Transamerica Life (Bermuda) Ltd.

(Incorporated in Bermuda with limited liability)

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CLAIM FORM

IMPORTANT INFORMATION

Please complete in ENGLISH and BLOCK CAPITALS.

If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.

In order for your claim to be processed as quickly as possible, we need some information about the claimant and the insured. Prior to completing this statement, please read the instructions on the back of this form. If there is more than one claimant, each claimant must complete a separate Claim Form.

The policy of insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. ("TLB").

Please attach **one original/ notarized death certificate** for each insured.

A. Information about the Insured

☑ Select the box that applies

Policy number(s) under which you are presenting a claim		
Insured's Name		
Alias Name (if any)	(1)	(2)
ID Number	Type ☐ NRIC ☐ Passport ☐ Other _____	
Address	Number/Street/Building	
	City	Province
	Country	Postal Code
Date of Birth	(dd/mm/yyyy)	
Date of Death	(dd/mm/yyyy)	
Cause of Death		
Place of Death		

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B. Complete this section only if the policy was issued or reinstated within two years of the date of death.

When did the insured first complain of or give other indications of last illness?
When did the insured first consult a physician for last illness?
Names of all physicians or practitioners who attended the insured within 5 years preceding death (attach additional sheet if necessary).

Name	Address	Date of Attendance (dd/mm/yyyy)	Condition(s)
		(dd/mm/yyyy)	
		(dd/mm/yyyy)	

C. Information about the Beneficiary/ Claimant

☑ Select the box that applies

Name	Given Name(s)	Surname	
Alias Name (if any)	(1)	(2)	
Date of Birth	(dd/mm/yyyy)	Nationality	
ID Number	Type ☐ NRIC ☐ Passport ☐ Business Registration ☐ Certificate of Incorporation ☐ Other _____		
Relationship to the Insured			
Residential Address	Number/Street/Building		
	City	Province	
	Country	Postal Code	
Correspondence Address (If different from residential address)	Number/Street/Building		
	City	Province	
	Country	Postal Code	
Phone Number			
Occupation Title		Occupation Industry	

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D. Other Life Insurance Coverage Details

☑ Select the box that applies

Insurance Company Name	Policy Number	Issue Year	Life Insurance Amount (USD)	Claim Status		
				Paid	Pending	Declined
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

*If more than three other insurance coverage details, please provide details in the “Supplementary Information Section”.

E. Payment Instruction

☑ Select the box that applies

I/We, hereby, authorise TLB to arrange proceeds as follows (If no option is selected, proceeds will be paid by cheque to beneficiary):

Payment Method	☐ By cheque (applicable to amount less than USD500,000 or equivalent. For USD cheque, a local clearing USD cheque will be issued.)	☐ By Telegraphic Transfer (Please complete below Telegraphic Transfer Details Section.)

F. Telegraphic Transfer Details

Correspondent Bank Information (if applicable)

Correspondent Bank Name	
Correspondent Bank Swift Code	
Correspondent Bank Address	

Beneficiary Bank Information

Beneficiary Account Holder Name	
Beneficiary Account Number	
Beneficiary Swift Code	
Beneficiary Bank Name	
Beneficiary Bank Address	

Note: Payment must be made to beneficiary/claimant only.

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Declaration, Consent and Authorisation

I, THE BENEFICIARY/ CLAIMANT, HEREBY:
Consent and Authorise:

a) any registered medical physician, medical practitioner, medical care provider, hospital, clinic, medical laboratory, government organisation or any other medical or medical related facility that has record or knowledge of the insured's health and medical history or treatments to provide such information about the insured (including diagnosis, examination and test results, medical reports, treatments and prognosis) with respect to any of the insured's physical or mental conditions and/or treatments to TLB (or its legal representatives); and

b) TLB to disclose such medical or other information about the insured which has been provided to TLB or which TLB develops during its evaluation of any application or claim for life insurance to: (i) its reinsurers; (ii) any other insurance company that the insured may designate; (iii) any financial adviser representative that the insured may have designated; (iv) any medical professional that the insured may have designated; and (v) any person or entity entitled to receive such information by law.

Personal Information Collection Statement

Transamerica Life (Bermuda) Ltd. ("TLB") is committed to complying with the Personal Data Protection Act 2012 ("PDPA") and any other applicable laws and regulations in relation to the collection, use, disclosure, transfer, retention and storage of your personal data.

Please read the Privacy Policy before you complete this form. The Privacy Policy is available on TLB's website (https://www.transamericalifebermuda.com/en/privacy-policy/) or can be requested in hardcopy from your broker. By completing and returning this form to TLB, you are confirming that you have obtained a copy of, read and understood the Privacy Policy and consent to the use, disclosure and processing of your personal data in accordance with and agree to be bound by the Privacy Policy.

