



Generali Worldwide

# Choice

Application Booklet – Singapore

**PLEASE RETURN COMPLETED BOOKLET TO:**

Client Services Team  
Generali Worldwide Insurance Company Limited, Singapore Branch  
20 Collyer Quay, #14-02 Singapore 049319.

**Interpretation**

In this Application Booklet any reference to:

- words in the singular shall include words in the plural and vice versa;
- the masculine gender shall include the feminine and the neuter and vice versa;
- a statute or regulation shall be construed as a reference to such statute or regulation as amended, re-enacted or replaced from time to time; and
- a “person” shall include any individual, trust, body corporate or un-incorporated body.

Any statements that refer to “us”, “we”, “our” or “Generali Worldwide” mean Generali Worldwide Insurance Company Limited. Any reference to “Generali Worldwide Insurance Company Limited” includes the Generali Worldwide Insurance Company Limited, Singapore Branch. Any statements that refer to “I”, “me”, “my”, “you” or “your” mean the Applicant, a prospective Planholder being a person applying for Choice unless the context indicates otherwise. Capitalised terms used and not defined in this Application Booklet shall have the meanings given to them in the Terms and Conditions.

Please complete all sections of this booklet in BLOCK CAPITALS or tick the boxes, where appropriate.

**Please note:** Generali Worldwide reserves the right to seek further information or documentation prior to accepting the application.

## Application Booklet – Generali Worldwide Choice

### Financial Adviser Details

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Financial Adviser: \_\_\_\_\_

Agency number: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Contact telephone: \_\_\_\_\_

Additional information/ special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any supporting documentation, if applicable.

### PLEASE COMPLETE ALL SECTIONS

Failure to provide all relevant information and documentation requested in this booklet or otherwise requested by Generali Worldwide may result in a delay in the application being processed. Further, non-disclosure of material facts or the inclusion of untrue, incomplete or inaccurate information could result in the wrong terms being quoted, a claim being rejected, repudiated or reduced or the Plan being rendered invalid. Further, information may be required during the validation process (i.e. questions arising from the information provided).

**Please tick alongside all sections or supplementary forms when completed and also ensure that all necessary documentation is included.**

Application Form		Completed by:
General	Sections 1 – 2	<input type="checkbox"/> Applicant
Confirmation of Citizenship/ Nationality and Tax Residency	Section 3	<input type="checkbox"/> Applicant
Life or Lives Assured – Personal Details	Section 4	<input type="checkbox"/> Lives assured
Plan Details	Sections 5 – 8	<input type="checkbox"/> Applicant
Declarations	Section 9	<input type="checkbox"/> Applicant
Payment Instruction Form	Section 10	<input type="checkbox"/> Account Signatories
Verification of Applicant/ Life Assured Identity		
Form – Individual	Section 11	<input type="checkbox"/> Financial Adviser
Source of Funds Questionnaire	Section 12	<input type="checkbox"/> Financial Adviser and Applicant

**The following supplementary forms may need to be completed and are available from us on request:**

Discretionary Switch Authority	<input type="checkbox"/> Applicant
Verification of Corporate/ Trustee Identity	<input type="checkbox"/> Financial Adviser
(Required if the Applicant is a Company or a Trust)	
Medical Questionnaire	<input type="checkbox"/> Life Assured (including any Applicant who is also a Life Assured)

The information provided and declarations given in this Application Booklet shall be relied upon and form (together with the Terms and Conditions, Plan Schedule, any relevant written statements made or further forms completed by you and/or the Life or Lives Assured and written notice of all changes and endorsements issued by Generali Worldwide) the basis of your contract of life assurance with Generali Worldwide.

