



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

New Business Submission
 Documents Requirements Checklist

Policy Ref:
 (For TLB assignment only)

Proposed Insured: _____

Document Received Date: _____ **Done By:** _____

Document Received for : NB Prelmin Rapid Review

Purpose: Initial Additional Final Original

Submission Source : Email Courier Others, pls specify: _____

Product Category : UL Term **Face Amount:** _____

Distributor Name : _____ Office ID Producer ID

Solicitor Name : _____ Solicitor ID

Administrative Staff Name: _____

Important Note:

For all applications, all documents in Section 1 & 4 must be completed, signed and submitted to initiate underwriting.

1A Mandatory NB Application Requirements (TA Forms)

Copy Original Outstanding

1.1 Life Insurance Application (For One Life - Part 1)
 For Full New Business Application Submission Only

1.2 Benefits Illustration Version .

Endorsement* : DSC HP-3yrs HP-5yrs Others: _____

Rider* : WP Others: _____

1.3 CTC of ID Card or Passport - Proposed Insured

1B Mandatory Non-NB Application Requirements (TA Forms)

Copy Original Outstanding

1.4 Preliminary Application (Individual Insurance)
 For Preliminary Application or Trial Application Submission only

1.5 Rapid Review Form
 For Rapid Review Submission only

Remarks :

2 Conditional Application Requirements

Copy Original Outstanding NA*

If proposed insured is foreign resident, (Note: FA must be equal/greater than US\$1,000,000)

- 2.1 Overseas Residents Questionnaire
- 2.2 Foreign Nationals and Foreign Travel Questionnaire
- 2.3 Utility Bill (or equivalent e.g. Bank Statement)
- 2.4 Copy of Entry Proof to Singapore - Proposed Insured

If answer is "Yes" to Question 49, 50 & 52 to Life Insurance Application (For One Life - Part 1),

- 2.5 Foreign Nationals and Foreign Travel Questionnaire
- 2.6 Sports and Avocation Questionnaire
- 2.7 Aviation Questionnaire

If insured backdate to save age,

- 2.8 Application Amendment
- (Request to Backdate Policy to Save Age)
- 2.9 Is Benefits Illustration properly backdated? Yes No

If face amount is greater than US\$1,000,000, and/or impairment and/or requested by U/W,

- 2.10 Office of Medical Director
- (Attending Physician's Statement)

If insured has Alcohol or Drug Use within 5 years,

- 2.11 Alcohol/Drug Questionnaire

If policy owner is not insured, but another individual :

- 2.12 CTC of ID Card or Passport - Proposed Owner
- 2.13 Copy of Entry Proof to Singapore - Proposed Owner
- If foreign resident; and FA must be => US\$1,000,000

If policy owner is not insured, but a corporation : (Same requirements apply for beneficiary)

- 2.14 CTC Certificate of Incorporation
- 2.15 CTC Corporate Profile
- 2.16 CTC Authorized Signatory List
- 2.17 CTC Shareholding information or other documentation
- explaining relationship to insured.
- 2.18 CTC of ID or Passport of Directors

If policy owner is not insured, and is a trust : (Same requirements apply for beneficiary)

- 2.19 Verification of Trust Agreement for Administration of Life
- Insurance Policies
- 2.20 CTC Certificate of Incorporation of the Trust

	<u>Copy</u>	<u>Original</u>	<u>Outstanding</u>	<u>NA*</u>
2.21 CTC Authorized Signatory List - Trust	<input type="checkbox"/>			
2.22 CTC Authorized Signatory List - Trustee	<input type="checkbox"/>			
2.23 CTC of ID or Passport of Directors	<input type="checkbox"/>			
If policy is collaterally assigned,				
2.24 Assignment of Policy as Collateral Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.25 Bank's deed of assignment, notice of assignment & acknowledgement of assignment (if above TLB Policy CA form is not used.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Financial Requirements				
3.1 Solicitor Cover Letter Universal Life policies, FA => US\$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Bank Reference Letter Universal Life policies, FA => US\$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Personal Supplement to Application for Life Insurance (Purpose of Insurance) Age 18-60, US\$1,000,001 =<FA>= US\$5,000,000 Age 61-70, US\$1,000,001 =<FA>= US\$2,000,000 Age 71-80, FA => US\$1000,001 Age 81 & above, FA => US\$500,001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If purpose is Income Replacement Needs,				
CTC of Source of Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CTC of Source of Wealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Reference Letter Universal Life policies, FA => US\$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If purpose is Keyman Insurance,				
CTC of 2 years of Audited Annual Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Resolution to Purchase Insurance OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minutes of Meeting evidencing Purchase of Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Inspection Report - Personal Coverage Age 18-60, FA > US\$5000,000 Age 61-80, FA > US\$2,000,000 Age 81 & above, FA > US\$100,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Inspection Report - Business Coverage Age 0-80, FA > US\$2,500,000 Age 81 & above, FA > US\$400,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Business Beneficiary Report FA > US\$2,500,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7 Fact Find Form If proposed owner is NOT an accredited investor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Medical Requirements				
4.1 Application Part 2 (Medical Health History)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Refer to "Guide to Initial Underwriting Requirements" Page 24 & 25

4.2 ECG (if no test conducted within last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 TRD (if no test conducted within last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 LabOne Slip (For ABC/HOS*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 Application Part 2 (Paramedical History) Refer to "Guide to Initial Underwriting Requirements" Page 24 & 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6 Application Part 2 (Non-Medical Health History) Age 0-17, FA <= US\$500,000 Refer to "Guide to Initial Underwriting Requirements" Page 24 & 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Additional Requirements

(Optional or Upon Underwriter Request)

	<u>Copy</u>	<u>Original</u>	<u>Outstanding</u>	<u>NA*</u>
5.1 If insured is a Non-Smoker, Supplement to Application Non-Smokers Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 If insured has Alcohol or Drug Use within 5 years, Alcohol/Drug Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3 If omitted questions or any changes to original application information, Application Amendment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks :

*** Endorsement/Rider:**

DSC = Surrender Penalty Deferral Endorsement
 HP = Full or Partial Policy Surrender Penalty Waiver Endorsement (HoneyMoon Provision)
 WP= Waiver Provision Rider

*** Medical Requirements:**

ABC = Abbreviated Blood Chemistry (Venous blood draw) - paramedical
 HOS = Home Office Specimen
 ECG = Resting Electrocardiogram
 TRD = Treadmill