

# INSURABILITY VERIFICATION

Sun Life Assurance Company of Canada Singapore Branch

| <b>1 Since the earlier of the date(s) on which you signed the Application Form and/or the Confidential Medical Questionnaire</b> |   |  |   |
|--|---|--|---|
| <b>a</b>   | Have you been examined or treated by, or consulted a physician or other practitioner?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>b</b>   | Have you had an electrocardiogram, x-ray or other diagnostic test?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>c</b>   | Have you used marijuana, cocaine, or any other drugs except as prescribed by a physician?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>d</b>   | Have you been treated or counseled for alcoholism or drug abuse?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>e</b>   | Have you been diagnosed or treated by a qualified physician for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any other disorders of the immune system? |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>2</b>   | Are you aware of any symptom or complaint, regarding your health, for which you have not yet consulted a physician or received treatment?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>3</b>   | Other than for conditions already disclosed, has a doctor recommended any tests or referrals that have not yet been completed, or are you currently awaiting test results?          |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>4</b>   | If you answered "Yes" to <b>any</b> of the above questions #1 through #3, please provide details  |  |   |
| Question Number  | Date of Occurrence (dd/mm/yyyy)   | Details (diagnosis, tests, treatment, frequency/severity of symptoms, date of last symptoms) | Name and Address of Doctors, Medical Clinics or Hospitals |
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|---|--|------------------|--|
| <b>5</b>  | <b>a</b> Have you ever used tobacco or nicotine products in any form (including but not limited to cigarettes, cigars, cigarillos, pipe, chewing tobacco, vaping, marijuana, nicotine patches, nicotine gum, hookah or shisha)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes," please provide details |                  |  |
|   | <b>Product(s)</b>  | <b>Amount(s)</b> | <b>Frequency of Use</b>                                  |
|   |  |                  |  |
|   |  |                  |  |
|   |  |                  |  |
| <b>b</b> Did you previously use tobacco products, but have now stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes," please provide the date you stopped (mm/yyyy) |  |                  |  |
| <b>6</b>  | Has your work or financial status changed?<br>If "Yes," please provide details   |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>7</b>  | Has your participation in aviation activity (other than as a passenger on scheduled commercial airlines) changed?<br>If "Yes," please provide details and complete the appropriate questionnaire (as applicable)   |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>8</b>  | Has your participation in any avocation (motor racing, mountain climbing, underwater diving) changed?<br>If "Yes," please provide details and complete the appropriate questionnaire (as applicable)   |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>9</b>  | Has any of your application for, or reinstatement of, life or health insurance been refused or been accepted under special terms?<br>If "Yes," please provide details (date of event, name of insurer, type of policy, reason for decision)  |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>10</b>   | Has your life insurance inforce coverage changed since you completed the Application form?<br>If "Yes," please provide details   |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>11</b>   | Do you have any applications pending for life insurance coverage with other insurers?<br>If "Yes," please provide details (name of insurer, type and status of application, total amount applied for)  |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>12</b>   | Additional Information   |                  |  |

## 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>.

|  |                   |
|--|-------------------|
| 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.**

**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](http://www.sunlife.com.sg)**

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