# Application Form

## General

### 1. Life Assurance

Please indicate the type of life assurance you require:

Single life  Joint-life, first death  Multiple-lives last survivor

In the case of Single life please indicate if cover is to be:

Own life (Applicant is the Life Assured)  Life of another (Applicant is not the Life Assured)

### 2. Applicant – Personal Details

#### First Applicant

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender: Male  Female

Former name(s) including maiden name and/or alias:  
\_\_\_\_\_

Permanent residential address<sup>1</sup>: (If at this address for less than 18 months please see Section 11)  
\_\_\_\_\_  
\_\_\_\_\_

Correspondence address (if different to above):  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_  
\_\_\_\_\_

Tel. no (Home): \_\_\_\_\_

(Mobile): \_\_\_\_\_

City/ Town of birth: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Do you hold dual nationality? Yes  No

2nd Nationality: \_\_\_\_\_

Marital status: \_\_\_\_\_

Date of Birth:

Occupation and nature of employment (if retired, please state former occupation): \_\_\_\_\_  
\_\_\_\_\_

#### Second Applicant (if any)

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender: Male  Female

Former name(s) including maiden name and/or alias:  
\_\_\_\_\_

Permanent residential address<sup>1</sup>: (If at this address for less than 18 months please see Section 11)  
\_\_\_\_\_  
\_\_\_\_\_

Correspondence address (if different to above):  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_  
\_\_\_\_\_

Tel. no (Home): \_\_\_\_\_

(Mobile): \_\_\_\_\_

City/ Town of birth: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Do you hold dual nationality? Yes  No

2nd Nationality: \_\_\_\_\_

Marital status: \_\_\_\_\_

Date of Birth:

Occupation and nature of employment (if retired, please state former occupation): \_\_\_\_\_  
\_\_\_\_\_

Relationship to first Applicant: \_\_\_\_\_

<sup>1</sup> This is the address in the jurisdiction of which you claim to be a resident for tax purposes. If not resident for tax purposes in any jurisdiction, it is the place at which you normally reside.

**3. Confirmation of Citizenship/ Nationality and Tax Residency**

Please tick all boxes that apply to you and you must complete the information requested below in relation to your citizenship/ nationality and tax residency.

**First Applicant**

I declare and certify that I am a citizen/ national<sup>2</sup> of:

United States

Please state your US Federal Taxpayer Identification Number (“TIN”):

\_\_\_\_\_

United Kingdom

Please state your National Insurance Number (“NIN”):

\_\_\_\_\_

Other

Please specify the jurisdiction(s) in which you pay tax or claim to be tax resident<sup>3</sup>: \_\_\_\_\_

\_\_\_\_\_

Please state your tax identification number(s) (“TIN”), for those jurisdiction(s) you have listed above:

TIN 1: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

TIN 2: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

**Second Applicant (if any)**

I declare and certify that I am a citizen/ national<sup>2</sup> of:

United States

Please state your US Federal Taxpayer Identification Number (“TIN”):

\_\_\_\_\_

United Kingdom

Please state your National Insurance Number (“NIN”):

\_\_\_\_\_

Other

Please specify the jurisdiction(s) in which you pay tax or claim to be tax resident<sup>3</sup>: \_\_\_\_\_

\_\_\_\_\_

Please state your tax identification number(s) (“TIN”), for those jurisdiction(s) you have listed above:

TIN 1: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

TIN 2: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Please note that in certain circumstances, Generali Worldwide may need additional documentation to support your answers in the self-certification above (e.g. for US citizens, the submission of IRS forms W-8 or W-9 may be necessary). Generali Worldwide or your Financial Adviser will inform you if any additional documentation is required.

Signature of the first Applicant<sup>4</sup>:

Signature of the second Applicant (if any):

Date:

Date:

<sup>2</sup> If you are unsure whether you are a US citizen or citizen/ national in any other jurisdiction, you should seek legal advice.

<sup>3</sup> If you are unsure whether you are resident for tax purposes in the United States, United Kingdom or in any other jurisdiction, you should seek financial/ legal advice.

<sup>4</sup> If the Applicant is not an individual, a separate ‘ITC Entity Form’ must be completed and signed by its authorised signatories in accordance with its authorised signatory list.

**4. Life or Lives Assured – Personal Details**

The Life Assured should complete this section if not an Applicant outlined in section 3. In this section “I”, “me”, “my” or “you” refer to the proposed Life Assured.

