

VERIFICATION OF TRUST FORM

WARNING: Statement under section 25(5) of the Insurance Act Chapter 142. You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

1. POLICY INFORMATION

Policy number

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Name of Proposer / Policy Owner

Name of Life Insured

2. SUBMISSION CHECKLIST

- ☐ Duly completed Verification of Trust form
- ☐ Copy of Trust Deed **OR** first and last page of Trust Agreement.
- ☐ Copy of NRIC / Passport / Identity document of Settlor of the Trust
- ☐ Copy of NRIC / Passport / Identity document of all Beneficial Owners of the Trust

Upon review, we reserve the right to request for additional clarification and/or additional supporting documents.

3. TRUST INFORMATION

Full Name of Trust (hereafter referred to as the Trust)

Country in which the Trust is established

Date of Trust

_____(dd) / _____(mm) / _____(yyyy)

Country in which the Trust is administered

Type of Trust

☐ Revocable OR ☐ Irrevocable

Purpose of Trust

☐ Wealth Transfer ☐ Asset Protection/Diversification ☐ Others (Please explain) _____

Name of Settlor

ID/Passport/Entity Registration no. of Settlor

Settlor's relationship with Life Assured

Settlor's country of residence

4. BENEFICIAL OWNERS

List all the individuals or entities who directly or indirectly own or control 25% or more of the Trust that owns this Policy.

Full Name	ID/Passport/ Entity Registration no.	Date of Birth	Nationality	Residency	Ownership
					%
					%
					%
					%



5. TRUST BENEFICIARIES

Note: For a new application, at least one beneficiary has an insurable interest in the proposed Life Assured.

If any beneficiary(ies) of the Trust is/are an individual(s), complete Section 4A.

If any beneficiary(ies) of the Trust is/are another entity/trust, complete Section 4A & 4B with the name of beneficiaries or beneficial owners of that entity/trust.

Full name of beneficiaries or entity/trust name	Nationality	Residential address	Relationship to Life Insured
A)			

Full name of beneficiaries or beneficial owners of entity/trust name identified in Section 4A	Nationality	Residential address	Relationship to Life Insured
B)			

6. TRUST PROTECTOR(S) OR CONTROLLER(S)

List name(s) of all the Trust Protector(s) or Controller(s)

Full Name	ID/Passport/ Entity Registration no.	Nationality	Residency

7. TRUSTEES

Please complete the information below for all individual or entities Trustees who are authorised to act on behalf of the trust.

Full Name	ID/Passport/ Entity Registration no.	Nationality	Residency

8. AUTHORISED SIGNATORY

Complete the information below for all persons who are signing the application on behalf of the trust.

In the event that the trustee is a trust company or other entity, provide other supporting documents showing that these individuals are authorised to act on behalf of the trust company or other entity. (e.g. signature authorisation list) (We reserve the right to request for additional supporting documents)

Full Name	Date of Birth	Nationality	Residency

9. CERTIFICATIONS

The Trustee(s) certify that:

- 1) the Trust is in full force and effect;
- 2) We, as the Trustees, will inform the Company if there are any changes to the information for any individuals, companies, or entities identified in this form;
- 3) the Trustee(s) is/are allowed by the terms of the Trust to purchase Life Insurance on the Proposed Life Insured;
- 4) the Trust permits the Trustee(s) to exercise all ownership rights provided by the Policy issued by The Company to the Trust including, but not limited to surrender, taking a loan or partial withdrawal of the Policy;
- 5) neither The Company nor anyone acting as an agent of The Company is responsible to determine the authority on the Trustee(s) or inquire into or review the provisions of the Trust and shall not be charged with knowledge of the terms of the Trust;
- 6) The company may rely on the evidence submitted with respect to any change of the Trustee(s) and/or the appointment of a successor Trustee and is not responsible to determine that the change or the appointment of any additional or successor Trustee(s) conforms with the Trust provisions;
- 7) To the best of our knowledge, any funds remitted for any payment of premium on the Policy are not obtained from any criminal activity, including terrorist activity or money laundering; and
- 8) Beneficial interest under the Trust can and will only be established for persons who are related to the Proposed Life Insured by blood, by law, or have a substantial interest in the continued life of the Proposed Life Insured.

10. SIGNATURES

Signed in _____ (Country / City) _____ (Day) _____ (Month) **20** _____ (Year)

_____	_____	_____
1. Signature of Authorised Trustee	Name of Authorised Trustee	NRIC / Passport Number
_____	_____	_____
2. Signature of Authorised Trustee	Name of Authorised Trustee	NRIC / Passport Number
_____	_____	_____
3. Signature of Authorised Trustee	Name of Authorised Trustee	NRIC / Passport Number

This Verification of Trust must be executed in the presence of a Witness if this Verification of Trust is **executed in Singapore**.

_____	_____	_____
Signature of Witness	Name of Witness	NRIC / Passport Number