

AMENDMENT FORM

Sun Life Assurance Company of Canada Singapore Branch ("Sun Life Singapore")

Please tick the form ("Original Form") you wish to amend

<input type="checkbox"/> Application Form signed on	(dd/mm/yyyy)
<input type="checkbox"/> Confidential Medical Questionnaire signed on	(dd/mm/yyyy)
<input type="checkbox"/> Other Form(s) _____ signed on	(dd/mm/yyyy)

The following updated answers shall supersede the Original Form

By signing below, I represent that the statements provided above are true, accurate, and complete. I acknowledge and understand that this information may be used by Sun Life Assurance Company of Canada Singapore Branch to assess insurability. This Amendment Form shall be part of and read together with Original Form, and in case of any discrepancy between these forms, the Amendment Form prevails. The said forms will be part of the relevant life insurance Policy. Any misrepresentation or failure to provide all relevant information may render the insurance coverage void.

CONSENT AND AUTHORISATION

The information obtained in this Form is required in order for Sun Life Assurance Company of Canada Singapore Branch (the "Company") to consider your application for a life insurance policy (the "Policy"), insurability under the Policy and underwriting of the Policy. Submission of this Form to the Company does not oblige the Company to issue the Policy or enter into a Policy contract with, or involving, you. If you have any questions in relation to this Form, please refer to your Representative or seek independent advice, as you deem fit.

By signing below:

- I. I declare that the answers and statements to all of the questions are complete, correct, and true and shall form part of the application for insurance on my life. I have given full disclosure of information which could influence the Company's underwriting decision. I acknowledge that if I am unsure whether a particular fact is relevant, I should disclose it here in writing. I understand that if I do not completely, correctly, and truthfully answer all of the questions or I misrepresent my answers or statements the Company may void the policy. In addition to my answers to this form, information from other sources may be considered by the Company, as appropriate, and I agree to provide further information upon the Company's request.
- II. I acknowledge and agree that (i) to the extent required or permitted by laws or regulations applicable to the Company or its corporate parent(s), subsidiaries, or affiliates, the Policy and any person's interest therein may be reported to tax and regulatory authorities in Singapore or other applicable jurisdictions; and (ii) consent for the Company to collect, use, store, disclose and/or transfer my Personal Data (as defined in the Personal Data Protection Act 2012 ("PDPA")) to its corporate parent(s), head office, subsidiaries or affiliates, agents, independent contractors or service providers, actual or potential assignees, novatees, transferees, successors,

CONSENT AND AUTHORISATION (continued)

reinsurers, professional advisors, auditors, courts, tribunals, regulators, supervisory or governmental bodies or authorities, police, banks, financial institutions, credit reference agencies, nominees, stock exchanges, trade repositories, clearing houses, fund managers or administrators, issuers, underwriters, distributors or brokers, any person or entity who or which is entitled to demand or request for the Company to make a disclosure under laws and regulations or to whom it is in the Company's interests to make disclosure to perform its functions or meet its legal regulatory or other obligations, and/or any person or entity that the Company is required by a court or tribunal or regulator or governmental authority to make disclosure, whether in Singapore or elsewhere, for any of the following purposes (a) to process and evaluate an application, transaction, or request related to life insurance, annuity, investment account, or other product or service that the Company may offer; (b) to underwrite an application for any such product or service; (c) to administer and/or determine claims, coverage, benefits, and other features of such products or services; (d) to obtain reinsurance; (e) for any other purpose in connection with provision or enhancement of products or services which the Company may provide; (f) in connection with matching any Personal Data with other information in the Company's possession that relates to me; (g) to ensure compliance by the Company of its contractual, legal and regulatory obligations; (h) in connection with legitimate business interest of the Company, including but not limited to market analysis, management reporting, and risk management purposes. I authorise the Company to obtain my medical records (including any document or information arising from or referred to in such records) from any relevant medical source, and to provide my Personal Data to such medical source, as relevant, for the purposes of considering my insurability, whether or not the Company would eventually insure me. I understand that my medical records are a part of my Personal Data. Where I provide the Company with Personal Data of any other individual, I consent that I have obtained the consent(s) from the individual(s) concerned to provide the same to the Company. I shall procure all relevant consents from the individual(s) concerned in respect of the persons to whom his/her Personal Data may be shared and the purposes for which his/her Personal Data may be collected, used, stored, transferred or disclosed, as stated above. I acknowledge and agree that the Company's rights in relation to my Personal Data as set out above shall continue notwithstanding any termination or cessation of any product or service by the Company. I recognise that Personal Data may be transferred out of the jurisdiction from where it was supplied, and that the standard of confidentiality and data protection in different jurisdictions may differ. I hereby waive any rights I may have that would prevent the Company from meeting any of the Company's legal or regulatory requirement. The Company's privacy statement is accessible at <https://www.sunlife.com.sg>.

Where the Policy Owner and Life Insured are the same person, (s)he may execute the form only once, on the basis that (s)he is signing in his/her capacity as Policy Owner and in his/her capacity as Life Insured.

Signature of Proposed Insured		Signature of Proposed Owner ¹	
Name of Proposed Insured		Name of Proposed Owner	
ID / Passport Number of Proposed Insured	Date (dd/mm/yyyy)	ID / Passport Number of Proposed Owner	Date (dd/mm/yyyy)

¹Required if Proposed Owner differs from Proposed Insured. Where the Proposed Owner is an incorporated entity, its authorised signatory(ies) should sign for and on its behalf.

Sun Life Assurance Company of Canada Singapore Branch
50 Raffles Place, #26-04, Singapore Land Tower
Singapore 048623

Tel: +65 6223 1102 | Website: www.sunlife.com.sg

Sun Life Assurance Company of Canada is an insurance company federally incorporated in Canada, with OSFI Institution Code F380 and its registered office at 1 York Street, Toronto, Ontario, Canada M5J 0B6. It is regulated by Office of the Superintendent of Financial Institutions, Canada. Sun Life Assurance Company of Canada Singapore Branch (UEN T19FC0132B) is registered with the Accounting and Corporate Regulatory Authority of Singapore as a foreign company, with its registered office at 50 Raffles Place, #26-04, Singapore Land Tower, Singapore 048623. It is licensed and regulated by the Monetary Authority of Singapore. Where Sun Life Assurance Company of Canada Singapore Branch is referred to as "Sun Life Singapore," this is strictly for marketing and branding purposes only, and no legal significance is expressed or implied. Sun Life Assurance Company of Canada is a member of the Sun Life group of companies. The Sun Life group of companies operates under the "Sun Life" name. Sun Life Financial Inc., the publicly traded holding company for the Sun Life group of companies, is not a product offering company and is not the guarantor of the obligations of its subsidiaries.

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