

HSBC Insurance (Singapore) Pte. Limited (Reg. No. 195400150N)

www.insurance.hsbc.com.sg

Customer Care Hotline: (65) 6225 6111

Email: e-surance@hsbc.com.sg

Mailing Address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

Absolute Assignment Form for Individuals (For Single Owner)

INSTRUCTIONS:

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS AND SUBMIT THE REQUIRED DOCUMENTS WITH THE FORM.

- 1) A copy of NRIC / Passport* of both Assignor and Assignee;
- 2) Proof of relationship:
 - A copy of Marriage Certificate (for assignment between spouses) or
 - A copy of Birth Certificate of child (for assignment between parent/child) or
 - A copy of Birth Certificate for both the Assignor and Assignee (for assignment between siblings)
- 3) Proof of residential address:
 - A copy of NRIC / Passport (with minimum 6 months' validity) which shows the address or
 - A copy of utility bill, statement / letter issued by bank / financial institution or letter from a Government department or agency issued within the last 3 months
- 4) A copy of NRIC / Passport* of the Payor, if applicable (refer Section E)
- 5) US IRS Form W-9 or US IRS Form W-8BEN, if applicable (refer Section F)
- 6) A copy of NRIC / Passport* of the Beneficial Owner, if applicable (refer Section H)
- 7) CRS Individual Self-Certification Form

For Takaful policy, please read "certificate" for policy, "certificate holder" for policyowner, "wakil" for financial consultant, "participant" for life insured, "takaful benefit" for sum insured, and "contribution" for premium.

Consent to use of personal data

HSBC's Data Privacy Policy (which may be found at <https://www.insurance.hsbc.com.sg/privacy-and-security/>) forms a part of the terms and conditions governing your relationship with HSBC. By submitting this form, you consent to the collection, use and disclosure of your personal data for the purposes set out in the Data Privacy Policy.

US INSURANCE REGULATORY REQUIREMENTS:

Due to US insurance regulatory requirements, you are not to enter the US or any territory subject to US jurisdiction at the time of considering or deciding relevant matters on the insurance product, otherwise the request effected hereunder may be void.

By submitting this form, you confirm that you are in compliance with US laws and regulations and other laws having extra-territorial effect:

- you are not physically present in the US when executing the policy servicing request(s);
- you are aware of and understand the **policy servicing restrictions** applicable to any and all persons residing temporarily or permanently in the US;
- you will inform HSBC Insurance (Singapore) Pte. Limited should I decide to reside in the US either temporarily or permanently;

List of **policy servicing restrictions** is set out in our website <http://www.insurance.hsbc.com.sg/1/2/sghi/customer-service>

A. POLICY INFORMATION			
Policy No			
Full Name of Policyowner / Assignor as in NRIC/Passport (including alias)	REPS HOLDINGS PTE LTD	NRIC / Passport No.	UEN: 201011096W
Contact No.	(+ 65) 6221 4771 <small>Country/Region Code</small>	Email Address	---

PLEASE COMPLETE PARTICULARS OF ASSIGNEE

B. PERSONAL PARTICULARS	
Full Name as in NRIC/Passport (including alias) Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Madam <input type="checkbox"/> Ms <input type="checkbox"/> Others: _____ Last Name / Surname: First / Given Name: Former / Other Name (documentary proof is required e.g. deed poll):	
Relationship to Policyowner: BUYER - SELLER	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Date of Birth (dd/mm/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Identification Type: <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Malaysian IC	NRIC / Passport No:
Nationality (please list all)	
Country / Jurisdiction of Tax Residence (please list all)	
Tax Identification Number (please list all)	
C. ADDRESS DETAILS	
<ul style="list-style-type: none"> For residential and permanent address, PO Box and C/O address is not allowed. If you reside in a country/region where complete legal addresses do not exist, please provide a description of the location of your property (which should include exact street/ building name, apartment/ villa number, city, country/region and the closest landmark, etc. 	
Residential Address (residential address refers to your current place of residence. Please provide proof of residential address) Postal Code: _____ Country/Region: _____ At this address since (dd/mm/yyyy): _____	
Previous Address (if Residential Address is less than 12 months) Postal Code: _____ Country/Region: _____	
Mailing Address (if different from Residential Address) Postal Code: _____ Country/Region: _____	
Permanent Address (if different from Residential Address)	

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Postal Code:

Country/Region:

D. CONTACT DETAILS

Contact Number (please include Country / Region code)

Mobile No. (+)

Home No. (+)

Office No. (+)

Email address (To be completed in capital letters)

Electronic (e-Statement) service

Opt In (Yes, I would like to receive e-statement)

Opt Out (No, I prefer to receive hardcopy)

Please note:

- Unless you opt out, you will automatically be enrolled into the e-statement service if you have an email address registered with us.
- Should you prefer to receive paper statement to your mailing address, you can select opt out from e-Statement.
- The e-Statement Service is currently available for all policy statements – Annual, Bonus and Monthly Statements.
- We will notify you of any changes to your eStatement option.

