

**ABSOLUTE / COLLATERAL ASSIGNMENT**
**PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM**

1. The Great Eastern Life Assurance Company Limited will be referred to as "the Company".
2. This is a specimen form only, and the Company assumes no responsibility for the validity or legality of the assignment. Please seek independent legal advice before deciding if you should use this form and make this assignment.
3. Your policy may **NOT** be assigned if :-
  - (a) it is not enforce.
  - (b) you are using CPF/SRS monies to pay the premiums;
  - (c) you have made a valid Trust nomination for the proceeds of your policy;
  - (d) you are not the beneficial owner of the policy. Your beneficial owner(s) are required to complete a separate Declaration Form for Beneficial Owner.
  - (e) the terms and conditions of your policy do not allow for assignment.
4. If the Assignee is not the beneficial owner of the policy, the Assignee's beneficial owner(s) are required to complete the Declaration Form for Beneficial Owner.
5. The policy cannot be assigned to a Distribution Representative unless proof of relationship of spouse / child / parent / sibling is provided.
6. This form can only be used for an assignment in respect of one relevant policy.
7. Any changes to the form must be counter-signed by both the Assignor (Policyholder) and the Assignee.
8. Only completed form (Full set) with original signature will be accepted. Signature of the Assignor (Policyholder) has to be the same as that in the Company's record.
9. Please submit the additional documents relating to your assignment. You may refer to "ADDITIONAL DOCUMENTS REQUIRED FOR ASSIGNMENT".
10. For policies issued on or after 1 September 2009, both the Assignor and Assignee must be at least 18 years old. For policies issued before 1 September 2009, both the Assignor and Assignee must be at least 21 years old. The Witness must be at least 21 years old.
11. Upon a valid assignment of the policy, all contractual rights under the policy will be assigned to the Assignee and the Company will only take instructions from the Assignee. The assignment does not change the Life Assured of the policy.
12. Any existing standing instruction for premium payment will remain unchanged. If otherwise, please instruct the Company accordingly.

**FOR OFFICIAL USE**

Assignment acknowledged by :

Name and Signature of Authorised Signatory

**A DETAILS OF POLICY AND ASSIGNMENT**

(1) Policy No.

--	--	--	--	--	--	--	--	--	--

(2) Type of Assignment

Please tick only one of the boxes:

 Absolute       Collateral

Please tick only one of the boxes:

 Gift       Sale

(3) Is the Assignee referred by any Distribution Representative?

 No       Yes. Please indicate name of Distribution Representative: \_\_\_\_\_

(4) Relationship of Assignee and Servicing Distribution Representative

 Nil       Please indicate relationship: \_\_\_\_\_

(5) Relationship of Assignor and Assignee

Policy No.	<input type="text"/>
------------	----------------------

<b>B DETAILS OF ASSIGNOR (POLICYHOLDER)</b>	
---	--

(1) Full Name of Assignor		
(2) Date of Birth of Assignor (if an individual) or Date of Incorporation (if company)	(DD / MM / YYYY)	
(3) Identification No. of Assignor (if an individual) or Unique Entity No. or Registration No. of Assignor (if company)		
(4) Contact No. of Assignor	Mobile	+ (country code) - (area code for foreign numbers) - (contact number)   +         -           -
	Home	+         -           -
	Office	+         -           -

<b>C DETAILS OF ASSIGNEE</b>	
------------------------------	--

(1) Full Name of Assignee		
(2) Date of Birth of Assignee (if an individual) or Date of Incorporation (if company)	(DD / MM / YYYY)	
(3) Identification No. of Assignee (if an individual) or Unique Entity No. or Registration No. of Assignee (if company)		
(4) Nationality of Assignee (if an individual) or Country of Incorporation/Establishment (if company)		
(5) Singapore Permanent Resident (if an individual)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
(6) Residential Address of Assignee (if an individual) or Registered Address of Assignee (if company)		
	Postal Code:	
(7) Other Mailing Address of Assignee (if Residential address is not to be used for mailing)		
	Postal Code:	
(8) Reason for using Other Mailing Address (applicable if Assignee is an individual)		
(9) Contact No. of Assignee	Mobile	+ (country code) - (area code for foreign numbers) - (contact number)   +         -           -
	Home	+         -           -
	Office	+         -           -
	If company, please provide name of contact person:	
(10) Are you the beneficial owner of this assigned policy? (applicable if Assignee is an individual)	<input type="checkbox"/> No <input type="checkbox"/> Yes Please refer to Section D on the definition of Beneficial Owner.  If you are <u>not</u> the Beneficial Owner of this assigned policy, please complete Section D.	

