



Distributor Operations and Underwriting Guide

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1. Overview

At Sun Life Singapore, we understand the importance of underwriting and operational support for your Clients. We are dedicated to delivering highly competitive solutions, even for your most complex cases. Our experienced staff is committed to providing exceptional service to you and your Clients.

This guide provides details about case submissions, underwriting and operations support. Content may be subject to change without prior notice. Some functions and processes described in this guide are subject to our internal stakeholder approval.





2. Contacts for Enquiries & Submissions

For Underwriting and New Business enquiries and submission

Please email Sun Life Singapore – Operations at: private.wealth@sunlife.com

For Distribution and Product related enquiries

Please email Sun Life Singapore – Distribution at: Partners.sg@sunlife.com

3. New Business Submission Process

3.1 Preliminary Enquiries for Tentative Underwriting Decisions

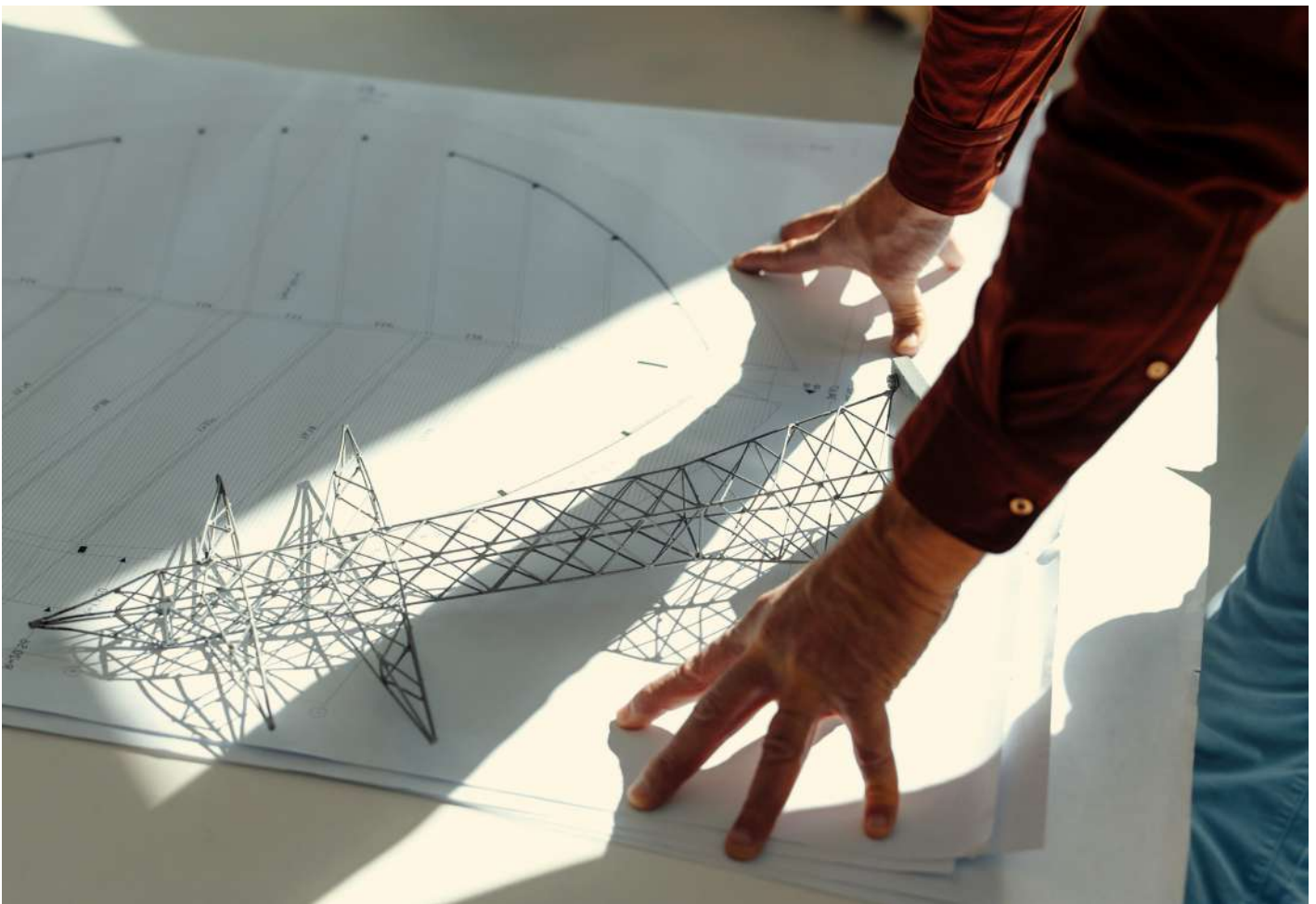
Preliminary enquiries seeking tentative underwriting decisions should be emailed to private.wealth@sunlife.com and copy: Partners.sg@sunlife.com.

We aim to deliver the best tentative underwriting decision (“Assessment”) in relation to underwriting any case, based on information that you provide to us. If you have any information that you believe may influence our Assessment at any point of time, please inform us promptly.

In the event that we request additional information or documents, our Assessment is subject to satisfactory completion of all outstanding requirements. In any case, all Assessments which are tentative in nature and not supported by an application to purchase an insurance policy from us, are subject to change.

Requirements for a Tentative Underwriting Decision

- Name of Proposed Insured
- Country of residency
- Government Issued Identification
- Date of Birth
- Indicative illustration (unsigned)
- Any underwriting information available
- Sex (Gender)



3.2 Formal Underwriting Offers

Upon receipt of an Application, we will undertake a formal Assessment, subject to the requirements stated in 3.2.1. Thereafter, we will issue an Offer Letter stating our formal underwriting offer.

For large amount or unusual cases, you are encouraged to discuss the case with us prior to submission. If you are aware of any change in the insurability of the Proposed Insured, please notify us immediately as this may affect our Assessment.

3.2.1 Requirements for a Formal Underwriting Offer

- Application Form – fully completed, including medical declarations, signed and dated
- Certified True Copy (CTC) of the Proposed Insured's government issued identification and proof of residential address (PORA) if the address is not already stated in the document
- Complete medical evidence - Confidential Medical Questionnaire (CMQ), laboratory testing, electrocardiogram (ECG), treadmill stress test (TST), medical records, Attending Physician Statement (APS), and any other requested medical evidence
- Complete financial evidence - Financial Statement(s) on the Application Form, Broker Memo, Bank Letter, Third Party Financial Verification, Financial Needs Analysis, Accredited Investor form, and any other requested financial evidence
- Declaration of Trustee or Declaration of Corporation form if the Policy will be owned or paid by a Trustee or acceptable incorporated business entity
- Satisfactory Client Due Diligence
- Any other document or information reasonably requested and/or arising from the above

3.3 Non-Face-To-Face / Remote Process

For Singapore resident Clients, we do not require any special forms to be completed if a non-face-to-face / remote process is used.

For non-Singapore resident Clients, we require our Supplementary Form for Offshore Residents to be completed and signed by the Proposed Policy Owner and submitted with a signed Sun Life Singapore Application Form.

3.4 Electronic Signature

We accept electronic signatures for all Sun Life Singapore forms, subject to the requirements of relevant laws and regulations including but not limited to the Electronic Transactions Act 2010.

3.5 Original Documents

We process transactions using electronic forms and documents (e.g. PDFs). We do not require original documents to be sent to us. However, we do reserve the right to request for the original documents when we determine this is necessary.

4. Medical Guidelines

4.1 Age & Amount Requirements

- Sum Assured is calculated based on the aggregate of:
 - Sum Assured currently pending with Sun Life Singapore
 - Total in-force coverage with Sun Life in the past 12 months
- We reserve the right to request any additional testing or requirements as we deem necessary or appropriate in connection with underwriting and evaluating any application

4.2 Adults - Medical Requirements

- Proposed Insured aged 18 to 75 years old are considered adult
- Adults are considered from countries rated A+, A, B, and C

Sum Assured	Age 18-50	Age 51-55	Age 56-70	Age > 70
Up to \$5,000,000	A	A	B	E
\$5,000,001 up to \$10,000,000	A	B	B	E
> \$10,000,000	C	D	D	E

Profile A: ME, FBP and UP

Profile B: ME, FBP, UP and TST

Profile C: ME, FBP, UP and APS

Profile D: ME, FBP, UP, TST, APS

Profile E: ME, FBP, UP, TST*, APS and MAQ

(*We may accept Resting ECG + Echocardiography in place of TST for ages > 70 years)

Legend

NM = Non-Medical Underwriting

UP = Urine Profile

TST = Treadmill Stress Test with Resting Electrocardiogram

APS = Attending Physician Statement

ME = Medical Examination

FBP = Full Blood Profile

MAQ = Mature Age Questionnaire

4.3 Medical Test Protocol

- All test results must be provided in English
- The medical laboratory must complete all following components:

