

## THIRD-PARTY PAYOR FORM

Plan Number

I/We would like to submit the following form to Metis Global (Singapore) Pte. Limited ("Metis SG"), for the purposes of informing Metis SG of contributions from a third-party payor for the following Trust Plan.

Note
<p>Please complete this form and send it to <a href="mailto:service.sg@metisgl.com">service.sg@metisgl.com</a> using your registered email with Metis SG.</p> <p>Please tick the required boxes, fill in the details and sign next to any amendments.</p> <p>Please note that this form is to be completed by the third-party payor. Signatures of the third-party payor and the applicant(s) will also be required.</p>

Part 1. Contribution Details (Please select 1 from of the following options)
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> New Trust Plan Application           <div style="text-align: right;">Plan Number <input style="width: 100px;" type="text"/></div> </div> <input type="checkbox"/> Additional Regular Contribution Additional Regular Contribution Details: <input checked="" type="checkbox"/> SGD Current Regular Contribution Amount      Additional Regular Contribution Amount      Total Regular Contribution Amount <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input style="width: 25%; border: 1px solid #ccc;" type="text"/> <input style="width: 25%; border: 1px solid #ccc;" type="text"/> <input style="width: 25%; border: 1px solid #ccc;" type="text"/> </div> <input type="checkbox"/> Additional Single Contribution <input checked="" type="checkbox"/> SGD Additional Single Contribution Amount <input style="width: 150px;" type="text"/> <input type="checkbox"/> Others <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Insurance Policy Assignment              <input type="checkbox"/> Insurance Policy Nomination              <input type="checkbox"/> Provident Fund Nomination              <input type="checkbox"/> Will Nomination         </div>

Part 2. Payor Details
<p><b>2.1 Personal Particulars</b></p> <p>Surname <input style="width: 100%;" type="text"/> <small>(As in IC/Passport)</small></p> <p>Given Name <input style="width: 100%;" type="text"/> <small>(As in IC/Passport including any alias and other names)</small></p> <p>Date of Birth <input style="width: 100px;" type="text"/> Gender <input style="width: 100px;" type="text"/> Marital Status <input style="width: 100px;" type="text"/></p> <p>Nationality <input style="width: 100px;" type="text"/> Country of Birth <input style="width: 100px;" type="text"/> Passport No./ Identity Card No. <input style="width: 100px;" type="text"/></p> <p>Relationship to Applicant(s)^ <input type="radio"/> Parent <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Others <input style="width: 100px;" type="text"/></p> <p><small>^ Please provide documented proof of relationship for our consideration.</small></p> <p>Please state reason for paying the contributions on behalf of Applicant(s) <input style="width: 100%;" type="text"/></p> <p><b>2.2 Work Details</b></p> <p>Nature of Industry <input style="width: 150px;" type="text"/> Business Type <input style="width: 150px;" type="text"/></p> <p>Occupation <input style="width: 150px;" type="text"/> Annual Income <input style="width: 150px;" type="text"/></p> <p>Name of Organisation <input style="width: 100%;" type="text"/></p> <p><b>2.3 Contact Information</b></p> <p>Mobile <input style="width: 100px;" type="text"/> Home <input style="width: 100px;" type="text"/> Work <input style="width: 100px;" type="text"/></p> <p>Email Address <input style="width: 100%;" type="text"/></p> <p>Residential Address <input style="width: 100%;" type="text"/></p> <p>Country <input style="width: 100px;" type="text"/> Postal Code <input style="width: 100px;" type="text"/></p> <p><b>2.4. Source of Funds</b></p> <p>What is the source of funds used to pay the Subsequent contributions? You may choose more than one option.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Salary or commission  <input type="checkbox"/> Inheritance  <input type="checkbox"/> Sale of assets         </div> <div style="width: 45%;"> <input type="checkbox"/> Personal savings, if currently not employed, please provide details below <small>(example: previous employment, allowance from family members, etc.)</small>  <input type="checkbox"/> Business or trade income  <input type="checkbox"/> Others, please provide details below  <input style="width: 100%;" type="text"/> </div> </div>

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**Part 2. Payor Details (continued)**

**2.5. Source of Wealth**

How did you accumulate your wealth (i.e. your total assets)? You may choose more than one option.

- Business or trade income
- Inheritance and gifts
- Sale of property, company, or other assets
- Salary or commission from current and/or past employment(s)
- Investments (shares, bonds, unit trusts, etc.)
- Others, please provide details below:

**2.6. Politically Exposed Person (PEP) Declaration**

A Politically Exposed Person (PEP) is a natural person who is, or has been entrusted with prominent public functions whether in Singapore, a foreign country or an international organisation. Prominent public function includes the roles held by head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state-owned corporations, senior political party officials, members of the legislature, and senior management of international organisations.

