yes, how many months? <input type="checkbox"/> <input type="checkbox"/> b) Have you ever had any complication(s) in previous pregnancy(ies)? If yes, please provide date and nature of complication. <input type="checkbox"/> <input type="checkbox"/> c) Have you ever been found to have or are you aware of any breast lumps or disease(s) of the breasts? <input type="checkbox"/> <input type="checkbox"/> d) Have you ever had any abnormal Pap Smear test or been told by any doctor to have a repeat Pap Smear within the next 6 months? <input type="checkbox"/> <input type="checkbox"/> e) Have you ever had recurrent /persistent irregular /painful /unusually heavy menstruation? <input type="checkbox"/> <input type="checkbox"/> f) Have you ever been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis, or any other gynaecological investigations? <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
<p>13 Other than for the medical conditions or symptoms that you have already told us about, do you have a regular doctor whom you consult for medical reasons (excluding minor illnesses such as cold or flu)? If yes, please provide the details below: Life to be Assured</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 30%;">Date</td> <td> </td> </tr> <tr> <td>Reason for Visit</td> <td> </td> </tr> <tr> <td>Name of Doctor</td> <td> </td> </tr> <tr> <td>Name and address of clinic or hospital</td> <td> </td> </tr> </table>	Date		Reason for Visit		Name of Doctor		Name and address of clinic or hospital		<input type="checkbox"/> <input type="checkbox"/>				
Date													
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14 You are not required to disclose the result of any Genetic Test done in the context of a Biomedical Research (any systematic investigation with the intention of developing or contributing to generalizable knowledge) or a Direct-to-Consumer Genetic Test (a genetic test that is provided directly to consumers by the manufacturer or supplier of the test). If you had participated / are participating in the national Familial Hypercholesterolaemia (“FH”) genetic testing programme, you will also not be required to disclose the result. In the event of an accidental or voluntary disclosure of a predictive Genetic Test result, we will not use the result for risk assessment unless the result is favourable to you.

For Singapore Citizens/ Permanent Residents/ Residents on Valid Passes*, please indicate accordingly if the total sum assured of your current application, any pending application(s) and existing policy(ies) on your life with GE and other insurance company(ies) exceeds the following amounts. If your coverage exceeds the mentioned sum assured, you will be required to disclose the result of predictive Genetic Testing (a test done without any symptoms or signs of a genetic disorder) of Huntington’s disease (HTT), BRCA1 and BRCA2.

- a) \$2,000,000 for Life Protection or Total & Permanent Disability
- b) \$3,000 per month for Long-Term Care (2 ADLs and above for 6 months)
- c) \$3,000 per month for Long-Term Care (1 ADL)
- d) \$500,000 for Critical Illness
- e) \$10,000 for Disability Income

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

For Non-Singapore Residents, please answer the following question:

Have you ever undergone any genetic test?
 If yes, please provide a copy of genetic test result.

<input type="checkbox"/>	<input type="checkbox"/>
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If the answer is “Yes” to any of the questions 4, 9 - 12 (except 12a), please complete the Special Health Questionnaire.

If the answer is “Yes” to question 14, please complete the Genetic Test Declaration Form.

Footnote

* Resident on valid pass means any individual who is:

- a) a Singapore resident who holds a work pass/permit and has resided in Singapore for not less than a total of 183 days in last 12 months
- b) a Singapore resident who holds a pass/permit with a duration longer than 90 days and has resided in Singapore for at least 90 consecutive days in last 12 months

