

Choice

Application Booklet

Application Booklet



Singapore



GENERALI
International



Application Booklet - Generali International Choice

Financial Adviser Details

Company name: _____

Address: _____

Name of Financial Adviser: _____

Agency number: _____

Additional Information / Special Instructions: _____

PLEASE COMPLETE ALL SECTIONS

Failure to provide all relevant information and documentation may result in a delay in your application being processed. 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 ensure that all necessary documentation is included.

Form	Location	Completed by
Application Form	Section 1 – 3	<input type="checkbox"/> Applicant
	Section 4	<input type="checkbox"/> Lives Assured
	Section 5 – 9	<input type="checkbox"/> Applicant
Payment by Electronic Transfer Instruction Form	Section 10	<input type="checkbox"/> Applicant
Verification of Applicant or Life Assured Identity	Section 11	<input type="checkbox"/> Financial Adviser
Source of Funds Questionnaire	Section 12	<input type="checkbox"/> Financial Adviser & 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 or Trustee Applicant Identity <i>(Required if the Applicant is a Company or a Trust)</i>	<input type="checkbox"/> Financial Adviser
Medical Questionnaire <i>(Required at our discretion)</i>	<input type="checkbox"/> Applicant / Life Assured



Application Form – Generali International Limited Choice

The information provided and declarations given in this Application Form shall form *(together with the Terms and Conditions, Plan Schedule and any relevant written statements made by you and/or the Life/Lives Assured relating to the Plan, any notifications of changes and all endorsements issued by Generali International Limited)* the basis of your contract of life assurance with Generali International Limited. Capitalised terms used and not defined in this Application Form shall have the meanings given to them in the Terms and Conditions applicable to Choice.

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

1. Type of Advice

I have sought the following type of advice from the Financial Adviser named on page 3 of this Application Booklet:

Full fact-find Partial fact-find Product advice only No advice

2. Life Cover

Please indicate the life assurance option you require:

Single Life Joint Life, First Death Joint Life, Second Death

3. Applicant - Personal Details

<p>First Applicant</p> <p>Surname: _____ Title: _____</p> <p>Forename(s): _____</p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Former name(s) including maiden name and/or alias: _____</p> <p>Residential address <i>(If at this address for less than 18 months, see Section 11):</i> _____ _____</p> <p>Correspondence address <i>(If different to above):</i> _____ _____ _____</p> <p>E-mail address: _____</p> <p>Tel. no. <i>(home):</i> _____ <i>(mobile):</i> _____</p> <p>Place and country of birth: _____ _____</p> <p>Nationality: _____</p> <p>Do you hold dual nationality? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2nd nationality: _____</p> <p>Marital status: _____</p> <p>Date of birth: <input type="text"/> dd/mm/yy</p> <p>Occupation and nature of employment: _____ _____ <i>(If retired, please state former occupation):</i> _____ _____</p>	<p>Second Applicant <i>(if any)</i></p> <p>Surname: _____ Title: _____</p> <p>Forename(s): _____</p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Former name(s) including maiden name and/or alias: _____</p> <p>Residential address <i>(If at this address for less than 18 months, see Section 11):</i> _____ _____</p> <p>Correspondence address <i>(If different to above):</i> _____ _____ _____</p> <p>E-mail address: _____</p> <p>Tel. no. <i>(home):</i> _____ <i>(mobile):</i> _____</p> <p>Place and country of birth: _____ _____</p> <p>Nationality: _____</p> <p>Do you hold dual nationality? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2nd nationality: _____</p> <p>Marital status: _____</p> <p>Date of birth: <input type="text"/> dd/mm/yy</p> <p>Occupation and nature of employment: _____ _____ <i>(If retired, please state former occupation):</i> _____ _____</p> <p>Relationship to first Applicant: _____</p>
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4. Life or Lives Assured - Personal Details

Please complete if the Life/Lives Assured is/are **not** the Applicant(s) as outlined in Section 3.

First Applicant

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, see Section 11):

Place and country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes No

2nd nationality: _____

Marital status: _____

Date of birth: dd/mm/yy

Occupation and nature of employment: _____

(If retired, please state former occupation):

Relationship to Applicant: _____

Second Applicant (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, see Section 11):

Place and country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes No

2nd nationality: _____

Marital status: _____

Date of birth: dd/mm/yy

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, and
- To the best of my knowledge and belief, the information provided in this Section 4 is true and complete, and
- I agree to be bound by the declarations regarding Data Protection contained in Section 9 ix of this Application Form.

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 Lives Assured sheet and attach securely to this Application Booklet.

Please tick this box if additional information is attached.



Sections 5 to 9 must be completed by the Applicant(s).

5. Other Investment Plans

Do you already hold any other Plans with:

Generali International Limited?

Yes No

Generali PanEurope Limited?

