Investment-linked policy change form

Particulars of policy owner/trustee/assignee

Name of policy owner/assignee	
NRIC/Passport/FIN/ Entity reg. no.	
Name of joint owner (if any)	
NRIC/Passport/FIN no.	
Name of trustee (if any)	
NRIC/Passport/FIN/Entity reg. no.	
Policy number	

Part I: Investment-linked transactions review
Applicable for fund switch, auto-rebalancing and premium redirection

Notice to policy owner:
It is important to seek advice from your financial adviser representative before proceeding with the requested transaction(s). Your financial adviser representative can provide the appropriate advice to you, taking into account your investment objectives, financial situation and particular needs. Please be informed that any incomplete documentation will affect the processing of your transaction request and the unit price of the transaction. As some of the ILP sub-funds may be closed and unit prices are not available on certain days, dealing instructions submitted on these non-dealing days will be carried forward to the next pricing day for processing. Also, the majority of our ILP sub-funds are transacted on a forward pricing basis, while some are transacted on a historical pricing basis. For more details on the pricing basis for each ILP sub-fund, please refer to the respective underlying fund's prospectus.

Section A: Customer Knowledge Assessment criteria

- The purpose of the Customer Knowledge Assessment (CKA) is to assess whether you have the relevant knowledge or experience to understand the features and associated risks of an unlisted specified investment product, such as an Investment-Linked Policy (ILP).
- If you satisfy any of the CKA criteria, you are deemed to possess the knowledge or experience in an ILP.
- Any inaccurate or incomplete information provided may affect the assessment outcome.

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Educational/Professional qualification

Do you have a Diploma or higher qualifications in any of the following?
If Yes, please indicate as applicable: ☐ Yes ☐ No

- ☐ Accountancy
- ☐ Actuarial Science
- ☐ Business/Business Administration/Business Management/Business Studies
- ☐ Capital Markets
- ☐ Commerce
- ☐ Economics
- ☐ Finance
- ☐ Financial Engineering
- ☐ Financial Planning
- ☐ Computation Finance
- ☐ Insurance
- ☐ Professional Finance-related Qualifications such as Chartered Financial Analyst Examination

Investment experience

Have you made at least 6 transactions in the following unlisted "Specified Investment Products" in the past 3 years?

i) Collective Investment Schemes (CIS) (e.g. Unit Trusts) ☐ Yes ☐ No

ii) Investment-Linked Policies (ILP) ☐ Yes ☐ No

Examples of transactions are:
New single/regular/recurrent premium purchase, fund switch or premium re-direction into new funds, increase/reduce regular or recurrent premium, partial withdrawal, full surrender, single premium top-up

If Yes, please provide the name of financial institution(s)

Name of financial institution(s):

Work experience

Do you have a minimum of 3 continuous years of working experience in the past 10 years in at least one of the following fields: ☐ Yes ☐ No

i) the development/structuring/management/sale/trading/research/analysis of investment products
ii) provision of training on investment products
iii) accountancy, actuarial science, treasury, financial risk management activities
iv) provision of legal advice or possession of legal expertise on the relevant areas in (i) to (iii)

If Yes, please provide the following information

Name of company(ies):

Job nature:

Outcome of CKA

I am assessed:

- ☐ TO HAVE the relevant knowledge and/or experience to understand and purchase/transact in specified investment products.
- ☐ NOT TO HAVE the relevant knowledge and/or experience to understand and purchase/transact in specified investment products.

Section B: Review of requested transactions

i. Reasons for requested transaction(s)

Please indicate accordingly:

- ☐ The existing ILP sub-fund(s) is/are no longer suitable for me
- ☐ Change in my investment strategy
- ☐ Change in my personal circumstances/financial situation, e.g. marital status, employment status, retirement or etc
- ☐ Other reason(s):

ii. Risk profile

Please indicate accordingly:

- ☐ **Risk averse**
  I am a conservative investor and cannot take any losses. I am willing to forgo higher return in exchange for protection of my capital from potential losses. Investment products that may be suitable for me include money market funds.
- ☐ **Cautious**
  I am a cautious investor seeking to achieve lower levels of return in exchange for taking low levels of potential losses and fluctuation in the value of my investments over a short investment term. Investment products that may be suitable for me include bond funds and investment portfolios that invest in mostly bonds.
- ☐ **Balanced**
  I am a balanced investor seeking to achieve moderate levels of return in exchange for taking moderate levels of potential losses and fluctuation in the value of my investments over an intermediate investment term. Investment products that may be suitable for me include funds and investment portfolios that invest in a balanced mix of stocks and bonds.
- ☐ **Adventurous**
  I am an adventurous investor seeking to achieve higher levels of return in exchange for taking high levels of potential losses and fluctuation in the value of my investments over a long investment term. Investment products that may be suitable for me include equity funds and investment portfolios that invest mostly in stocks.