E. EMPLOYMENT DETAILS

Employment Status: Self Employed (Sole Proprietor/Freelance) Self Employed (Business Owner) Employed Staff

Key Controller (such as CEO, CFO, COO, MD) Homemaker Retired Unemployed

Student: Name of School _____

Course completion date (dd/mm/yyyy) _____

Name of Employer/Business & Office Address:

Occupation:

Job Title:

Postal Code:

Country/Region:

Length of Service: _____ year(s) _____ month(s)

Industry / Nature of Business:

Money Services Business

Charities, Non-Profit Organisations, Non-Governmental Organisations

Involved in production/distribution of military products

Government and State-owned bodies

Casino/Other types of gaming/gambling operations

Others _____

Source of Ongoing Wealth/Income – you may tick more than 1 option

Salary

Business Income

Gift

Inheritance

Savings

Investment Income

Lottery

Others _____

Annual Income (S\$):

Other Income (\$\$):

Sources(s) of Other Income:

Country(s)/Region(s) where you have accumulated your wealth:

F. PAYOR DETAILS

Will premium payment of the policy be made by the Assignee?

Not applicable Yes No (Please provide reason, if 'No') _____

If **No**, please provide details of the Payor and submit a copy of Payor's NRIC / Passport (with minimum 6 months' validity)

1. Full Name (as in NRIC/Passport) including alias:
2. Residential Address:
3. Relationship with Policyowner:

Note: If the Payor is not the **Assignor**, existing auto-debit arrangements through Inter-bank Giro (if any) of the Assignor will be cancelled. Future premium payments can be made through various convenient options available, or submit a Giro form (completed by Payor) to set up a new Giro arrangement.

G. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Are you a United States Citizen? Yes No

Are you a United States Resident? Yes No

Are you a United States Green Card Holder? Yes No

If any of the above is Yes, please complete and submit a **US IRS Form W-9** together with this form.

If all of the above is No, please complete and submit a **US IRS Form W-8BEN** together with this form if you have any of the following:

- Residential / Mailing / Permanent address in the United States
- United States phone number
- United States as country of birth

H. DECLARATION OF POLITICALLY EXPOSED PERSON (PEP)

Have you or any person in connection with this policy* ever been a Politically Exposed Person (PEP), a family member of a PEP or close associate of a PEP? Yes No

If **Yes**, please provide the following details:

1. Full Name of PEP as shown in NRIC/Passport: (including alias)
2. Rank/Position held by PEP:
3. Country/Region where the PEP holds office:
4. Relationship with Policyowner:

*This include policyowner, life insured, beneficial owner(s), beneficiary(ies), director(s) and authorised signatory(ies)

A Politically Exposed Person ("PEP") is defined as an individual who is or has been entrusted with prominent public positions in Singapore, a foreign country/region or an international organisation, which includes a current or former senior official in the executive, legislative, administrative, military or judicial branches of a government or a government agency, a member of a ruling royal family, a senior official of a political party, a senior executive of a government-owned or government-funded corporation, institution or charity and a senior executive of an international organisation. Family member of a PEP means parent, spouse, child, sibling, partner, uncle, aunt, cousin, niece, nephew, grand-parent/child, all in-laws, and includes any such step relatives or adopted family members.

Close associate of a PEP means a person who is widely and publicly known to maintain close relationship with a PEP either socially or professionally.

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I. DECLARATION OF BENEFICIAL OWNER (BO) – *this section is not mandatory*

Please complete this Section only if you are not the Beneficial Owner.

For avoidance of doubt, completion of this section does not in any way constitute a nomination of beneficiary(ies) under the policy.

1. Full Name of Beneficial Owner as shown in NRIC/Passport:
(including alias)
2. Former/Other Name:
(documentary proof is required e.g. deed poll)
3. NRIC/Passport No:
4. Relationship with Policyowner:

A copy of NRIC / Passport of Beneficial Owner must be submitted to us.