Full Blood Profile (10-12 Hours Fasting required)	<ul style="list-style-type: none"> • Fasting Blood Glucose and Glycosylated Hemoglobin (HbA1c) • Total Cholesterol, HDL Cholesterol, LDL Cholesterol, Chol-HDL Ratio, Triglycerides • AST, ALT, GGT, Alkaline Phosphatase (ALP), Bilirubin, Globulin, Albumin • Creatinine, BUN • Complete Blood Count (CBC) with Blood Film • HbsAg (reflex to AFP, HbeAg and HBV DNA if HbsAg positive) • Anti-HCV (reflex to AFP and HCV RNA Quantitative if anti-HCV positive) • HIV • CEA (for ages over 41y) • PSA (for males; ages over 55y) (reflex to Free PSA if elevated)
Urine Profile	<ul style="list-style-type: none"> • Microscopic Urinalysis • Urine Microalbumin, Urine Albumin-Creatinine Ratio (UACR) • Urine Cotinine • Urine Cocaine

Legend

HbsAg = Surface antigen of the Hepatitis B Virus
 AFP = Alpha Fetoprotein
 PSA = Prostate Specific Antigen

HBeAg = E-Antigen of the Hepatitis B Virus
 CEA = Carcinoembryonic Antigen

4.4 Attending Physician Statement (APS)

- An APS is a report by a physician, hospital, or other medical facility, that has treated or is currently treating, a Proposed Insured. This report should include copies of all physician notes, all check-up files, all test results, and all medical reports
- An APS is required for all submissions with:
 - Any significant or chronic medical history
 - Sum Assured over USD \$10,000,000 regardless of age
 - Proposed Insured age 71y and above for all Sum Assureds
- If the Proposed Insured does not have any significant medical history or personal physician/regular doctor, and/or has not seen a doctor in the past five years, we may request that the Proposed Insured provide a signed and dated declaration to this effect. Please refer to the No Regular Physician Addendum at the end of this guide for a sample of the declaration
- We reserve the right to request any additional medical information as required

4.5 Non-Medical Underwriting Programme

- The underwriting risk class offered is either Standard Non-Smoker or Standard Smoker
- We consider Proposed Insureds ages 18-55y, for Sums Assured up to USD \$3,000,000, and residing in countries with country ratings of A+, A and B only
- Proposed Insured must complete a Health Declaration
- We may ask clarifying questions regarding their medical history. This may allow us to consider them within this programme rather than inviting the Proposed Insured to pursue full underwriting
- The non-medical program will not be applicable if the Proposed Insured has a history of any of the following condition(s):
 - a. Cancer
 - b. Diabetes
 - c. Heart Disease
 - d. Hepatitis B or C
 - e. Hypertension
 - f. Overweight
 - g. Severely underweight
 - h. Stroke
 - i. Any other medical conditions where the underwriter may deem necessary
- Non-Medical Table

Sum Assured (USD)	Age 18-50	Age 51-55	Age 56-70	Age > 70
Up to \$3,000,000	Non-Medical		Non-Medical Not Available	

4.6 Paramedic Medical Examination

- Paramedic Examination is allowed if all the following criteria are met:
 - Age 18-55 years
 - Sum Assured up to USD \$5,000,000
 - Country rating of A+, A, B, C
 - No significant medical history

4.7 Minor Lives - Medical Requirements

- Proposed Insured aged 0 to 17 years old are considered minor lives and only the Standard risk class is available
- Minimum Age requirement of 15 days old before we may consider their submission
- Can consider countries rated A+, A, B, and C
- We may possibly consider Sums Assured greater than US\$10million on a case-by-case basis.
(Please contact us for more information)

Sum Assured (USD)	Ages 0-9	Ages 10-17
Up to \$2,000,000	<ul style="list-style-type: none"> • Health Declarations in the Application form • Current Child health booklet • APS if any significant medical history 	<ul style="list-style-type: none"> • Health Declarations in the Application form • APS if any significant medical history
\$2,000,001-\$10,000,000	<ul style="list-style-type: none"> • Medical examination • Attending Physician Statement (APS) 	<ul style="list-style-type: none"> • Medical examination • Attending Physician Statement (APS)
> \$10,000,000	Individual consideration	Individual consideration

4.8 Validity of Underwriting Evidence

- Validity of medical evidence may be extended up to twelve months with the completion of the Insurability Verification Form
- For substandard risks or any abnormal medical findings, medical evidence is valid for a maximum of six months
- We reserve the right to request further information and documents
- An "Identity Verification for Repeat Examinations or Tests" Form is required to verify the Proposed Insured's identity if any repeat testing and/or additional tests are done resulting from the insurance medical examination. This includes when any test(s) are not completed on the same day and at the same medical facility location as the insurance medical examination. This form must be completed by the Examining Physician

Type of Evidence	Validity Period
Application Form	Six months
Insurability Verification Form	Six months
Resting ECG, Treadmill ECG, Stress Echocardiogram	Six months
Broker Memo / Client Background Report	Six months
Bank Letter	Six months
ACRA report or equivalent documentation	Six months
Offer Letter	Three months

5. Underwriting Risk Classification Criteria

We offer seven underwriting risk classification:

- Preferred Select Non-Smoker
- Preferred Non-Smoker
- Preferred Smoker
- Standard Select Non-Smoker
- Standard Non-Smoker
- Standard Smoker
- Standard Minor (ages 0-17y)

We also offer substandard risk classifications. Depending on Proposed Insured's medical condition(s) and any comorbidity, our assessment typically does not exceed 300% of Standard Mortality or Table 8 rates. Any other risk profiles may be considered on an Individual Consideration basis.



5.1 Preferred Criteria

Preferred Classification/Criteria - Ages 18-75 and Country rating A+, A, B, C

Risk	Class		
	Preferred Select (Non-Smoker)	Preferred (Non-Smoker & Smoker)	Standard Select (Non-Smoker)
Tobacco/Nicotine Product Use	<ul style="list-style-type: none"> No use in the past 5 years ≤ 1 cigar per month Cotinine urine test negative 	<ul style="list-style-type: none"> No use in the past 2 years ≤ 1 cigar per month Cotinine urine test negative If a Smoker, then qualifies for smoker rates 	<ul style="list-style-type: none"> No use in the past 1 years ≤ 2 cigar per month Cotinine urine test negative
Blood Pressure: Treated or Untreated	Age 18-50: 137/87 Age 51+: 140/90	Age 18-50: 140/90 Age 51+: 145/90	Age 18-50: 147/90 Age 51+: 152/90
Build – BMI ¹	Age 18-50: 18-28 Age 51+: 18-30	Age 18-50: 18-29 Age 51+: 18-31	Not applicable, must meet the criteria for Standard rates
Total Cholesterol/HDL Ratio	Age 18-50: ≤ 4.5 Age 51+: ≤ 5.0	Age 18-50: ≤ 5.5 Age 51+: ≤ 6.0	Age 18-50: ≤ 5.7 Age 51+: ≤ 6.2
Family History Coronary Artery Disease or selected cancers (breast, colorectal, lung, melanoma, ovarian, prostate)	No death of more than <u>one</u> parent or sibling prior to age 60	No death of more than <u>two</u> parents or siblings prior to age 60	Not applicable, must meet the criteria for Standard rates
Personal History No current ratable impairment	No history of diabetes, cardiovascular disease, or cancer	No history of diabetes, cardiovascular disease, or cancer	Not applicable, must meet the criteria for Standard rates
Alcohol/Drug	No history of alcohol or drug abuse or treatment within the past 10 years.		Not applicable, must meet the criteria for Standard rates
Hazardous sports/activity	No participation in ratable sports/activities.		Flat extra or exclusion may apply
Aviation	No participation in ratable aviation.		Available with aviation exclusion.

¹ Formula to determine build: Weight (in kilograms) ÷ Height² (in meters)

- Family History: Disregard gender-specific cancers for opposite gender applicants and sibling death prior to age 18
- Personal History: Cancer that would be taken Standard immediately after excision may qualify for Preferred or Preferred Select rates
- Some histories of breast cancer, melanoma, leukemia, Hodgkin's or non-Hodgkin's lymphoma may qualify for Standard Select after 10 years of qualifying for Standard rates

