

PT. Great Eastern Life Indonesia
 Menara Karya Lt.5 Jl. H.R. Rasuna Said X-5 Kav.1-2 Jakarta 12950
 Tel. : 62-21 2554 3888 Fax. : 62-21 5794 4719 Website : www.lifeisgreat.co.id

FOREIGN LIFE QUESTIONNAIRE TO BE COMPLETED BY THE LIFE TO BE ASSURED

IMPORTANT NOTICE You are to disclose in this form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy if issued hereunder may be invalidated. If you are in any doubt about whether certain facts are material, these facts should be disclosed.

Application No. : _____
 Name of Life Assured : _____
 Name of Policy Holder : _____

No.	Questions	Details
1	<u>NATIONALITY</u>	
	a) Country of origin?	
	b) For Married applicant only	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Does your spouse reside with you in Indonesia?	
	• Is your spouse Indonesian?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details of your spouse's occupation If "No", please provide details of your spouse's nationality
	• Do you have any children?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", which country (ies) do they go to school?
	• Do you have any family members in Indonesia?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details
	c) In which country do you have permanent or temporary residence status and if so what exactly your official residence status and when did you acquire or last renew that residence status?	
2	<u>RESIDENCE</u>	
	Are You residing in Indonesia ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", since when? (months/years)
	Intended length to stay in Indonesia?	(years)
	Currently, where is your permanent place of residence?	
	In what other countries have you lived and worked during the past 5 years?	
	From (dd/mm/yyyy)	To (dd/mm/yyyy)
	Country	City
	Occupation	Reason of being there

No.	Questions	Details
3	<p><u>FINANCIAL BACKGROUND</u></p> <p>a) In which country (ies) are you employed?</p> <p>b) What is your official status in Indonesia ?</p> <p>c) What is your annual earned income?</p> <p>d) Do you have the following financial interests in Indonesia?</p> <ul style="list-style-type: none"> • Bank account • Investment • Property • Business Interest <p>What is your reason for taking up insurance cover in Indonesia rather than your home country?</p>	<p><input type="checkbox"/> Employment Pass <input type="checkbox"/> Student Pass</p> <p><input type="checkbox"/> Dependent pass <input type="checkbox"/> Social pass</p> <p><input type="checkbox"/> Others (please elaborate) _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" , please provide type of account and name of bank</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" , please provide estimate market value</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" , please provide nett market value and the location</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" , please provide details</p>

I declare that the answers I have given are to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form shall constitute the basis of my application for assurance and that failure to disclose any material fact known to me may invalidate the contract.

Tanggal : _____

Name & Signature of Life to be Assured / Proposer