Policy No.

**D DECLARATION OF BENEFICIAL OWNERSHIP OF ASSIGNED POLICY (TO BE FILLED OUT IF ASSIGNEE ANSWERED "NO" TO QUESTION 10 IN SECTION C)**

- Beneficial Owner as defined in MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism means the natural person who ultimately owns or controls a customer or the natural person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or legal arrangement.  
**To avoid confusion and doubt, 'Beneficial Owner' does not mean the nominated beneficiary(ies) under the policy.**
- Please state all Beneficial Owner(s) in relation to this Assignment. **Please enclose a copy of the identity card or passport of the Beneficial Owner(s). Each Beneficial Owner is required to complete a separate Declaration Form for Beneficial Owner.**
- If the Beneficial Owner is a U.S. Tax Resident, please provide W-9 Form to be completed by the Beneficial Owner. The form can be downloaded from <http://www.irs.gov/pub/irs-pdf/fw9.pdf>.
- If the Beneficial Owner is not a U.S. Tax Resident but is born in the U.S., we would require a copy of his/her Certificate of Loss of Nationality of the United States, in addition to W-8BEN Form which can be downloaded from <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>, to ascertain that he/she is no longer a U.S. Tax Resident.
- Where there are more than 2 Beneficial Owners, please provide the details on additional copies of this page.

Please tick only one of the boxes below:

- Details of Beneficial Owner(s) are provided below. There is no additional copy of this page attached.**
- Details of Beneficial Owner(s) are provided below. Number of additional copy(ies) of this page attached = \_\_\_\_\_**

Full Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	(DD / MM / YYYY)	Nationality	
Identification No.		Passport Expiry Date (Applicable if passport no. is given)	(DD / MM / YYYY)
U.S. Tax Residency	<input type="checkbox"/> No <input type="checkbox"/> Yes	Relationship with Assignee	

Full Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	(DD / MM / YYYY)	Nationality	
Identification No.		Passport Expiry Date (Applicable if passport no. is given)	(DD / MM / YYYY)
U.S. Tax Residency	<input type="checkbox"/> No <input type="checkbox"/> Yes	Relationship with Assignee	

**E TAX RESIDENCY STATUS OF ASSIGNEE (TO BE FILLED OUT ONLY IF ASSIGNEE IS AN INDIVIDUAL)**

- This is to comply with the U.S. Foreign Account Tax Compliance Act (FATCA) where the Company is required to provide information of our policyholders who are U.S. Persons. (i.e. having a U.S. Tax Residency)
- Please tick the relevant box below to confirm your U.S. Tax Residency status and submit the required supporting documents. This Tax Residency Declaration will form part of your policy with the Company.

I confirm that I am a "U.S. Tax Resident"  
My U.S. Taxpayer Identification number (TIN): \_\_\_\_\_  
**(Please also complete W-9 Form which you can download from <http://www.irs.gov/pub/irs-pdf/fw9.pdf>)**

I confirm that I am not a "U.S. Tax Resident"  
**(Please note that if you are born in the U.S., we would require a copy of your Certificate of Loss of Nationality of the United States, in addition to W-8BEN Form which you can download from <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>, to ascertain that you are no longer a U.S. Tax Resident)**

Policy No.	<input type="text"/>
------------	----------------------

**F CONNECTED PARTY OF ASSIGNEE (TO BE FILLED OUT ONLY IF ASSIGNEE IS A COMPANY)**

1. This is to comply with the regulatory requirement on Prevention of Money Laundering and Countering the Financing of Terrorism.
2. Connected Party shall refer to any director or any natural person having executive authority in the company / partnership / legal arrangements such as Director, Chairman, Chief Executive Officer (CEO), Managing Partner.
3. Please state all the Connected Parties in your company / partnership / legal arrangement. If there is no Connected Party, please tick the appropriate box below.
4. Where there are more than 4 Connected Parties, please provide the details on additional copies of this page.
5. If any of the shareholders is a company, please provide the details of the Connected Party(ies) of the shareholder company on additional copies of this page.