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iii. Type of requested ILP transaction(s) and risk classification of chosen ILP sub-fund(s)

Please indicate the requested ILP transaction(s) and the chosen ILP sub-fund(s) that the policy owner/trustee/assignee wishes to transact in the appropriate column:

☐ Fund switch ☐ Top-up ☐ Recurring single premium ☐ Premium re-direction ☐ Auto-rebalancing

similar to policy owner/trustee/ assignee's chosen risk profile	lower than policy owner/trustee/ assignee's chosen risk profile	higher than policy owner/trustee/ assignee's chosen risk profile (Please complete part iv)

iv. To be completed if chosen ILP sub-fund(s) is/are of a higher risk as indicated in Section B (iii)

The ILP sub-fund(s) that you wish to transact in is/are of a higher risk as compared to your risk profile. ILP sub-fund(s) of a higher risk is/are more volatile and subjected to greater price fluctuations in your investments. Your investment decision should be one that is suitable in meeting your investment objective and within your ability to shoulder the risks involved.

Having carefully considered your investment objective, are you still willing to transact in the ILP sub-fund(s) that is/are of a higher risk as compared to your risk profile? ☐ Yes ☐ No

Section C: Financial adviser representative's advice on requested ILP transaction(s)

i. I have explained the features & risks of the selected ILP sub-fund(s) and furnished a copy(ies) of the Product Highlights Sheet.

ii. Taking into consideration the policy owner/trustee/assignee's reason(s) for the requested transaction(s) and his/her risk preference, I advise the policy owner/trustee/assignee:

Please indicate accordingly

☐ TO proceed with the requested ILP transaction(s) and chosen ILP sub-fund(s) as per Section B (iii)

☐ NOT to proceed with the requested ILP transaction(s) in Section B (iii) in view of the following:

Reasons/financial adviser representative's recommendations:

Signature of financial adviser representative

Signed date (dd/mm/yyyy)

Section D: Policy owner's/trustee's/assignee's acknowledgement

Please indicate accordingly:

I understand that the above advice is based on the facts provided in Part 1: Investment-linked transactions review. My decision is as follows:

i. Applicable only if you **have met** the CKA criteria

☐ I understand that I have PASSED the CKA assessment and WISH to receive advice offered to me by my Financial Adviser Representative. Based on the suitability of the investment product, I have been advised that:

- ☐ The investment product(s) that I intend to invest/transact in is/are SUITABLE for me, and I would like to PROCEED with the investment/transaction.
- ☐ The investment product(s) that I intend to invest/transact is/are NOT SUITABLE for me, and I would like to PROCEED with the investment/transaction.

☐ I understand that I have PASSED the CKA assessment and I DO NOT WISH to receive any advice offered by my Financial Adviser Representative. I understand that by choosing not to receive any advice, I will not be able to rely on **Section 36 of the Financial Advisers Act 2001** to file a civil claim in the event of a loss.

ii. Applicable only if you **did not meet** the CKA criteria

☐ I understand that I DID NOT PASS the CKA assessment and WISH TO PROCEED with my investment. I understand that I will need to receive advice from my Financial Adviser Representative, who will assess and advise me on the suitability of the investment product of my investment. Based on assessment of the suitability of the investment product, I have been advised that:

- ☐ The investment product(s) that I intend to invest/transact in is/are SUITABLE for me, and I would like to PROCEED with the investment/transaction.
- ☐ The investment product(s) that I intend to invest/transact is/are NOT SUITABLE for me, and I would like to PROCEED with the investment/transaction.

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Part II: Change request

☐ **A. Fund switch**
(Part I – Investment-linked transactions review must also be completed)

To switch out from current ILP sub-fund(s)			To switch into new ILP-sub fund(s)	
Name of ILP sub-fund	Please specify the account to switch out the ILP sub-fund	^ Dollar amount/% of ILP sub-fund to switch out	Name of ILP-sub fund	*% of new ILP sub-fund(s) (Whole number)
				%
				%
				%
				%
				%
				%
				%
				%
				%
				%

* The total fund allocation must add up to be 100%.
^Minimum amount to be switched out from each ILP sub-fund is SGD 500/USD 375/GBP 300/AUD 540.