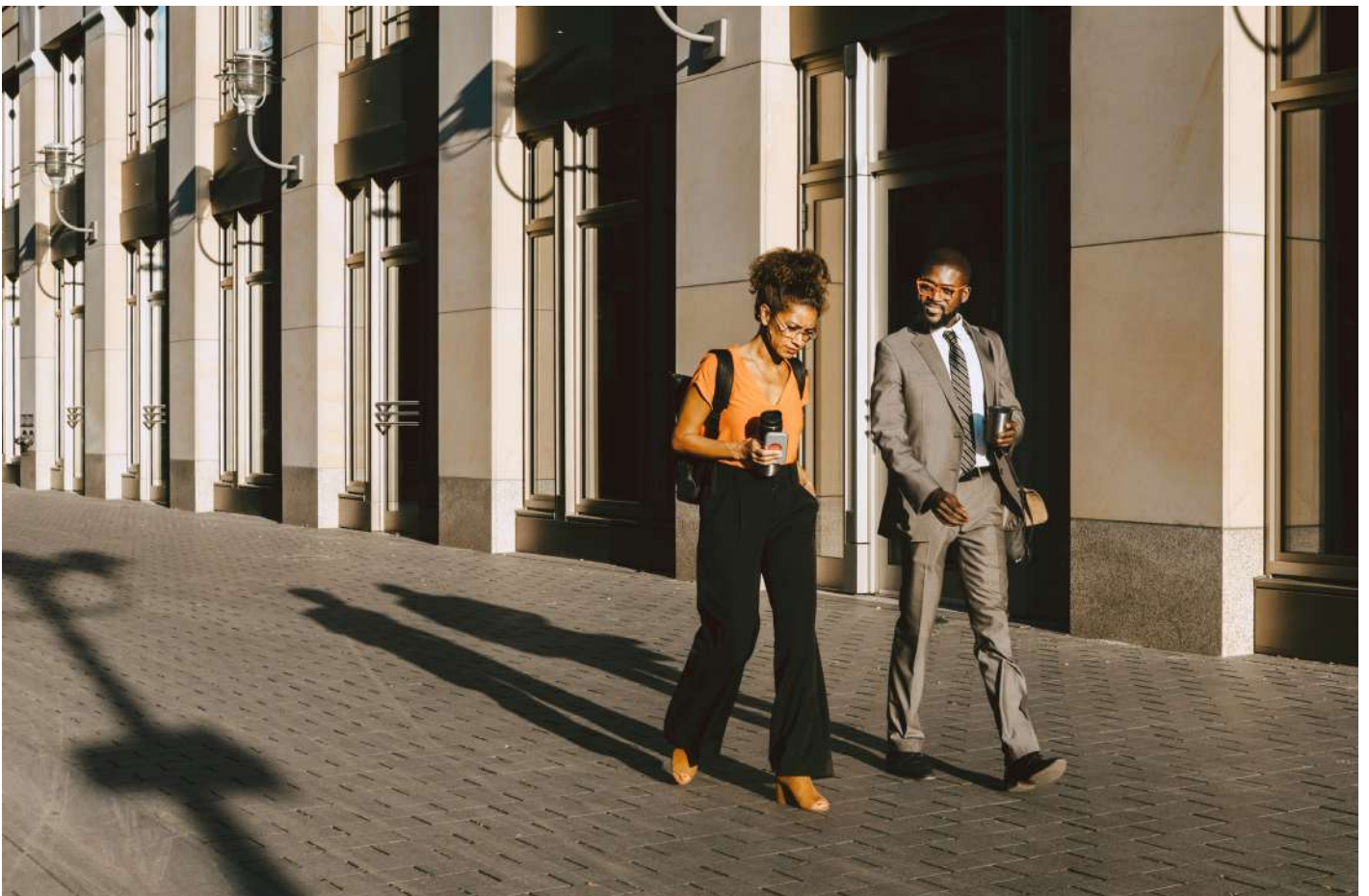
6. Smoking Guidelines

For all cases, any smoking declaration or occasional cigar use must include a negative Cotinine urine test result to be considered for Non-Smoker rates. Otherwise, the Proposed Insured will be assessed at Smoker rates.

For standard and substandard risks, generally smoking pertains to ingestion of any tobacco/nicotine products within the past 12 months. The one exception to this is the occasional cigar smoking (maximum of 2 per month), with a negative Cotinine urine test result.

Smoking Habit (as declared)	Urine Cotinine Test	Smoker/Non-Smoker Rates
Non-Smoker	Negative	Non-Smoker rates*
	Positive	Smoker rates
Cigar Smoker	Negative	Non-Smoker rates
	Positive	Smoker rates
Cigarettes/E-Smoker/Hookah	Negative	Smoker rates
	Positive	Smoker rates

*To qualify for Non-Smoker rates, the Proposed Insured must not have used any cigarette or tobacco (except limited cigar smoking) for at least 12 months.



7. Insurance and Financial Underwriting

7.1 Financial Underwriting

The purchase of life insurance is a long-term financial commitment. Therefore, the amount of insurance applied for, plus any in-force insurance, and the ultimate total line of coverage, should be compatible with the insurance needs of the Client. The level of financial underwriting is typically based on the documents submitted, amount of insurance coverage applied for and the ultimate total line of coverage.

Sound financial underwriting is important not only to establish that the total amount of insurance issued is commensurate with an unexpected premature economic loss, but it also ensures presence of insurable interest, and reduces the risk of anti-selection.

We recognise that each case is unique and will be assessed on its individual merits. We aim to minimise requirements, where possible, to smoothen the process.

7.2 Personal Insurance - Financial Evidence

Sum Assured is calculated based on the aggregate of:

- Sum Assured currently pending with Sun Life Singapore
- Total in-force coverage with Sun Life

We reserve the right to request additional financial documentation to complete the financial underwriting.

Sum Assured (USD)	Underwriting Requirement
Up to \$3,000,000	<ul style="list-style-type: none"> • Completed Financial Statement
\$3,000,001 - \$5,000,000	<ul style="list-style-type: none"> • Completed Financial Statement • Broker Memo (BM) or Client Background Report (CBR)
\$5,000,001 - \$30,000,000	<ul style="list-style-type: none"> • Completed Financial Statement • Broker Memo (BM) or Client Background Report (CBR) • Third Party Financial Verification (TPFV)
> \$30,000,000	<ul style="list-style-type: none"> • Completed Financial Statement • Broker Memo (BM) or Client Background Report (CBR) • Third Party Financial Verification (TPFV)* <p>*More than one TPFV may be requested</p>

We need third party financial verification regardless of Sum Assured for Clients who reside in countries with a C country rating and with high-risk profiles. Please refer to Client Due Diligence section for further information.

Financial Statement	<p>The Financial Statement in our Application Form provides disclosure of income, assets, and liability. Similar forms from you and other sources may be considered at our discretion</p>
Broker Memo (BM) or Client Background Report (CBR)	<p>This report provides important background information to help us establish the Client's risk profile. It typically contains:</p> <ul style="list-style-type: none"> • Professional background • Financial disclosures • Financial need details • Purpose of the insurance coverage • How the Sum Assured was determined • In-force coverage, concurrent applications with other insurer(s), ultimate total line • Ultimate beneficiaries, payors, owners • Source of wealth, and details relating to Client referral source • Premium payment arrangement • Any adverse information noted from due diligence checks and if issue has been resolved, with evidence/information on resolution
Third Party Financial Verification (TPFV)	<p>TPFV is financial verification by a credible third party. Properly sourced and acceptable third-party financial verification may come from the following:</p> <ul style="list-style-type: none"> • Bank letter <ul style="list-style-type: none"> - Corroboration of income and net worth, confirms a satisfactory banking relationship and length of relationship - Must be on bank letterhead and signed by the private banker or a bank officer - Bank letters without income and net worth details will require an Inspection Report (IR) with the private banker • Income tax returns • Audited financial statements (personal and/or business) • Attorney Letter • Investment Portfolio Statement • Banking and/or brokerage statements • Certified Public Accountant (CPA) Letter

7.3 Personal Insurance – Financial Underwriting Guidelines

Generally, for Proposed Insureds applying for life insurance coverage, the maximum allowable total line is determined either by an established income replacement need or on the 30% liquidity of net assets. On a case-by-case basis, we may consider a maximum total line as the sum of the income replacement need plus the 30% liquidity on net assets (excluding cash).

7.3.1 Income Replacement Approach

Earned Income Replacement (e.g. salary, bonus, business income)

The amount of coverage allowed for income replacement purposes is typically determined as a multiple of present earned income. Therefore, it is important to provide all sources of earned income.

Our income multiplier for earned income:

Age (years)	Earned Income Multiplier
18 – 45	Up to 35x
46 – 55	Up to 25x
56 – 65	Up to 20x
Over 65	Up to 10x

Unearned Income Replacement (e.g. investments, rental, interest)

The same Income Multiplier above applies to 50% of any unearned income

Professional Investor/Private Investor

Option 1: Income Multiplier (as above) times 50% of investment income

Option 2: 30% of personal net assets (excluding cash/deposits)

7.3.2 Combination of Income Replacement and Net Assets Approach

In some instances, it makes sense to consider income and net assets in calculating the maximum allowable total line of coverage.

Income Earner

The same Earned Income Multiplier calculation used above (present earned income times the multiplier) plus 30% of Personal Net Assets excluding Cash. This is typically considered the maximum total Sum Assured we would consider on an individual life.

Professional Investors/Private Investors

The same Income Multiplier above is applied to 50% of investment income plus 30% of Personal Net Assets excluding any assets used in the Income Multiplier calculation and excluding Cash. This is typically considered the maximum total Sum Assured we would consider on an individual life.

7.3.3 Estate Liquidity Planning

Estate tax and planning needs can be complex. A Client's estate may require a substantial amount of cash to cover a wide range of needs, including but not limited to, potential insufficient family income, liquidity, and disposition of assets and excessive transfer cost concerns.

As a general guideline, we consider up to 30% of the estate's liquidity on verified net assets excluding cash for most estate tax and planning cases.

7.3.4 Estate Tax Calculation

Generally, for Clients whose estates are subject to estate or inheritance tax, we may allow a calculation for the maximum estate tax need using the lesser of 75% life expectancy or 20 years at a 5% growth factor.

LESSER OF
75% of life expectancy x 5% growth factor
 OR
20 years x 5% growth factor

The maximum ultimate total line of insurance allowed for estate tax purposes will typically be determined either by the established Income Replacement need or on 30% liquidity of net assets. On a case-by-case basis, we may consider a maximum ultimate total line as the sum of the income replacement need plus the 30% liquidity on net assets less cash.

