PRODUCT SUMMARY: PRUActive Family Care
This Product Summary and Policy Illustration are for illustrative purposes only and shall not constitute a contract. The following is a simplified description of the key product features. The exact terms can be found in the policy document.

"Your Guide to Participating Policies", which contains generic but important information on how a participating plan typically works and how bonuses are determined in general, is available on our website, www.prudential.com.sg. Alternatively, you may approach a representative of either Prudential Singapore or a distributor duly appointed by Prudential Singapore for a copy of the guide.

Details of Plan Provider:
Prudential Assurance Company Singapore (Pte) Limited ("Prudential Singapore"), 30 Cecil Street, #30-01 Prudential Tower, Singapore 049712. Tel: 1800 - 333 0 333.

Prudential Singapore is responsible for the product features and contractual provisions and these will be explained to you by a representative of either Prudential Singapore or a distributor duly appointed by Prudential Singapore.

This policy and its Supplementary benefit(s) (if any) is/are protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy and its Supplementary benefit(s) (if any) is/are automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association (GIA)/Life Insurance Association (LIA) or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

The Proposer acknowledges receipt of all the pages of the Product Summary for the Main plan and Supplementary benefits (where applicable). The contents have been explained to his/her satisfaction.

Nature and Objective of the Plan:
Your **PRUActive Family Care** is a policy that allows you to choose your premium payment term and that provides financial protection against death, terminal illness and disability for as long as the life assured lives. You can choose to add a Multiplier benefit that provides a higher payout. It also has a Parent Guard benefit that provides financial support for you when your parent is diagnosed with one of the covered illnesses, accidental injury, or death.

The policy also allows you to participate in the performance of the participating fund in the form of bonuses that are not guaranteed.

PRUActive Family Care is an 8th series product. The series defines the premium rates and bonus features of the product.

The premium for your PRUActive Family Care is **not guaranteed**. They may be adjusted based on future experience. Premiums are payable for the period of the premium payment term and can be paid monthly, quarterly, half-yearly or yearly.

Benefits under the Plan:

Multiplier Benefit

You can choose to add the Multiplier benefit to your policy, at the start of your policy. The Multiplier benefit is the guaranteed amount that we pay in the event of death, terminal illness, total and permanent disability, critical illness (if applicable) of the life assured until the selected Multiplier benefit age.

The selected Multiplier benefit age and Multiplier benefit factor that you choose, will apply to the death, terminal illness, disability and critical illness (if applicable) benefits.

The selected Multiplier benefit age that you can choose are 65, 70, 75 or 80 years.

The Multiplier benefit factors that you can choose are 2, 3, 4 or 5 times of the sum assured.

Before the life assured reaches the selected Multiplier benefit age, we calculate the Multiplier benefit by multiplying the sum assured by the Multiplier benefit factor.

When the life assured reaches the selected Multiplier benefit age,

- the Multiplier benefit for non-accidental death, terminal illness, total and permanent disability and critical illness (if applicable) will end;
- the Multiplier benefit for death due to accidental causes will reduce by 10% each year for the next five policy years. After that, the Multiplier benefit for accidental death will remain at 50% of its Multiplier benefit for as long as the policy remains active. Refer to the Multiplier benefit table below.

Life assured's attained age	**Selected Multiplier Benefit Age**				**% of the Multiplier benefit for Death due to Accidental causes**
	65	**70**	**75**	**80**	
Before age	65	70	75	80	100%
Starting from age	65	70	75	80	90%
	66	71	76	81	80%
	67	72	77	82	70%
	68	73	78	83	60%
Starting from age (as long as the policy is active)	69	74	79	84	50%

The Multiplier Benefit is written out of the non-participating fund and does not affect the experience of the participating fund. It also does not provide any surrender value.

Death Benefit

What do we pay for Death Benefit?

If the Multiplier benefit was not added

If the life assured dies, we will pay the sum assured for death shown in your certificate of life assurance plus all the bonuses^ that we have added to your policy, less any amounts you owe us.

If the Multiplier benefit was added

If the life assured dies,

a) Before the selected Multiplier benefit age, we will pay the higher of:
   - the sum assured for death shown in your certificate of life assurance plus all the bonuses^ that we have added to your policy; or
   - the Multiplier benefit for death shown in your certificate of life assurance*,

   less any amounts you owe us.

b) On or after the selected Multiplier benefit age, we pay different death benefits when the life assured dies from an accident or from other causes.

When death is caused by an accident	We will pay the higher of: - the sum assured for death shown in your certificate of life assurance plus all the bonuses^ that we have added to your policy; or - the applicable Multiplier benefit for accidental death**,

	less any amounts you owe us. The accidental death must happen within 90 days of the accident, otherwise, we will pay the sum assured for death shown in your certificate of life assurance plus all the bonuses^ that we have added to your policy less any amounts you owe us.
When death is due to non-accidental causes	We will pay the sum assured for death shown in your certificate of life assurance plus all the bonuses^ that we have added to your policy, less any amounts you owe us.

** The Multiplier benefit for death is calculated by multiplying the sum assured for death shown in your certificate of life assurance by the Multiplier benefit factor.*

*** The Multiplier benefit for accidental death is calculated by multiplying the sum assured for death shown in the certificate of life assurance by the Multiplier benefit factor. Starting from the selected Multiplier benefit age, the Multiplier benefit for death due to Accidental causes will reduce by 10% each year for the next five years and will remain at 50% of its Multiplier benefit for as long as the policy is in force.*

^ *The bonuses stated above are NOT guaranteed.*

If there is any remaining or excess Parent Guard sum assured, it will be transferred to the life assured and paid out together with the Death benefit or a claim that ends the policy.

"Accident" is an unexpected and involuntary event, which directly causes death or injury by violent, external and visible means, and is not linked to any other cause (such as illness or disease of the life assured). **"Accidental Death"** is a death resulting from an Accident.

If you have already made a claim on the Accelerated Terminal Illness, Accelerated Disability, Crisis Care (PRUActive Family Care) or Early Crisis Care (PRUActive Family Care) benefit and its sum assured is lower than the sum assured of the Death benefit, then the sum assured of the Death benefit will be reduced by the sum assured of the Accelerated Terminal Illness, Accelerated Disability, Crisis Care (PRUActive Family Care) or Early Crisis Care (PRUActive Family Care) benefit already paid out.

What is not covered under Death Benefit?

If the life assured dies from suicide within 12 months from the cover start date or date of reinstatement (if any) of your policy, we will void your policy. In this case, we cancel it and refund the total premiums received from you. We will first deduct any policy loans (including interest), automatic premium loans (including interest), surgical and nursing loans and all other amounts you owe us in connection with your policy and expenses (including administrative, sales-related and medical expenses) we have had to pay for your policy.

