

ABSOLUTE ASSIGNMENT

IMPORTANT NOTES

- 1) All signatures must be signed in ink.
- 2) For each signatory, there should be a witness with the Signature, Name and NRIC/FIN/PASSPORT Number clearly indicated. The witness has to be 21 years old and above, and should not be the beneficiary of this policy.
- 3) Kindly submit 1 copy of the form for 1 policy.
- 4) Kindly submit the certified true copy of the NRIC/FIN/PASSPORT of the Policy Owner (i.e. the Assignor). The Policy Owner needs to sign on the photocopy of the NRIC.

For Individual Assignee

- 5) For policy assigned to an individual, kindly submit the certified true copy of the NRIC/FIN/PASSPORT of the Assignee. The Assignee needs to sign on the photocopy of the NRIC.
- 6) For ILP policy (i.e. policy with cash value) assigned to an individual, kindly submit the Individual Tax Residency Self Certification Form. The Self-certification is mandatory and we will not process the assignment until self-certification is received.
- 7) If Assignee has indicated US Person or Indicia on the assignment form and/or Individual Tax Residency Self Certification, the Assignee must also submit FATCA self-certification together with a W-8BEN or W-9 form, whichever is applicable. We will not process the assignment until these documents are received.

For Company or Financial Institution Assignee

- 8) For policy assigned to Company or Financial Institution, kindly submit certified true copy(ies) of the Identification document (eg. NRIC/FIN/PASSPORT) of the authorized personnel(s)/signatory(ies) who signs, and is authorized to act on behalf of the Company or Financial Institution, on the assignment document. Kindly also submit the latest ACRA search and to include the company stamp on the assignment form.

We will require specimen signature(s) of all authorized person(s) and the certified true copy(ies) of the Identification document (eg. NRIC/FIN/PASSPORT) of all the Company Director(s) where applicable. Kindly also submit certified true copy(ies) of evidence of residential address for the authorized person(s)/signatory(ies) and all Company Director(s) if is not shown on the Identification document.

- 9) For an ILP policy (i.e. policy with cash value) assigned to Company or Financial Institution, kindly submit the Entity Tax Residency Self Certification form and/ or Controlling Person Tax Residency Self Certification form. The Self-certification is mandatory and we will not process the assignment until self-certification is received.
- 10) If Assignee has indicated US Person or Indicia on the assignment form and/or Entity Tax Residency Self Certification form, the Assignee must also submit FATCA self-certification together with a W-8BEN-E. We will not process the assignment until these documents are received.

** We reserve the right to call for further information or documents in order to comply with all applicable regulations in Singapore.

1. **"Assignor"** (the Policy Owner): _____ (Name), _____ NRIC/FIN/Passport No.) of
_____ (address)
2. **"Assignee"**: _____ (Name), _____ NRIC/FIN/Passport No.) of
_____ (address)
3. Consideration (the **"Payment"**): S\$ _____
4. **"Policy Number"**: _____
5. Relationship of Assignee to Assignor: _____
6. If Assignee is related to the servicing financial adviser, please indicate relationship.
Write "Nil" if there is no relationship: _____

I, the Assignor named above, of the address shown, in consideration of the Payment shown above (which has been paid to me), do hereby sell, transfer and assign unto the Assignee named above, all interests, property and rights in the policy of life insurance issued by Zurich Life Insurance (Singapore) Pte. Ltd. ("Zurich Life") with the Policy Number shown above (hereafter "**the said policy**"), including the full benefit of all moneys assured or that may become payable under the said policy and including any supplementary benefits that form part of the said policy, subject to the conditions of the said policy.

For the avoidance of doubt, this Assignment is inclusive of any cash surrender and loan value of the said policy and of any dividends that may be declared upon the said policy from time to time.

I hereby covenant with the Assignee that I have not and will not do or knowingly suffer anything to be done whereby the said policy may be rendered void or voidable or the Assignee may be prevented from receiving or be deprived of the right to receive the moneys assured or to become payable by or under the said policy, and I declare that a receipt signed by the Assignee shall fully discharge the Zurich Life from its liabilities and obligations under the said policy in respect of which the receipt is given.

I declare that I have read, understood and agreed with the Personal Data Protection Notice annexed to this form.

IN WITNESS WHEREOF, the Assignor and the Assignee have hereunto set our hands this _____ day of _____ (Month)
20 _____ (Year)

SIGNATURE OF WITNESS

SIGNATURE OF POLICY OWNER/ ASSIGNOR

NAME AND NRIC/ FIN /PASSPORT OF WITNESS

ADDRESS OF WITNESS

SIGNATURE OF WITNESS

SIGNATURE OF ASSIGNEE/ COMPANY STAMP

NAME AND NRIC/ FIN / PASSPORT OF WITNESS

ADDRESS OF WITNESS

NOTE: Zurich Life provide this form as a specimen of an absolute assignment form only and assume no responsibility for the validity or legality of the assignment. We advise you to consult a lawyer as to the suitability of the form for use under your particular circumstances.

NOTICE OF ASSIGNMENT

To: Zurich Life Insurance (Singapore) Pte. Ltd. ("Zurich Life")

This is to notify you of the above absolute assignment and shall be grateful if you will kindly register the same in your records. I / We agree to not hold the Zurich Life liable for the validity or legality of this form.

I / We declare that I / we have read, understood and agreed with the Personal Data Protection Notice annexed to this form (at Page 3).

SIGNATURE OF ASSIGNEE/ COMPANY STAMP

SIGNATURE OF POLICY OWNER/ ASSIGNOR

Personal Data Protection Notice

I / We hereby acknowledge, consent and agree that –

- (i) Zurich Life may collect, use and disclose all personal data provided or as may be provided by me / us and through other sources as Zurich Life deem relevant from time to time for the purposes as contemplated in this form including but not limited to policy servicing, carrying out my / our instructions, performing on-going due diligence or screening activities, the operations and transactions under my / our policy with Zurich Life including making and obtaining payments;
- (ii) Zurich Life may disclose the personal data to the third parties (whether in or outside Singapore) in carrying out the above purposes;
- (iii) the personal data protection clauses herein (“DPC”) are not exhaustive. By signing this form, I / we declare that I / we have read, understood and agreed to be bound by the prevailing Personal Data Protection Policy available at <http://www.zurich.com.sg/pdpa> (“Data Protection Policy”) as supplement to the DPC. If any inconsistencies between the DPC and the Data Protection Policy, the latter shall prevail;
- (iv) if I / we provide third parties’ personal data (e.g. information of the life assureds, insured persons, beneficiaries, beneficial owners, dependents, spouse, children, parents, siblings, customers, prospects, payors and/or employees) to Zurich Life, I / we represent and warrant to Zurich Life that prior consents have been obtained from each of the third parties for the collection, usage, disclosure and processing of their personal data in the manner as set out above and the Data Protection Policy; and
- (v) I / We shall indemnify Zurich Life for all losses and damages which may be suffered by Zurich Life arising out of the breach of the declarations, representations and/or warranties herein.