



ABSOLUTE ASSIGNMENT

ALL FIELDS IN THIS FORM MUST BE FULLY COMPLETED AND IN BLOCK LETTERS.

Policy No. _____, issued by Tokio Marine Life Insurance Singapore Ltd. (the "Company"), insuring the life of:

i. _____ (Life Assured).

Assignor's Particulars

Name : _____
NRIC No. : _____
Residential Address : _____

Assignee's Particulars

(Please enclose a copy of the Assignee's NRIC)

Name : _____
NRIC No. : _____
Contact No. : _____
Residential Address : _____

(Applicable if mailing address differs from the above address. Please submit Proof of Address.)

Mailing Address : _____

Assignee's relationship to Assignor :	
Occupation of Assignee :	Nature of business :

I, the Assignor named above, do hereby assign absolutely to the Assignee, his executors, administrators and assigns, all benefits, rights and privileges under the Policy together with assignable Supplementary Contracts, subject to the payment of premiums and the conditions contained in the Policy.

I hereby agree with the Assignee that I will not do or knowingly suffer anything to be done whereby the said Policy may be rendered void or voidable or the Assignee may be prevented from receiving or be deprived of the right to receive the moneys assured or to become payable by or under the said Policy.

Dated at _____ on _____ day of _____, _____.
(Country) (Day) (Month) (Year)





To be completed by Assignee

DECLARATION OF BENEFICIAL OWNERSHIP		
<p>For the avoidance of doubt, this is NOT a nomination of beneficiary(ies) under the policy. Beneficial owner, in relation to a customer of a financial adviser, means the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over body corporate or unincorporated.</p>		
<p>Is there a beneficial owner in this transaction? If Yes, please provide the particulars of the beneficial owner(s) to this policy and submit a copy of their NRIC/Passport to us.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Full name as shown on NRIC / Passport (Please underline surname or last name):</p>	<p>Relationship to Assignee:</p>	
<p>NRIC / Passport No.:</p>	<p>Occupation:</p>	<p>Contact No.:</p>

POLITICALLY EXPOSED PERSONS (PEP)		
<p>“Prominent public functions” 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.</p>		
<p>Have you or any immediate family members or Beneficial Owners ever been entrusted with prominent public functions whether in Singapore or in a foreign country? If Yes, please provide the following details</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Full name of PEP(s):</p>	<p>Relationship to Assignee:</p>	
<p>Position held:</p>	<p>Country that conferred the position:</p>	<p>Source of wealth¹:</p>

¹ “Source of wealth” is defined as the description of the economic activity which has generated the net worth.

U.S TAX DECLARATION UNDER FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)		Assignee
<p>I am not a U.S Person and I am not acting for / on behalf of a U.S Person / U.S Indicia. If my tax status changes and I become a U.S Person, I shall notify the Company within 30 days from date of change.</p>		<input type="checkbox"/>
<p>I am a U.S Person and I have submitted the completed Form W-9.</p>		<input type="checkbox"/>
<p>TIN of Proposer</p>	<p>TIN of Joint Life Assured</p>	
<p> - - - -</p>	<p> - - - -</p>	
<p>Note:</p> <ul style="list-style-type: none"> Please refer to our company website for the definition of U.S Person and/or U.S Indicia. Form W-9/ Form W-8BEN / Form W-8BENE can be obtained from https://www.irs.gov. 		



To be completed by Assignee

DETAILS OF PAYER (NOT APPLICABLE FOR SINGLE PREMIUM AND / OR FULLY PAID UP POLICIES)
Relationship to Assignee: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Others, please specify: _____
Source of Premium: <input type="checkbox"/> Employment / Trade Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Saving <input type="checkbox"/> Others, please specify: _____
NOTE: 1. IF PAYER IS NOT THE ASSIGNEE, PLEASE PROVIDE THE FOLLOWING DETAILS. THIS IS APPLICABLE TO PAYMENTS MADE VIA CHEQUE, CASHIER'S ORDER, NETS OR GIRO WHICH BELONG TO A THIRD PARTY OR HAVE DIFFERENT/MULTIPLE DRAWERS. 2. PLEASE SUBMIT A COPY OF THE PAYER'S NRIC / PASSPORT OR EVIDENCE OF INCORPORATION.
Full name of Payer as shown on NRIC / Passport or Full Legal name (for entities):
Payer's NRIC / Passport No. or Registration No. / Unique Entity No. (for entities):
Reason for paying the premium for the Assignee:

DECLARATION AND AUTHORISATION

I/We hereby authorise, agree and consent to the Company to use and/or disclose any information collected and/or held to enable the Company, its associated individuals/organisations and/or independent third parties, within or outside Singapore, with regard to any matters pertaining to the Application/Policy and/or any other policies that we currently may have with the Company, including but not limited to, processing of this request, and/or providing subsequent services to us and/or providing advice and/or information concerning products and/or services. I/We hereby specifically waive any right to bring a claim or any nature against the Company which the Company believes may be of interest to us and/or communicating with us for any purposes. We hereby waive any right to bring a claim of any nature against the Company, its associated individuals/organisations and/or independent third parties, within or outside Singapore, in respect of any above-mentioned disclosure and/or disclosure in the nature described above.

