

# COUNTRY QUESTIONNAIRE

Sun Life Assurance Company of Canada Singapore Branch

This questionnaire should be completed if the Proposed Insured is connected to a Prohibited Country or other country of interest through birth, citizenship, residence, travel, business, and/or assets.

1. Country of Interest \_\_\_\_\_

2. Do you visit the Country of Interest?  Yes  No  
 If "Yes," please provide details

Frequency of Visits Per Year	Average Length of Visit Per Trip	Purpose of Visit(s)

3. Do you plan to permanently reside in the Country of Interest at any time in the future?  Yes  No  
 If "Yes," when do you plan to return? \_\_\_\_\_ (dd/mm/yyyy)

4. Have you ever legally renounced your citizenship in any country?  Yes  No  
 If "Yes," please provide details

Country	Date of Renunciation (dd/mm/yyyy)

5. Do you have a spouse, dependent children, or other family members residing in the Country of Interest?  Yes  No  
 If "Yes," please provide details

Name of Family Member	Relationship

6. Do you own real estate in the Country of Interest?

Yes  No

If "Yes," please provide details

Property Address	Property Purpose
	<input type="checkbox"/> Residential Amount of Time Spent _____ days per year <input type="checkbox"/> Business <input type="checkbox"/> Investment
	<input type="checkbox"/> Residential Amount of Time Spent _____ days per year <input type="checkbox"/> Business <input type="checkbox"/> Investment
	<input type="checkbox"/> Residential Amount of Time Spent _____ days per year <input type="checkbox"/> Business <input type="checkbox"/> Investment

7. Do you now, or over the past 10 years, have any employment or business assets in the Country of Interest?

Yes  No

If "Yes," please provide details

Name of Business/Employer	
Job Title and Duties	
Type / Activity of Business (Manufacturing, Hospitality, etc.)	
Street Address	
City	
State / Province	
Postal Code	
Country	
Business Website Address (please provide website URL)	

Name of Business/Employer	
Job Title and Duties	
Type / Activity of Business (Manufacturing, Hospitality, etc.)	

Street Address	
City	
State / Province	
Postal Code	
Country	
Business Website Address (please provide website URL)	

## CONSENT AND AUTHORISATION

**The information obtained in this Questionnaire 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 Questionnaire 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 Questionnaire, 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/our Personal Data (as defined in the Personal Data Protection Act 2012 ("PDPA")) to its corporate parent(s), subsidiaries or affiliates, agents, independent contractors or service providers, actual or potential assignees, novatees, transferees, successors, 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, 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/us; (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. 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>.

## CONSENT AND AUTHORISATION (continued)

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

**\*Where the Proposed Insured is below the age of 16 years, his/her parent/legal guardian should sign and provide identification and/or other documents as required by the Company.**

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