**First Life Assured**

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender: Male  Female

Former name(s) including maiden name and/or alias:  
\_\_\_\_\_

Residential address: (If at this address for less than 18 months please see Section 11)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to be a Life Assured? Yes  No

Place and Country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Do you hold dual nationality? Yes  No

2nd Nationality: \_\_\_\_\_

Marital status: \_\_\_\_\_

Date of Birth:

Occupation and nature of employment (if retired, please state former occupation): \_\_\_\_\_  
\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_  
\_\_\_\_\_

**Second Life Assured (if any)**

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender: Male  Female

Former name(s) including maiden name and/or alias:  
\_\_\_\_\_

Residential address: (If at this address for less than 18 months please see Section 11)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to be a Life Assured? Yes  No

Place and Country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Do you hold dual nationality? Yes  No

2nd Nationality: \_\_\_\_\_

Marital status: \_\_\_\_\_

Date of Birth:

Occupation and nature of employment (if retired, please state former occupation): \_\_\_\_\_  
\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_  
\_\_\_\_\_

**My signature is confirmation that:**

- I agree to be a Life Assured;
- I understand that I am responsible for all answers given and statements made by me in section 4 or in any other communication between me and Generali Worldwide;
- I declare that to the best of my knowledge and belief, the information provided in this section 4 is true and complete, and that no material fact has been omitted or concealed, and I understand that non-disclosure of material facts or the inclusion of incorrect information in section 4 or otherwise given to Generali Worldwide, whether before or during the life of the Plan, could result in the wrong terms being quoted, a claim being rejected, repudiated or reduced, or the Plan being rendered invalid; and
- I agree to be bound by the declarations regarding Data Protection contained in section 9 (xv) of this application.

Signature of the first Life Assured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of the second Life Assured (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date:

Date:

If there are further Lives Assured, please complete this section on an additional sheet(s) and attach securely to this application. Please tick this box if additional sheet(s) attached

The Applicant should complete sections 5 to 8 inclusive before reading and signing the declarations contained in section 9.

**Plan Details**

**5. Other Investment Plans**

Do you already hold any other life assurance plans with us? Yes  No

If Yes, please advise us of your life assurance plan number(s):

  
  


**6. Plan Currency**

Please indicate the currency in which you require your Plan to be denominated. Benefits will be calculated and charges deducted in the Plan Currency.

Singapore dollar  US dollar  GB pound  Euro  HK dollar  Japanese yen

**7. Investment Details**

Please indicate the amount you wish to invest, noting that Investment Amounts should normally be made in the Plan Currency you specified in section 6:

The minimum initial Investment Amounts are as follows:

Plan Currency	Investment allocation
SGD	75,600
USD	50,400
GBP	28,000
EUR	42,000
HKD	300,000
JPY	5,600,000

Please complete the Payment Instruction Form supplied in section 10 of this Application Booklet.

**8. Investment Amount Allocation Instructions**

Please choose ILP Sub-funds corresponding to Underlying Funds from our International Fund Selection brochure.

The maximum number of ILP Sub-funds that can be selected at outset is 10.

Please enter the percentage of your Investment Amount to be allocated to each ILP Sub-funds below. The minimum bid value of Notional Units to be allocated to each ILP Sub-fund depends on the ILP Sub-fund currency as follows:

Plan Currency	Minimum allocation
SGD	2,025
USD	1,350
GBP	750
EUR	1,125
HKD	11,250
JPY	150,000

**8. Investment Amount Allocation Instructions (continued)**

I wish to allocate my Investment Amount to the following ILP Sub-funds:

Underlying Fund name	Currency	Percentage to be allocated
<b>Total</b>		<b>100%</b>
(Please ensure your allocation instruction totals 100%)		