<b>Name of Company (Assignee)</b>	<input type="text"/>
-----------------------------------	----------------------

Please tick one of the boxes below:

- There is no Connected Party in the company.**
- Details of Connected Party(ies) are provided below. There is no additional copy of this page attached.**
- Details of Connected Party(ies) are provided below. Number of additional copy(ies) of this page attached = \_\_\_\_\_**

Full Name	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>
Identification No.	<input type="text"/>	Passport Expiry Date (Applicable if passport no. is given)	<input type="text"/> (DD / MM / YYYY)
Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full Name	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>
Identification No.	<input type="text"/>	Passport Expiry Date (Applicable if passport no. is given)	<input type="text"/> (DD / MM / YYYY)
Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full Name	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>
Identification No.	<input type="text"/>	Passport Expiry Date (Applicable if passport no. is given)	<input type="text"/> (DD / MM / YYYY)
Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full Name	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>
Identification No.	<input type="text"/>	Passport Expiry Date (Applicable if passport no. is given)	<input type="text"/> (DD / MM / YYYY)
Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>



Policy No.

**G DECLARATION BY ASSIGNOR AND ASSIGNEE (COMPULSORY) (Continued from Page 5)**

I, the Assignee further agree that in the event of breach of any provisions above or if for whatsoever reason, any of the Company or its Affiliates is prevented from disclosing relevant tax information about myself and/or the Consenting Persons, the Company or the relevant Affiliate(s) may (i) deduct from or without part of any amounts payable to me or the Consenting Persons under the Policy; and/or (ii) terminate the Policy and discontinue entirely or in part the relationship between me and the Company, and/or (iii) make necessary disclosure to comply with the applicable laws and obligations.

I, the Assignee confirm and agree that:

- 13. without prejudice to the terms of the Policy, I confirm that I have read, have received adequate explanation from the Company (or my authorised representative, agent, broker, lawyer, or tax advisor, as applicable), and understand the implications of this section "Withholding Tax and Compliance Provisions" by which I irrevocably agree to be bound;
- 14. any agreement, waiver, confirmation given in, or to be given pursuant to, this section "Withholding Tax and Compliance Provisions" are irrevocable;
- 15. the Company and its Affiliates shall not be liable for any costs or loss that I (or any Consenting Persons) may incur because of their actions permitted under this section "Withholding Tax and Compliance Provisions";
- 16. the amount (if any) payable by the Company where it terminates the Policy under this section "Withholding Tax and Compliance Provisions" may differ from the amount payable where I surrender or terminate the Policy pursuant to other provisions of this Agreement; and I agree that any withdrawal or payment amount under the Policy for whatever reasons shall be subject to restrictions in this section "Withholding Tax and Compliance Provisions";

I must obtain or, as the case may be, have obtained the requisite consent from each Consenting Person for the provision of his/her tax information to the Company and the disclosure of any of such tax information by the Company and/or other companies within the Company's group of companies under this section "Withholding Tax and Compliance Provisions".