Supplementary Information Section

The claimant understands that TLB may not have verified the status of the life insurance policy. The claimant agrees that by furnishing this form, TLB does not admit that any insurance was in force on the life of the deceased and does not waive any of its rights of defenses.

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Fraud Warning

Any person who knowingly presents a false or fraudulent claim of a loss or benefit may be guilty of a crime and may be subject to fines and/ or confinement in prison.

Declaration by Beneficiary/ Claimant

☑ Select the box that applies

I/We agree that payment made to me/us pursuant to this claim in the manner as directed above fully and finally satisfies and discharges TLB's payment obligations to me/us under the policy and no further claim will be made by me/us under the policy.

I/We confirm that I/we am/are not an undischarged bankrupt, subject to any winding up, receivership or judicial management proceedings, and that there are no pending or threatened bankruptcy or winding up, receivership or judicial management proceedings against me/us.

Signature of Beneficiary/ Claimant

Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
Signature (include Title, if Corporation or Trust)	x		

Signature of Witness to Beneficiary/ Claimant

Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
ID Number		Signature	
Type ☐ NRIC ☐ Passport ☐ Other _____		x	
Address			

The cost, if any, of completing claim requirements, is to be borne by the beneficiary or claimant.

Documentary Requirement Checklist

The required claims documents listed below are for your reference only. We reserve the right to request additional information or documents to process your claim if necessary. We may not be able to process your request or your claim payment may be delayed if the required documents are not provided. All documents must be original or certified copies unless otherwise specified.

Document Required (Please "ü " against the documents you have submitted)	
Basic Document	☐ Original/ notarized death certificate *For a death certificate issued by the Singapore government, we will accept the digital copy(ies) ☐ Identity document of insured ☐ Completed "Claim Form" ☐ Completed "Self-Certificate Form (Individual)" or "Self-Certification Form (Entity and Controlling Persons)" ☐ Policy contract (if available) ☐ Completed "Overseas Death Questionnaire Form" (if the death occurred outside the country of residence of the insured) ☐ Autopsy report, police report & newspaper cuttings (if the death was due to accident or unnatural cause.)
Beneficiary as Individual	☐ Completed "Form W-8Ben"- required if beneficiary has U.S. indicia but not declared as U.S. tax resident status ☐ Copy of proof of relationship between beneficiary and insured (e.g. Spouse - Marriage Certificate) ☐ Identity document and address proof (within 3 months validity) of beneficiary
Beneficiary as an ENTITY	☐ Certificate of Incorporation ☐ Company search undertaken within the last 3 months or copy of the certificate of incumbency (issued within 6 months of the application) ☐ Articles of Association ☐ Updated Authorized Signatory List and Board Resolution approving the Signatory List and the signor(s) to operate the policy for claims matter ☐ Identity document of Person(s) with Executive Authority, if applicable ☐ Identity document and address proof (within 3 months validity) of Director(s) ☐ Identity document and address proof (within 3 months validity) of Authorized Signor(s) ☐ Identity document and address proof (within 3 months validity) of Shareholder(s)/ Ultimate Beneficiary Owner(s) - Additional documents for ENTITY with trust structure ☐ Completed "Verification of Trust Agreement For Administration of Life Insurance Policy Form" ☐ Trust Deed (with information on Settlor(s), Trustees, Protector(s) (if any), Trust Beneficiary(ies), Name and Date of Trust and Execution page with Settlor(s) and Trustees' signature ☐ Identity document and address proof (within 3 months validity) of Trustee(s) ☐ Identity document and address proof (within 3 months validity) of Settlor(s) (if any) ☐ Identity document and address proof (within 3 months validity) of Protector(s) (if any) ☐ Identity document and address proof (within 3 months validity) of beneficiary(ies) mentioned in Trust (if any)
Beneficiary as Estate/ Intestate	☐ Letter of Probate/ The Grant of Letters of Administration ☐ Identity document and address proof (within 3 months validity) of Administrator/Executor
Beneficiary as Minor/ Mentally Incompetent Person	☐ Legal Guardianship paper ☐ Identity document and address proof (within 3 months validity) of the Guardian
Deceased Beneficiary	☐ Original/ notarized death certificate of the designated beneficiary ☐ Copy of proof of relationship between deceased beneficiary and insured (e.g. Spouse - Marriage certificate)

Suitable certifier may include (a) a practising advocate, solicitor or foreign lawyer as defined in the Legal Profession Act (Chapter 161); (b) a member of the judiciary in a Financial Action Task Force member country; (c) an officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity; (d) a Magistrate, Justice of the Peace, or Commissioner for Oaths appointed in Singapore or in an equivalent jurisdiction; (e) your financial adviser representative; (f) a notary public; or (g) government authorities of Singapore if required. Alternatively, you may visit our office at the above address and submit these documents in person. Any original document(s) will be returned as soon as possible after our review.