**9. Declarations**

**It is important that you read, understand and accept the following declarations:**

- i)** I confirm that I am resident in Singapore.
- ii)** I confirm that before I signed this declaration, I had received, read and understood the Product Summary, Details Guide (in particular, the section entitled “Cancellation Rights”), and the International Fund Selection brochure given to me by my Financial Adviser explaining the Choice product to which this Application Booklet relates. I understand that the Details Guide does not form part of the contractual documents of the Plan. I have been given an opportunity to raise any queries that I may have had and have received satisfactory answers to those queries. I have had the opportunity to obtain specialist legal, accounting and tax advice, if required. I hereby apply for a Plan with the features indicated in this application which I understand will be subject to the Terms and Conditions of the Plan.
- iii)** In applying for Choice, I warrant to Generali Worldwide that I am eligible to hold the Plan under the laws of any jurisdiction applicable to me. Furthermore, I confirm that I can legally take out a contract of life assurance in respect of the person named as Life Assured in this Application Booklet. I acknowledge that I should obtain specialist legal advice should I have any concerns about my ability to take out a contract of life assurance in respect of the person named as the Life Assured.
- iv)** I understand that I am responsible for all answers given and statements made by me in the Application Booklet or in any other communication between me and Generali Worldwide.
- v)** I understand that Generali Worldwide is required by law to verify the identity and permanent residential address of each Applicant, Life Assured and Beneficiary and any other party involved in the ownership or control of my Plan, together with information regarding the source of funds or wealth used to fund the Plan as may be relevant to the application and I agree to provide (or arrange to provide) any such information and documentation as may reasonably be required by Generali Worldwide upon request and without delay both at the time of application and at any time thereafter during the life of the Plan.
- vi)** I declare that to the best of my knowledge and belief, the information given and declarations made in this Application Booklet are complete, accurate and not misleading and that no material fact has been omitted or concealed. I understand that non-disclosure of material facts or the inclusion of incorrect information in this Application Booklet or otherwise given to Generali Worldwide, whether before or during the life of the Plan, could result in the wrong terms being quoted, a claim being rejected, repudiated or reduced, or the Plan being rendered invalid.
- vii)** I agree that the information provided and declarations given in this Application Booklet, together with the Terms and Conditions, Plan Schedule, written notice of all changes and endorsements issued by Generali Worldwide and any relevant written statements made or further forms completed by me and/or the Life or Lives Assured on application or in the future shall be relied upon and form the basis of the contract of life assurance between me and Generali Worldwide in accordance with the law of the Island of Guernsey, and I confirm that I have not applied for my Plan on the basis of any representations that are not expressly incorporated into these documents, endorsements or statements.



**9. Declarations (continued)**

- viii)** I understand that my Plan will not commence until this Application Booklet, duly completed, has been received and accepted by Generali Worldwide. I understand that Generali Worldwide has the right to decline this application and that this application can only be negotiated with and accepted by an authorised official of Generali Worldwide. I also agree to inform Generali Worldwide of any change in my circumstances between the date of this application and issue of the Plan.
- ix)** I take full responsibility for the selection of ILP Sub-funds made by me including, to the extent that I consider necessary, reading and understanding the prospectus and supporting literature in respect of each Underlying Fund corresponding to ILP Sub-fund(s) to which I choose to allocate Investment Amounts. I confirm that I understand that Generali Worldwide does not provide advice in relation to the selection of ILP Sub-funds and that I am responsible for seeking such independent advice as I consider necessary.
- x)** I understand that the realisable value of my selected ILP Sub-funds determines the value of my Plan. I acknowledge that the value of my Plan is not guaranteed and that asset values may fall as well as rise in line with fluctuations in investment markets. I understand also that ILP Sub-funds that are denominated in a currency other than the Plan Currency may involve a currency risk and that the value of my Plan may fall as well as rise as a result of exchange rate fluctuations.
- xi)** I acknowledge that, where the Underlying Funds corresponding to ILP Sub-funds in my Plan are not easily convertible to cash, Generali Worldwide reserves the right to defer the payment of benefits under my Plan, either in whole or in part, until such time as it is able to realise those investments allowing for, among other things, notice periods, dealing dates and settlement dates of the investments in question.
- xii)** I understand and agree that all associated documentation and correspondence relating to my Plan will be sent to my Financial Adviser (named on page 3 of this Application Booklet) in the format agreed between Generali Worldwide and my Financial Adviser, until a written request to the contrary is provided by me.
- xiii)** If an existing similar life assurance plan has been or is to be replaced in full or in part by this Plan, I declare that my Financial Adviser has explained to me the financial consequences of such a replacement, including the possibility of financial loss.
- xiv)** I have been informed and understand my right to cancel the Plan as detailed in the section entitled “Cancellation Rights” in the Details Guide.