Hypothetical examples of the Estate Tax Calculation:

- Assumption: Present net worth is \$20,000,000 with estate/inheritance tax of 20%
- Step 1: Determine the future value of net worth by using the concept of Time Value of Money:
 $FV = PV \times (1 + i)^n$
 Therefore, the future value of estate would be \$53,065,954
- Step 2: Determine the estate/inheritance tax need by multiplying the future value of the estate by the tax rate
- Estate Tax Need = $FV \times TR$
 Therefore, the estate tax need is \$10,613,190 ($\$53,065,954 \times 20\%$)

* Note: These are hypothetical examples only. Estate tax rates vary by country.

Legend

FV = future value of estate
 PV = present value of estate
 TR = tax rate
 i = growth rate per period
 n = number of periods

7.4 Non-Income Group

Category	Sum Assured (USD)	Underwriting Approach
Minor lives/ Student (to age 17)	Up to \$2,000,000	At least one parent and all siblings are equally covered
	\$2,000,001 - \$10,000,000	At least one parent has 2x coverage, and all siblings are equally covered
	\$10,000,001 - \$20,000,000	Individual consideration
Non-Income Earners and Students (age 18 and above)	Up to \$5,000,000	At least one parent and all siblings are equally covered
	\$5,000,001 - \$10,000,000	At least one parent has 2x coverage, and all siblings are equally covered
	\$10,000,001 - \$20,000,000	Individual consideration
Non-Working Spouse or Homemakers	Up to \$10,000,000	Working spouse with equal coverage
	\$10,000,001 - \$20,000,000	Working spouse has 2x coverage
Retiree, Both Clients Retired, or One Retired/ One Homemaker	Up to \$20,000,000	Option 1 - Consider 30% of net worth excluding Cash Option 2 - Income Multiplier of 15 times 50% of unearned income

7.5 Business Insurance – Financial Evidence

- Financial Statement from our Application Form
- Financial Information for Business Insurance from our Application Form
- Broker Memo
- Third Party Financial Verification
- Two years of audited personal and business financial statements (to include balance sheets, income statements, cash flow and auditor's notes)
- Copy of Board of Directors Resolution, Buy/Sell, or Share Purchase, or Loan Agreement
- Accounting and Corporate Regulatory Authority (ACRA) report or equivalent
- While rare, we reserve the right to request additional financial documentation in order to complete the financial underwriting

7.6 Business Insurance – Financial Underwriting Guidelines

Life insurance can be a solution for a number of business-related challenges. The two most common uses of life insurance for business owners are:

- Indemnity for the loss of a key person
- Protection for a business from liquidation by establishing a buy/sell agreement backed by life insurance

7.6.1 Key Person Insurance

Individuals who make significant contributions to the profitability or the sustainability of a business and cannot be readily replaced are key persons. The loss of a key employee represents a business risk, which may be mitigated with a life insurance coverage, to indemnify the business by providing capital or cash flow at a key person's premature death.

7.6.2 Buy/Sell

Buy/Sell is a type of life insurance purchased to preserve the business from forced liquidation on the death of business owners. All owners should be proportionately insured based on their established interest in the business.

7.6.3 Business Loan Protection

Business loan protection is designed to provide a business with the funds to repay commercial loans should one of the business owners suffers a premature death.



Type of Business Insurance	Underwriting Approach
Key Person	<ul style="list-style-type: none"> • Option 1: Use a multiplier of company's average net or gross profit 6x the average net profit over the past three years, OR 3x the average gross profits over the past three years The sum insured is to be divided proportionately among all Key Persons Option 2 (applicable only for Key persons who are employees and not business owners): Use a multiplier of total annual remuneration package Age 18–60 years : up to 15x annual remuneration Age 61–70 years : up to 6x annual remuneration Option 3 – for Investors, we may consider up to 70% of the capital injection, usually on Individual Consideration basis • Copy of the Board of Director Resolution allowing the purchase of life insurance
Buy/Sell	<p>All owners are proportionately insured based on their established interest in the business.</p> <p>Formulas used to establish business value for buy/sell are:</p> <ul style="list-style-type: none"> • Book Value • Fair Market Value • Capitalisation of Net Worth • For well-established, low-risk businesses, with large assets and capitalisation, an earnings factor of 10-15x net income may be considered • Provide a copy of the agreement
Partnership and Share Purchase Protection	<p>All owners are proportionately insured based on their established interest in the business.</p>
Business Loan Protection	<ul style="list-style-type: none"> • Single Borrower: May consider up to 100% of the fixed loan amount • Multiple Borrowers: Divide the loan proportionately based on the established interest in the business. The total Sum Assured of business loan protection in all lives cannot exceed 100% of the fixed loan amount • Copy of the Loan Offer is required



8. Residency Guidelines

List of countries as stated on Section 8.4 may change from time to time for various reasons (eg: political situation in the country) without prior notification. Please contact us for more information.

- Country of residency is typically determined by where the Proposed Insured spends 183 days or more in a country during a given calendar year
- Proposed Insured must have documentation to support country of residency
- A blended country rating may be required for a Proposed Insured who resides in countries with different country ratings
- Travel patterns in the past and next 12 months may influence the consideration of country rating
- Proposed Insured travel may require an additional flat extra per thousand. Please contact us for more information
- Where the Proposed Insured has multiple residencies and extensive travel, our Underwriter will evaluate each case on its own merits
- We may consider exclusions depending on Proposed Insured's overall risk profile
- We may request additional information and/or documentation, such as a Country Questionnaire

8.1 Prohibited Countries

We will not accept business from citizens or residents of these countries:

- Iran
- North Korea
- Syria
- Russia

We may consider Clients who were born in these countries, but who have established citizenship and residency in another permitted jurisdiction, subject to enhanced Client Due Diligence review. Client will need to complete a Country Questionnaire.

8.2 High Risk Countries

If the Client, any individual, or entity related to the application, is associated with any High Risk country, enhanced Client Due Diligence review is required.

8.3 Country C

Stated capacity for C Countries assumes residence in the capital or major city of that country. A flat extra rating and/or exclusion may be required. Enhanced due diligence review is required.

8.4 Country List

Country	Country Code
Albania	B
Algeria	B
Andorra	A
Angola ³	C
Anguilla	A
Antigua and Barbuda	A
Argentina	A
Armenia (Excludes Nagorno-Karabakh and Azerbaijan border areas)	B
Aruba	A
Australia	A
Austria	A
Azerbaijan (Excludes Nagorno-Karabakh and the Armenian border areas)	C
Bahamas	A
Bahrain	A
Bangladesh ²	C
Barbados	A
Belarus	B
Belgium	A
Belize	B
Benin	C
Bermuda	A
Bhutan	C
Bolivia	C
Bonaire	A
Bosnia & Herzegovina	B
Botswana	B
Brazil	A
British Virgin Islands	A
Brunei	A
Bulgaria	B
Burkina Faso	C
Cambodia	C

Country	Country Code
Cameroon	C
Canary Islands	A
Cape Verde	C
Cayman Islands	A
Chile	A
China (Excludes Tibet and Xinjiang)	A
Colombia ¹	C
Comoros	C
Costa Rica	A
Croatia	B
Curaçao	A
Cyprus	A
Czech Republic	A
Denmark	A
Djibouti	C
Dominica	A
Dominican Republic	B
Ecuador	B
Egypt	C
El Salvador	C
Equatorial Guinea	C
Estonia	A
Falkland Islands (Malvinas)	B
Fiji	C
Finland	A
France	A
French Guiana	C
French Polynesia	B
Gabon	C
Gambia	C
Georgia	C
Germany	A
Ghana ³	C
Gibraltar	A
Greece	A

Country	Country Code
Greenland	A
Grenada	B
Guadeloupe	B
Guatemala	C
Guernsey	A
Guinea	C
Guinea-Bissau	C
Guyana	C
Honduras	C
Hong Kong	A+
Hungary	A
Iceland	A
India (Excludes Jammu and Kashmir and the northeastern states of Assam, Nagaland, Tripura, and Manipur)	C
Indonesia	A
Ireland	A
Isle of Man	A
Italy	A
Jamaica	A
Jersey	A
Jordan	B
Kazakhstan	B
Kenya ³	C
Kosovo	C
Kuwait	A
Kyrgyzstan (Bishkek only)	C
Laos	C
Latvia	A
Lesotho	C
Liechtenstein	A
Lithuania	A
Luxembourg	A
Macau	A
Madagascar	C
Madeira	C
Malawi	C

Country	Country Code
Malaysia	A
Maldives	B
Mali	C
Malta	A
Marshall Islands	C
Martinique	A
Mauritius	B
Mexico	A
Micronesia	C
Moldova	C
Monaco	A
Mongolia	C
Montenegro	B
Montserrat	A
Morocco	B
Mozambique	C
Namibia	C
Nauru	C
Nepal	C
Netherlands	A
New Caledonia	B
New Zealand	A
Nicaragua	C
Niger	C
Nigeria ³	C
North Macedonia	C
Norway	A
Oman	A
Pakistan ^{1,2}	C
Palau	A
Panama	B
Papua New Guinea	C
Paraguay	B
Peru	B
Philippines (Excludes Mindanao and the Sulu Archipelago)	A