H DECLARATION

- 1 I/ We declare that the information I/ we have given to The Great Eastern Life Assurance Company Limited (“GE”) and any of its medical examiner in this proposal form and any documents are true and complete and I/ we am/ are fully responsible for the truth of the information given in these documents. If I/ we have withheld any information or given false information in this proposal, and GE issues the policy, I/ we agree GE reserves the right to re-underwrite, terminate or void the policy. I/ We agree that all information given in this proposal together with any documents I/ we provide in relation to myself/ ourselves under this policy will form the basis of the contract of insurance and any temporary insurance (if any), and I/ we agree that I/ we will be legally bound by the information given once this proposal form is signed.
- 2 I/ We agree to inform GE about any change in my/ our health and/or the Life Assured’s health and/or any facts which are likely to influence the assessment and acceptance of this proposal arising between the date of this proposal and the date GE issues the policy. Once GE receives this information, GE is entitled to decide whether to accept or reject this proposal.
- 3 I/ We agree that (i) acceptance of this proposal shall be at GE’s sole discretion at all times; and (ii) GE will have no liability until GE has accepted this proposal through its issuance of a letter of acceptance to me/ us and I/ we have paid the first premium or the single premium (as the case may be) in full.
- 4 I/ We agree that should I/ we decide not to take up the proposal under the standard or revised terms offered by GE, then the amount refundable to me/ us shall be the premium(s) paid less any adjustment to reflect the change in market value of the underlying assets (if applicable), less any cost(s) incurred by GE in assessing the risk under the proposal.
- 5 I/ We authorise and agree to the following:
 - (a) Any medical source, insurance office, reinsurer or organisation can release my/ our relevant information to GE and vice versa, regardless of whether GE accepts this proposal;
 - (b) GE or any of its approved medical examiners or laboratories can carry out the necessary medical assessments and tests to underwrite and assess my/ our health in relation to this proposal and any claims I/ we make under it; and
 - (c) GE can use or reveal as GE reasonably considers appropriate, any information GE has collected or hold (whether provided in this proposal or otherwise) to allow GE, its related companies or independent third parties, within or outside Singapore, to deal with any matters relating to this proposal or policy or any other policies that I/ we currently have with GE.
 A copy of this authorisation shall have the same effect as the original.
- 6 I/ We confirm that I am/ we are not an undischarged bankrupt and that no bankruptcy application (including any statutory demands) or order has been made against me/ us in the last 12 months. In the event that this declaration is found to be inaccurate or untrue, I/ We agree that GE shall be entitled (at its sole discretion) to terminate or void the policy, and/or make any payments or refunds to the relevant party as the Official Assignee or Private Trustee, as the case may be, may instruct.
- 7 For hardcopy policy document- I/ We agree that my/ our policy will be mailed directly to me/ us according to the mailing address as provided in the proposal form.
- 8 For electronic policy document- I/ We agree that when my/ our policy document is available on Great Eastern App, GE will notify me/ us of the same by sending a SMS to my/ our mobile number as provided in the proposal form or where applicable, any mobile number which I/ we provide to GE in writing, whichever is latest according to GE’s records.
 I/ We further agree that my/ our policy document will be deemed to have been received by me/ us via Great Eastern App on the day GE has successfully delivered the aforesaid SMS (“Relevant Day”). I/ We understand and acknowledge that I/ we may terminate the policy within the free-look period (as set out in my/ our policy contract), in accordance with the terms of the policy. For the avoidance of doubt, the free-look period commences the day after the Relevant Day.
- 9 I/ We agree that GE will contact me/ us and send all policy communications for this policy and my/ our existing policy(ies) to my/ our mailing address, mobile number and email address (“Contact Details”) as provided in the proposal form or where applicable, to the Contact Details which I/ we provide GE in writing, whichever is the latest according to GE’s records. I/ We further agree that GE may send me/ us hardcopy policy communications, where electronic copies are unavailable.
 For the avoidance of doubt, any updates to my/ our Contact Details will not affect the email address and mobile number I/ we used to register for my /our GREAT ID account(s).

- 10 I/ We, the Proposer, have been given the following documents, the contents of which have been explained to my/ our satisfaction:
- (a) Your Guide To Life Insurance (I/ We have received a hard copy or been told where to find it on www.greataeasternlife.com or www.lia.org.sg) (if applicable);
 - (b) Your Guide To Health Insurance for health insurance rider or benefit attached (I/ We have received a hard copy or been told where to find it on www.greataeasternlife.com or www.lia.org.sg) (if applicable);
 - (c) Product Summary;
 - (d) Policy Illustration;
 - (e) Cover Page (if applicable); and
 - (f) Bundled Product Disclosure Document (if applicable).