**xv) Data Protection**

- I accept and consent to any information relating to me held by Generali Worldwide at any time (including information that may be considered confidential or that may constitute personal data for purposes of data protection legislation) (“Personal Data”) whether originating from this application or data relating to the execution of my Plan (e.g. Investment Amounts, events insured against, changes to risk or Plan) being disclosed and transferred to Generali Worldwide’s regional offices (and, where data is collected by a branch of Generali Worldwide established outside Guernsey, to another regional office or to its head office in Guernsey), ultimate holding company or any company which is a subsidiary of such ultimate holding company (together its “Affiliates”) as well as to my Financial Adviser, investment advisers, portfolio managers, investment fund providers, fiscal representatives, re-insurers and any agent, contractor or third-party service provider who provides services to Generali Worldwide in connection with its provision of insurance products and services wherever they are located in the world but only for purposes related to my Plan. For this purpose “holding company” and “subsidiary” have the meanings in the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended). Such companies and third parties may be located in countries whose data protection laws may not be as comprehensive as in Guernsey or Singapore. I accept that the above applies regardless of whether a Plan is concluded.
- I accept and consent to such Personal Data being disclosed and transferred by Generali Worldwide or any of its Affiliates:
- to any person or entity to whom Generali Worldwide or any of its Affiliates is under an obligation or otherwise required to make disclosure under any laws, rules, regulations, codes of practice, guidelines or guidance issued by any legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations binding on or applying to Generali Worldwide or any of its Affiliates or with which they are expected to comply or to whom it is otherwise appropriate or desirable to make such disclosure in connection with and in satisfaction of any international requirements regarding the exchange of tax information (including without limitation if this is required to prevent the application of withholding taxes and notwithstanding any certification given by me) which may include reporting information about me and/or about the Plan to the tax authorities in any jurisdiction where Generali Worldwide operates (who may then disclose that information to the tax authorities in other jurisdictions) or to the tax authorities in any jurisdiction where I reside or of which I am a citizen or where I am otherwise subject to tax; or
  - pursuant to any contractual or other commitment of Generali Worldwide or any of its Affiliates with or pursuant to any direction, request or requirement (whether or not having the force of law) of, any local or foreign legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations, wherever located and which may exist currently or in the future; and waive all rights I have, if any, to prohibit or restrict such disclosure.

**9. Declarations (continued)**

- I also accept that Personal Data, however obtained, will be held, recorded and processed by Generali Worldwide (which is registered under and/or adheres to both the Data Protection (Bailiwick of Guernsey) Law, 2001 and the Singapore Personal Data Protection Act 2012 as may be amended from time to time) on computer and/or manual systems in respect of my insurance dealings with Generali Worldwide both now and in the future for administrative, identification, customer care, service and marketing (see further below) purposes only.
  - I agree that with my consent (such consent being given by signing the Application Form, unless I tick the box below) the Personal Data collected or held by Generali Worldwide (whether obtained in this application or otherwise obtained) including contact details, demographic information, financial background, and Plan details and details of underlying investments may be used for the purpose of providing me or having provided to me information or other direct marketing communications concerning financial and insurance products or services of Generali Worldwide which Generali Worldwide believes may be of interest to me.
  - I hereby confirm that prior to my provision of information to Generali Worldwide in respect of a third party the said party has been informed of the use of such information and in this regard I hereby indemnify Generali Worldwide against and in respect of any liability which it may incur in the event of my failure to so notify the third party.
  - I understand that I have the right to obtain subject access to and request correction of any Personal Data concerning me held by Generali Worldwide. Requests for such access can be made to Data Protection Officer, Generali Worldwide Insurance Company Limited, Generali House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.
- xvi) I undertake to disclose all facts material to the assessment by Generali Worldwide of this application. Such facts are those, which an insurer would regard as likely to influence the assessment and acceptance of a proposal for a contract of life assurance. If in doubt as to the relevance of any particular information, I understand that I should disclose it as failure to do so could result in me being quoted the wrong terms, a claim being rejected, repudiated or reduced, or rendering the Plan invalid.**

If you do not wish us to contact you for marketing purposes, please tick this box