Country	Country Code
Poland	A
Portugal	A
Puerto Rico	A
Qatar	A
Romania	B
Rwanda	C
Saint Barthélemy	A
Saint Kitts and Nevis	A
Saint Lucia	A
Saint Vincent & the Grenadines	A
Samoa	B
San Marino	A
São Tomé and Príncipe	C
Saudi Arabia	A
Senegal	C
Serbia	B
Seychelles	A
Singapore	A+
Slovakia	A
Slovenia	A
Solomon Islands	C
South Africa (Cape Town only, all other areas are considered "C" country)	A
South Korea	A
Spain	A
Sri Lanka	C
Suriname	B
Swaziland (Kingdom of Eswatini)	C
Sweden	A
Taiwan	A
Tanzania ³	C
Thailand (Excludes Yala, Pattani, Narathiwat and Songkhla provinces)	A
Timor-Leste (East Timor)	C
Togo	C
Tonga	C

Country	Country Code
Trinidad and Tobago	A
Tunisia	C
Turkey	B
Turkmenistan	C
Turks and Caicos Islands	A
Tuvalu	C
Uganda	C
United Arab Emirates	A
United Kingdom	A
Uruguay	A
Uzbekistan	C
Vanuatu	C
Venezuela	C
Vietnam	B
Zambia ³	C
Zimbabwe	C

¹ Depending on the country, a flat extra or War and Terrorism Exclusion Clause may apply. Please contact us for more information

² Additional flat extra per thousand may apply for this country of residence

³ Additional flat extra per thousand may apply when using facultative capacity for this country of residence

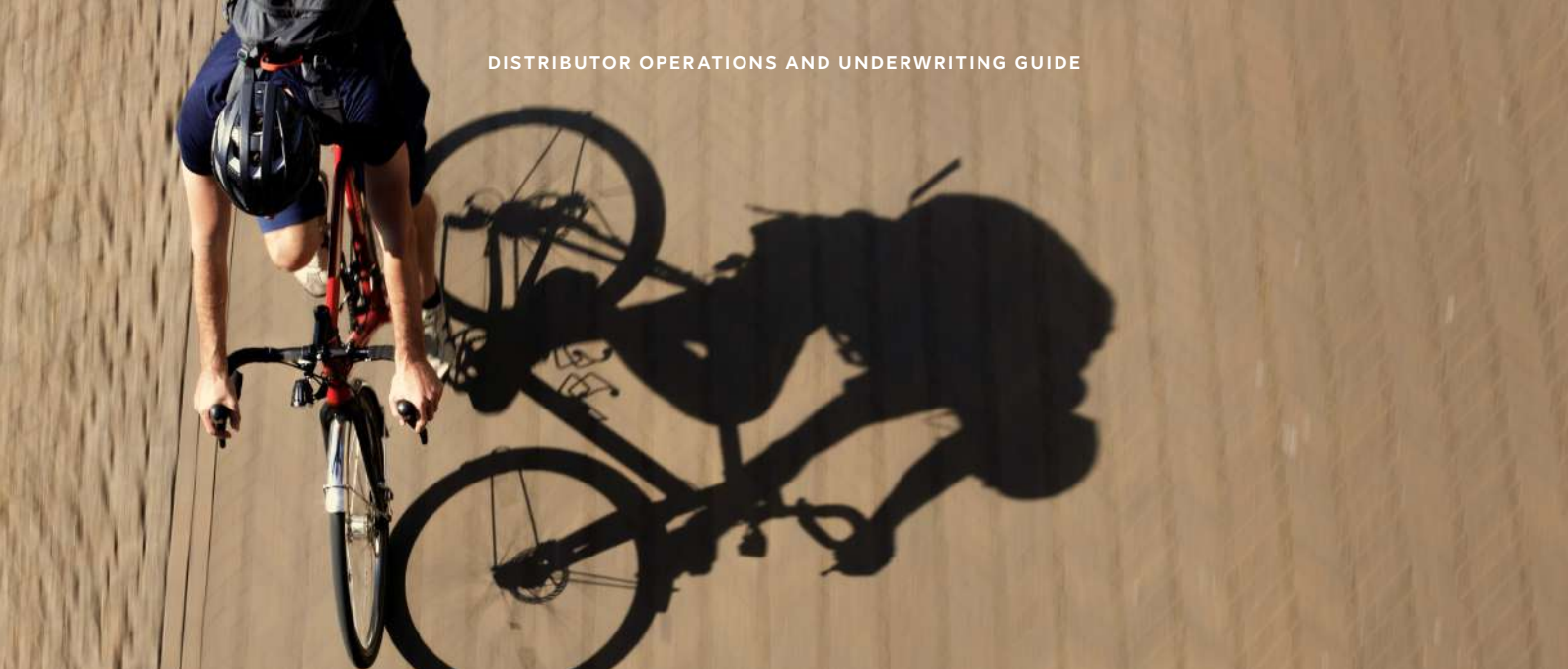
For countries that are not listed, please contact us.

9. Medical Facilities

- All medical facilities must be pre-approved by us
- Before confirming the medical appointment, please check with the medical facility to ensure that it is aware of and can perform all necessary medical examination requirements and procedures
- All reports must be provided in English
- All medical examinations must be completed by an independent qualified cardiologist, internist or general practitioner, who is not the Proposed Insured's family doctor
- In relation to country-specific or in-country medical examinations, it is the Distributor's responsibility to understand and follow all applicable laws and guidelines related to solicitation in all relevant jurisdictions
- The following are medical facilities which Sun Life has accepted, and we have the discretion to consider the relevant medical facility for each case as we deem fit:

9.1 Singapore

Name of Medical Facilities	Website
Asiamedic	www.asiamedic.com.sg/
Fullerton Healthcare Group	www.fullertonhealthcare.com
Fusion Medical	www.fusionmedical.com.sg/
Gleneagles Medical Centre	www.gleneagles.com.sg/
Medifast Medical Centre (at Novena Medical Centre)	www.medifast.com.sg/ novenamedicalcenter.com/
Mount Alvernia Hospital	mtalvernia.sg/
Mount Elizabeth Medical Centre (includes Executive Health Screeners)	www.memc.com.sg/
Mount Elizabeth Novena Hospital (includes Executive Health Screeners)	www.mountelizabeth.com.sg/
Pacific Healthcare	www.pachealthholdings.com/
Parkway Shenton Pte. Ltd.	www.parkwayshenton.com
Raffles Medical Group	www.rafflesmedicalgroup.com
Speedoc	speedoc.com/sg/
Thomson Medical Centre	www.thomsonmedical.com



9.2 Hong Kong

Name of Medical Facilities	Website
Adventist Hospital / Adventist Medical Centre	www.hkah.org.hk
Blue Care Medical Centre	www.ucare.com.hk/en/blue_care_medical_centre/clinic_location
Canossa Hospital	www.canossahospital.org.hk
Hong Kong Sanatorium & Hospital	www.hksh-hospital.com/hk
Matilda International Hospital	www.matilda.org
Medifast	www.medifast.com
Premier Medical Centre	www.premiermedical.com.hk
Raffles Medical Group	www.rafflesmedicalgroup.com/hong-kong
The Specialist Consortium Limited	www.sp-con.hk
The Specialists Health Check and Diagnostic Imaging Centre	www.specialists.hk/en/
Union Hospital	www.union.org/new/eindex.php
Trinity Health Enterprise (THE) Checkup Clinic	www.the-hk.com

9.3 Malaysia

Name of Medical Facilities	Website
Cardiac Vascular Sentral (CVS)	www.cvskl.com/
Georgetown Specialist Hospital	georgetownspecialist.com/
Gleneagles Kota Kinabalu Hospital	www.gleneagles.com.my/kota-kinabalu#
Gleneagles Medical Centre	www.gleneagles.com.my/penang#
Gleneagles Medini Johor	www.gleneagles.com.my/medini-johor#
HSC Medical Centre	www.hsc.com.my
Island Hospital	islandhospital.com/
KPJ SibU Medical Centre	www.kpjhealth.com.my/sibu/
Mahkota Medical Centre	www.mahkotamedical.com/
Normah Medical Specialist Centre	www.normah.com.my/
Pantai Hospital	www.pantai.com.my/kuala-lumpur
Prince Court Medical Centre	www.princecourt.com/
Ramsay Sime Darby Medical Centre	www.ramsaysimedarby.com/
Regency Specialist Hospital	www.regencyspecialist.com
Rejang Medical Centre	rejang.com.my/



9.4 Indonesia

Name of Medical Facilities	Website
Fullerton Cibis Clinic	www.fullertonhealthcare.com
Mahkota Medical Centre	www.mahkotamedical.com/
Medikaloka Health Care	medikaloka.com/
Metropolitan Medical Centre (MMC) Hospital	rsmmc.co.id/
Siloam Hospitals Kebon Jeruk	www.siloamhospitals.com/en/Hospitals-and-Clinics/Hospitals/Siloam-Hospitals-Kebon-Jeruk
Siloam Hospitals Lippo Village	www.siloamhospitals.com
SOS Medika Klinik Kuningan	www.internationalsos.co.id/preferred-clinic/kuningan
Tirta Medical Centre Bellagio	www.tirta.co.id/home/

9.5 Thailand

Name of Medical Facilities	Website
Bangkok Hospital	www.bangkokhospital.com/en
Bumrungrad Hospital	www.bumrungrad.com
Samitivej Hospital	www.samitivejhospitals.com/

