

Applicant's Declarations (for business introduced by insurance brokers including Independent Financial Advisors ("IFA") acting in the capacity as an insurance broker)

INVESTMENT LINKED ASSURANCE SCHEME APPLICANT'S DECLARATIONS

Section I: Disclosure Declaration

The insurance broker, *(insert name and registration number of the relevant insurance broker)*, has conducted a financial needs analysis for me and I have read the risk disclosure statements as stated in the Principal Brochure and marketing materials of the product(s) that I am applying for. I declare and agree that I fully understand and accept the following relating to my application(s) for this insurance policy:

- Product features including the policy term and all charges and fees;
- Amount of premium and premium term;
- Any loss that I may suffer as a result of early surrender of my policy; any cash withdrawal; premium reduction; and any permissible premium suspension/premium holiday entitlement.
- Investment returns are not guaranteed;
- Potential loss associated with any market value adjustment;
- The potential risks as disclosed in the risk disclosure statements, returns, and losses associated with my investments;
- If I switch my investment choices, I may be subject to a charge and my risk may be increased or decreased, I have the right to seek professional financial advice when in doubt;
- The investment and asset allocation advice associated with this investment has been formulated by the insurance broker, based on information given by me to the broker in the Needs Analysis Form / Risk Profile Questionnaire, including any supplementary information provided by me to my insurance broker in writing, and not by the insurance company that manufactures and issues the product ("Insurance Company"). The Insurance Company does not assess the investment or asset allocation risk at any time during this process.

Applicant's Name & Signature

Date

Section II: Suitability Declaration

I understand and agree that *(tick one only)*:

A The features and risk level of the product(s) and my selected mix of underlying investment choices are suitable for me based on my disclosed current needs and risk profile as disclosed to my insurance broker during the completion of a Needs Analysis Form and Risk Profile Questionnaire. These needs have been assessed by the insurance broker, and not by the Insurance Company

OR

B Despite the fact that the features and/or risk level of the product(s) and/or my selected mix of underlying investment choices may not be suitable for me based on the information disclosed to my insurance broker during the completion of a Needs Analysis Form and Risk Profile Questionnaire, I confirm that it is my intention and desire to proceed with my application(s) as explained below:

(If Box B is ticked, then Applicant must complete explanation in own handwriting in this box)

OR

C

Despite the fact that I am required to complete the Financial Needs Analysis and Risk Profile Questionnaire to ensure that the product(s) to be purchased are suitable for me, I confirm that it is my intention and desire to proceed with my application(s) without complying with the said requirement for the reason(s) below:

(If Box C is ticked, then Applicant must complete explanation in own handwriting in this box)

I acknowledge I should not purchase this product and/or the selected mix of underlying investment choices unless I understand these and their suitability has been explained to me and that the final decision is mine.

I understand that the Insurance Company :-

- (a) does not provide/accept any responsibility for the financial advice given by my appointed insurance broker who acts on my behalf and independently of the Insurance Company; and***
- (b) will retain copy(ies) of the completed Needs Analysis Form and Risk Profile Questionnaire for record purpose but will have no responsibility for reviewing/assessing whether a particular insurance product and any underlying investment choices are suitable for me in light of my personal circumstances.***

Applicant's Name & Signature

Date

Declaration by Intermediary

I, _____ (print name of Intermediary and Registration number), confirm that I have fully explained the contents of the Applicant Declarations to the Applicant in a language of the Applicant's choice.

Name and Signature

Date

Note: 1. For the purpose of this Declaration, the singular shall impart the plural; the word "I" shall include "we"; & the word "my" shall include "our". For joint applicants, all applicants must sign both sections.

2. You are required to inform your intermediary or us (the insurance company) if there is any substantial change of information provided in the form before the policy is issued.