If the life assured dies directly or indirectly from an activity under special exclusion or special terms and conditions shown in your certificate of life assurance, we do not pay the Death Benefit but we will either:

- refund the total premiums received from you less any policy loans (including interest), automatic premium loans (including interest), surgical and nursing loans and all other amounts you owe us in connection with your policy and expenses (including administrative, sales-related and medical expenses) we have had to pay for your policy; or
- pay you the surrender value (if any),

whichever is higher.

If you have reduced your sum assured, we will decide on the total premiums paid based on the revised premium set out in your new certificate of life assurance. We will work this out as if you have been paying this revised premium amount from the start of your policy.

We do not pay the Multiplier benefit for accidental death on or after the selected Multiplier benefit age, if the accidental death of the life assured arises directly or indirectly out of one of the following:

- all claims related to accidents that took place before the cover start date of the policy or date of reinstatement (if any);
- war or warlike activities, invasion, acts of the foreign enemy, hostilities (whether declared or not), civil war, rebellion, revolution, insurrection, military or usurped powers;
- direct participation in strikes, riots or civil commotion;
- terrorism involving the use of nuclear, biological or chemical agents;
- illnesses or diseases of any kind, including but not limited to, fits, hernia, venereal disease, Acquired Immunodeficiency Syndrome (AIDS) or food poisoning;

- illnesses or diseases as a result of bite(s) inflicted by, and/or contact with, animal or insect, which animal or insect is infected by, or is a carrier of, such illnesses or diseases;
- physical or mental defect or infirmity existing at the cover start date or date of reinstatement (if any) of this benefit;
- accidents arising and due to pregnancy or confinement and related complications;
- under the influence, misuse or abuse of alcohol, drugs or illegal substance unless taken as prescribed by a registered medical practitioner;
- committing suicide or attempted suicide or intentional self-injury while sane or insane;
- unlawful acts, the hand of justice or wilful exposure to unnecessary danger except in the attempt to save a human life;
- any injury sustained while the life assured is committing or is attempting to commit an offence or is resisting arrest by a law enforcement officer;
- injuries as a result of committing, attempting or provoking an assault;
- state of unsound mind;
- taking part in a hazardous activity or sports unless such activities are carried out on a leisure basis under the supervision of a licensed organisation;
- taking part in professional or competitive sports where the life assured would or could earn income or remuneration from engaging in such sports;
- being in an aircraft of any type, or boarding or descending from any aircraft, except as a fare-paying passenger in an aircraft that is on a regular scheduled route operated by a commercial airline;
- radiation or contamination from radioactivity;
- racing of all kinds, other than foot or bicycle activities carried out on a leisure basis under the supervision of a licensed organisation;
- engaging in commando or bomb disposal duties/training, active military duties such as maintenance of civil order, engagement in hostilities, whether war is declared or not, and travel by military aircraft or waterborne vessel. This exclusion overrides all other terms and conditions relating to military services; or
- an activity under special exclusions and/or special terms and conditions shown on your certificate of life assurance.

What is Death benefit payment option*?

You can choose to receive the Death benefit in
(a) One lump sum; or
(b) In yearly instalments.

If no option is chosen, we will pay the Death benefit in one lump sum.

*"Death benefit payment option" is also known as "Death benefit payout option" that appears in other documents and communications or correspondences you may encounter or receive from us.

This option will not apply:
- if you or the nominated beneficiary is not a person, and this policy belongs to a company or organisation, at the time of the death of the life assured. We will pay the Death benefit in one lump sum regardless of the option selected at the start;
- if the life assured dies from suicide or any pre-existing condition within 12 months from the cover start date or date of reinstatement (if any) of your policy. We will refund the premiums in one lump sum regardless of the option selected at the start; or
- if the life assured dies directly or indirectly from an activity under special exclusion or special terms and conditions. We will refund the premiums in one lump sum regardless of the option selected at the start

Any cash benefit left with us, at the time of the life assured's death, will be paid in one lump sum.

You can only choose to receive the Death benefit in yearly instalments at the start of your policy and decide on the number of yearly instalments to be paid from the Death benefit. You cannot change the number of yearly instalments after the policy has started.

Each yearly instalment will be the same amount that is equal to:

Instalment Factor x Death benefit (rounded up to 2 decimal places)

Option	Number of Yearly Instalments	Instalment Factor	Sum of all Yearly Instalments^ (as % of Death benefit)

(a)	1 (in one lump sum)	100.00%	100.00%
(b)	2	50.28%	100.56%
	3	33.70%	101.10%
	4	25.41%	101.64%
	5	20.44%	102.20%
	6	17.13%	102.78%
	7	14.76%	103.32%
	8	12.99%	103.92%
	9	11.61%	104.49%
	10	10.51%	105.10%

^*Assuming no rounding differences.*

If you chose option (a), to receive the Death benefit in a lump sum, you cannot switch to option (b), to receive the Death benefit in yearly instalments.

If option (b) is chosen and a Death claim has not been admitted, you can choose to switch to option (a) at any time before the death of the life assured but this can only be done once and it cannot be switched back.

If option (b) is chosen and a Death claim has been admitted, the following will apply in these situations:
- if the nominated beneficiary passes away before all the yearly instalments are paid out, we will continue to pay the remaining yearly instalments to each of the deceased beneficiary's estate and surviving beneficiaries (if any), in their respective shares.
- if you, the policyowner, who is not the life assured, die before all the yearly instalments are paid out, we will continue to pay the remaining yearly instalments to your estate.

What happens after a claim?
Your whole policy automatically ends once a claim for this benefit is paid.

Accelerated Terminal Illness Benefit

What do we pay for Accelerated Terminal Illness Benefit?
If the Multiplier benefit was not added
If the life assured is diagnosed as having a Terminal Illness, we will pay the sum assured for Terminal Illness shown in your certificate of life assurance plus all the bonuses^ that we have added to your policy, less any amounts you owe us.

If the Multiplier benefit was added
If the life assured is diagnosed as having a Terminal Illness before the selected Multiplier benefit age, we will pay the higher of:
- the sum assured for Terminal Illness shown in your certificate of life assurance plus all the bonuses^ that we have added to your policy; or
- the Multiplier benefit for Terminal Illness shown in your certificate of life assurance*,

less any amounts you owe us.

If the life assured is diagnosed as having a Terminal Illness on or after the selected Multiplier benefit age, we pay the sum assured for Terminal Illness shown in your certificate of life assurance plus all the bonuses^ that we have added to your policy, less any amounts you owe us.

If there is any remaining or excess Parent Guard sum assured, it will be transferred to the life assured and paid out together with the Death benefit or a claim that ends the policy.

