Application for policy change form
(With health declaration form)

For the following change requests
A. Policy reinstatement/others
B. Increase sum insured of basic plan/rider(s)/supplementary benefit(s)
C. Add rider(s)/supplementary benefit(s)

Warning
In accordance with Section 23(5) of Insurance Act 1966, you are to disclose in this application for policy change form fully and faithfully all facts which you know or ought to know, otherwise the policy(ies) may be void and you may receive nothing from the policy(ies).

Particulars of person insured and policy owner/trustee/assignee

Name of person insured	
NRIC/FIN/Passport Number	
Name of policy owner/assignee (if different from person insured)	
NRIC/FIN/Passport/Entity Registration number	
Name of trustee (If any)	
NIRC/FIN/Passport/ Entity Registration number	

Policy number(s)

Note: Changes will be applied to all policies stated in the boxes below

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, #18-01 Suntec Tower 4, Singapore 038986 T (65) 6820 8888 Registration No. 200501737H

Change request

A. Policy reinstatement/others

☐ Reinstatement

☐ Re-declaration of medical condition(s)

☐ Others, please specify

B. Increase sum insured of basic plan/rider/supplementary benefit(s)

Increase sum insured of basic plan/rider/supplementary benefit(s) of the above policy(ies)

Basic plan/rider/supplementary benefit - please write in full	New sum insured ($)

Note: The change will be effected from the next premium due date

C. Add rider/supplementary benefit(s)

Add the following supplementary benefit(s) to the above policy(ies)

Rider/supplementary benefit - please write in full	New sum insured ($)

Declaration of U.S. person status

☐ I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S federal tax purposes and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that FWD Singapore Pte. Ltd. ("FWD Singapore"), believing this statement to be true, will rely on it and act on it. In the event this statement is false, FWD Singapore reserves the right and shall be entitled to cancel or terminate the policy/policies and pay reasonable compesation to me/us in consideration of such cancellation or termination as may be required under Singapore laws.

I/We agree to notify FWD Singapore within 30 days of any change in my/our status as a U.S. person for purposes of U.S federal income tax. I/We agree to indemnify FWD Singapore in respect of any false or misleading information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

☐ I/We hereby declare and agree that I am/we are a "U.S. person" for U.S. federal income tax purposes.

I/We agree to notify FWD Singapore within 30 days of any change in my/our status as a U.S. person for purposes of U.S federal income tax. I/We agree to indemnify FWD Singapore in respect of any false or misleading information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

Note: Please submit W-9 form to us.

Definition of "U.S. person" :
(a) A citizen or lawful permanent resident (including U.S. green card holder) of the U.S.; or

(b) A partnership or corporation organised in the U.S. or under the laws of the U.S. or any State thereof, or a trust if: (i) a court within the U.S. would have authority under the applicable law to render orders or judgments concerning substantially all issues regarding the administration of the trust; and (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the U.S..

The definitions above are to be interpreted in accordance with the provisions of the U.S. Internal Revenue Code.

Health Questions (for Person Insured)

Note
You need to fill up this section if you're exercising the "life events increase option". Please refer to your policy contract for more details.

1. Health Questions (for Person Insured)

   a. What is your height in cm?

   b. What is your weight in kg?

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, #18-01 Suntec Tower 4, Singapore 038986 T (65) 6820 8888 Registration No. 200501737H

Please tick “Yes” or “No”.

		Yes	No
2.	Have you ever had or received medical advice or treatment for		
	a. Cancer or carcinoma in-situ	☐	☐
	b. Coronary artery disease, heart valve condition or any other heart condition	☐	☐
	c. Diabetes or elevated blood sugar	☐	☐
	d. Hepatitis B or hepatitis C, liver fibrosis or cirrhosis	☐	☐
	e. Chronic obstructive pulmonary disease (COPD)	☐	☐
	f. Nephritis, nephrotic syndrome or chronic kidney disease	☐	☐
	g. Stroke or transient ischaemic attack (TIA)	☐	☐
	h. Loss of hearing, loss of vision (other than vision corrected by prescription lens)	☐	☐
3.	In the last 5 years, have you had or received medical advice or treatment for	Yes	No
	a. High blood pressure or high cholesterol	☐	☐
	b. Asthma, bronchitis, tuberculosis (TB) or sleep apnoea	☐	☐
	c. Epilepsy, anxiety, depression or any other mental condition	☐	☐
	d. Stomach ulcer, pancreatitis, bowel polyp or elevated liver function	☐	☐
	e. Hyperthyroidism, hypothyroidism or goiter	☐	☐
	f. Muscles, connective tissue, bones, joints, spine or chronic skin condition	☐	☐
4.	<u>For male applicant</u>	Yes	No
	a. Prostate gland enlargement, prostatic hyperplasia or elevated PSA (prostate specific antigen)	☐	☐
	<u>For female applicant</u>		
	b. Breast lumps including cysts, fibroadenoma, papilloma, ovarian cyst, endometriosis, uterine fibroid (myoma) or excessive menstrual bleeding	☐	☐
5.	Aside from what you’ve already told us, in the last 2 years have you had any other condition(s) which has resulted in	Yes	No
	a. Being hospitalised for 3 days or more	☐	☐
	b. Repeated consultation or follow-up with a doctor, specialist or hospital	☐	☐

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, #18-01 Suntec Tower 4, Singapore 038986 T (65) 6820 8888 Registration No. 200501737H