Yes No

If yes, please advise us of your 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.

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:

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

If your Investment Amount is to be transferred via electronic transfer please use the 'Payment by Electronic Transfer Instruction Form' supplied in Section 10 of this Application Booklet.



8. Initial Dealing Instructions

Please enter the percentage to be invested per Underlying Fund corresponding to your ILP Sub-Fund below in the Plan Currency.

- The maximum number of ILP Sub-Funds that can be selected at outset is 10.
- The minimum to be invested in each ILP Sub-Fund is SGD 2,025 / USD 1,350 / GBP 750 / EUR 1,125 / HKD 11,250 / JPY 150,000.

I wish to invest in the following specific Underlying Funds corresponding to my ILP Sub-Funds:

Underlying Fund Manager	Underlying Fund Name	Underlying Fund Currency	Enter the percentage split for each investment
Total Percentage Amount <i>(Please ensure your investments total 100%)</i>			

9. Declarations

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

- i. I confirm that I am resident in Singapore. I apply for a Plan of the type and with the features indicated in this document which I understand will be subject to the Terms and Conditions. I confirm that before I signed this declaration, I had received, read and understood the Product Summary, the Brochure, the Details Guide (*in particular, the section entitled "Cancellation Rights"*), the International Fund Selection Brochure and the Illustration document given to me by my Financial Adviser explaining the **Choice** product to which this Application Form relates. I have been given an opportunity to raise any queries that I may have and have received satisfactory answers to those queries.
- ii. I declare that, to the best of my knowledge and belief, the information given and declarations made in this Application Form are accurate and true and that no material fact has been omitted or concealed. I agree that this Application Form, together with the Terms and Conditions, Plan Schedule and any endorsements issued by Generali International Limited (the "Company") and any written statements made to the Company, on application or in the future, and on which the Company may rely shall form the basis of the contract of life assurance between me and the Company (the "Contract") in accordance with the Law of the Island of Guernsey.
- iii. I understand that the Contract will not commence until this Application Form, duly completed, has been received and accepted by the Company. I understand that the Company has the right to decline this application and that this application can only be negotiated with and accepted by an authorised official of the Company.
- iv. 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 relating to ILP Sub-Funds in which I choose to invest and seeking independent advice.
- v. 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 that of my Plan 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.



9. Declarations (continued)

- vi. I acknowledge that, where the Underlying Fund relating to ILP Sub-Funds in my Plan are not easily convertible to cash, the Company 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.
- vii. 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 International Limited and my Financial Adviser, until written notice to the contrary is provided by me.
- viii. I have been informed and understand my right to cancel my application for this Plan as detailed in the section entitled "Cancellation Rights" in the Details Guide.

ix. Data Protection

- I consent that the personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided and may be disclosed to individuals or organisations within or outside of Singapore, for the purposes of:
 - providing to me or having provided to me advice or information concerning other products or services which the Company believes may be of interest to me or to communicate with me for any purpose, and
 - transferring the information to the registered head office of the Company at Generali House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.
- I accept and consent that the Company may pass data originating from this application or data relating to the execution of the Contract (e.g. Investment Amounts, events insured against, changes to risk or Contract) to other companies within the Generali Worldwide Group (the group of companies owned in whole or in part by Generali Worldwide Insurance Company Limited, Generali International Limited's immediate parent), Financial Advisers, investment advisers, Portfolio Managers, investment fund providers, fiscal representatives and re-insurers wherever they are located in the world but only for purposes related to my Plan. I accept that the above applies regardless of whether this contract is concluded.
- I also accept that personal data, however obtained, will be held, recorded and processed by the Company (which is registered under and adheres to the Data Protection (Bailiwick of Guernsey) Law, 2001, as may be amended from time to time) on computer and/or manual systems in respect of my insurance dealings with the Company both now and in the future for administrative, identification, customer care, service and marketing purposes only.
- I hereby confirm that prior to my provision of information to the Company 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 the Company against and in respect of any liability which the Company may incur in the event of my failure to so notify the third party.
- I understand that I have the right to obtain access to and request correction of any personal data concerning me held by the Company. Requests for such access can be made to the Head of Customer Services, Generali International Limited, Generali House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

I undertake to fully and faithfully give all facts material to the assessment by Generali International Limited of this application as I know them or ought to know them. 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, you should disclose it as failure to do so could result in you receiving nothing from your Plan, you being quoted the wrong terms, a claim being rejected or reduced, or rendering the Plan invalid.)

