TRANSAMERICA LIFE BERMUDA LTD

Transamerica Life (Bermuda) Ltd.
Singapore Branch Office
1 Finlayson Green
#13-00
Singapore 049246
Co. Reg. No. F 06768D

# Application Supplement
## Foreign Nationals & Foreign Travel

1. Proposed Insured: _____
2. NRIC/SSN/Passport No.: _____ 3. Place of Birth: _____
4a. Nationality: _____ 4b. Country of Citizenship: _____
5. Passport: Issuing Country, *if different from nationality or citizenship.* _____
6. Length of time with Present Employer _____
7. Do you plan to reside in any country (outside of your primary residence) or travel to any country other than one of the following: Australia, Canada, Hong Kong, Japan, New Zealand, Singapore, United States, Western Europe, or Taiwan for business and/or leisure? ☐ Yes ☐ No If "Yes", please provide details.

| | Destination(s) (city, country) | Date(s) | Frequency of visit(s) | Duration of visit(s) | Purpose of visit(s) |
|---|---|---|---|---|---|
| **During the past 12 months** | | | | | |
| **Within the next 12 months** | | | | | |
| **13 to 24 months from now** | | | | | |

8. Do you anticipate the pattern or frequency of the above-documented travel to change in the next 5 years? ☐ Yes ☐ No If "Yes", please provide details.

_____
_____
_____

It is represented that the statements and answers given in this Supplement to the Application are true, complete and correctly recorded to the best of my knowledge and belief. It is agreed that this Supplement shall be a part of the Application to the Company for insurance on the life of the Proposed Insured.

Signed at _____ on _____
City, Country Date (mm/dd/yyyy)

X _____ X _____
Signature of Proposed Insured Witness to Signature of Proposed Insured

**AGREEMENT OF PROPOSED OWNER IF OTHER THAN PROPOSED INSURED**

The Proposed Owner agrees to be bound by all statements, answers, and agreements made by the Proposed Insured in this Supplement to the Application. If the Proposed Owner is a corporation, an authorized officer, other than the Proposed Insured must sign as Proposed Owner, give full corporate title and name of corporation with the company stamp below.

Signed at _____ on _____
City, Country Date (mm/dd/yyyy)

X _____ X _____
Signature of Proposed Owner Witness to Signature of Proposed Owner

Corporate Title: _____ Corporation Name: _____