^ *The bonuses stated above are NOT guaranteed. If the sum assured of the Accelerated Terminal Illness benefit is lower than the sum assured of the Death benefit, then the bonuses will be pro-rated to the sum assured of the Accelerated Terminal Illness benefit.*

* *The Multiplier benefit for Accelerated Terminal Illness is calculated by multiplying the sum assured for Accelerated Terminal Illness shown in your certificate of life assurance by the Multiplier benefit factor.*

"**Terminal Illness**" means any condition caused by illness or injury, where at the time of claim, despite all reasonable medical treatment, the Life Assured is expected to live for no more than 12 months.

The specialist medical practitioner treating the condition must provide supporting evidence of the condition, possible medical treatment, the prognosis after undergoing the possible medical treatment, and certify that the Life Assured is expected to live for no more than 12 months despite all possible medical intervention. We reserve the right to appoint an independent medical specialist who is an expert in the condition to confirm the diagnosis and prognosis.

Terminal Illness in the presence of HIV infection is excluded.

What is not covered under Accelerated Terminal Illness Benefit?

We do not pay in any of the following circumstances:

- If the life assured has already died at the time of the claim. We will pay the Death benefit instead;
- If the symptoms of the terminal illness existed at the cover start date or date of reinstatement (if any) of this benefit;
- If the life assured is diagnosed as having a terminal illness caused by:
  - self-inflicted injuries while sane or insane;
  - AIDS, AIDS-related complex or infection by HIV except HIV due to blood transfusion and occupationally acquired HIV;
  - using unprescribed drugs if the drugs are required by law to be prescribed by a registered medical practitioner; or
  - an activity under the special exclusions and special terms and conditions shown in your certificate of life assurance.

What happens after a claim?

Once we pay an Accelerated Terminal Illness claim, the Accelerated Terminal Illness benefit ends. In addition:

a) If the sum assured of the Death benefit is the same as the sum assured of the Accelerated Terminal Illness benefit, the policy and all its benefits including the Accelerated Disability, Parent Guard and Crisis Care (PRUActive Family Care) (if added to the plan) benefits will end.

b) If the sum assured of the Death benefit is more than the sum assured of the Accelerated Terminal Illness benefit, we will reduce the sum assured of the Death benefit to an amount equal to the difference between the sum assured of the Death benefit and the sum assured of the Accelerated Terminal Illness benefit. The Parent Guard benefit will be recalculated based on 50% of the remaining sum assured of the Death benefit up to a maximum of $50,000 per policy. You can continue the policy for this Death benefit and any other supplementary benefits (except those which ends under c, d, e and f of this section) by paying the necessary premiums.

c) If the sum assured of the Accelerated Disability benefit is more than the sum assured of the Accelerated Terminal Illness benefit, we will reduce the sum assured of the Accelerated Disability benefit to an amount equal to the difference between the sum assured of the Accelerated Disability benefit and the sum assured of the Accelerated Terminal Illness benefit. This applies as long as you continue to pay the necessary premiums for both the Death and Accelerated Disability benefits.

d) If the sum assured of the Accelerated Disability benefit is less than or equal to the sum assured of the Accelerated Terminal Illness benefit, we will end the Accelerated Disability benefit. In this case, we will not pay the Accelerated Disability benefit once we have paid the Accelerated Terminal Illness benefit.

e) If the sum assured of the Crisis Care (PRUActive Family Care) benefit (if added to the plan) is more than the sum assured of the Accelerated Terminal Illness benefit, we will reduce the sum assured of the Crisis Care (PRUActive Family Care) benefit to an amount equal to the difference between the sum assured of the Crisis Care (PRUActive Family Care) benefit and the sum assured of the Accelerated Terminal Illness benefit. This applies as long as you continue to pay the premiums for both the Death and Crisis Care (PRUActive Family Care) benefits.

f) If the sum assured of the Crisis Care (PRUActive Family Care) benefit (if added to the plan) is less than or equal to the sum assured of the Accelerated Terminal Illness benefit, the Crisis Care (PRUActive Family Care) benefit will end. In this case, we will not pay for the Crisis Care (PRUActive Family Care) benefit once we have paid the Accelerated Terminal Illness benefit.

Accelerated Disability Benefit

What do we pay for Accelerated Disability Benefit?

If the Multiplier benefit was not added

If the life assured is shown in your certificate of life assurance to be covered for this benefit and becomes totally and permanently disabled, we will pay the Accelerated Disability benefit as shown in the table.

Age[+] at date of Disability	We pay
Below one year old	20% of the sum assured for Accelerated Disability in a lump sum, less any amounts you owe us and the policy ends.
From one year old and above	The sum assured for Accelerated Disability shown in your certificate of life assurance plus all the bonuses^ that we have added to your policy, less any amounts you owe us.

If the Multiplier benefit was added

If the life assured is shown in your certificate of life assurance to be covered for this benefit and becomes totally and permanently disabled, we pay the Accelerated Disability benefit as shown in the table.

Age[+] at date of Disability	We pay
Below one year old	20% of the Multiplier benefit for Accelerated Disability* in a lump sum, less any amounts you owe us and the policy ends.
From one year old and above	Before the selected Multiplier benefit age The higher of: - the sum assured for Accelerated Disability shown in your certificate of life assurance plus all the bonuses^ that we have added to your policy; or - the Multiplier benefit for Accelerated Disability shown in your certificate of life assurance*, less any amounts you owe us. On or after the selected Multiplier benefit age The sum assured for Accelerated Disability shown in your certificate of life assurance plus all the bonuses^ that we have added to your policy, less any amounts you owe us.

[+] *age at their last birthday*

^ *The bonuses stated above are not guaranteed. If the sum assured of the Accelerated Disability benefit is lower than the sum assured of the Death benefit, the bonuses will be pro-rated to the sum assured of the Accelerated Disability benefit.*

* *The Multiplier benefit for Accelerated Disability is calculated by multiplying the sum assured for Accelerated Disability shown in the certificate of life assurance by the multiplier benefit factor.*

We will pay this benefit six months after the confirmed onset of total and permanent disability (the Deferment Period) by a registered medical practitioner.

The Deferment Period does not apply if the life assured suffers total and permanent loss of use of:
- both eyes;
- any two limbs, each above the wrist or ankle but not just the hands and feet; or
- one eye and any one limb at or above the wrist or ankle but not just the hand or foot.

We will pay the Accelerated Disability benefit, in a lump sum, up to $2,000,000. If your Accelerated Disability benefit is above $2,000,000, we pay the balance sum assured (in other words, any amount that is above $2,000,000) in a lump sum:
- 12 months from the date of the first lump sum payment; or
- when the life assured dies,

whichever event happens first.

If the life assured stops being totally and permanently disabled before the balance sum assured is due for payment, we stop payment immediately. In this case, you can still continue your policy for the Death and Terminal Illness benefits by

paying the necessary premiums. The sum assured will be equal to the balance sum assured (in other words, any amount that is above $2,000,000).

If there is any remaining or excess Parent Guard sum assured, it will be transferred to the life assured and paid out together with the Death benefit or a claim that ends the policy.