Contact us for facilities not listed

10. Reimbursement of Expenses

- You may request reimbursement of expenses incurred for the case if all the following criteria are met:
 - The policy is issued by us
 - The policy has passed the 14-day Free Look period and remains in-force when the reimbursement is paid
 - You furnish us with the invoices from the medical facilities, doctors and/or vendors, such invoices which are to be paid by you, and receipts/evidence of such payment made
 - Invoice(s) must not mention Sun Life Singapore in any way
 - Request is submitted upon or after the policy is incepted but no later than 90 days after policy issue date
- You are responsible for all communication with the medical examination facility, physician, other medical staff, and/or vendor. If a medical facility, physician, or vendor contacts us directly, we will direct them back to you
- Reasonable fees are reimbursed by us directly to you. You are responsible to pay the medical facility, physician, and/or vendor
- Requests for reimbursement must be submitted to us via email to ClientforLife.SG@sunlife.com with relevant invoice(s) and receipt(s) attached
- We will need the following in order to process the reimbursement:
 - Case ID and Policy Number, full name of the person examined or for whom the inspection report was completed, an itemised list of tests completed per individual, the amount to reimburse per individual, the total reimbursement for all cases submitted with the email
 - The medical facility, physician, or vendor's invoice(s), and Distributor/Representative receipt(s) for the services, must be presented for the actual medical examination requirements and/or inspection report completed for the policy (e.g. Sun Life approved facility or First Financial, dates match with the medical examination and inspection report date, invoices reflect the requirements received, charges are reasonable)
 - The currency of the charges must be clearly stated on the invoice and receipt
- Our reimbursement to you will be made in Singapore dollars (SGD)
- If you have paid for the expense in currency other than Singapore dollars, we will convert the amount using the FX rate determined by us
- If miscellaneous or administration charges are included, please have the medical facility or physician provide details. We will reimburse these at our sole discretion
- Medical reimbursement will not occur if all conditions required for medical reimbursement are not met or for medical fees associated with an underwriting opinion only
- Examples of Reimbursable Expenses:
 - Medical examination, blood test, urine test, electrocardiogram, treadmill stress test, echocardiogram, mature age questionnaire, inspection report, Attending Physician Statement requested by us
- Examples of Non-Reimbursable Expenses:
 - Checkups submitted in lieu of the medical examination
 - Tests/Reports which are not part of our testing protocols or not requested by us
 - Language translation fees incurred by you
 - Fees for copying reports and duplicate reports

11. Policy Ownership

11.1 Ownership at Issuance

At the point of inception, the ownership of the Policy must comply with the insurable interest requirement under section 146 of the Insurance Act 1966.

11.2 Transfer of Policy Ownership

After issuance, a Policy Owner may transfer ownership of their Policy to an individual, incorporated Entity, or Trustee of a Trust by completing and submitting our Deed and Notice of Absolute Assignment form and Client due Diligence (CDD) documents. Click [here](#) for more details on the CDD requirements.

11.3 Collateral Assignments

We accept Collateral Assignments involving financial institutions which are sound and of good standing, provided that the documents are approved by us. Examples of such documents may include the Notice of Assignment, Acknowledgement of Notice of Assignment, and Letter of Undertaking.

11.4 Ownership Restrictions

We do not allow Policies to be owned by sanctioned individuals/entities, or individuals who are residents of, entities domiciled in, or Trusts governed by laws of prohibited or sanctioned countries.



12. Policy Issuance

In addition to the requirements needed for a formal underwriting offer, we will also require the following items in order to issue a Policy.

- Client Due Diligence (CDD) documents for the individuals and entities serving in the roles of policy owner, beneficial owner, or third-party premium Payor. Click [here](#) for more details on the CDD requirements
- Final Policy illustration signed by the proposed Policy Owner
- Any required amendments, supplementary forms, or other documents we specify as being necessary for policy issuance

Once all requested items are received and deemed to be in good order by us, we will email you with authorisation to remit the initial premium.



13. Premium Payments and Source of Funds

13.1 Premium Guidelines and Valuation

- All premium must be paid in currency denominated in the product
- Acceptance of premium is subject to our discretion, and generally, we do not accept premium from prohibited or sanctioned countries/persons/entities
- Initial premium should only be paid after we notify you that the Payor may proceed to pay the premium. We reserve the right to return any initial premium received prior to our said notification
- Joint bank account holders are also considered Payors and are subject to full Client Due Diligence. Please ensure that their information is disclosed prior to premium remittance on the Application Form as a third-party Payor, or in the Service Request form if there is a change in Payor. Client Due Diligence requirements can be found [here](#)
- Renewal premium due notices will be sent to the Policy Owner's last mailing address on our records, approximately 60 days prior to the premium due date, unless sending mails to such address is prohibited or detrimental to us in which case then we will contact the Policy Owner via alternative means or engage the Distributor accordingly
- For payments made via Telegraphic Transfer, we will value premium payments as of the date that is shown on MT103 or equivalent, on the basis that the premium is received by us, and that all payment details match our records in good order. If the date of payment is not available, we will value premium payments as of the date of receipt of fund.
- For payments made via bank draft or cheque, we will value premium payments as of the date we received the bank draft or cheque, and that all payment details match our records in good order

13.2 Premium Payment Methods

Bank Draft	<ul style="list-style-type: none"> • Bank draft must be issued by a bank regulated and licensed in Singapore • We need a copy of the Bank Draft application form • Bank draft to be payable to: Sun Life Assurance Company of Canada Singapore Branch
Cheque	<ul style="list-style-type: none"> • Cheque must be issued by a bank regulated and licensed in Singapore • Full name of the Payor must be printed on the cheque • Cheque to be payable to: Sun Life Assurance Company of Canada Singapore Branch
Telegraphic Transfer (TT)	<ul style="list-style-type: none"> • All charges or fees associated with the TT are the responsibility of the Payor • a MT103 must be remitted with all TT payments, and must include the Payor's name, bank account number, name of remitting bank, location of remitting bank, and reference the Sun Life Singapore Policy number

13.3 Telegraphic Transfer Instructions

Account Name:	Sun Life Assurance Company of Canada Singapore Branch	Bank Code:	7214
Bank Name:	Citibank N.A., Singapore Branch	Branch Code:	760
Bank Account No:	0010117003	Bank Address:	8 Marina View #21-00 Asia Square Tower 1 Singapore 018960
Currency:	USD		
Swift Code:	CITISGSGXXX		

13.4 Acceptable Third Party Payor Relationships

We generally accept the below Payor relationships subject to our satisfactory client due diligence review:

- Spouse
- Child (natural, adopted or step)
- Sibling (natural, adopted or step)
- Parent (natural or step)

For other relationships not listed above, we may consider on a case-by-case basis with explanation of the relationship, reason for paying the premium and satisfactory Client Due Diligence review.

Details of Client Due Diligence procedures can be found [here](#).

We reserve the right to request proof of relationship documentation as we deem necessary for all cases.



14. Inforce Policy Service Requests

Enquiries or transaction requests after the Policy has been issued should be submitted to us at ClientforLife.SG@sunlife.com.

Depending on our Client risk assessment outcome, additional information and/or documents may be required before we effect certain inforce transactions, including ownership changes, loans, withdrawals and surrenders.

For transactions where the Policy Ownership is changing or money is being taken out of the policy, we may request additional verification by the Policy Owner or the Distributor if the request is received with an electronic signature.

Details of Client Due Diligence procedures can be found [here](#).



15. Claims

Claims can be made by emailing us at ClientforLife.SG@sunlife.com.

We require a completed Claim Statement and certified death certificate for the Insured. A copy of certified death certificate can be sent initially but we will require a physical copy with appropriate jurisdiction seal to be mailed to our office before a claim can be processed.

All claimants are subject to our Client Due Diligence procedures. Details can be found [here](#).

Claims interest will only be paid (where applicable) in accordance with Life Insurance Association of Singapore (LIA) claims interest rates.



16. Client Due Diligence (CDD)

Sun Life Singapore uses a risk-based approach to administer our Client Due Diligence programme in accordance with MAS Notice 314 on Prevention of Money Laundering & Countering the Financing of Terrorism (AML/CFT). This approach evaluates a range of factors including, but not limited to, nationality, residency, type/activity of business, political exposure, origin of funds, and independent screenings.

The roles subject to Client Due Diligence (CDD) include:

- Policy Owner
- Nominated Beneficiaries
- Contingent Insured
- Beneficial Owner(s)
- Controlling Person(s)/Entity(ies)
- Contingent Owner
- Third Party Payor(s)
- Trustee(s)

Depending on the factors associated with an individual or entity servicing in a particular role, the respective CDD documents will be collected. Should enhanced due diligence (EDD) be required, we reserve the right to ask for additional documents. This may include proof source of wealth and/or source of funds.

We reserve the right to request additional information and/or documents, as we deem necessary for all CDD documents.

16.1 Individuals

All of the roles subjected to CDD would require the submission of the certified true copy of:

- Government Issued Identification
- Proof of Residential Address (if government issued identification submitted does not contain relevant information)

16.1.1 Government Issued Identification

All of the following requirements must be met for a government issued identification document to be deemed in good order:

- Must be legible
- Must be valid and not expired
- The individual's full legal name must appear as it appears on our form
- Contain a picture of the individual
- Have a unique identification number
- Display a country of issuance,
- State the type of document (e.g. Passport, National Identification Card, Driver's License, etc.)
- Certified as true copy of the original

Additional considerations:

- If the identification document has an expiry date, it must not be expired at the time the individual is on boarded by us. If the document is close to expiry, please provide a renewed document, or an alternative document to avoid any potential delays associated with an expired ID.
- We reserve the right to request an additional government issued identification document that meets all of the requirements above if the Client resides in a high risk country or if there are elements of the identification document provided that we feel do not satisfy our Client Due Diligence guidelines.