This is to notify you of the above Assignment and shall be grateful if you will register the same in your records.

Tokio Marine Life Insurance Singapore Ltd., is not a party to this assignment, and assumes no responsibility for the validity or legality of the Assignment.

I/We understand and agree that:

- (a) Tokio Marine Life Insurance Singapore Ltd (the "Company") shall not be deemed to provide cover and neither should the Company be liable to pay any claim, provide any benefit under the Policy/relevant Policy or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose the Company (or its parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of its parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, Singapore, the European Union, United Kingdom or United States of America;
- (b) where the Company becomes aware that I/We, the Life Assured or **any person or entity connected with the Policy/relevant Policy** (see paragraph (c) below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in paragraph (a), the Company shall be entitled to block, suspend and/or terminate the Policy/relevant Policy at any time including but not limited to, not making or receiving any payments under the Policy/relevant Policy. The decision of the Company on the aforementioned is final; and
- (c) a person or entity connected with the Policy/relevant Policy includes an assignee, a beneficiary, a trustee, an executor, an administrator, a director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, for my/our beneficial owners or beneficiaries' beneficial owners. As an ongoing obligation, I/We will immediately inform the Company if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons.



To be completed by Assignee

PERSONAL DATA AND MARKETING MATERIALS

I/We agree and consent that the Company may collect, use, process and disclose the personal data, which includes but is not limited to my/our name and contact details, as provided by me/us to the Company through this form, any documents provided by me/us to the Company from time to time and other sources (including other insurers, financial and medical institutions) as the Company deems appropriate and relevant for the purposes of -

- (a) providing advice or recommendation for insurance products offered by the Company;
- (b) processing, considering and underwriting my/our insurance application(s) with the Company. It includes on-going due diligence and screening activities (including background checks, anti-money laundering, “know-your-client”, creditworthiness, financial and medical conditions, and to review whether to continue insuring me/us or the Life Assured) in accordance with applicable legal and regulatory obligations or the Company’s policies;
- (c) administering, servicing (including pre- and post-sales support), managing and maintaining my/our relationship and policy(ies) with the Company (including the mailing of correspondences to me/us involving the disclosure of my/our personal data printed on the external envelopes);
- (d) carrying out the operations and transactions under my/our policy(ies) including debt recovery, making and obtaining payments;
- (e) processing, investigating and settling the claim under my/our policy(ies) issued by the Company or other insurers;
- (f) carrying out my/our instructions or responding to my/our enquiries;
- (g) detecting, preventing or investigating fraud, misconduct, unlawful activity or omission relating to this form, claim or policy(ies) issued by the Company or other insurers, and whether there is any suspicion of the aforementioned;
- (h) storing, hosting, backing up (whether for disaster recover or otherwise) of the personal data whether within or outside[Singapore];
- (i) complying with applicable legal and regulatory obligations in managing my/our relationship and policy(ies) with the Company, including the regulatory and industry association reporting obligations;
- (j) carrying out research, survey and statistical analysis;
- (k) reinsuring arrangement and management;
- (l) quality assurance and training program;
- (m) informing or engaging me/us for the Company’s charity events; and
- (n) sending me/us the marketing, advertising and promotional information about the insurance products, financial or investment products or any other products or services that the Company or any of the Group Companies (defined hereunder) in Singapore is or may be selling or marketing which may be of interest or benefit to me/us, including the update of the same (“**Marketing Materials**”) via the following modes of communications, using the contact information provided by me/us from time to time:

(Please tick if you wish to **opt-out**):

- post and e-mail**

(Please tick if you wish to **opt-in**):

- phone call/voice calls**
 text messages

(collectively, the “**Purposes**”).

By signing and submitting this form, I acknowledge and agree that the above shall supersede and replace any prior marketing consent that I had provided to the Company.



PERSONAL DATA AND MARKETING MATERIALS (continued)

I/We agree and consent that the Company may disclose the personal data to the third parties (whether sited in or outside Singapore) in carrying out one or more the Purposes and such third parties may use and process the personal data for one or more of the Purposes. The third parties may include but are not limited to:

- (a) my/our financial advisers, agents, brokers, banks or the Company's distribution intermediaries;
- (b) the Company's head office, regional office, subsidiaries, branches, related corporations and/or any other companies within the group of companies of which the Company forms a part or any company affiliated with the Tokio Marine Insurance Group (collectively, "Group Companies");
- (c) auditors, lawyers, service providers or agents who supply services to the Company such as information technology service, data entry and storage, mail distribution, claim assessment and administration, payment, cheque printing, marketing, research, emergency assistance service, medical and professional service;
- (d) reinsurers, other insurers, financial institutions, credit reference agencies and debt collection agencies; and
- (e) governmental/regulatory authorities, industry association, courts, dispute resolution forum (of which have jurisdiction over the Company or its Group Companies) or legal process participants and their advisors.