		Yes	No
c.	Continous medication or treatment for 14 days or more	☐	☐
6.	Aside from what you've already told us, are you currently	Yes	No
a.	Planning or been advised to consult a doctor (aside from routine health check)	☐	☐
b.	Undergoing or awaiting investigations, follow-up or treatment including surgery	☐	☐
7.	In the past 12 months, have you engaged in any of the following extreme sports? (You do not need to tell us about one off activities if you are not planning to do it again in the next 12 months)	Yes	No
a.	Scuba diving deeper than 40 metres, cave or wreck diving	☐	☐
b.	Private flying exceeding 80 hours per year (including hang-gliding, paragliding)	☐	☐
c.	Mountain climbing over 4,000 metres in altitude	☐	☐
d.	Motor sports	☐	☐
e.	Competitive boxing	☐	☐
f.	Base jumping or cliff diving	☐	☐

If you are applying for Critical Illness product, please also answer the following additional 2 questions below

		Yes	No
8.	In the last 3 months, have you had any of the following symptoms	Yes	No
a.	Chest pain or shortness of breath	☐	☐
b.	Unexplained weight loss of 5kg or more (not due to diet or exercise)	☐	☐
c.	Abnormal lump or swelling (including a growth which has changed in size or appearance)	☐	☐
d.	Bleeding from the bowels or change in bowel habits, lasting 4 weeks or more	☐	☐
e.	Persistent coughing or blood in spit, lasting 14 days or more	☐	☐
9.	Of your natural parents, brothers and sisters, have		
a.	Any of them been diagnosed before age 60 with	Yes	No
i.	Alzheimer's disease	☐	☐
ii.	Parkinson's disease	☐	☐
iii.	Motor neurone disease	☐	☐
iv.	Muscular dystrophy disease	☐	☐
v.	Multiple sclerosis	☐	☐

vi. Polycystic kidney disease ☐ ☐

b. For male applicant

2 or more of them been diagnosed before age 50 with the same condition of	Yes	No
i. Coronary artery disease or heart attack	☐	☐
ii. Cancer of the colon or rectum	☐	☐

c. For female applicant

2 or more of them been diagnosed before age 50 with the same condition of	Yes	No
i. Coronary artery disease or heart attack	☐	☐
ii. Cancer of the breast	☐	☐
iii. Cancer of the ovaries	☐	☐
iv. Cancer of the colon or rectum	☐	☐

For each health question you have answered 'Yes' to, please indicate the question followed by the details of your medical advice or treatment.

Employment Details (for Person Insured)

10. Employment Details (for Person Insured)

a. Employer/Business Name

b. Nature of business/Industry type

c. Occupation

d. Job Title

e. Annual Income (SGD)

Declaration and authorisation

1. I/We hereby request that the policy(ies) stated in this form be changed in accordance with the above declarations.

2. I/We understand and agree that no change as submitted in this form will take effect until this form is received and the change is accepted by FWD Singapore Pte. Ltd. ("FWD Singapore").

3. I/We understand and agree that FWD Singapore is entitled to block and/or terminate any or all of the relevant policies, including but not limited to, making or receiving any payments under any or all of the relevant policies, should a person connected with the relevant policies be found to be a Prohibited Person. A "Prohibited Person" means a person/ entity (including any director or direct/indirect shareholder or person having executive authority) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting FWD Singapore from providing insurance coverage, transacting business with or otherwise offering any economic benefits to the applicant or person insured under any or all of the relevant policies, and the decision of FWD Singapore shall be final.

   As an ongoing obligation, I/we will immediately inform FWD Singapore if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons. If a change is accepted or processed by FWD Singapore despite a person connected with any or all of the relevant policies being a Prohibited Person, FWD Singapore shall be entitled to block and/or terminate any or all of the relevant policies at any time, whether with effect from inception of any or all the relevant policies or otherwise.

4. I/We hereby authorise, agree and consent to FWD Singapore, its associated persons/ organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively “FWD Persons”) to collect, use, disclose, store, retain and/or process (collectively “Use”) all personal data and information (“Personal Data”) that had/has been provided to FWD Persons and/or that FWD Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the FWD Personal Data Protection Policy (“PD Policy”), including but not limited to, processing of this form and/or to provide subsequent advice or services to me/us in relation to the relevant policies/form and/or any other existing or future policy/policies/programmes that I/we may hold/participate with FWD Singapore

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, #18-01 Suntec Tower 4, Singapore 038986 T (65) 6820 8888 Registration No. 200501737H

Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by FWD Singapore. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned for FWD Persons to Use their Personal Data for the purposes described in the PD Policy, except to the extent such consent is not required under relevant laws. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the FWD Persons in respect of any abovementioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy.

I/We hereby agree to indemnify FWD Persons for all losses and damages that FWD Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our form is accepted by FWD Singapore.

5. A photocopy of this authorisation shall be as valid and effective as the original.

6. In relation to my application to increase the Sum Insured of the Basic Plan/Rider(s)/Supplementary Benefit(s), I understand and agree that if FWD Singapore accepts my application, FWD Singapore shall have the right to impose or vary any terms and conditions of the Policy in relation to the increased portion of such Sum Insured.

Signature of policy owner / assignee

Signed date

Contact number

Signature of person insured
(Who is age 16 years old and above)

Signed date

Contact number

Signature of trustee (if applicable)

Signed date

Contact number