☐ **B. Auto-rebalancing**
(Part I - Investment-linked transactions review must also be completed)

☐ Cancel existing auto-rebalancing arrangement

☐ Apply for auto-rebalancing as per instructions below:

Name of existing/new ILP sub-fund	*Percentage (Whole number)	Name of existing/new ILP sub-fund	*Percentage (Whole number)
			%
			%
			%
			%
			%

* The total fund allocation must add up to be 100%.

Note: The auto-rebalancing application will also change how all future regular premiums and recurring single premiums (if any) will be invested from the next premium due date.

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For policy owner/assignee/trustee who has subscribed or wishes to subscribe into a specified investment strategy

(Fill in this section only if you prefer to apply for auto-rebalancing/cancel existing auto-rebalancing arrangement of your specified investment strategy)

☐ Cancel existing auto-rebalancing arrangement

☐ Apply for auto-rebalancing as per instructions below:

Name of existing specified investment strategy	Name of new specified investment strategy

☐ **C. Premium redirection**
(Part I – Investment-linked transactions review must also be completed)

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

^Name of existing/new ILP sub-fund	*Percentage (Whole number)	^Name of existing/new ILP sub-fund	*Percentage (Whole number)
			%
			%
			%
			%
			%

*Minimum allocation per ILP sub-fund is 5% and the total fund allocation must add up to be 100%
^Maximum number of ILP sub-funds that can be redirected is 10.

☐ **D. Top-up/Recurring single premium**
(Part I – Investment-linked transactions review must also be completed)

ILP sub-fund	Top-up	Recurring single premium
Invest First/Invest First Max	Allowed	Allowed
Invest First Plus/Invest First Summit	Allowed[1]	Not allowed
Invest Goal 1	Not allowed	
Invest Flexi Elite/Invest Goal X/Invest Goal Flexi	Allowed[2]	

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[1]At any time, you can apply to pay a top-up premium to grow your investment faster. A top-up premium is an unscheduled, additional premium payment to your policy. All top-up premiums are subject to full repayment of all regular premiums that were missed (if any).

Top-up premiums are capped at two times the annualised committed regular premiums through the policy term.

The top-up premium cap will however not apply in the following scenarios:

Scenario one:
If any prior withdrawal from your policy had been made and you intend to utilise the top-up feature to put back the equivalent amount withdrawn into the policy.

Scenario two:
If there was a reduction of regular premium previously and you intend to utilise the top-up feature to pay back the difference between the premium committed at policy inception and the reduced premium.

Premium charge will apply to all top-up premiums.

[2]Allowed on condition that due regular premiums are paid.

☐ Top-up (**minimum amount applies) Amount ($):

^Premium charge: ☐ 0.5% ☐ 1% ☐ 2% ☐ 3% ☐ 4% ☐ 5%

Signature of financial adviser representative (Applicable if selected option 4% and below)

Signed date (dd/mm/yyyy)

#Payment via: ☐ Cheque (SGD) ☐ Direct Transfer (SGD) ☐ Telegraphic transfer (non-SGD)

(A copy of bank statement is required for direct or telegraphic transfer)

☐ Electronic Direct Debit
(for selected banks only - an electronic link will be sent to your email address)

Name of existing/new ILP sub-fund	*Percentage (Whole number)	Name of existing/new ILP sub-fund	*Percentage (Whole number)
			%
			%
			%
			%
			%

*The total fund allocation must add up to be 100%
**Minimum top-up: SGD 3,000/USD 2,250/GBP 1,840/AUD 3,260.

☐ [1]Recurring single premium ([2]minimum amount applies) Amount ($):

^Premium charge: ☐ 0.5% ☐ 1% ☐ 2% ☐ 3% ☐ 4% ☐ 5%

Signature of financial adviser representative (Applicable if selected option 4% and below)

Signed date (dd/mm/yyyy)

☐ Cancel existing recurring single premium arrangement

Cease recurring single premium with effect from

Note: Please indicate the policy anniversary in DD MMM YYYY format (example 31 Dec 2021) at which you would like to cease the recurring single premium (RSP) arrangement. However, if you wish to terminate RSP arrangement before the cessation date, you can submit the request to us anytime.