Total and Permanent Disability Definitions
We pay the benefit in the following circumstances if the life assured becomes totally and permanently disabled.

<table>
<tr><th>Age of Life Assured</th><th colspan="3">Total and Permanent Disability Definitions</th></tr>
<tr><td>From 28 days to 15 years old</td><td rowspan="4">The life assured is totally and permanently disabled when they suffer total and permanent loss of use of:
- both eyes; or
- any two limbs each above the wrist or ankle but not just the hands and feet; or
- one eye and any one limb at or above the wrist or ankle but not just the hand or foot.</td><td rowspan="4">OR</td><td>The life assured is totally and permanently disabled when they have to stay in a home, hospital or other institution and need constant care and medical attention for at least six months in a row.</td></tr>
<tr><td>From 16 years old to 65 years old</td><td>The life assured is totally and permanently disabled when they cannot take part in any occupation, business or activity which pays an income.</td></tr>
<tr><td>From 66 years old to 70 years old</td><td>The life assured is totally and permanently disabled when they are unable to perform (whether with help or without help) at least three of the following six Activities of Daily Living for at least six months in a row.</td></tr>
<tr><td>From 71 years old onwards</td><td>-</td></tr>
</table>

“Activities of Daily Living”
(i) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
(ii) Feeding - the ability to feed oneself once food has been prepared and made available;
(iii) Mobility - the ability to move indoors from room to room on level surfaces;
(iv) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
(v) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
(vi) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.

The disability must be confirmed by a registered medical practitioner.

We can ask for a medical examination to be carried out by a medical practitioner registered with the Singapore Medical Council if we decide the medical reports you give us are not enough for our purposes.

What is not covered under Accelerated Disability Benefit?
We do not pay if the disability:
- claim was made when the life assured has already died at the time of the claim. We will pay the Death benefit instead;
- happened and the life assured was under 28 days of age;
- existed at the cover start date or date of reinstatement (if any) of this benefit; or
- arises directly or indirectly out of:
  - attempted suicide or self-inflicted injuries while sane or insane;
  - travelling on a non-commercial airline except military aircraft; or

- an activity under special exclusions and special terms and conditions shown in your certificate of life assurance.

What happens after a claim?
Once we pay an Accelerated Disability claim, the Accelerated Disability benefit ends. In addition:

a) If the sum assured of the Death benefit is the same as the sum assured of the Accelerated Disability benefit, the policy and all its benefits, including the Accelerated Terminal Illness, Parent Guard benefit and Crisis Care (PRUActive Family Care) (if added to the plan) benefits, will end.

b) If the sum assured of the Death benefit is more than the sum assured of the Accelerated Disability benefit, we will reduce the sum assured of the Death benefit to an amount equal to the difference between the sum assured of the Death benefit and the sum assured of the Accelerated Disability benefit. The Parent Guard benefit will be recalculated based on 50% of the remaining sum assured of the Death benefit up to a maximum of $50,000 per policy. You can continue the policy for this Death benefit and any other supplementary benefits (except those that have ended under c, d, e and f of this section) by paying the necessary premiums.

c) If the sum assured of the Accelerated Terminal Illness benefit is more than the sum assured of the Accelerated Disability benefit, we will reduce the sum assured of the Accelerated Terminal Illness benefit to an amount equal to the difference between the sum assured of the Accelerated Terminal Illness benefit and the sum assured of the Accelerated Disability benefit. This applies as long as you continue to pay the necessary premiums for both the Death and Accelerated Terminal Illness benefits.

d) If the sum assured of the Accelerated Terminal Illness benefit is less than or equal to the sum assured of the Accelerated Disability benefit, the Accelerated Terminal Illness benefit will end. In this case, we will not pay for the Accelerated Terminal Illness benefit once we have paid the Accelerated Disability benefit.

e) If the sum assured of the Crisis Care (PRUActive Family Care) benefit (if added to the plan) is more than the sum assured of the Accelerated Disability benefit, we will reduce the sum assured of the Crisis Care (PRUActive Family Care) benefit to an amount equal to the difference between the sum assured of the Crisis Care (PRUActive Family Care) benefit and the sum assured of the Accelerated Disability benefit. This applies as long as you continue to pay the premiums for both the Death and Crisis Care (PRUActive Family Care) benefits.

f) If the sum assured of the Crisis Care (PRUActive Family Care) benefit (if added to the plan) is less than or equal to the sum assured of the Accelerated Disability benefit, the Crisis Care (PRUActive Family Care) benefit will end. In this case, we will not pay for the Crisis Care (PRUActive Family Care) benefit if we have paid the Accelerated Disability benefit.

Parent Guard Benefit

The Parent Guard benefit offers the following benefits:
- **Diagnosis Support benefit** – provides financial support for you when your parent is diagnosed with any one of the covered conditions;
- **Income Support benefit** – pays a monthly income when the parent receives their first treatment for a covered condition;
- **Accident Fracture Hospital Income benefit** – pays an extra benefit for each day of hospitalisation because of a fracture due to an accident; and
- **Family Support benefit** – provides financial support for you when your parent dies.

You can find details of all the benefits listed above in the following table below.

The sum assured of the Parent Guard benefit will not affect the sum assured of the PRUActive Family Care policy.

The Parent Guard benefit will cover for the parent named in the proposal form when you applied for this policy. Any change in the parent is not allowed. Your parent should be below 80 years old when you applied to buy your PRUActive Family Care plan. The benefit term for your Parent Guard is from the cover start date of the PRUActive Family Care policy until before you reach 80 years old.

The diagnosis, first treatment, accident and death (where applicable) must:
- occur at least after one year from the cover start date of the policy or date of reinstatement (if any);
- be within the benefit term; and

- be before your parent reaches 100 years old.

The total amount of benefits payable for each parent across all PRUActive Family Care policies and any other current or future policies including supplementary plans that provide similar benefits for parents, must not, in total, exceed the limit of $100,000 per parent. Once a parent has reached the limit because of any payment, no further benefits will be payable to that parent.

Once all eligible parents have reached the limit, the remaining sum assured that exceeds the limit will be transferred to the main life assured and will be paid out together with any claim the life assured makes that will end the policy.

"Parent" means a person who is recognised under the laws of Singapore, as at the start of this policy and as at the point of claim, either:
- your biological parent; or
- your legally adoptive parent.

For the purposes of this policy or any claim made under this policy, you must provide a certified copy of official documents (such as a birth certificate or adoption records), and only the parent(s) named in those documents will qualify under this definition.

If you have been legally adopted, you will be considered as having a legal parent-child relationship only with the adoptive parent(s) as shown in the birth certificate or adoption records, and if so, any relationship with your biological parent(s), stepparent(s) or foster parents will be excluded for the purposes of this policy.