“Beneficial Owner” as defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or a legal arrangement.

J. OTHER DETAILS

Purpose of insurance - you may tick more than 1 option

Protection Children Education Retirement Planning Wealth Accumulation Legacy Planning Others _____

DECLARATION AND AUTHORISATION

Payment by assignee: _____

Reason for assignment: SALES OF POLICY

This assignment is made this _____ day of _____ (Month), 20____ (Year)

It is agreed as follows:

1. In return for the payment made by the Assignee(s), the Assignor(s) does hereby sell, assign and transfer to the Assignee(s) absolutely the full benefit of all monies assured or to become payable by or under the abovenumbered policy insuring the life of the abovenamed life insured, inclusive of the cash surrender and loan value and bonus declared (if any) thereof;
2. The Assignor(s) hereby covenants with the Assignee(s) that the Assignor(s) will not do or knowingly suffer anything to be done whereby the said policy may be impaired, encumbered, rendered invalid, void or voidable or the Assignee(s) may be prevented from receiving or be deprived of the right to receive any or all of the monies assured or to become payable by or under the said policy.
3. The Assignor(s) declares that a receipt signed by the Assignee(s) shall fully discharge HSBC Insurance (Singapore) Pte Limited from its liabilities and obligations under the policy in respect of which the receipt is given.
4. This Assignment shall be governed by and construed in accordance with the laws of Singapore

Signature of Policyowner (Assignor)

Name:

Signature of Assignee

Name:

Signature of Witness

Name (as per NRIC):

NRIC:

Signature of Witness

Name (as per NRIC):

NRIC:

IMPORTANT NOTES

- If the assignment is not between immediate family members (i.e. spouse, parents, children), both the assignee(s) and the assignor(s) have to come personally to our Customer Service Centre to complete the form and submit the supporting documents.
- For each signatory, there should be a witness with the Name and NRIC number clearly indicated. The signature of the Policyowner(s) should be signed in the same manner as it appears in our record.
- Assignment of policies purchased using funds from (a) Central Provident Fund contributions in accordance with the Central Provident Fund Investment Scheme (CPFIS) or (b) the Supplementary Retirement Scheme(SRS) is **not permitted**.
- The Policyowner's right to terminate the policy within a period of 14 days from the date of his receipt of the policy from HSBC Insurance (Singapore) Pte Limited ("the Free-Look Period") shall inure to the benefit of the Assignee(s) where this Assignment occurs during the Free-Look Period and the Assignee(s) may terminate the policy within the Free-Look Period subject to the terms and conditions of the policy.
- When there is a change in Policyowner(s), any supplementary benefit that covers the original Policyowner(s) will automatically be removed.
- HSBC Insurance (Singapore) Pte Limited is not a party to this Assignment and assumes no responsibility for the validity or legality of the Assignment.

CRS Individual Self-Certification Form

Please read these instructions before completing the form

Why are we asking you to complete this form?

To help protect the integrity of tax systems, governments around the world are introducing a new information gathering and reporting requirement for financial institutions. This is known as the Common Reporting Standard (the CRS).

Under the CRS, we are required to determine where you are 'tax resident' (this will usually be where you are liable to pay income taxes). If you are tax resident outside the country/jurisdiction where your account is held we may need to give the national tax authority this information, along with information relating to your accounts. That may then be shared between different country/jurisdictions' tax authorities.

Completing this form will ensure that we hold accurate and up to date information about your tax residency.

If your circumstances change and any of the information provided in this form becomes incorrect, please let us know immediately and provide an updated Self-Certification.

Who should complete the CRS Individual Self-Certification Form?

Personal insurance customers or sole traders should complete this form.

If you need to self-certify on behalf of an entity (which includes businesses, trusts and partnerships), complete an 'Entity Tax Residency Self-Certification Form' (CRS-E). Similarly, if you are a controlling person of an entity, complete a 'Controlling Person Tax Residency Self-Certification Form' (CRS-CP). You can find these forms at www.insurance.hsbc.com.sg

For joint insurance holders, each individual will need to complete a copy of the form.

Even if you have already provided information in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA), you may still need to provide additional information for the CRS as this is a separate regulation.

If you are completing this form on behalf of someone else, please ensure that you let them know that you have done so and tell us in what capacity you are signing in Part 3. For example, you might be completing this form as a custodian or nominee of an account, under a Power of Attorney or as a legal guardian on behalf of an account holder who is a minor.