If you do not wish Generali International Limited to contact you for marketing purposes, please tick this box

Declarations - Signatures

Signature of the First Applicant:
I understand and agree with the declarations contained in Section 9 (i) to (ix)

Signature of the Second Applicant (if any):
I understand and agree with the declarations contained in Section 9 (i) to (ix)

Date:

Date:

Please state country where this Application Form was signed: _____

10. Payment by Electronic Transfer Instruction Form

SINGLE PREMIUM PAYMENT BY BANK TRANSFER

To The Sending Bank

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

Important: Please ensure that the following name(s) and plan number are quoted on the transfer advice:

Applicant(s) name(s): Plan number:

Amount Payable

Currency: US dollar GB pound Euro Japanese yen HK dollar SG dollar

Amount in figures:

Amount in words: _____

Bank Details

Name of the remitting bank: _____

Bank address: _____

Account name: _____

Account number: _____

Routing Instructions

US dollar amounts: Please pay USD to the following account held with Citibank N.A. Singapore *:
A/C Name: Generali International 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 amounts: Please pay GBP to the following account held with Citibank N.A. Singapore *:
A/C Name: Generali International 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 amounts: Please pay EUR to the following account held with Citibank N.A. Singapore *:
A/C Name: Generali International 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)

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

HK dollar amounts: Please pay HKD to the following account held with Citibank N.A. Singapore *:
A/C Name: Generali International 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 amounts: Please pay JPY to the following account held with Citibank N.A. Singapore *:
A/C Name: Generali International 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 Sending Bank transmits a direct intrabank MT103 message to Citibank's Singapore branch (Swift Code: CITISGSG) advising of the payment details**

Authorisation

First Account Signatory:

Second Account Signatory (if applicable):

Date:

Date:

11. Verification of Applicant or Life Assured Identity

The introducing Financial Adviser should complete this section for all applications.

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): _____

This section is required to verify the identity of the Applicants and/or Life/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(s) and/or Life/Lives Assured.

Please tick alongside all items and ensure that all necessary documents are included.

a) For each individual Applicant (and each Life Assured, if different):

First Applicant:

Certified copy of an original photo passport

Certified copy of suitable proof of address (showing name and current residential address)

Prior residential address*: _____

*Please complete if the Applicant has been less than 18 months at their current residential address.

Second Applicant (if any):

Certified copy of an original photo passport

Certified copy of suitable proof of address (showing name and current residential address)

Prior residential address*: _____

*Please complete if the Applicant has been less than 18 months at their current residential address.

b) Corporate and Trust Applicants

If the Applicant shown in the Application Booklet is a Company or a Trust, additional information is required. The introducing Financial Adviser should complete the Verification of Corporate or Trustee Applicant Identity Form.

Declaration

- I confirm that I have seen the original documents specified above and have checked the name of the Applicant(s) and Life/Lives Assured and attach a certified copy of these documents.
- I confirm that client fact-find forms have been duly completed, validated and signed-off.
- I have not made any changes to the Application Booklet after the Applicant has signed it.

Signature of Financial Adviser:

Financial Adviser Name (Printed in BLOCK CAPITALS): _____

Date:

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

Please tick this box if additional information is attached:



12. Source of Funds Questionnaire

The Applicant and introducing Financial Adviser should complete this section for all applications. Please continue on a separate sheet if required.

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 International Limited):

Bank name: _____

Bank address: _____

Account number: _____

Account holder(s) name: _____

Years account held*: _____

* If account is held for less than 1 year then previous bank details are also required. Please use 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 being made elsewhere? Yes No

If yes, please give details: _____

5. Please state Annual Income:

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:

US dollar GB pound Euro Other

Rental income: _____

Investment income: _____

Pension income: _____

Other (Please specify): _____

- iii) 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): _____

Please give details:

Length of service with current employer: _____

If less than 18 months please state previous employer and length of service: _____

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 your client's reasons for applying for this product:

Declaration

- I declare that, to the best of my knowledge and belief, the Applicant(s) is/are 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.

Signature of the Financial Adviser:

Financial Adviser name (printed in BLOCK CAPITALS): _____

Date:

Declaration

- I declare that, to the best of my knowledge and belief, all the information above is true, correct and complete.

Signature of the First Applicant:

Signature of the Second Applicant (if any):

Date:

Date:

Applicant name(s) (printed in BLOCK CAPITALS): _____

Generali International Limited

Registered Office address:
Generali House, Hirzel Street, St Peter Port,
Guernsey, Channel Islands GY1 4PA
Tel: +44 (0) 1481 714 108
Fax: +44 (0) 1481 712 424
E-mail: enquiries@generali-guernsey.com

Generali International Limited

Registered in Singapore as a Branch of a Foreign Company
– Number T10FC0110K.
Singapore Branch: #14-02 Tung Centre,
20 Collyer Quay, Singapore 049319
Tel: +65 66729152
Fax: +65 66729158
E-mail: SingaporeRO@generali-guernsey.com

Company Registration No. 5921

Licensed Insurer under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended) and regulated by the Guernsey Financial Services Commission.

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

www.generali-gi.com