

China Life Insurance Singapore's Second Premium Payment Deferment Support Programme Application Form

I would like to apply for premium payment deferment, and I understand that:

- 1) I am applying to have my premium payment deferred for 180 days only. The deferment of premium payment shall take effect from the next premium due date upon the approval of my application.
- 2) no premium deduction will be made via GIRO during the premium payment deferment period.
- 3) all outstanding premiums have to be paid at the end of 180 days by cheque or internet banking. GIRO arrangements will resume after the outstanding premiums have been fully paid.
- 4) the policy shall be treated in accordance to the terms and conditions of the policy if the premiums are not paid at the end of the deferment period.
- 5) this application will be reviewed by China Life Insurance (Singapore) Pte. Ltd. ("CLIS") and is subject to CLIS's approval.

Section A: Particulars of Policy Owner / Assignee / Trustee

Name of Policy Owner / Assignee / Trustee	
NRIC / Passport No.	

Section B: Policy Number(s)

Section C: Reason(s) for Deferment

Please tick the appropriate box(es) for us to review your application.

Employment	<input type="checkbox"/> Retrenchment due to COVID-19 <input type="checkbox"/> Reduction in income due to COVID-19 <input type="checkbox"/> Loss of income due to indefinite/ extended compulsory unpaid leave due to COVID-19
Business	<input type="checkbox"/> My business has been financially affected due to COVID-19
Any other reason(s)	

Section D: Employment Information

Please tick the appropriate box(es) and provide the information required for us to review your application.

<input type="checkbox"/> I am currently employed. Please provide the name of the employer: _____ Nature of Industry: _____
<input type="checkbox"/> I am currently managing my own business / I am an independent contractor. Please provide the name of your business: _____ Nature of Business: _____
<input type="checkbox"/> My business has ceased operations due to COVID-19. Nature of Business: _____

Section E: Supporting Documents

Please tick the appropriate box(es) and submit the supporting document to us to review your application. Please note that we may request for additional documents where applicable.

<input type="checkbox"/> Letter from employer on retrenchment <input type="checkbox"/> Letter from employer on indefinite/ extended compulsory unpaid leave <input type="checkbox"/> Income statements/ Payslip before and after COVID-19 <input type="checkbox"/> Latest copy of ACRA showing the closure of the business

Section G: Declaration & Authorisation

I confirm that the information I have provided in this form is true and correct, and authorise CLIS to effect the changes requested above on my policy or policies. I also expressly authorise and consent to CLIS, its officers, employees and representatives collecting, using and disclosing, at their sole discretion, any and all information relating to me, including my personal particulars, my transactions and dealings and my policies of insurance with CLIS, to any of the following persons, whether in Singapore or elsewhere:

- CLIS's holding companies, branches, representative offices, subsidiaries, related corporations or affiliates;
- any of CLIS's contractors or third party service providers or distribution partners or professional advisers or representatives;
- any regulatory, supervisory or other authority, court of law, tribunal or person, in any jurisdiction, where such disclosure is required by law, regulation, judgment or order of court or order of any tribunal or as a matter of practice;
- any actual or potential assignee(s) or transferee(s) of any rights and obligations of CLIS under or relating to my policy or policies for any purpose connected with the proposed assignment or transfer; and
- any credit bureau, insurer or representative,

for such purpose(s) that CLIS in its reasonable opinion considers appropriate including but not limited to the purposes of underwriting, customer servicing, investigation of CLIS's representatives and monitoring undesirable sales practices.

I understand that CLIS has a Personal Data Protection Notice, which sets out the purposes for which personal data may also be used and disclosed, and it is available at www.chinalife.com.sg, which I confirm I have read and understood.

Signature of Policy Owner/
Assignee/ Trustee

Contact Number

Date

——— 中国人寿保险(新加坡)有限公司
China Life Insurance (Singapore) Pte. Ltd.

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