Diagnosis Support benefit	We will pay 20% of the Parent Guard sum assured, as shown in the certificate of life assurance, when your parent is diagnosed with any one of the following covered conditions: - Alzheimer's Disease; - Severe Dementia; - Idiopathic Parkinson's Disease; or - Progressive supranuclear palsy. We will pay this benefit provided: - The parent must survive at least 7 days from the date of diagnosis; - The covered condition must be diagnosed by a registered medical practitioner; and - The limit of $100,000 for each parent has not been reached. We pay this benefit once only, even if two parents are named. We can ask for a medical examination to be carried out by a medical practitioner registered with the Singapore Medical Council if we decide the medical reports given to us are not enough for our purposes. Your parents' diagnosis of the covered illness can only be in the following countries: - Singapore - Australia - Brunei Darussalam - Canada - China (class 3 hospitals located in designated cities) - Hong Kong - Macau - Malaysia - New Zealand - Taiwan - United Arab Emirates (UAE) - Abu Dhabi & Dubai - United Kingdom - United States You can refer to our website for the list of designated cities in China. **"Alzheimer's Disease / Severe Dementia"** Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction

	in mental and social functioning requiring the continuous supervision of the life assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor. The following are excluded: - Non-organic diseases such as neurosis and psychiatric illnesses; and - Alcohol related brain damage. **"Idiopathic Parkinson's Disease"** The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions: - the disease cannot be controlled with medication; and - inability of the Life Assured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months. For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid. **"Progressive supranuclear palsy"** Progressive Supranuclear Palsy occurring independently of all other causes and resulting in a permanent neurological deficit, which is directly responsible for a permanent inability to perform at least three (3) of the following six (6) "Activities of Daily Living". Activities of Daily Living: (i) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; (ii) Feeding - the ability to feed oneself once food has been prepared and made available; (iii) Mobility - the ability to move indoors from room to room on level surfaces; (iv) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; (v) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; (vi) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means. The Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Physician who is a neurologist.
Income Support benefit	When the parent starts receiving their first treatment for a covered condition, we pay a monthly income for up to five years. We pay: - 2% of the Parent Guard sum assured, as shown in the certificate of life assurance, for the first year the parent starts receiving their first treatment; and - 1% of the Parent Guard sum assured for the next four years. We pay this benefit once for each parent and provided the treatment must be provided by a registered medical practitioner. Once the claim is approved, the payments will be made until the limit is reached. This may go beyond the benefit term. We stop the payments: - once the Parent Guard sum assured is fully paid; - once the limit of $100,000 for each parent is reached; or - on the death of the parent.
Accidental Fracture	If a parent is hospitalised in Singapore or overseas because of a fracture due to an accident, we pay an additional benefit of $150 for each day (24-hour period) of hospitalisation. This also applies

Hospital Income benefit	to home hospitalisation under the Mobile Inpatient Care @ Home (MIC@Home) service by a Singapore restructured hospital. We pay this benefit: - if the hospitalisation is medically necessary; - for each parent covered under the policy; - up to 10 days for each accident, and - until the Parent Guard sum assured is fully paid, the limit of $100,000 for each parent is reached, or on the death of the parent. If the parent has more than one Parent Guard benefit, we will only pay $150 per day up to 10 days, for each accident, across all policies. Any payment from this benefit will not impact the Parent Guard's sum assured, the main policy's sum assured and the calculation of the limit for each parent across all PRUActive Family Care policies and any other current or future policies including supplementary plans that provide similar benefits for parents. We can ask for a medical examination to be carried out by a medical practitioner registered with the Singapore Medical Council if we decide the medical reports given to us are not enough for our purposes. "**Fracture**" is a medical condition which results in a broken bone. This can include open fracture which is a fracture where the broken bone breaks through the skin, and/or closed fracture which is a fracture where the broken bone does not break through the skin. **"Mobile Inpatient Care @ Home (MIC@Home)"** refers to the care-delivery model, that allows patients who, a physician assesses as being clinically suitable to receive the same hospital inpatient services in their own homes, instead of in a Singapore restructured hospital.
Family Support benefit	When the parent dies, we pay 8% of the Parent Guard sum assured, as shown in the certificate of life assurance. We pay this benefit once for each parent, provided: - the Parent Guard sum assured is not fully claimed; and - the limit of $100,000 for each Parent has not been reached.

What is not covered under Parent Guard Benefit?

We do not pay in any of the following circumstances:

- If the diagnosis, accident and death (where applicable) occurred within one year of the cover start date of the policy or date of reinstatement (if any);
- If it is due to a pre-existing condition that existed before the cover start date or date of reinstatement (if any) of the policy, unless it was declared in the proposal and specifically accepted by us;
- Any benefit for any injury that is related to accidents that took place before the cover start date of the policy or date of reinstatement (if any);
- Any sexually transmitted disease including acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV) except HIV due to blood transfusion and occupationally acquired HIV;
- Deliberate acts such as self-inflicted injuries or attempted suicide while sane or insane;
- Psychological disorders, personality disorders, mental conditions or behavioural disorders, such as depression, mood disorders, stress, anxiety, behavioural disorders and psychosomatic diseases, addiction;
- Using unprescribed drugs if the drugs are required by law to be prescribed by a registered medical practitioner;
- Deliberate misuse of drugs or alcohol;
- Taking part or attempting to take part in unlawful acts, provoked assault or deliberate exposure to danger;
- Treatment of injuries arising from warlike operations (whether war is declared or not), war, invasion, riot, civil commotion, strike or any similar event;
- Treatment or rehabilitation for narcotic drug, cigarette, alcohol, or any psychotropic substances addictions; or

- Undergoing alternative or complementary treatments, including traditional Chinese medicine (TCM) or stays in any health-care establishment for social or non-medical reasons.

When does the Parent Guard Benefit end?

For the Parent Guard benefit, besides some of the above events, the benefit will also end when:
- The sum assured of Parent Guard is fully claimed;
- The policy is assigned;
- The life assured makes a claim that ends the policy. Any remaining Parent Guard sum assured in this policy or excess Parent Guard sum assured for each parent across all Parent Guard benefits will be transferred to the life assured and will be paid out together with the claim that ended the policy;
- The eligible parents die. Any Parent Guard sum assured will be transferred to the life assured and paid out when they make a claim that ends the policy;
- All parents reach 100 years old;
- You reach 80 years old,

whichever event happens first.

Buy Another Policy Benefit

If the life assured is at a certain life event, and the policy was bought on standard terms (in other words, you were not given our offer of conditional acceptance where the life assured was offered special terms and conditions for accepting the proposal for life assurance), you have the option to buy another whole life, endowment or term policy on the life of the life assured, without evidence of good health.

You can do this at the life assured's following life events:
- gets married;
- becomes a parent;
- adopts a child through legal means;
- suffers the death of a husband or wife;
- divorces;
- the life assured's child getting married;
- the life assured's child starting primary school; or
- the life assured's child starting secondary school.

