

MATURE AGE QUESTIONNAIRE

Sun Life Assurance Company of Canada Singapore Branch

INSTRUCTIONS TO PHYSICIAN

- Complete this questionnaire if the Proposed Insured is age 71 years and over
- If any party to this examination has a personal or professional relationship with the Proposed Insured, please do not proceed
- Please answer every question and complete this questionnaire in English
- Obtain and submit a certified true copy of the Proposed Insured's **identity document** presented during this examination. If you are not satisfied with the Proposed Insured's identity, or he or she is unable to provide satisfactory identification, please do not proceed with the examination
- A Physician (Cardiologist, Internist, Family Physician, or General Practitioner) must complete this questionnaire with the Proposed Insured
- If the Proposed Insured requires assistance from an interpreter, please have the Interpreter Services Declaration completed by both the Proposed Insured and the Interpreter

Please inform the Proposed Insured that this questionnaire is an assessment of their mobility, daily living activities and memory.

1	<p>Please tick all applicable boxes to indicate the Proposed Insured's physical activity level</p> <p><input type="checkbox"/> No mobility or gait limitations</p> <p><input type="checkbox"/> Uses Aids – please provide type (walking stick, cane, walker, wheelchair, other)</p> <p><input type="checkbox"/> Fall history in the past 5 years – please provide details (number of falls, dates, any injury)</p>
2	<p>Is there any evidence of cognitive disorder such as dementia, memory loss, confusion, behavioral change, lack of comprehension, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," please provide details</p>
3	<p>Does the Proposed Insured needs assistance with any activities of daily living including feeding, bathing, dressing, toileting, grooming and mouth care, transferring bed / chair, climbing stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," please provide details</p>
4	<p>Please record the time it takes for the Proposed Insured to get up from a seated position, walk 3 meters, return and sit again</p> <p style="text-align: center;">seconds</p> <p>Please provide comments</p>
5	<p>In the space below, please ask the Proposed Insured to:</p> <ul style="list-style-type: none"> ▪ Draw a circle ▪ Mark in all the numbers to indicate the hours of a clock ▪ Mark hands on the clock to show 10 minutes past 9 o'clock (9:10)

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)

EXAMINER INFORMATION AND SIGNATURE

I, the Examining Physician, hereby confirm that the information provided in this Questionnaire are complete, true and correct. I consent to the collection, use, and disclosure by Sun Life Assurance Company of Canada Singapore Branch ("the Company") of my Personal Data (as defined in the Personal Data Protection Act 2012) contained in (or included with) this Statement for the purpose of Proposed Insured's application for life insurance with the Company.

Physician's Signature	Date (dd/mm/yyyy)
Surname / Family Name / Last Name	
Given Name / First Name	
Current Specialty	Medical License Number
Practice Address	
Did you complete the questionnaire at your normal place of practice and in a medical examination room? If "No," where was the questionnaire completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you or a third party act as an interpreter for the Proposed Insured? If "Yes," please provide an Interpreter Services Declaration form. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

©2025 Sun Life Assurance Company of Canada. All rights reserved.

The name Sun Life and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada.