

Important Note

An absolute assignment is the transfer of a life policy to another person. Once the policy is assigned, the assignor (policy owner) loses all rights to benefits under the policy. The assignee will receive all future correspondence on the policy. All future benefits and/or payment will be payable to the assignee.

If the assignment is done between spouses, parents and child, the assignor or an Etiqa representative or adviser can submit all the necessary documents on behalf at Etiqa's office, if a copy of the marriage or birth certificate is provided for verification.

Any policy under Trust Nomination or Home Protection Scheme cannot be assigned. If the policy contains a declaration of trust or a clause which vests (transfers) the policy in the life assured at a certain age, the life assured will, once he reaches that age, automatically take over all rights and obligations under the policy as the absolute policy owner. Once this happens, the assignee's rights under the policy will end. Any existing revocable nomination made by the assignor will be cancelled once this assignment takes effect.

If your policy has been used for exemption from the CPF Board's Home Protection Scheme (HPS), it must remain in force so that you and your family are protected from losing your HDB flat in the event of death, terminal illness or total permanent disability. If there are changes to the policy including the change of policy ownership, your exemption will be voided and you will be required to reapply for exemption from HPS by purchasing other private policies or apply to be insured under HPS. Otherwise, if you are using CPF monies to service the monthly instalment, CPF Board may automatically extend HPS coverage to you, based on the declared percentage that you are exempted for, subject to you being in good health.

Submission Checklist

Please check that you have included all the necessary documents. Any omissions may result in a delay of the processing of your application.

For Assignor (Existing policy owner)

- Photocopy of NRIC or FIN or other relevant identity documents, if applicable;
- Proof of address documentation, if applicable.

For Assignee (New policy owner)

- Photocopy of NRIC or FIN or other relevant identity documents, if applicable;
- Proof of address documentation, if applicable;
- Tax residency certification for FATCA and/or CRS.

If the assignee or assignor is a legal entity / organisation, please provide the following documents.

- Accounting and Corporate Regulatory Authority (ACRA) business profile or Registry of Societies (ROS) annual return (within last 3 months) showing details of the organisation and their key personnel;
- Letter from the entity / Company indicating the authorised personnel / person who can transact on behalf
- Authorisation letter signed by the organisation's key personnel if the person who signs this form is not one of the key personnel as listed in the business profile;
- Photocopy of NRIC or FIN or other relevant identity documents of the key personnel and/or authorised person signing on behalf of the organisation;
- Tax residency certification for FATCA and/or CRS for entity account holder or for Controlling Person, where applicable.

Residential address verification

For Singapore Citizen/Permanent Resident – If the residential address stated in the application form is different from the address in your identity document, please provide a proof of address.

For non-Singapore Citizen / Permanent Residents – Please provide a valid identity document or passport with your residential address indicated, or billing proof.

Examples of proof of address – utility bills, bank statements and letters issued by statutory or government bodies (dated within past 6 months) with letterhead, name, address and date clearly shown.

Absolute Assignment / Reassignment

Details of assignor (Existing policy owner)

Name (as shown in NRIC)	NRIC / Passport No / FIN / Unique Entity Number (UEN)	Policy Number
Contact Number	Email Address	

Details of assignee (New policy owner)

Name (as shown in NRIC)		NRIC / Passport No / FIN / Unique Entity Number (UEN)	Date of birth (dd/mm/yyyy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Nationality	Country of birth
Relationship to Assignor	Contact Number	Email Address	
Occupation	Name of company or school		
Residential address	Mailing address (if different from residential address)		

In return for the payment made by the assignee to the assignor, the assignor completely transfers to the assignee all rights and benefits in the policy including its cash surrender and loan value and any bonuses and dividends (collectively "full benefits"). The assignor will not do anything which may cause the policy to become invalid or prevents the assignee from receiving the full benefits under the policy.

This absolute assignment is made on _____ between

1. The assignor and assignee.
2. The policy number: _____ issued by Etiqa Insurance Pte. Ltd. ("Etiqa").
3. Payment by assignee: S\$ _____
4. Relationship between assignor and assignee: _____
5. Reason for assignment: _____

I agree that if the assignee signs a receipt confirming payment by Etiqa, Etiqa will be considered to have met its obligations under the policy for the amount paid.

I understand that any existing revocable nomination will be cancelled upon this assignment.