^Default premium charge is 5% unless otherwise stated and signed by financial adviser representative.
#For top-up only. For recurring single premium, payment arrangement will follow that of regular premium.
[1]Fund allocation and payment frequency will follow that of regular premium.
[2]SGD: 100 (monthly); 300 (quarterly); 600 (half-yearly); 1,200 (annually)
USD: 75 (monthly); 225 (quarterly); 450 (half-yearly); 900 (annually)
GBP: 60 (monthly); 180 (quarterly); 360 (half-yearly); 730 (annually)
AUD: 100 (monthly); 320 (quarterly); 650 (half-yearly); 1,300 (annually)

☐ E. Change in regular premium

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

☐ Increase regular premium to ($)

For Invest First Max, please specify the premium payment term for the increased regular premium layer:

☐ align with the same premium end date as the base layer, or

☐ specify the premium payment term

☐ Reduce regular premium to ($)

Notes:
1. For Invest First, Invest First Plus, Invest First Summit, Invest Flexi Elite, Invest Goal X and Invest Goal Flexi, you can increase your regular premium only if you had previously reduced it. The new premium amount cannot exceed what it was originally when you started the policy. The minimum increase in regular premium is $50 (in policy currency).
2. For Invest First Max, you may increase your regular premium contribution beyond the annualised amount committed to the base layer, if the following conditions are fulfilled:
i) your request for an increase of regular premium may start from the 13th month of the base layer onwards; and
ii) there are 10 or more years remaining to the end of the premium payment term.
Upon satisfying the above conditions, an increase regular premium layer will be established for each increase in regular premium.
If you had previously reduced your regular premium, we will first increase your regular premium contribution up to the total annualised amount committed (for base layer and any increased regular premium layer) at the respective effective dates before any increase request is considered. Please note that the initial account charge and accumulation account charge will also be imposed on each increase regular premium layer. The minimum increase in regular premium is set out below:

Minimum Increase in regular premium				
Premium Payment Frequency	Policy Currency			
	SGD ($)	USD ($)	GBP (£)	AUD ($)
Annually	1,200	900	730	1,300
Half-yearly	600	450	360	650
Quarterly	300	225	180	320
Monthly	100	75	60	100

3. Reduction in regular premium amount is subject to the minimum regular premium (which is dependent on your premium payment term/minimum premium payment term and policy currency) and minimum reduction ($50 in the policy currency) requirements.

F. Temporary cessation of regular premium payment

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

☐ Temporary cessation of regular premium payment ☐ Deactivate existing arrangement

G. Change of person(s) insured

Details of person insured to be added

Name

NRIC/FIN/ Passport number

Date of birth

Gender

Relationship with policy owner ☐ Self ☐ Child ☐ Spouse ☐ Employee

Details of person insured to be removed

Name

NRIC/FIN/ Passport number

Details of person insured to be added

Name

NRIC/FIN/ Passport number

Date of birth

Gender

Relationship with policy owner ☐ Self ☐ Child ☐ Spouse ☐ Employee

Details of person insured to be removed

Name

NRIC/FIN/ Passport number

Note: Please also enclose the following documents for this transaction:

- Copy of NRIC/FIN/Passport of the new person(s) insured;
- Copy of proof of address (e.g. billing statement etc. of the new person(s) insured); and
- Copy of proof of relationship to the policy owner (e.g. marriage or birth certificate).

Politically Exposed Person (PEP)

Are you a *Politically Exposed Person (PEP)? ☐ Yes ☐ No

Are you related to or a close associate of a PEP? ☐ Yes ☐ No

Name of PEP

Relationship to PEP

*Politically Exposed Person (PEP) refers to an individual who is or has been entrusted with prominent public functions in Singapore, a foreign country or an international organisation. Prominent public function includes 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.

☐ **H. Change of ownership**

Details of new policy owner (for individuals)

Full name of new policy owner including alias
(as in NRIC/FIN/Passport)

NRIC/FIN/Passport no.