16.1.2 Proof of Residential Address (PORA)**All of the following requirements must be met for the PORA document to be deemed in good order:**

- Must be legible
- The individual or entity's full legal name must appear as it appears on our forms
- Contain the residential address provided on our forms
- Dated within the past 6 months from the date it is received by us and deemed to be in good order
- Contain the name of the issuing entity or firm
- State the type of document (e.g. utility bill, bank statement, etc.)
- Translated to English (if in a foreign language)
- Certified as true copy of the original

Additional considerations:

- For translated PORA, only the elements that are required above need to be translated (not the entire document).
- If the individual does not have a suitable PORA document, they can provide a document that meets the requirements above for another adult member of the same residence such as a parent, spouse or sibling.

Examples of PORA for individuals:

- Identification document – if that document contains the residential address provided on our form
- Utility bill
- Bank statement
- Bank issued credit card statement
- Letter from the relevant country's tax department
- Letter from another financial or legal institution stating identity and residential address with which the Client has a business relationship
- Residential certificate or permit

16.2 Entities (excluding Third Party Payors)

Entities in a role subjected to CDD would require the submission of the below documents.

For Third Party Entity Payors, please refer to **Section 16.4 Third Party Entity Payors**. Click [here](#) for more details.

16.2.1 Requirements for Trusts

	Examples of CDD Information / Document
Trusts	<ul style="list-style-type: none"> • Sun Life Singapore’s Declaration of Trustee Form; and • CTC of the Trust Deed – front page showing the Trust name and the jurisdiction where it was formed, signature page, pages listing the Trustee(s), Settlor(s), Beneficiaries, Grantor(s), Protector(s) if applicable, pages with purpose of the Trust; and • Provision or resolution approving the purchase of the life insurance policy / transfer of ownership; and • CTC of the Authorised Signatory List, no older than 12 months; and • CTC of the Government Issued Identification and Proof of Residential Address for the following individuals: <ul style="list-style-type: none"> - Trustee(s) - Authorised Signatories - Settlor(s) – and Protector/Grantor if applicable - Any Beneficial Owners not in one of the roles above - Trust beneficiaries (collected at the time a claim is processed) • U.S. FATCA and OECD CRS Entity Self-Certification; and • Deed of retirement and appointment of trustees (where applicable)

16.2.2 Requirements for Singapore-based Corporations

	Examples of CDD Information / Document
Singapore based corporate entities	<ul style="list-style-type: none"> • Sun Life Singapore’s Declaration of Corporation form; and • Accounting and Corporate Regulatory Authority (ACRA) Business Profile, no older than 6 months; and • CTC of the Authorised Signatory List, no older than 12 months; and • Board resolution authorising the purchasing of the life policy / transfer of ownership; and • Any association the entity has with other countries or jurisdictions (e.g. the location of the entity’s headquarters, operating facilities, branches, subsidiaries); and • CTC of government issued identification and PORA for the: <ul style="list-style-type: none"> - Authorised Signatories - Directors - Beneficial Owners • U.S. FATCA and OECD CRS Entity Self-Certification

16.2.3 Requirements for Corporations based outside of Singapore

	Examples of CDD Information / Document
Corporations based outside of Singapore	<ul style="list-style-type: none"> • Sun Life Singapore’s Declaration of Corporation form; and • CTC of the Certificate of Incorporation; and • CTC of the Certificate of Incumbency, no older than 12 months; and • CTC of the Shareholder Registry; and • CTC of the Authorised Signatory List, no older than 12 months; and • CTC of the Memorandum and Articles of Association (if applicable); and • Board resolution authorising the purchasing of the life policy / transfer of ownership; and • Any association the entity has with other countries or jurisdictions (e.g. the location of the entity’s headquarters, operating facilities, branches, subsidiaries); and • CTC of government issued identification and PORA for the: <ul style="list-style-type: none"> - Authorised Signatories - Directors - Beneficial Owners • U.S. FATCA and OECD CRS Entity Self-Certification

16.2.4 Requirements for Partnerships and Unincorporated Entities

	Examples of CDD Information / Document
Partnerships and unincorporated bodies	<ul style="list-style-type: none"> • Sun Life Singapore's Declaration of Corporation form; and • Partnership deed; and • Ownership and control structure; and • Records in an independent company registry (e.g. ACRA); and • The customer's membership with a relevant professional body; and • CTC of the Authorised Signatory List, no older than 12 months; and • Any association the entity may have with other countries or jurisdictions (e.g. the location of the entity's headquarters, operating facilities, branches, subsidiaries); and • CTC of government issued identification and PORA for the: <ul style="list-style-type: none"> - Authorised Signatories - Partners or Directors (where applicable) - Beneficial Owners • U.S. FATCA and OECD CRS Entity Self-Certification

16.2.5 Requirements for Sole Proprietorships

	Examples of CDD Information / Document
Sole Proprietorships	<ul style="list-style-type: none"> • Sun Life Singapore's Declaration of Corporation form; and • Records in an independent company registry or evidence of business registration (e.g. ACRA); and • U.S. FATCA and OECD CRS Entity Self-Certification

16.2.6 Other Entities or Organisations

For less common entity or organisation types, most will fall under the requirements for one of the categories previously listed. If you have questions about a specific entity type, please contact us with the details.

Some examples may include:

- | | | |
|-----------------------|-------------------|-------------|
| • Government Entities | • Public Entities | • Charities |
| • Societies | • Clubs | • Schools |

16.3 Authorised Signatory Lists

An entity's authorised signatory list is acceptable as long as it reflects the current valid authorised signatories and that is dated no older than 12 months. If we receive an authorised signatory list that is dated older than 12 months from the date of receipt or there are circumstances which render it reasonable for us to suspect it is not the current valid authorised signatory list, we reserve the right to request for a Board Resolution, Trustee letter, or formal written confirmation from a Director and/or Corporate Secretary on the company letterhead, referring to the authorised signatory list provided to us, that the same is still valid as at the current date.

16.4 Third Party Entity Payors

Third Party Entity payors are subjected to CDD and would require the submission of the below documents.

Depending on the factors associated with the case and entity, we reserve the right to request for additional requirements.

	Examples of CDD Information / Document
Singapore based corporate entities	<ul style="list-style-type: none"> Accounting and Corporate Regulatory Authority (ACRA) Business Profile, no older than 6 months
Corporate entities / Private Investment Companies ("PIC") based outside of Singapore	<ul style="list-style-type: none"> CTC Certificate of Incorporation and CTC Certificate of Incumbency (no older than 12 months); or Accounting and Corporate Regulatory Authority (ACRA) Business Profile equivalent
Trust	<ul style="list-style-type: none"> CTC of the Trust Deed – front page showing the Trust name and the jurisdiction where it was formed, signature page, pages listing the Trustee(s), Settlor(s), Beneficiaries, Protector(s) if applicable, pages with purpose of the Trust

16.5 Source of Funds

To establish the Source of Funds, we require a MT103 for all premium payments made by Telegraphic Transfer. This must include the full name of the Payor as it appears on our forms, the name of the remitting bank, the bank account number and the country of origin of remitting bank.

If premium is paid by bank draft from a bank regulated and licensed in Singapore, we require the bank draft application form to be submitted.

16.6 Source of Wealth

We require descriptive Source of Wealth about the Policy Owner, any third-party Payor(s), and any Beneficial Owner(s). For each new business case, please provide the following:

- Complete financial evidence which may include Financial Statement(s) on the Application Form, Broker Memo, Third Party Financial Verification, Financial Needs Analysis, Accredited Investor form, and any other requested financial evidence; **and**
- Bank Letter detailing the relationship with the individual and their assets under management (if applicable).

16.6.1 Details and Documentary Evidence for Source of Wealth

Based on our assessment, we may require documentary evidence to verify the Source of Wealth details provided. Below are some of the more common types of Source of Wealth, the details we may require, and examples of documentary evidence. This list serves as examples and is not to be considered all-inclusive.