I have been informed and directed to view or download a copy of “Your Guide to Life Insurance” from <a href="http://www.lia.org.sg">www.lia.org.sg</a> :	<input type="checkbox"/>
I have been informed and I have requested my Financial Adviser to give me a hard copy of “Your Guide to Life Insurance”:	<input type="checkbox"/>

**Declarations – Signatures**

<p><b>Signature of the first Applicant<sup>5</sup>:</b></p> <p>I understand and agree with the declarations contained in section 9 (i) to (xvi)</p>   	<p><b>Signature of the second Applicant (if any):</b></p> <p>I understand and agree with the declarations contained in section 9 (i) to (xvi)</p>   
Date: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Date: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Please state country where this Application Form was signed: _____	

<sup>5</sup> If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

# 10. Payment Instruction Form

The Applicant(s) should complete this section. Please ensure that account signatories sign the form.

**Please note: that some banks insist that their own Bank Instruction form is used, so you should check with your bank that they will accept this document.**

**SINGLE PREMIUM PAYMENT BY BANK TRANSFER**

(Please note that payments can be made by Electronic Transfer only)

**To the remitting bank**

**Please charge the amount specified and any charges/ expenses incurred from my account and remit to the appropriate account as per the Routing Instructions shown overleaf.**

**Applicant details**

Applicant(s) name(s):

Plan number (if known):

**Amount payable**

Singapore dollar  US dollar  GB pound  Euro  HK dollar  Japanese yen

Amount in figures:

Amount in words: \_\_\_\_\_

**Bank details**

Name of the remitting bank: \_\_\_\_\_

Bank address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account name: \_\_\_\_\_

Account number/ IBAN: \_\_\_\_\_

SWIFT/ BIC: \_\_\_\_\_

**Please see overleaf for routing instructions**

**10. Payment Instruction Form (continued)**

**Routing Instructions**

**IMPORTANT NOTICE TO REMITTING BANK**

Please ensure **APPLICANT NAME** and **PLAN NUMBER (if known)** are quoted in 'Remittance Information/ Payment Reference'.

**Singapore dollar:** Please pay SGD to the following account held with Citibank N.A. Singapore\*:  
**A/C Name:** Generali Worldwide Insurance Company Limited  
**A/C No:** 854248006  
**Swift Code:** CITISGSG  
**IBAN:** N/A

**US dollar:** Please pay USD to the following account held with Citibank N.A. Singapore\*:  
**A/C Name:** Generali Worldwide Insurance Company Limited  
**A/C No:** 854248014  
**Swift Code:** CITISGSG  
**IBAN:** N/A  
**Correspondent bank:** Please route the payment via Citibank N.A. New York (Swift Code: CITIUS33; ABA: 021000089)

**GB pound:** Please pay GBP to the following account held with Citibank N.A. Singapore\*:  
**A/C Name:** Generali Worldwide Insurance Company Limited  
**A/C No:** 854248049  
**Swift Code:** CITISGSG  
**IBAN:** N/A  
**Correspondent bank:** Please route the payment via Citibank N.A. London (Swift Code: CITIGB2L)

**Euro:** Please pay EUR to the following account held with Citibank N.A. Singapore\*:  
**A/C Name:** Generali Worldwide Insurance Company Limited  
**A/C No:** 854248065  
**Swift Code:** CITISGSG  
**IBAN:** N/A  
**Correspondent bank:** Please route the payment via Citibank N.A. London (Swift Code: CITIGB2L)

**HK dollar:** Please pay HKD to the following account held with Citibank N.A. Singapore\*:  
**A/C Name:** Generali Worldwide Insurance Company Limited  
**A/C No:** 854248057  
**Swift Code:** CITISGSG  
**IBAN:** N/A  
**Correspondent bank:** Please route the payment via Citibank N.A. Hong Kong (Swift Code: CITIHKHX)

**Japanese yen:** Please pay JPY to the following account held with Citibank N.A. Singapore\*:  
**A/C Name:** Generali Worldwide Insurance Company Limited  
**A/C No:** 854248022  
**Swift Code:** CITISGSG  
**IBAN:** N/A  
**Correspondent bank:** Please route the payment via Citibank N.A. Japan (Swift Code: CITIJPJT)

\*Please ensure the remitting bank transmits a direct intrabank MT103 message to Citibank's Jersey branch (Swift Code: CITIJESX) advising of the payment details.