Date (DD / MM / YYYY)	Signature of Assignor	Signature of Assignee
	<p>If company, please place the company stamp and provide Name of authorised signatory: Identification No. of authorised signatory:</p>	<p>If company, please place the company stamp and provide Name of authorised signatory: Identification No. of authorised signatory:</p>

**Signature of Witness 1**

**Name:**  
**Identification No.:**  
**Address:**  
**Contact No.:**

**Signature of Witness 2 (required only for walk-in assignments)**

**Name:**  
**Identification No.:**  
**Address:**  
**Contact No.:**



## ADDITIONAL DOCUMENTS REQUIRED FOR ASSIGNMENT

Please submit these documents, in addition to the Assignment Form accordingly:

### 1. For Assignment to Individuals:

Assignee & Assignor are Husband-and-Wife, or Parent-and-Child related	Assignee & Assignor <u>are not</u> Husband-and-Wife, nor Parent-and-Child related	Keyman policies
<ul style="list-style-type: none"> <li>i. Proof of relationship e.g. copy of marriage certificate, birth certificate, and</li> <li>ii. Copy of ID/Passport of both the Assignor &amp; Assignee, and</li> <li>iii. Copy of ID/Passport of Beneficial Owner(s) if Assignee is not the beneficial owner. Please refer to Section D, and</li> <li>iv. W-9 Form<sup>1</sup> to be completed by the Beneficial Owner if he/she is a U.S. tax resident. Please refer to Section D, and</li> <li>v. W-9 Form<sup>1</sup> to be completed by the Assignee if he/she is a U.S. tax resident. Please refer to Section E, and</li> <li>vi. Individual Self-Certification Form<sup>2</sup> to be completed by the Assignee, and each Beneficial Owner indicated in Section D.</li> </ul>	<ul style="list-style-type: none"> <li>i. Copy of ID/Passport of both the Assignor &amp; Assignee, and</li> <li>ii. Copy of ID/Passport of Beneficial Owner(s) if Assignee is not the beneficial owner. Please refer to Section D, and</li> <li>iii. W-9 Form<sup>1</sup> to be completed by the Beneficial Owner if he/she is a U.S. tax resident. Please refer to Section D, and</li> <li>iv. W-9 Form<sup>1</sup> to be completed by the Assignee if he/she is a U.S. tax resident. Please refer to Section E, and</li> <li>v. Individual Self-Certification Form<sup>2</sup> to be completed by the Assignee, and each beneficial owner indicated in Section D.</li> </ul> <p>Note: Both Assignor &amp; Assignee have to come personally to our Customer Service Centre at 1 Pickering Street #01-01 Great Eastern Centre S(048659) for the assignment to be witnessed by our Customer Service Officers.</p>	<ul style="list-style-type: none"> <li>i. Original corporate letter from the company stating that the company would like to discharge their interest, and assign the policy to the life assured (Assignee), and</li> <li>ii. Copy of ID/Passport of the life assured (Assignee), and</li> <li>iii. Copy of ID/Passport of Beneficial Owner(s) if the life assured (Assignee) is not the beneficial owner. Please refer to Section D, and</li> <li>iv. W-9 Form<sup>1</sup> to be completed by the Beneficial Owner if he/she is a U.S. tax resident. Please refer to Section D, and</li> <li>v. W-9 Form<sup>1</sup> to be completed by the life assured (Assignee) if he/she is a U.S. tax resident. Please refer to Section E, and</li> <li>vi. Individual Self-Certification Form<sup>2</sup> to be completed by the Assignee, and each beneficial owner indicated in Section D.</li> </ul>