If you, or any of the beneficiaries, are a PEP or a family member\* or close associate\*\* of a PEP\*, you must disclose this information.

\* A "family member" means a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of the PEP.

\*\* A "close associate" means a natural person who is closely connected to a PEP, either socially or professionally

Name of PEP PEP  
(As in IC/Passport including any alias and other names)

Title of PEP

Name of person related to PEP

Relationship to PEP

**Part 3. Declaration and Signature**

1. By submitting this form, I/We agree and consent to Metis SG, and/or its appointed representatives and/or agents (and such other third-party service providers as it may engage (such representatives, agents, and/or authorised service providers each a "Representative"), and who may be located outside Singapore) collecting, receiving, using, storing, disclosing and processing my/our Personal Data (as defined in, and) in accordance with the terms of the Terms and Conditions and Metis SG's privacy policy as amended from time to time, available at [https://metisgl.com.sg/media/1/docs/privacy\\_policy.pdf](https://metisgl.com.sg/media/1/docs/privacy_policy.pdf) ("Privacy Policy"), and the terms of Privacy Policy are incorporated into the Terms and Conditions by reference, and are also available to me/us upon request), for one or more of the following purposes:

- a. processing this form and providing me/us with your products and services as well as the services of third-party service providers;
- b. administering and/or managing our relationship and/or our account(s) with you; and/or
- c. any of the purposes set out in the Privacy Policy.

I/We further represent and warrant that:

- a. all of the information provided by me/us to you (including without limitation personal particulars and contact information) is accurate and complete; and
- b. if in connection with this form, I/we provide the personal data of any third parties, I/we further warrant and represent that these third parties have also consented to the terms of the Privacy Policy, and to the collection, receipt, use, storage, disclosure and processing of their personal data in accordance with the aforesaid and for all the purposes contemplated herein; and
- c. I /We are the user(s) and/or subscriber(s) of the telephone number and other contact details provided by me/us in this application or other documents furnished by/to Metis SG and agree that I/we have read and understood the above provisions.

2. Metis SG may rely conclusively upon and accept any instructions received via email or Metis SG's online portal (collectively "electronic instructions") which is in good faith believed to be genuine instructions signed by us. Any transactions made according to electronic instructions shall be irrevocable and binding upon me, whether such electronic instructions have in fact been given with or without my authority, knowledge, or consent. Under no circumstances shall Metis SG have any duty or any obligation to enquire or verify the identity of the person(s) giving electronic instructions in our name or the authenticity of the signature appearing thereon or the validity of the electronic instructions.

3. We understand that sending electronic instructions is not a safe and reliable transmission method. Metis SG shall not, in any event, be liable to us for any liabilities, losses, damages, or expenses whatsoever arising out of or in connection with any network or telephone line failure, any uncontrollable events or any other circumstances beyond Metis SG's control.

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**Part 3. Declaration and Signature (continued)**

4. We agree to indemnify Metis SG and any person appointed or employed by it against all claims, liabilities, damages, losses, costs and expenses of any kind which may be incurred by any of them and all actions or proceedings which may be brought by or against any of them in connection with the requests specified in this form unless due to the negligence or wilful default of Metis SG or any other person appointed or employed by it.
5. We declare that the information given in this form are true, correct, complete and not misleading in any way. We accept full responsibility for them. We have not withheld any information. We undertake to provide any further information and documentation reasonably required from time to time. If anything is untrue, incorrect or incomplete, Metis reserves the right to terminate the Trust Plan.
6. I/We have attached the following documents with this request:
  - Proof of relationship  Yes  No
7. I, the Payor, hereby confirm that I am paying/providing the stated contributions on the above Plan. I realize that I do not have any rights or interest in the Plan and I fully understand that I cannot (i) benefit in any way from the Plan, or (ii) assume the role of a settlor, by virtue of making the stated contributions on the above Plan.

In witness whereof this deed has been executed as of 

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 (DD/MM/YYYY)

 Signature Digital signature is not accepted

Full Name of Payor  
(As in FIN/Passport including any alias and other names)

 Signature Digital signature is not accepted

Full Name of Main Applicant  
(As in FIN/Passport including any alias and other names)

 Signature Digital signature is not accepted

Full Name of Joint Applicant (where applicable)  
(As in FIN/Passport including any alias and other names)

in the presence of:  
WITNESS DETAILS

Signature Digital signature is not accepted

Full Name of Witness  
(As in FIN/Passport including any alias and other names)

Email Address

Mobile Number