**Authorisation**

First account Signatory<sup>6</sup>:

Second account Signatory (if any):

Date:

Date:

<sup>6</sup> If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

## 11. Verification of Applicant/ Life Assured Identity Form – Individual

Generali Worldwide is required by law to verify the identity and permanent residential address of each Applicant and Life Assured, and may require this information to be periodically updated upon request. The introducing Financial Adviser should complete this section for all applications. In this section "I" refers to the Financial Adviser.

Full name of first Applicant: \_\_\_\_\_

Full name of second Applicant (if any): \_\_\_\_\_

Full name of first Life Assured (if different to first Applicant): \_\_\_\_\_

Full name of second Life Assured (if different to second Applicant): \_\_\_\_\_

**If there are further Lives Assured, please complete this section on an additional sheet and attach securely to this application.**

This section is required to verify the identity of the Applicant(s) and/or Lives Assured, if different. All identification papers must be certified by the Financial Adviser or a Notary Public and include a photograph of the Applicant or Life Assured. Please tick alongside all items and ensure that all necessary documents are included.

**For each Individual Applicant** (and each Life Assured, if different):

**First Applicant:**

- 1. Certified copy of an original photo passport
- 2. Certified copy of suitable proof of address (showing name and current residential address)

Prior residential address<sup>7</sup>: \_\_\_\_\_

**Second Applicant (if any):**

- 1. Certified copy of an original photo passport
- 2. Certified copy of suitable proof of address (showing name and current residential address)

Prior residential address<sup>7</sup>: \_\_\_\_\_

**Corporate and Trustee Applicants**

If the Applicant shown in this Application Booklet is a Company or a trustee on behalf of a Trust, additional information is required. The introducing Financial Adviser should complete a Verification of Corporate/ Trustee Identity Form, available from us on request.

**Declaration**

- I confirm that I have seen the original documents specified above and have checked the name and identity of the Applicant(s) and Life/ Lives Assured and attach a certified copy of these documents for your records.

Signature of the Financial Adviser<sup>8</sup>: \_\_\_\_\_

Financial Adviser name (printed in BLOCK CAPITALS): \_\_\_\_\_

Date:

If there are further Applicants or Lives Assured, please complete this section on an additional sheet(s) and attach securely to this application. Please tick this box if additional sheet(s) attached

<sup>7</sup> Please complete if the Applicant/ Life Assured has been less than 18 months at their current residential address, as detailed in section 2 or 4.  
<sup>8</sup> If the Financial Adviser is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

## 12. Source of Funds Questionnaire

Generali Worldwide is required by law to obtain information regarding the source of funds and wealth of each Applicant, and may require this information to be verified or periodically updated upon request.

The Applicant and introducing Financial Adviser should complete this section for all applications. The relevant declarations must be signed by the Financial Adviser and Applicant. Please continue on a separate sheet(s) if required. In questions 1 – 8 and Financial Adviser Declaration, “I” or “you” refers to the Financial Adviser. In Applicant Declaration, “I” or “my” refers to the Applicant.

Full name of first Applicant: \_\_\_\_\_

Full name of second Applicant (if any): \_\_\_\_\_

**1.** How and when were you introduced to the Applicant(s)? (specify month and year):

\_\_\_\_\_

\_\_\_\_\_

**2.** Please provide Applicant’s bank details (i.e. the account used to pay Investment Amounts and to receive payments from Generali Worldwide):

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number/ IBAN: \_\_\_\_\_

SWIFT/BIC: \_\_\_\_\_

Years account held\*: \_\_\_\_\_

\*If this account has been held for less than 1 year, then previous bank details are also required. Please use a separate page if necessary. Please tick this box if additional information is attached

**3.** Are there any other parties indirectly involved with this application e.g. lender? Yes  No

If Yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4.** Are there any concurrent financial proposals for the Applicant being made elsewhere? Yes  No

If Yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5.** Please state annual income of the Applicant:

**i)** Total amount received annually from all sources: \_\_\_\_\_

**ii)** Where income is received in addition to, or instead of employment, please specify from the list below the source(s) it originated from, including the amount and currency per annum:

Singapore dollar  US dollar  GB pound  Euro  Other

Rental income: \_\_\_\_\_

Investment income: \_\_\_\_\_

Pension income: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. Source of Funds Questionnaire (continued)**

iii) Employment status:

Employed  Self-employed/ Business owner  Other

Does the Applicant beneficially own or part own the company that generates the employment income? Yes  No

If applicable, state percentage owned: \_\_\_\_\_

If Employed please state:

Name and address of employer: \_\_\_\_\_

\_\_\_\_\_

Employer's website address: \_\_\_\_\_

Annual basic income: \_\_\_\_\_

Bonus: \_\_\_\_\_

Benefits in kind (e.g. housing allowance, education, travel etc.): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of service with current employer: \_\_\_\_\_

If less than 18 months, please state previous employer and length of service: \_\_\_\_\_

\_\_\_\_\_

If Self-employed/ Business owner, please state:

Business name and address: \_\_\_\_\_

\_\_\_\_\_

Website address: \_\_\_\_\_

Annual income/ dividends: \_\_\_\_\_

Benefits in kind (e.g. housing allowance, education, travel etc.): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of time Self-employed/ Business owner: \_\_\_\_\_

If less than 18 months, please give details of previous employment status: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Other, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. Source of Funds Questionnaire (continued)**

6. Please state how the source of wealth for this investment has been raised if other than annual income. If answering Yes to questions **i)**, **ii)** or **iii)** below, please provide proof by way of supporting documentation.
- i)** Gift or inheritance from a third-party? Yes  No   
 If Yes, please give details: \_\_\_\_\_
- ii)** The disposal of a business or other asset? Yes  No   
 If Yes, please give details and specify the original source of wealth for the investment in the business or asset:  
 \_\_\_\_\_  
 \_\_\_\_\_
- iii)** Other? Yes  No   
 If Yes, please give details and specify the original source of wealth for the investment:  
 How was wealth generated? \_\_\_\_\_  
 When was wealth generated? \_\_\_\_\_
7. When answering these questions, has the information been supplied from your own knowledge of the Applicant's circumstances? Yes  No   
 If No, where did it originate? \_\_\_\_\_  
 \_\_\_\_\_
8. Please outline the Applicant's reasons for applying for this product: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Financial Adviser Declaration**

- I declare that, to the best of my knowledge and belief, the Applicant is of good standing and the information given in this questionnaire is true and complete;
- I confirm and am satisfied that, to the best of my knowledge and belief, the original source of monies being used to pay the Investment Amount is derived from legitimate activities;
- I confirm that client fact-find forms have been duly completed; and
- I have not made any changes to the Application Booklet after the Applicant has signed it.

Signature of Financial Adviser<sup>9</sup>:  
 \_\_\_\_\_  
 \_\_\_\_\_

Financial Adviser name (printed in BLOCK CAPITALS): \_\_\_\_\_

Date:

**Applicant Declaration**

- I declare that, to the best of my knowledge and belief, all the information above is true, correct and complete; and
- I also confirm that the monies being used to fund the Investment Amount are derived from legitimate activities.

Signature of the first Applicant<sup>10</sup>:  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of the second Applicant (if any):  
 \_\_\_\_\_  
 \_\_\_\_\_

Date:

Date:

If there are further Applicants, please complete this section on an additional sheet(s) and attach securely to this application. Please tick this box if additional sheet(s) is attached

<sup>9</sup> If the Financial Adviser is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.  
<sup>10</sup> If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.



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**Generali Worldwide Insurance Company Limited, Singapore Branch**

20 Collyer Quay, #14-02 Singapore 049319.

Registered in Singapore as a Branch of a Foreign Company – Number T10FC0110K.

Licensed by the Monetary Authority of Singapore as a direct insurer to carry on life business in Singapore.

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Regulated in Guernsey as a licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

Generali Worldwide Insurance Company Limited is part of the Generali Group, listed in the Italian Insurance Group Register under number 026.

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