### 2. For Assignment to companies/institutions, the Assignee company will need to produce:

Locally registered companies	Institutions (including churches, temples and charitable organisations)
<ul style="list-style-type: none"> <li>i. Business Profile from ACRA (Accounting &amp; Corporate Regulatory Authority), and</li> <li>ii. Copy of authorisation document listing the Authorised Person(s) appointed to conduct business on behalf, including their specimen signatures, and</li> <li>iii. Copy of ID/Passport of the director/company's Authorised Signatory who signed on the Assignment Form, and</li> <li>iv. W-8BEN-E Form<sup>1</sup> if the company <u>is not</u> incorporated in the U.S. or W9 Form<sup>1</sup> if the company <u>is</u> incorporated in the U.S.</li> <li>v. Entity Self-Certification Form<sup>2</sup>, and the Controlling Person Self-Certification Form (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>i. Certificate of Incorporation (or the relevant official document to state identity of institution), and</li> <li>ii. Name list of Directors/key personnel endorsed by one of the directors of the institution, and</li> <li>iii. Copy of authorisation document listing the Authorised Person(s) appointed to conduct business on behalf including their specimen signatures, and</li> <li>iv. Copy of ID/Passport of the Authorised Signatory who signed on the Assignment Form</li> <li>v. W-8BEN-E Form<sup>1</sup> if the company <u>is not</u> incorporated in the U.S. or W9 Form<sup>1</sup> if the company <u>is</u> incorporated in the U.S.</li> <li>vi. Entity Self-Certification Form<sup>2</sup>, and the Controlling Person Self-Certification Form (if applicable)</li> </ul>
Foreign/Offshore companies	Trust companies
<ul style="list-style-type: none"> <li>i. Certificate of Incorporation, and</li> <li>ii. Registrar of Shareholders &amp; Directors, and</li> <li>iii. Copy of Authorisation document listing the Authorised Person(s) appointed to conduct business on behalf including their specimen signatures, and</li> <li>iv. Copy of ID/Passport of Authorised Person(s) and</li> <li>v. Certificate of Good Standing, and</li> <li>vi. Certificate of Incumbency, and</li> <li>vii. Register of Secretary, and</li> <li>viii. W-8BEN-E Form<sup>1</sup> if the company <u>is not</u> incorporated in the U.S. or W9 Form<sup>1</sup> if the company <u>is</u> incorporated in the U.S.</li> <li>ix. Entity Self-Certification Form<sup>2</sup>, and the Controlling Person Self-Certification Form (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>i. Certification of Incorporation of the Trust</li> <li>ii. Verification of Trust Form, and</li> <li>iii. Letter of Assurance, and</li> <li>iv. Copy of Authorisation document listing the Authorised Person(s) appointed to conduct business on behalf including their specimen signatures – Trust &amp; Trustee, and</li> <li>v. Copy of ID/Passport of Directors, and</li> <li>vi. Copy of ID/Passport of Trustee(s) who signed on the Assignment Form &amp; Verification of Trust Form, and</li> <li>vii. W-8BEN-E Form<sup>1</sup> if the company <u>is not</u> incorporated in the U.S. or W9 Form<sup>1</sup> if the company <u>is</u> incorporated in the U.S.</li> <li>viii. Entity Self-Certification Form<sup>2</sup>, and the Controlling Person Self-Certification Form (if applicable)</li> </ul> <p>If assignment is to BVI with Overlying Trust, please submit the following in addition to the above:</p> <ul style="list-style-type: none"> <li>ix. Certificate of Good Standing, and</li> <li>x. Certificate of Incumbency, and</li> <li>xi. Register of Shareholders, and</li> <li>xii. Register of Secretary</li> </ul>

<sup>1</sup> W-8BEN, W-8BEN-E and W-9 Forms are not applicable to A&H policies and non-cash value policies

Links to the forms in the U.S. IRS Website:

W-8BEN Form: <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

W-8BEN-E Form: <http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>

W-9 Form: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

For instructions in filling of the form:

W-8BEN Form: <http://www.irs.gov/pub/irs-pdf/iw8ben.pdf>

W-8BEN-E Form: <http://www.irs.gov/pub/irs-pdf/iw8bene.pdf>

W-9 Form: <http://www.irs.gov/pub/irs-pdf/iw9.pdf>

- PLEASE SEE NEXT PAGE -

## **ADDITIONAL DOCUMENTS REQUIRED FOR ASSIGNMENT**

<sup>2</sup> Pursuant to the Singapore Income Tax Act and regulations thereunder, which implement the standard for automatic exchange of financial account information in tax matters (commonly known as the “Common Reporting Standard” or “CRS”), the Company is legally obliged to obtain a self-certification form from the holder of a policy to which CRS applies, in order to determine the tax residence(s) of such policyholder. CRS does not apply to A&H policies and non-cash value policies.

Note: If the authorised signatory is not the director or key personnel of the company, the Director’s Resolution of the company on the list of Authorised Signatories is to be submitted