I/We acknowledge, declare and agree that:

- (a) the personal data may be withdrawn at any time by giving reasonable notice to the Company;
- (b) if I/we have withdrawn consent for the Company to collect, use, process and disclose the personal data in relation to my/our insurance policy(ies), it may affect the Company's ability or prevent the Company from keeping my/our insurance policy(ies) in force or supplying the services to me/us. In such a case, I/we may be required to surrender or terminate all my/our policies with the Company upon the withdrawal of such consent and I/we agree to bear all losses resulting from the same;
- (c) the withdrawal of consent for sending me/us Marketing Materials will not impact the Company's ability or prevent the Company from keeping my/our insurance policy(ies) in force or supplying the services to me/us. I/We will give reasonable notice to the Company if I/ we wish to withdraw consent for Marketing Materials or change the communication mode to receive them;
- (d) the Company may collect, use, disclose and/or process the personal data without my/our consent if permitted under any applicable law; and
- (e) I/we have read, understood and agree to observe the clauses contained in this form and the Company's Data Protection Policy available at www.tokiomarine.com
- (f) my/our consent provided to the Company in this form shall be applicable to the policy that I am applying for in this form, and also all other existing policies that the Company is liable for.

Signature of Policy owner/Assignor

Signature of Assignee
(Company's authorised signature(s) and stamp)

Signature/Name/NRIC of Witness

Signature/Name/NRIC of Witness

Address of Witness

Address of Witness



ASSIGNMENT OF POLICY (CHECKLIST)

Submission Checklist

S/No	Document to be submitted	Tick
1	<ul style="list-style-type: none"> Absolute Assignment Form <u>or</u> Collateral Assignment Form <p><i>Please complete the correct form depending on the type of assignment</i></p>	<input type="checkbox"/>
2	Photocopy of Assignor's NRIC / Passport	<input type="checkbox"/>
3	Photocopy of Assignee's NRIC / Passport	<input type="checkbox"/>
4	Individual Tax Residency Self-Certification Form for Assignee	<input type="checkbox"/>
5	<u>For Entity/Corporate Assignees</u> <ul style="list-style-type: none"> Business Registration ACRA or its equivalent (eg. Certificate of Incumbency) List of authorised signatories Identification document of authorised personnel Entity Tax Residency Self-Certification Form Controlling Person Self-Certification Form (if applicable) 	<input type="checkbox"/>
6	<u>Mandatory rider to be deleted</u> <ul style="list-style-type: none"> Cancer Income Rider - Request for Change form (RFC) to delete rider 	<input type="checkbox"/>
Optional		
7	<u>For Giro Mode of Payment</u> <ul style="list-style-type: none"> New Giro Form for deduction from Assignee's Account 	<input type="checkbox"/>
8	<u>Change of Address for existing policies</u> <ul style="list-style-type: none"> Request for Change form (RFC) and copy of NRIC (front & back) reflecting the new address. 	<input type="checkbox"/>
9	Delete/ Inclusion of Payor Benefit rider <u>Delete Rider</u> (To be completed by Assignee) <ul style="list-style-type: none"> Request for Change form (RFC) <u>Inclusion of Rider</u> (To be completed by Assignee) <ul style="list-style-type: none"> Request for Change form (RFC) Fact Find Form Supplementary Proposal Form Product Summary <p><i>Please approach your financial adviser for Inclusion of Rider and it is subjected to underwriting.</i></p>	<input type="checkbox"/>
10	For U.S Person / U.S Indicia, please complete and submit the correct form: <ul style="list-style-type: none"> W-9, W8-BEN, <u>or</u> W8-BEN-E <p><i>For more information, please refer to the U.S IRS website at http://www.irs.gov</i></p>	<input type="checkbox"/>

Submission Requirement

1. Policy must in In-Force.
2. All fields in the assignment form must be completed.
3. Please note that the assignment form must be submitted to Tokio Marine Life Insurance Pte Ltd (TMLS) as soon as possible.
4. The following policies may not be assigned
 - a) Policies purchase with funds from CPFIS-OA/SA
 - b) Policies purchase with funds from Supplementary Retirement Scheme (SRS)
 - c) Policies with beneficiary nomination under Section 49L and 49M of the insurance Act or Section 73 of the CLPA (Unless trustees and all beneficiaries consent to revocation)
 - d) Policies pledged in connection with the home protection scheme exemption
5. Any alteration has to be countersigned by the assignor against the correction.
6. Witness to the signing must be above age 21 and shall be a person other than the Assignor / Assignee
7. Assignor / Assignee should be of age 18 years and above
8. The forms are available at <http://www.tokiomarine.com/sg/en/personal/resources/forms.html>.