Source of Wealth	Details required	Documentary Evidence
Salary Income (wages, bonus, etc.)	<ul style="list-style-type: none"> • Salary per annum • Employer's name and address • Nature of business 	One of the following: <ul style="list-style-type: none"> • Pay slip • Bank statement showing salary crediting • Income Tax Return • Letter of salary/earnings confirmation from Employer
Business Income (if self-employed or a company shareholder)	<ul style="list-style-type: none"> • Amount of annual profit • Name and address of business • Nature of business • Proof of ownership 	One of the following: <ul style="list-style-type: none"> • Copy of most recent audited company account (prior to the date of the application or premium date) • Published annual report/financial statements • Private company annual report • Certificate of Incorporation (or equivalent document) showing ownership
Company sale	<ul style="list-style-type: none"> • Total amount of sale • Date of sale • Name and nature of business • Client's share (in percentage) 	<ul style="list-style-type: none"> • Copy of contract of sale, plus bank statement showing receipt of proceeds

Source of Wealth	Details required	Documentary Evidence
Private investor/ Sale of investments	<ul style="list-style-type: none"> • Total sale/ liquidation amount • Description and category of shares/ units/ assets that were sold (bonds, equities, etc.) • Date of sale • Time period the investments were held • Name and location of the firms where the investments were held • Original Source of Wealth used to purchase the investment 	<p>Email or letter from the Client with a description of how the money used to purchase the investment portfolio was earned after factoring in any capital growth of the investment (if applicable); and</p> <p>One of the following:</p> <ul style="list-style-type: none"> • Confirmation/Liquidation/ Surrender statement, or Investment/ savings certificates, contract notes • Bank statement clearly showing receipt of funds from the investment firm • Any documents to show the purchase and sale of investments
Sale of Property	<ul style="list-style-type: none"> • Total sale amount • Date of sale • Address of property sold • An explanation for the Source of Wealth used to originally purchase the property 	<p>Email or letter from the Client with a description of how the money used to purchase the property was earned; and</p> <p>One of the following:</p> <ul style="list-style-type: none"> • Copy of sale and purchase agreement • A letter from a licensed solicitor or regulated accountant stating the property address, date of sale, purchase and sale amount
Rental Income	<ul style="list-style-type: none"> • Total amount of rental income per annum • Property details including address, and if the property is single/ multi-unit residential or commercial 	<p>One of the following:</p> <ul style="list-style-type: none"> • Evidence of property ownership • Tenancy agreement detailing property address and rental income • Government issued tax notice of assessment, showing the rental income

Source of Wealth	Details required	Documentary Evidence
Inheritance	<ul style="list-style-type: none"> • Total amount • Date received • Name of deceased • Date of death • Relationship with Client • A death certificate or copy of the probate with the will annexed from whom the funds were inherited 	<p>Email or letter from the Client with a description of the deceased's Source of Wealth; and</p> <p>One of the following:</p> <ul style="list-style-type: none"> • Grant of Probate (with a copy of the Will), and/or the Affidavit of value, which must include the value of the estate • Signed letter from a licensed lawyer/ solicitor or estate trustee on letterhead paper clearly stating the amount of inheritance • The Will and a copy of the cheque or bank statement confirming deposits.
Gifts or Donations	<ul style="list-style-type: none"> • Total amount • Date received • Donor's name and source of Donor's wealth • CTC of Donor's government issued identification • Relationship with Client 	<p>All of the following:</p> <ul style="list-style-type: none"> • Documentary evidence of the Donor's source of wealth as detailed in this table • Signed letter from the Donor explaining their reason for the gift
Divorce Settlement	<ul style="list-style-type: none"> • Total amount • Date received • Name of divorced partner 	<p>One of the following:</p> <ul style="list-style-type: none"> • Copy of court order clearly indicating the amount of settlement • Letter from the attorney/ solicitor detailing the divorce settlement with clear indication of the amount of settlement income

Source of Wealth	Details required	Documentary Evidence
Winnings from legalized Lottery or Gambling	<ul style="list-style-type: none"> • Total amount • Date received 	<p>One of the following:</p> <ul style="list-style-type: none"> • Letter from lottery organisation • Copy of bank statement showing deposit of lottery or gambling winnings • Media clippings (if applicable)
Maturity or Surrender of a Life Insurance Policy	<ul style="list-style-type: none"> • Total amount • Date received 	<p>One of the following:</p> <ul style="list-style-type: none"> • Letter from the insurance company confirming maturity or surrender proceeds amount • Bank statement showing deposit of maturity or surrender proceeds amount

17. Certification of CDD Documents

The Representative can certify CDD documents as true copies when they have met face to face with the Client. In all other instances, the certification must be done by one of the following persons:

- A member of the judiciary, a senior civil servant, or a serving police officer
- An officer of an embassy, consulate, or high commission of the country of issue of documentary evidence of identity
- A practicing lawyer or notary public who is a member of a recognised professional body
- A doctor
- An actuary who is a member of a recognised professional body
- An accountant who is a member of a recognised professional body
- A director of a regulated business in Singapore
- A relevant individual employed (e.g. the medical examiner) by the organisation undertaking the medical examination on a Client in relation to one of our products
- A member of staff at a regulated financial institution or Distributor

In the absence of a formal institutional stamp of certification, each certification of a CDD document should include the following:

- The name of the certifier including the institution they represent
- The certifier's signature
- The date of the certification
- A statement or communication that the document is a true copy of the original (Certified True Copy)

If the certifier is certifying multiple documents within a single pack of documents, all of the above information can be included in a cover letter attached to the pack of documents. The cover letter must specifically reference that the certification applies to each of the individual document copies in the pack.

18. Translations of Documents

All documents submitted to us must be legible and in English. If the document is not in English, it must be translated into English.

For translated **Underwriting** documents, please ensure the following:

- The document in the original language is submitted with the translated document
- The translation must be certified by a translating company, accompanied by a translation certificate, or a certifying stamp, or a cover memo, **and**
- The translating company's name, address and phone number must be clearly stated on the translation certificate
- We do not have a translation vendor available so you must have all documents translated into English for underwriting purposes prior to providing these documents to us

For translated **CDD** documents, certification may be done by a translation service or a staff member at Distributor's office.

Translated CDD documents must include:

- The name of the translator
- The title of the translator
- The date of the translation
- A signed statement attesting to the accuracy of the translation

PORA Translations must include:

- Type of document (e.g. utility bill, bank statement)
- Issuer of the document (e.g. utility company's name)
- Date of the document
- Name of the person who received the document – must match the name provided to us
- Address of the recipient of the document – must match the address provided to us

19. Addendums

Client Consent to Use Another Company's Branded Medical Form

"The undersigned individual completed and signed an Application on (dd/mm/yyyy) _____. By signing below, the Proposed Insured hereby represents that the answers provided on the paramedical/medical questionnaire or health history questionnaire completed on (dd/mm/yyyy) _____ for _____ (the "Insurer") remain current, valid, accurate, and complete.

The Proposed Insured acknowledges and understands that although the information is provided on the form(s) of the Insurer, the same information may be shared to the Insurer's affiliates (which may be located locally or overseas, which may have different data protection laws), and/or used by any other insurance company, for the purposes of assessing the Proposed Insured's insurability, and the completed form will be incorporated as part of any life insurance Policy issued on the basis thereof by any insurance company which provides coverage on the Proposed Insured's life."

Medical Records Are Not Available

"I hereby confirm that I do not have and have been unable to procure medical records in respect of myself in the last [5] years. I further confirm that I am unaware of any health issues pertaining to myself, and do not have any medical treatment or follow up medical appointments that I am required to attend. I acknowledge that you will take this into consideration when performing any assessment of my insurability."

No Regular Physician

"I confirm that I, (Proposed Insured's name), have no regular doctor. I last consulted a doctor on or around (mm/yyyy) _____. I further confirm that I have not had any medical tests or investigations carried out since that time, and I am unaware of any health issues pertaining to myself, and do not have any medical treatment or follow up medical appointments that I am required to attend. I acknowledge that you will take this into consideration when performing as assessment of my insurability."

Ultimate Total Line (including the Important Notice):

"The undersigned individual completed and signed an Application Form on (dd/mm/yyyy) _____. To bring current the representations made in the Application Form about the amounts of in-force and applied for life insurance coverage, the Proposed Insured hereby represents that the following statements are complete, correct, and true:

1. The total amount of life insurance coverage on the life of the Proposed Insured under existing inforce life insurance policies with all life insurance companies is USD \$ _____.00
2. The total amount of life insurance coverage currently being applied for on the life of the Proposed Insured with all life insurance companies is USD \$ _____.00
3. The ultimate total amount of life insurance coverage in-force and being purchased on the life of the Proposed Insured at this time with all companies is USD \$ _____.00

IMPORTANT NOTICE: Full disclosure of all existing life insurance exposure and concurrent applications is a material fact and would influence a prudent Underwriter in accepting or declining a risk or in determining the premium or terms and conditions of the contract. The insurance company reserves the right to void the policy or to decline a claim at all times if:

1. The applicant fails to make full disclosure under (1) and (2); or
2. An amount exceeding the declared amount under (3) is ultimately placed with all companies at the date of issue of this policy."

War & Terrorism Exclusion

"The undersigned acknowledges and understands that the no Death Benefit or Policy Proceeds will be payable under the Policy if the death of the Insured results from direct or indirect consequence of war, warlike operations (whether war is declared or not, conventional, biological, chemical or nuclear), invasion, acts of foreign enemies, hostilities, acts of terrorism, terrorist sabotage, rebellion, mutiny, civil commotion, civil war, revolution, insurrection, military or usurped power, martial law, embargo, or any act of violence committed by any person or persons for the purpose of overthrowing a government by violent force or to influence political decision making, in each case only if:

- (a) such act leading to death occurs in the country of the Insured's residence (as declared in the Application Form); and
- (b) the death occurs within one hundred eighty (180) days of such act.

Terrorism shall be understood to mean the consequences of hostage taking, drive-by shootings, planting of bombs, and other forms of physical violence, in each case carried out for the purpose of overthrowing a government or to influence political decision making. This exclusion commences on the Policy Effective Date and continues for the duration of the Policy."



Important information

The policy mentioned in this guide is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the Life Insurance Association, Singapore or SDIC websites (www.lia.org.sg) or (www.sdic.org.sg).

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