This option can be exercised twice in the lifetime of the life assured, meaning on two separate life events.

The type of policy that you can buy depends on the available products at the time of the life events. We can change the types of policy the life assured can buy at the time of the life events.

The death and accelerated terminal illness benefits (if offered under the new policy) will be available under the new policy. You can choose to include the disability and/or critical illness benefits to the new policy as long as your PRUActive Family Care policy also has this benefit.

The new policy must:
- be bought within three months from the date of the relevant life event;
- meet any stated minimum entry requirements of the policy;
- have a term that is equal to or less than the remaining term of your original policy; and
- have a sum assured that is not more than:
    - $150,000; or
    - 25% of the Multiplier benefit

  whichever is lower. This sum assured limit applies to each life event, no matter how many policies with this benefit that you may have.

You can only do this if:
- the life assured is under 50 years old;
- you have paid all the premiums due under your policy; and
- the life assured has not made a disability, critical illness (including the pre-critical medical conditions and Special benefit) or terminal illness claim on any policy with us. However, a claim under the Parent Guard benefit will not affect the activation of this benefit.

You must pay the increased premium based on the age of the life assured at the time you buy the new policy.

To apply, you must use our appropriate application form and meet the conditions on it. We will let you know if we accept your application.

Kinship Booster Benefit

The life assured gets to enjoy a Kinship Booster benefit on their own PRUActive Family Care policy when an immediate family member buys a PRUActive Family Care policy.

This benefit does not apply if your immediate family member buys any of the PRUActive Life series.

This Kinship Booster benefit will add an extra 10% of the sum assured to the death and terminal illness benefits of the life assured's own policy only, up to a maximum of $100,000, as long as the following conditions are met:
- the life assured must be below 55 years old when the immediate family bought the policy,
- the life assured's PRUActive Family Care policy was bought on standard terms (in other words, the life assured was not given our offer of conditional acceptance where the life assured was offered special terms and conditions for accepting the proposal for life assurance),
- all the premiums due under the policy have been paid,
- the life assured has not made any claim on the PRUActive Family Care policy,
- proof of the immediate family relationship must be shown.

Any claim under the Parent Guard benefit will not affect the Kinship Booster benefit.

Immediate family members include the life assured's parents, siblings, husband or wife and children by birth or adoption.

The Kinship Booster benefit does not:
- apply to the Multiplier benefit;
- have any surrender value; and
- have any bonuses.

Each PRUActive Family Care policy will enjoy one Kinship Booster benefit only.

We will add this extra sum assured the following month after the immediate family's PRUActive Family Care policy has passed the 14-day free-look period.

We do not pay this extra sum assured for any claims under the disability, Crisis Care (PRUActive Family Care) and Early Crisis Care (PRUActive Family Care) benefits.

To apply, you must use our appropriate application form and meet the conditions on it. We will let you know if we accept your application.

Premium Defer Benefit

The Premium Defer benefit allows you to postpone paying premiums for two years or the remaining premium term, whichever is shorter. This benefit is only available when your policy has acquired a surrender value that is equal to at least two years' of premiums paid.

We will provide you with an interest-free policy loan that will pay your premiums for two years or the remaining premium term, whichever is shorter. This will mean that your surrender value will not be affected although you have not been paying your premiums. However, if we make any other payment to you under your policy during this premium deferment period, we will first deduct any interest-free policy loan amounts granted to you under this Premium Defer benefit.

After the premium deferment period, you will have to pay back this interest-free loan amount. If the loan is not paid back at the end of the premium deferment period, interest will be charged.

We charge a yearly interest rate on the loan amount starting from the end of the premium deferment period. This interest rate may change and accrues on a daily basis. On each policy anniversary of your policy, we add the previous year's interest to the loan amount and charge interest on the total until the loan is repaid.

We can change the interest rate but will give you three months' written notice if we do so.

The loan amount and interest will be amounts you owe us. You can repay the loan at any time. We deduct the loan amount and interest from any payment we make under your policy.

If the total amount you owe us under your policy is more than the surrender value, your policy will end immediately.

If you already have a policy loan or automatic premium loan under your policy, that will continue to incur interest and will affect the surrender value.

You can only use this benefit only once for each PRUActive Family Care policy.

To apply, you must use our appropriate application form and meet the conditions on it. We will let you know if we accept your application.

Family Waiver Benefit

Under the Family Waiver benefit, when an immediate family of the life assured dies, we waive the premiums of your PRUActive Family Care policy and its supplementary benefits, for a period of up to one year.

The immediate family of the life assured includes the spouse or legal children. Legal children refer to the biological, stepchildren or adopted children of the life assured, including any future child or children that the life assured may have after the cover start date of the policy. This will not include any unborn children.

This benefit will only be activated on a claim with the life assured showing proof of the immediate family relationship.

We will waive 12 months of premiums from the next premium due date following the date of death of the immediate family of the life assured and if the claim is approved. If the end of the premium payment term is less than 12 months from the date of death of the life assured's immediate family, we will waive the premiums from the next premium due date up to the end of the premium term only.

We will not refund any premiums which were due and paid before the premium waiver start date.

You can claim this benefit only once for each PRUActive Family Care policy.

We can review the supplementary benefits allowed under this benefit.

To apply, you must use our appropriate application form and meet the conditions on it. We will let you know if we accept your application.

Income Payout Option

The income payout option allows you to receive yearly payouts from the surrender value of the policy over a period of 10 years. As such, this option is like partial surrender. Please note that once you begin receiving the yearly payouts, the sum assured and the long-term value of your policy will be reduced. You can find more details below.

The Parent Guard benefit will be recalculated based on 50% of the remaining sum assured of the Death benefit up to a maximum of $50,000 per policy. With the reduction of the sum assured, if there is any ongoing monthly Income Support payment, it will also be reduced.
The earliest the yearly payout can begin is the policy anniversary just before the life assured turns age 60 and provided it is after the end of the premium payment term and all premiums have been fully paid.

You can exercise this option as long as you meet the following conditions:
- you must apply to exercise this option 30 days before the policy anniversary that you want to start receiving the yearly payout;
- the minimum yearly payout amount is $500 and the policy must still meet the minimum sum assured of $10,000 after the end of the payout period;
- there are no policy loans of any kind or any amounts owing to us under the policy;
- the policy must not have been converted to a paid-up policy; and
- you can only exercise this option once per policy.

The yearly payout will be decided based on the following:
- The payout percentage, which is the percentage of the sum assured of the PRUActive Family Care policy you are choosing to use for this option. You may choose to use between 10% and up to 80% of the sum assured for the PRUActive Family Care policy (in multiples of 5%);
- At the start of each policy year, the yearly payout will equal the surrender value based on the sum assured for the PRUActive Family Care policy to be reduced at the start of each policy year. This sum assured to be reduced at the start of each policy year is calculated by dividing the percentage you chose, at the point of application, by 10.