I agree that if I or any *Relevant Person is found to be a +Prohibited Person, Etiqa is entitled not to accept this application. If any policy is issued, Etiqa can terminate or void the policy, or not make any transaction under the policy such as not pay any benefit. Etiqa's decision will be final. I will inform Etiqa immediately if there is any change in my or any Relevant Person's identity, status or identification documents.

* Relevant Person includes insured, trustee, assignee, beneficiary, beneficial owner or nominee and mortgagee or financier.

+ Prohibited Person means a person or entity who is subject to laws, regulations or sanctions administered by any governmental or regulatory authorities or law enforcement in any country, which will prohibit you from providing insurance cover or paying any benefit.

Only Singapore law will apply to this absolute assignment and any private international law or foreign law is excluded.

Notice of Assignment

To: Etiqa Insurance Pte. Ltd.

I/We, the assignee, hereby release Etiqa of any liability or responsibility for any payments made to the assignor and carrying out its other obligations to the assignor prior to the receipt of this notice of assignment.

Signature of assignee

Date (dd/mm/yyyy)

Tax Declaration & Acceptance / Data Protection for Assignee

I. Declaration on U.S. Tax Residency

By ticking the appropriate box, I/we accept the terms and conditions of this agreement and declare my/our tax status under United States ("US") tax law. I/we understand that a false statement or misrepresentation of tax status by a US person (for the purposes of US federal Etiqua tax) ("US Person") may subject you to penalties under US law. If my/our tax status (es) change(s), I/we agree that I/we shall notify Etiqua within 30 days from the date of change.

Non-US Person

I/We represent and warrant that I/we am/are not a US Person, and I/we am/are not acting for, or, on behalf of, a US Person. I/We understand that Etiqua, believing this statement to be true, will rely on it and act on it. In the event this statement is false, Etiqua reserves the right and shall be entitled to cancel or terminate this Policy and pay reasonable compensation to me/us in consideration of such cancellation or termination as may be required under Singapore laws.

Non US Person with a US Address (or green card holder claiming tax treaty benefits) [Form W8BEN]

US Person (US Tax ID Number: _____) [Form W9]. For US Persons, please complete the W9 Form.
I/We agree to indemnify Etiqua in respect of any false or misleading information regarding my/our US tax status.

II. Declaration on Other Foreign Tax Residencies

I am a Singapore Tax Resident.

I confirm that I am a foreign tax resident of another country (other than US). I hereby submit the Common Reporting Standard ("CRS") Self-Certification form together with this Partial Withdrawal / Surrender Request.

Data Protection

I/We expressly authorise and consent to Etiqua, its officers and employees, at their sole discretion, disclose any and all information relating to me, including my personal particulars, my transactions and dealings and my policies of insurance with Etiqua, to any of the following persons, whether in Singapore or elsewhere, for purposes reasonably required to evaluate my application and to provide the product and services which I am applying for (including any new policy application, renewals and /or alterations), and such other purposes as described in Etiqua's Data Protection Statement on Etiqua's website:

- (a) Etiqua's holding companies, subsidiary, branches, representative officers, related corporations or affiliates;
- (b) any of Etiqua's contractors or third party service providers or distribution partners or professional advisers or representative;
- (c) any regulatory, supervisory or other authority, court of law, tribunal or person, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice;
- (d) any actual or potential assignee(s) or transferee(s) of any rights and obligations of Etiqua under or relating to my policy or policies for any purpose connected with the proposed assignment or transfer; and
- (e) any credit bureau, insurer or representative, for such purpose(s) that Etiqua in its reasonable opinion considers appropriate including but not limited to the purposes of underwriting, customer servicing, investigation of Etiqua's representatives and monitoring of undesirable sales practices.

Declaration

I/We have read and understood the above statement and confirm my decision to assign the policy. I/We will not claim or demand against Etiqua under the policy once this is formally accepted and processed by Etiqua. I/We further declare that all details provided in this form are true, accurate and complete.

Signature of Assignor:

For an organisation, place the organisation stamp and give:

Name of authorised signatory :
NRIC, FIN or passport number :

Signature of Assignee:

For an organisation, place the organisation stamp and give:

Name of authorised signatory :
NRIC, FIN or passport number :

I confirm that this form was signed by assignee and assignor in my presence.

Signature of witness* (age 21 and above):
Name:
NRIC number:
Address:

Contact number:
Advisor/Staff Code (if applicable):