With reference to the specific documents in (c) Product Summary and (d) Policy Illustration, I/ we, have specifically taken note of the following information:

- (a) Benefits, limitations and risks of the policy;
 - (b) Conditions under which benefits will be payable;
 - (c) Conditions under which the policy will terminate;
 - (d) Exclusions where benefits will not be payable;
 - (e) Free-look provision; and
 - (f) Fees and charges to be borne by me/ us, including but not limited to cash payments in the form of commission, costs of benefits and services paid to the distribution channel (where applicable).
- 11 No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit may, in the insurer's opinion, expose that insurer to the risk of or result in any breach or violation of, or non-compliance with, any sanction, prohibition, restriction or regulations now and from time to time imposed by any state or transnational organisation including but not limited to the United States of America, the United Nations, the European Union, the United Kingdom, the Republic of Singapore and any state or country where the insurer or its related entity carries on business ("Sanctions").

If the insured, policy holder, beneficial owner, life assured(s) (if applicable), beneficiary, payee or any affiliate, successor or assign of any of the foregoing (collectively the "Insured") is designated or listed as a person subject to Sanctions ("Restricted Party") or has any involvement whatsoever with any Restricted Party, whether directly or indirectly, or has been charged, or convicted or has had judgment taken against them under any local or foreign law or regulations implementing any Sanctions, the insurer shall be entitled, in its sole discretion and without incurring any liability whatsoever, to exercise any one or more of the following rights and/or remedies against the Insured, namely (i) cancel, terminate, void and/or nullify any policy, contract, transaction or business; (ii) liquidate and/or close-out any financial product or investment; (iii) withhold and/or suspend any payment, transfer and/or receipt of any money, refund or benefit; (iv) decline and/or refuse any transaction or request; and/or (v) take or refrain from taking any step or action necessary to eliminate, reduce or minimise the risk of any breach or violation of any Sanctions or exposure to any Sanctions.

The Insured shall indemnify the insurer and hold the insurer harmless from and against any and all losses, damages, costs and/or expenses suffered and/or incurred by the insurer, including but not limited to legal costs and attorney's fees.

12 Self-Certification (Tax Residency)

I/ We certify that I am/ we are the account holder (or I am/ we are authorised to sign for the account holder) in respect of this policy.

I/ We understand and acknowledge that GE is required by law to collect information regarding the tax residency status of each account holder in respect of this policy. GE may be legally obliged to report such information to the Inland Revenue Authority of Singapore ("IRAS"). IRAS may exchange such information with the tax authority of another country in which the account holder may be tax resident, pursuant to an intergovernmental agreement to exchange financial account information.

I/ We also understand that if I/ we have any questions on how to determine tax residency status(es) or complete the Tax Residency Self-Certification section of this form, I/ we should consult my/ our tax adviser or the information provided by the Organisation for Economic Co-operation and Development at <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>. GE does not and cannot provide any tax advice.

I/ We declare that all statements made in the Tax Residency Self-Certification section of this form are, to the best of my/ our knowledge and belief, correct and complete. If there is any change in circumstances that (a) affects the tax residency status(es) declared in this form, or (b) causes any information regarding tax residency status(es) in this form to be incorrect or incomplete, I/ we shall inform GE within 30 days and provide GE with an updated self-certification form within 90 days.

I/ We understand that under the Income Tax Act 1947 of Singapore, it is an offence for a person to provide false or misleading information regarding his/her tax residence status, if such person knows or has reason to believe that such information is false or misleading. I am/ We are also aware that such offence is punishable by a fine not exceeding \$10,000 or imprisonment for up to 2 years or to both.

- 13 I/ We agree that I/ we will update GE promptly of any change or addition to the information provided herein about me/ us, the Life Assured, the beneficiary named in this proposal or of the policy and any other relevant persons (if any, and collectively with the Life Assured and the beneficiary, the "Relevant Persons") and as and when GE may reasonably require. I/ We further agree, or represent to GE that each Relevant Person has agreed when information about him is provided to GE, that GE may disclose such information for the purpose of its compliance with any applicable rules, laws and regulations, codes of practice or guidelines or to assist in law enforcement and investigations by relevant authorities.

