



Transamerica Life (Bermuda) Ltd.  
Singapore Branch Office  
1 Finlayson Green  
#13-00  
Singapore 049246  
Co. Reg. No. T05FC6768E

## Personal Supplement to Application for Life Insurance

Policy No.: \_\_\_\_\_

Name of Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please fill in all the figures in **US Dollars**

### Section A PURPOSE OF INSURANCE

1. ☐ Personal  
☐ Income Replacement  
☐ Estate Planning  
☐ Protection for Dependents
2. ☐ Business  
☐ Keyperson  
☐ Stock Repurchase  
☐ Buy-Sell  
☐ Requested by Creditor to Secure Loan  
Amount of Loan Secured \$ \_\_\_\_\_  
Is Insurance required by the Creditor? ☐ Yes ☐ No

3. How was the amount of insurance applied for determined?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4. Employment Information

### Proposed Insured

Occupation	
Commencement Date of Employment	
Main Duties	
No. of Employees in the Company	
Percentage of Company Shares Owned, if any	

5. Number of Dependents & Relationship to the Proposed Insured

\_\_\_\_\_  
\_\_\_\_\_

### 6. Residential Property

- ☐ Self owned ☐ Fully Paid ☐ Mortgaged ☐ Mortgage Amount \$ \_\_\_\_\_
- ☐ Rented Monthly Rental \$ \_\_\_\_\_



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If you are applying for personal insurance, please proceed to question 10-13.

**Section B BUSINESS INFORMATION**

7. ☐ Yes ☐ No If the purpose of this insurance is related to business, are other Corporate Officers or Partners in the business also being insured?

Please give details and explanation.

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8. Percent of corporation or partnership owned by Proposed Insured? \_\_\_\_\_ %

9. Corporation's or Partnership's

	Estimated Current Year	Past Year
Net Worth \$		
Gross Sales \$		
Net Income \$		

**FINANCIAL INFORMATION OF PROPOSED INSURED**

10. Please fill in figures in thousand dollars ('000)

	Estimated Current Year	Last Year	Year Before Last		Estimated Current Year	Last Year	Year Before Last
<b>ANNUAL INCOME</b>				<b>ASSETS</b>			
<b>Earned Income</b>				Cash	\$	\$	\$
Annual Salary or Wages	\$	\$	\$	Real Estate*	\$	\$	\$
Bonuses	\$	\$	\$	Stocks & Bonds	\$	\$	\$
Other Earned Income	\$	\$	\$	Autos	\$	\$	\$
<b>Total Earned Income</b>	\$	\$	\$	Personal	\$	\$	\$
				Business Equity	\$	\$	\$
<b>Unearned Income</b>				Other	\$	\$	\$
Dividends & Interest	\$	\$	\$	<b>Total Assets</b>	\$	\$	\$
Net Real Estate Income	\$	\$	\$				
Net Business Investment Income	\$	\$	\$	<b>LIABILITIES</b>			
Other	\$	\$	\$	Mortgages	\$	\$	\$
<b>Total Unearned Income</b>	\$	\$	\$	Personal Loans	\$	\$	\$
				Business Loans	\$	\$	\$
				All Other Personal Liabilities	\$	\$	\$
<b>TOTAL ANNUAL INCOME</b>	\$	\$	\$	<b>TOTAL LIABILITIES</b>	\$	\$	\$

Policy No.: \_\_\_\_\_

Name of Proposed Insured: \_\_\_\_\_

**\* Real Estate Details**

Address of Properties	Date of Purchase	Purchase Price	Mortgage	Current Value

11. Estimated Net Worth of Proposed Insured \$ \_\_\_\_\_

12. ☐ Yes ☐ No At this time do you have an undischarged bankruptcy? If yes, give type and details.

\_\_\_\_\_

\_\_\_\_\_

13. ☐ Yes ☐ No Do you have a prepared financial statement? If yes, please attach a copy.

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 Transamerica Life (Bermuda) Ltd. for insurance on the life of the Proposed Insured, and shall be the basis for any policy issued on the Application.

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

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Proposed Insured Witness to Signature of Proposed Insured

\_\_\_\_\_ Print Full Name \_\_\_\_\_ Print Full Name

**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 Proposed Owner is a corporation, an authorized officer, other than the Proposed Insured must sign as Proposed Owner. In such an event, please provide the full Corporate title, full name of the officer signing, and the full name of Corporation with the company stamp in the space below.

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

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Proposed Owner Witness to Signature of Proposed Owner

\_\_\_\_\_ Print Full Name \_\_\_\_\_ Print Full Name

Corporate Title \_\_\_\_\_

Officer's Name \_\_\_\_\_

Corporation Name \_\_\_\_\_