

Great Eastern Cares Term Plan

Additional Declaration for Special Needs Trust Company (“SNTC”) Clients

I have:

- 1) Understood that Great Eastern Cares Term plan is only open to members of selected non-profit organisations and charities and this plan is designed to cover the cost of care of the special needs individual(s). The policy will be put under trust nomination with the special needs individual(s) as the nominee and SNTC as the Trustee. The policy will not be incepted and considered void without a SNTC trust nomination.
- 2) Read and understood the Cover page, Policy Illustration and Product Summary including any coverage exclusions
- 3) Declared all pre-existing medical conditions in the Proposal Form.
- 4) Disclosed all existing life insurance policies that I own, or am in the process of applying for in the Proposal Form.
- 5) Declared my current financial situation in the Proposal Form.
- 6) Completed and disclosed fully and truthfully all the information requested in the Proposal Form and any supplementary questionnaire(s).
- 7) Decided to buy this product without seeking any advice from any financial advisory representative and I take sole responsibility to ensure that this product is appropriate to meet my financial needs and insurance objectives.

Please tick if applicable:

- I am not a Selected Client and do not require a Trusted Individual to be present when completing the application.
- I am a Selected Client and a Trusted Individual is present when completing the application.

A “Selected Client” is someone who meets any two of the following conditions:

- i. is 62 years of age or older;
- ii. is not proficient in spoken or written English;
- iii. has below GCE ‘O’ level or ‘N’ level certifications, or equivalent academic qualifications

A “Trusted Individual” is someone who:

- i. is at least 18 years old
- ii. is proficient in both spoken and written English
- iii. has a GCE O-Level or N-Level certification (or equivalent), or higher academic qualifications.
- iv. Is someone you can trust

- Trusted Individual’s Consent to the Use of Personal Data

I am the Trusted Individual of the Proposer and I consent to the collection, use and disclosure of my personal data for the purpose of the Proposer's insurance purchase. I understand that Great Eastern may contact me to discuss or verify any information in connection with this insurance purchase.

Details of the Trusted Individual

Name: _____

NRIC/ID: _____

Date: _____

Relationship: _____

Signature: _____

Signature of Proposer

Signature of Life Insured
(if different from Proposer)

Name of Proposer

Name of Life Insured
(if different from Proposer)

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)