Contact number

Email address

Mailing address
(a recent copy of billing statement is required if the address differs from the address on the identity document submitted)

Residential address

Nationality

Relationship to policy owner

Reason for change	
Source(s) of funds	
Source(s) of wealth	
Date of birth	
Gender	
Employment status	☐ Employed ☐ Self-employed ☐ Unemployed
Occupation/position held	
Name of company/school	
Nature of business	☐ Arms/weapon/military defence ☐ Casino/gambling/gaming/betting ☐ Licensed money service business/ money changing/remittance/ currency converter ☐ Virtual currencies/virtual assets ☐ Precious metals & stones/high value jewellery/art/watches/gold or antique dealer/auction houses ☐ Registered charities/non-profit organisation/trust foundation ☐ Embassies and foreign consulates ☐ Pawn brokers, taverns, bars, nightclubs, liquor stores, tobacco distributors, convenience stores ☐ Extractive industries such as quarrying, mining or logging ☐ Others (please specify) _____
Exact nature of duties involved	
Annual income (SGD)	

Details of new policy owner (for corporations)

Full legal corporation name	
Incorporation number/Unique Entity Number (UEN)	
Contact number	
Email address	
Registered address of the corporation	
Place from where the legal person or legal arrangement is administered	
Place of incorporation	
Relationship to policy owner	
Reason for change	
Date of incorporation	

Nature of business

- ☐ Arms/weapon/military defence
- ☐ Casino/gambling/gaming/betting
- ☐ Licensed money service business/ money changing/remittance/ currency converter
- ☐ Virtual currencies/virtual assets
- ☐ Precious metals & stones/high value jewellery/art/watches/gold or antique dealer/auction houses
- ☐ Registered charities/non-profit organisation/trust foundation
- ☐ Embassies and foreign consulates
- ☐ Pawn brokers, taverns, bars, nightclubs, liquor stores, tobacco distributors, convenience stores
- ☐ Extractive industries such as quarrying, mining or logging
- ☐ Others (please specify)

Purpose for which the legal person or legal arrangement was set up	

Note: Please also enclose the following documents for this transaction:

For individuals
- Copy of NRIC/FIN/Passport of the new policy owner
- Copy of proof of address i.e. billing statement etc. of the new policy owner
- FATCA & CRS Self-Certification form for Individuals (to be filled up by the new policy owner)

For corporations
- Letter from the company stating the authorised signatory(ies) of the new policy owner
- Copy of NRIC/FIN/Passport of the authorised signatory(ies) of the new policy owner
- Copy of ACRA report of the new policy owner
- FATCA & CRS Self-Certification form for Entity (to be filled up by the new policy owner)

Politically Exposed Person (PEP)

Are you a *Politically Exposed Person (PEP)? ☐ Yes ☐ No

Are you related to or a close associate of a PEP? ☐ Yes ☐ No

Name of PEP _____ Relationship to PEP _____

*Politically Exposed Person (PEP) refers to an individual who is or has been entrusted with prominent public functions in Singapore, a foreign country or an international organisation. Prominent public function includes 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.

☐ **I. Reinstatement**

☐ I wish to reinstate my policy.

☐ **J. Dividend distribution option**
(Only applicable to Invest First, Invest First Max, Invest First Plus, Invest First Summit, Invest Flexi Elite, Invest Goal X, Invest Goal Flexi, and subject to availability)

Note:
If you wish to change your dividend distribution option, please inform us at least 30 days before the respective ILP sub-fund's dividend record date. We will follow this instruction for the upcoming and subsequent dividend distributions.

The dividend distribution option selected will apply to all ILP sub-funds that pay dividends within the policy. For corporate policies and policies denominated in USD, GBP or AUD currency, reinvestment of dividends is the only available option for dividend distribution.

For the cash out option,

(i) due to market fluctuation, the unit price at which the units are sold may differ from the unit price used to calculate the dividend payable. Consequently, the amount you receive may differ from the original dividend payable.

(ii) the dividends will be paid to you in Singapore dollars. If the ILP sub-fund(s) that have declared dividends is not denominated in Singapore dollar, the dividend that you will receive may be more or less than the original dividend payable due to fluctuations in currency exchange rate.

☐ Reinvestment

☐ Cash out (payment will be made to the designated bank account stated below)

Bank account number	
Bank name	
*Bank account holder name	

Note:
Please also enclose a copy of the bank statement bearing the above bank details for verification.
Dividend disbursements via telegraphic transfer or to a non-Singapore bank account are not offered as options.

*The bank account holder must be the policy owner. Payment will be made to the policy owner only, except in the event of bankruptcy of recipient, assignment or if a Trust Nomination has been made pursuant to Section 132 of the Insurance Act 1966.