The yearly payout will then start from the policy anniversary immediately following our acceptance.

After the income payout option has been exercised,
- the sum assured of the PRUActive Family Care policy will be reduced yearly upon every yearly payout and the policy will provide the coverage for the life assured based on the reduced sum assured and Multiplier benefit (if applicable) and have a reduced surrender value. Any future benefits and bonuses of the policy will be based on the reduced sum assured;
- if the reduced sum assured for the PRUActive Family Care policy is less than the sum assured of any accelerating riders, the sum assured of the respective accelerating riders will be reduced accordingly so that the sum assured of all the accelerating riders matches the reduced sum assured for the PRUActive Family Care policy;
- the policy will still be subject to the minimum sum assured requirements;
- you cannot amend the option. However, you can cancel the option;
- you cannot change the sum assured or do a partial surrender of policy during the income payout period. However, a full surrender of the policy is allowed;
- all types of policy loans are not allowed during the income payout period (this includes the surgical and nursing loan and premium defer loan);
- you cannot surrender any reversionary bonus;
- you cannot ask to leave the yearly payouts with us.

The option will end when any of the following happens:
- on the full surrender of the policy;
- when the life assured dies;
- on the full or partial payout of any claim that accelerates the sum assured of the policy;
- termination of the PRUActive Family Care plan;
- when you ask to cancel this option. When this happens, this option cannot be exercised again.

Surrender Benefit

What is Surrender Benefit?
The guaranteed surrender value plus non-guaranteed surrender value will be payable upon surrender after 36 months from the first premium due date and the premium had been paid for 36 months.

What is the impact of early surrender?
As buying a life insurance policy is a long-term commitment, an early termination of the policy usually involves high costs and the surrender value, if any, that is payable to you may be zero or less than the total premiums paid.

What are the other features available under PRUActive Family Care?

If the policy has a surrender value, the policyowner can apply to surrender part or all of the Reversionary Bonus that we have added to the policy for a cash value. Please do note that this will reduce the long-term value of the policy.

Automatic Premium Loan, Policy Loan and Surgical & Nursing Loan are also available. Please note that taking these loans will reduce the long-term value of the policy. For automatic premium loan and policy loan, a non-guaranteed loan interest will be charged.

Please refer to the policy document for the exact terms and conditions of these additional benefits.

Bonuses:

What type of bonuses?
The benefits under this plan are made up of guaranteed and non-guaranteed benefits. The guaranteed benefits, including bonuses which have already been allocated to the participating policyowners, will be paid regardless of the performance

of the participating fund. Non-guaranteed benefits are in the form of bonuses. There are two main types of bonuses: Reversionary Bonus and Performance Bonus. The bonuses are NOT guaranteed and will vary according to the future experience of the participating fund. The bonus rates in this section are based on the illustrated Investment Rate of Return of the Participating Fund at 4.25% per annum.

In comparison, at an illustrated Investment Rate of Return of 3.00% per annum, the bonus rates are expected to be adjusted downwards depending on the future outlook of the Participating Fund.

Please refer to the policy illustration for the bonus amount at the illustrated Investment Rate of Return of 3.00% per annum and 4.25% per annum respectively. The two rates are used purely for illustrative purposes and do not represent upper and lower limits of the investment performance of the Participating Fund.

Please note that the actual bonuses that may be declared in the future may turn out to be higher or lower than illustrated in this section.

Reversionary Bonus:
This is an annual bonus that we add to the policy benefits from the start of the calendar year after the policy's second anniversary. Once declared, it will form part of the guaranteed benefits of the plan.

The reversionary bonus rate is illustrated to be $7.30 per $1,000 sum assured and $16.40 per $1,000 on accumulated Reversionary Bonuses.

Performance Bonus:
This is a one-off bonus which is a percentage of the accumulated Reversionary Bonuses. It may be paid when the policyowner surrenders the policy or makes a claim for any of the basic benefits of the policy. The amount will vary depending on the Termination Date. The illustrated Performance Bonus rates as a percentage of the accumulated Reversionary Bonuses are as follows:

Performance Bonus Table

No. of completed years in force	Performance Bonus as a percentage of accumulated reversionary bonus
0	0%
1	0%
2	0%
3	9% to 17%
4	13% to 25%
5	18% to 34%
6	27% to 51%
7	36% to 68%
8	45% to 85%
9	54% to 102%
10	54% to 102%
11	58% to 110%
12	67% to 127%
13	72% to 136%
14	76% to 144%
15	81% to 153%
16	90% to 170%
17	94% to 178%
18	99% to 187%
19	103% to 195%
20	112% to 212%
21	112% to 212%
22	117% to 221%
23	117% to 221%

24	121% to 229%
25	135% to 255%
26	135% to 255%
27	130% to 246%
28	126% to 238%
29	121% to 229%
30	121% to 229%
31	117% to 221%
32	112% to 212%
33	112% to 212%
34	112% to 212%
35	112% to 212%
36	108% to 204%
37	108% to 204%
38	103% to 195%
39	100% to 190%
40	100% to 190%
41	100% to 190%
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108	100% to 190%
109	100% to 190%
110	100% to 190%

Future bonuses which have yet to be allocated to the participating policyowner are not guaranteed and the insurer will decide the level of bonus to be declared each year as approved by the Board of Directors, taking into account the written recommendation by the Appointed Actuary.

How are the assets invested and managed?

Prudential Singapore's participating fund consists of both single and regular premium policies segregated into a few sub-funds. Each sub fund's investments are managed separately to match its liability characteristics. Regular premium policies are written in the Regular Premium Life Sub-fund ("RPLF"). In the document below, the term "fund" will be referring to RPLF unless stated otherwise.

Investment Objective

The investment objective is to maximise the long-term returns of the fund through investments consistent with policyowners' reasonable expectations, while meeting internal and regulatory solvency requirements. To achieve this, we set a Strategic Asset Allocation ("SAA") for the fund.

Investment Mix

Asset Type	Strategic Asset Allocation	Asset Allocation as at 31 Dec 2025

Bonds	46.8%	51.6%
Equities	29.5%	36.1%
Property	10.0%	6.3%
Other Assets[1]	13.7%	6.0%
Total Assets	**100.0%**	**100.0%**

[1] Other assets include alternative assets, cash and policy loans

The Asset Allocation percentages shown in the table have been rounded to the nearest 0.1%, and hence may not sum to exactly 100%.

SAA is the fund's long-term neutral asset allocation to meet the investment objective of the fund as set out above. Fund managers are allowed to deviate from the SAA, but within a mandated limit to take views on the current market conditions.

Investment Rate of Return

For the RPLF, the past investment rates of return (after deducting investment expenses only) are shown in the table below.