- 14 I/ We understand that GE will not be liable for any costs or losses that may be incurred by me/ us or any of the Relevant Persons due to actions of GE permitted herein. In this connection, I/ we agree to indemnify GE against all claims of the Relevant Persons for the aforesaid costs or losses. I/ We further understand that my/ our failure to fulfill any of the obligations herein, or any of untrue or inaccurate representations given herein, will entitle GE to deduct or withhold such amount from any payment payable under the relevant policy, and/or to terminate the policy without being held liable, to the extent permitted by law, and I/ we will indemnify GE against all costs and losses that may be incurred by it therefrom.

- 15 I/ We agree to complete and sign such documents and do such things for purposes reasonably required by GE to evaluate my/ our proposal and to provide the products or services which I am/ we are applying for.

- 16 I/ We agree that the policy will be issued as a Singapore policy and that the policy will be entered in the register of Singapore policies.

I/ We acknowledge that I am/ we are responsible for making sure that I am/ we are allowed to buy this policy under the laws and regulations that apply to my/ our nationality and the country where I/ we live. I/ We understand that GE and/or its related companies cannot accept liability for any legal consequences under the laws of any other country or any tax effects that may arise in connection with buying this policy.

I/ We declare that any funds and assets I/ we place with GE, and any profits/returns that are generated from these funds and assets, will comply with the tax laws of the countries where I am/ we are resident(s) and of which I am/ we are citizen(s).

17 Policy Application, Service and Administration

By providing the information set out above, I/ we agree and consent to GE and its related corporations (collectively, the "Companies"), as well as their respective representatives, agents, the Companies' authorised service providers and relevant third parties (the Companies and all the other foregoing parties, collectively, "Great Eastern Persons"), collecting, using, disclosing, and/or sharing amongst themselves my/ our personal data, for purposes reasonably required by the Companies to evaluate my/ our proposal and to provide the products or services which I am/ we are applying for (including any policy renewals and policy upgrades, substitutions or replacements) and such other purposes as described in Great Eastern's Privacy Statement (collectively, the "Purposes") which is accessible from Great Eastern Singapore's website, which I/ we confirm I/ we have read and understood.

My/ our consents herein supplement but do not supersede nor replace any other consents I/ we may have previously provided to Great Eastern Persons, and my/ our consents herein are cumulative and additional to any rights which any of the Great Eastern Persons may have to collect, use, and/or disclose of my/ our Personal Data, with or without my/ our consent, to the extent permitted under applicable law.

In addition, where personal data of any person is disclosed by me/ us, I/ we further confirm and represent that I/ we have obtained the consent of the individual concerned for the Purposes, unless such consent is not required under applicable laws: (i) to collect such personal data; (ii) for the disclosure of such personal data to the Great Eastern Persons; and (iii) for the Great Eastern Persons' collection, use and/or disclosure of such personal data.

Declaration by Customer Service Officer

I hereby declare and confirm that I have personally seen the Proposer. I have also sighted the proof of identity and certify that the particulars are the same as stated on the proposal.

Signature of Customer Service Officer

Date

I MARKETING CONSENT

Be the first to know about exclusive promotions, offers, customer rewards and/or product offerings from Great Eastern, its related corporations, business partners and our respective representatives and agents.

By submitting this form, you agree to receive marketing updates from us through your preferred contact channel(s).

Preferred contact channel(s) (You may tick more than 1 channel):

- Post
 Email,
 WhatsApp, SMS, and other phone-based messages
 Voice calls
 All the above

Your privacy is of utmost importance to us. For full details on how your data is collected, used, transferred, and how to manage your marketing preferences, please refer to the Privacy and Security Policy on Great Eastern's website (<https://www.greasternlife.com/sg/en/privacy-and-security-policy.html>).

WARNING:

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. Please check to ensure you are fully satisfied with the information declared in this proposal.

Signature of Life to be Assured/ Main Applicant _____

Dated in _____ on:

Signature of Witness (Customer Service Officer) _____

_____/_____/_____
(Day) (Month) (Year)

J CORRESPONDENCE

Do you wish to receive updates and notifications about your policy via email? Yes No