☐ **K. Change of policy currency**

Policy	Policy currency can be changed **starting from**	Policy currency option
Invest First / Invest Flexi Elite	4th policy year (37th month)	☐ SGD ☐ USD
Invest First Max	3rd policy year (25th month)	☐ SGD ☐ USD ☐ AUD ☐ GBP
Invest First Plus	6th policy year (61st month)	☐ SGD ☐ USD ☐ AUD ☐ GBP
Invest Goal 1	4th policy year (37th month)	☐ SGD ☐ USD
Invest Goal X	5th policy year (49th month)	☐ SGD ☐ USD
Invest First Summit / Invest Goal Flexi	4th policy year (37th month)	☐ SGD ☐ USD

Important notes:

1. We will change your premium payable based on your new policy currency at the prevailing exchange rate at the time of approval of your request. The premium payable will be rounded up to the next integer based on your new policy currency.
2. If there is a standing payment instruction in place for the payment of your policy's premium (e.g. eGIRO or GIRO) and upon the changing of your policy currency from SGD to any other currencies, your existing payment instruction will terminate.
3. You can email your request for an eGIRO link to contact.sg@fwd.com to establish a new eGIRO arrangement for your policy, if your policy currency is in SGD. If you would like to set up a standing payment instruction for other currencies, please contact us at contact.sg@fwd.com for more information.

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Declaration and authorisation

1. I/We agree and confirm that the answers and information provided in this form by me/us is true and complete. I/We declare that no material fact, that is, any fact likely to influence the assessment and acceptance of this application has been withheld. I/We acknowledge and agree that the information provided in this application will form, or amend, part of any policy issued, where these answers are, or may be, relied upon by FWD Singapore Pte. Ltd.
2. I/We agree to inform FWD Singapore Pte. Ltd. if there are any changes in the state of my/our and/or any person(s) insured's information or details between the date of this application and the date the benefit(s) is issued by FWD Singapore Pte. Ltd. to me/us.
3. I am/We are aware that some funds may invest into restricted schemes which are fund(s)/unit trust(s) only available to, amongst others, accredited investors in Singapore. I/We have considered the investment risks stated in the funds documents and consulted my/our financial adviser representative and confirmed that these funds are suitable for my/our risk profile.
4. I/We understand and agree that the Contracts (Rights of Third Parties) Act 2001 and any subsequent changes or replacement of its provisions shall not apply to my/our policy.
5. I/We confirm that I/we have obtained from my/our financial adviser representative, a copy of, and have read and understood the fund summary and the product highlights sheet of the ILP sub-funds and the propectus(es) of the relevant fund(s) which I/we intend to switch or allocate monies to.
6. I/We understand and agree that FWD Singapore Pte. Ltd. is entitled not to accept or process this application should a person connected with the relevant policy be found to be a Prohibited Person, meaning a person or entity (including any director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries or my/our beneficial owners or beneficiaries' beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting FWD Singapore Pte. Ltd. from providing insurance coverage, transacting business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant policy, and the decision of FWD Singapore Pte. Ltd. shall be final. I/We further agree that in the event that FWD Singapore Pte. Ltd. becomes aware subsequently that a person connected with the relevant policy has become a Prohibited Person, FWD Singapore Pte. Ltd. may block and/or terminate the relevant policy, including but not limited to, making or receiving any payments under the relevant policy. As an ongoing obligation, I/we will immediately inform FWD Singapore Pte. Ltd. if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons.
   If an application is accepted or processed by FWD Singapore Pte. Ltd. despite a person connected with the relevant policy being a Prohibited Person, FWD Singapore Pte. Ltd. shall be entitled to block and/or terminate the relevant policy at any time, whether with effect from inception of the relevant policy or otherwise.

7. I/We hereby authorise, agree and consent to FWD Singapore Pte. Ltd., 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 Policy ("PD Policy"), including but not limited to, processing of this application/form and/or to provide subsequent advice or services to me/us in relation to this application/policy/form and/or any other existing or future policy/policies/programmes that I/we may hold/participate with FWD Singapore Pte. Ltd. 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 Pte. Ltd. in accordance with its terms. 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, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the FWD Persons; and (iii) for the FWD Persons to Use such Personal Data in the manner and for the purposes described 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 application/form is accepted by FWD Singapore Pte. Ltd.

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

Signature of policy owner/assignee

Signature of trustee (if applicable)

Signed date (dd/mm/yyyy)

Signed date (dd/mm/yyyy)

Contact number

Contact number

Signature of joint owner (if applicable)

Signed date (dd/mm/yyyy)

Contact number