Where to go for further information

If you have any questions about this form or these instructions please visit: www.insurance.hsbc.com.sg, contact your Financial Consultant, visit a branch or call us.

The 'Organisation for Economic Co-operation and Development' (OECD) has developed the rules to be used by all governments participating in the CRS and these can be found on the OECD's 'Automatic Exchange of Information' (AEOI) website: www.oecd.org/tax/automatic-exchange/

If you have any questions on how to define your tax residency status, please visit the OECD website or speak to a professional tax adviser as we are not allowed to give tax advice.

You can find a list of definitions in the Appendix.

Individual Tax Residency Self-Certification Form

CRS – I

Please complete Parts 1– 3 in BLOCK CAPITALS

Part 1: Identification of Individual Account Holder

A. Full Name of Account Holder as shown in NRIC/Passport including alias

Title Mr Mrs Ms Miss Others

Family Name or Surname

First or Given Name

Middle Name

B. Current Residence Address

Line 1
House/Apt/Suite
Name, Number, Street

Line 2
Town/City/Province/
County/State

Country/Jurisdiction Postal Code/ZIP Code

C. Mailing Address (Please complete only if different from the address shown in Section B above)

Line 1
House/Apt/Suite
Name, Number, Street

Line 2
Town/City/Province/
County/State

Country/Jurisdiction Postal Code/ZIP Code

D. Date of Birth

D	D	M	M	Y	Y	Y	Y

Part 2: Country / Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent ("TIN") (See Appendix)

Please complete the following table indicating:

- (i) where the Account Holder is a tax resident;
- (ii) the Account holder’s TIN for each country / jurisdiction indicated

If the Account Holder is tax resident in more than three countries / jurisdictions, please use a separate sheet.
 If a TIN is unavailable, please provide the appropriate reason **A, B or C**:

- Reason A** The country / jurisdiction where the Account Holder is liable to pay tax does not issue TIN to its residents
- Reason B** The Account Holder is otherwise unable to obtain a TIN or equivalent number.(Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)
- Reason C** No TIN is required. (**Note:** Only select this reason if the authorities of the country/jurisdiction of tax residence entered below do not require the TIN to be disclosed)

Country/Jurisdiction of Tax Residence	Tax Identification Number ("TIN")	If TIN is unavailable, enter Reason A, B or C
1		
2		
3		

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1	
2	
3	

Part 3: Declarations and Signature

I understand that the personal data supplied by me is being collected for the purposes set out in HSBC’s Data Privacy Policy, which may be found on <https://www.insurance.hsbc.com.sg/privacy-and-security/>

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within 30 days of signing this form, notify those persons that I have provided such information to HSBC Insurance and that such information may be provided to the tax authorities of the country/jurisdiction in which the account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise HSBC Insurance within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide HSBC Insurance with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

Signature:

Print Name:

Date

D	D	M	M	Y	Y	Y	Y

Note: If you are not the Account Holder, please indicate the capacity in which you are signing the form. If signing under a Power of Attorney, please also attach a certified copy of the Power of Attorney.

Capacity:

Appendix – Definitions

Note: These are selected definitions provided to assist you with the completion of this form. Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (the CRS'), the associated Commentary to the CRS, and domestic guidance. This can be found at the following link:
<http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

If you have any questions then please contact your tax adviser or domestic tax authority.

'Account Holder' The term 'Account Holder' means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances that other person is the Account Holder. For example in the case of a parent/ child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.

'Controlling Person' This is a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive Non-Financial Entity ('NFE') then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term 'beneficial owner' as described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012).

If the account is maintained for an entity of which the individual is a Controlling Person, then the 'Controlling Person Tax Residency Self-Certification' form should be completed instead of this form.

'Entity' The term 'Entity' means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation.

'Financial Account' A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

'Participating Country/Jurisdiction' A Participating Country/Jurisdiction means a country/jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard.

'Reportable Account' The term 'Reportable Account' means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

'Reportable Country/Jurisdiction' A Reportable Country/Jurisdiction is a country/jurisdiction with which an obligation to provide financial account information is in place.

'Reportable Person' A Reportable Person is defined as an individual who is tax resident in a Reportable country/Jurisdiction under the tax laws of that country/jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.

'TIN' (including 'functional equivalent') The term 'TIN' means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a country/jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such country/jurisdiction.

Further details of acceptable TINs can be found at the following link:

<http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

Some countries/jurisdictions do not issue a TIN. However, these countries/jurisdictions often utilise some other high integrity number with an equivalent level of identification (a 'functional equivalent'). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.