	2023	2024	2025	Average of last 3 years	Average of last 5 years	Average of last 10 years
Investment Returns	7.24%	8.26%	9.39%	8.29%	2.94%	4.86%

Please note that past performance may not be indicative of future performance.

Total Expense Ratio

The Total Expense Ratio is the proportion of total expenses incurred by the Participating Fund to the assets of the Participating Fund. These expenses include costs such as investment, management, distribution, taxation and other expenses.

An expected level of expenses to be incurred by the Participating Fund has been allowed for in the premiums payable for your policy and is not an additional cost to you. If the actual level of expenses varies significantly from the expected level of expenses, it may affect the non-guaranteed benefits you may receive.

For our Participating Fund, the past Total Expense Ratios are shown in the table below.

	2023	2024	2025	Average of last 3 years	Average of last 5 years	Average of last 10 years
Total Expense Ratio	2.03%	1.64%	1.69%	1.77%	2.10%	2.37%

Please note that past expense ratios may not be indicative of actual expenses that may be incurred in the future.

Fund Manager

All investment related to this fund is carried out through Eastspring Investments (Singapore) Limited ("Eastspring Singapore"). Eastspring Singapore may also engage other Prudential plc related companies as sub-fund managers.

Eastspring Singapore address: Eastspring Investments (Singapore) Limited, 10 Marina Boulevard #32-01 Marina Bay Financial Centre Tower 2 Singapore 018983.

What are the risks that affect the bonuses that you will be getting?

The level of bonuses depends on the actual experience of key factors affecting the performance of the fund. In determining the level of bonuses, we also considered the future outlook of these key factors. These key factors are:

- Investment performance and future investment outlook of the fund;
- Claims experience, with respect to death ("mortality") and Terminal Illness("TI") experience of the fund;
- Discontinuance ("surrender") experience of the fund;
- Level of expenses incurred by or allocated to the fund

There may be other factors that could affect the bonus levels, for example, changes in taxation and legislation.

How are the risks shared?

Your policy is exposed to investment, mortality, lapse and expense risks, which are shared within the RPLF, i.e. with other regular premium plans.

In determining the level of bonuses that can be supported, the assets available to back the plan will be derived by accumulating the premiums paid at the actual rate of investment return less the cost of insurance, expenses incurred, commissions paid, taxes and other costs that may be incurred in managing the fund.

How are bonuses smoothed over time?

As investment performance fluctuates over time, bonuses are smoothed to ensure stable medium to long-term returns on your policy. As a result, some of the investment returns in good years may not be distributed immediately so as to boost returns in years where the investment return is low. However, the effect of smoothing is intended to be neutral over time.

Reversionary Bonus
Prudential Singapore's bonus distribution policy is to keep the Reversionary Bonus at a level that is expected to be sustainable over the long-term. Thus, while the Reversionary Bonus is usually reviewed annually, it is not expected to fluctuate from year to year. Nevertheless, it may be adjusted up or down under exceptional circumstances.

There is no Reversionary Bonus declared yet as this 8th Series plan was launched in 2026.

Past performance is not necessarily indicative of future performance.

Performance Bonus
The Performance Bonus is reviewed at least annually. In exceptional circumstances, the review may be more frequent. The Performance Bonus is more likely to change from year to year but Prudential Singapore's policy is to limit the yearly variation so that, under normal circumstances, the payout will not be subject to large fluctuations over the short term.

There is no Performance Bonus declared yet as this 8th Series plan was launched in 2026.

Past performance is not necessarily indicative of future performance.

What are the fees and charges imposed on this plan?

This plan shares in the experience of the fund. This means that any expenses incurred by the fund can be charged to the policy according to the risk-sharing rules described earlier.

Examples of such expenses include:
- Investment fees paid to fund managers for providing management services
- Mortality (death), Terminal Illness, lapse and surrender claims
- Marketing and other distribution-related costs
- Administration fees incurred in underwriting of new business
- Management and Overhead Expenses
- Commission fees paid to Prudential Financial Consultants or intermediaries

All expenses, including commissions, are shared and charged to the fund (assets backing the policy) according to the risk-sharing rules described earlier. Please refer to the Total Distribution Cost Table in the Policy Illustration for more information.

Please note that the charges described in this section will not be in the form of explicit fees or charges to you; it has already been allowed for in calculating your premium.

How will I be updated on the performance of my plan?

An Annual Bonus Update will be sent to you annually. This document aims to keep you informed of the performance of the fund, its future outlook, the bonuses allocated to your policy for that year and any changes in future bonuses. Whenever

there is a change in the bonus rates, you will also receive an update from Prudential Singapore. You may expect to receive the Annual Bonus Update after April each year.

Please contact your representative of either Prudential Singapore or a distributor duly appointed by Prudential Singapore at any time if you wish to receive an updated full policy illustration showing the illustrations of future bonuses based on Prudential Singapore's best estimate of the future performance of the participating fund.

Conflict of Interest:

Potential conflicts of interest arise in the allocation of expenses between the participating and other insurance funds. Over-allocation of expenses to the participating fund is detrimental to policyowners of participating policies. As such, Prudential Singapore strives to achieve a fair allocation substantiated by regular expense investigations.

Related Party Transactions:

The fund manager managing the entire assets of the fund is a related party to Prudential Singapore. The size of RPLF under management by Eastspring Singapore is S$41,993 million as at 31 Dec 2025.

The Investment Committee ("IC") of Prudential Singapore has oversight responsibility for the activities of the fund managers to ensure that the transactions are carried out at arm's length. It is responsible for setting the mandates for day-to-day fund operation. The Asset and Liability Management Committee (“ALCO”) of Prudential Singapore is responsible for the setting of the SAA and monitoring asset and liability matching.

The IC will also periodically review the investment fees charged by the fund managers, and advise Prudential Singapore accordingly. The Board of Directors ("Board") appoints the membership of the IC and ALCO. The Board will be responsible for reviewing and approving the IC and ALCO Constitution or Terms of Reference.

Premiums:

The premium for your Parent Guard benefit is **not guaranteed**. They may be adjusted based on future experience. We can change the premiums at any time in the future during the premium payment period. Any change of the Parent Guard benefit premium will change the PRUActive Family Care premium. However, we will give you 30 days' written notice before doing so.

The premium for your PRUActive Family Care is **not guaranteed**. They may be adjusted based on future experience. Premiums are payable for the period of the premium payment term and can be paid monthly, quarterly, half-yearly or yearly.

We can change the premiums at any time in the future during the premium payment period. However, we will give you 30 days' written notice before doing so.

This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

Select additional benefits according to your need(s):

With additional premiums, you may add supplementary benefits to this insurance plan for extra protection.

All supplementary benefits are subject to product terms and conditions. Please consult a representative of either Prudential Singapore or a distributor duly appointed by Prudential Singapore for more information.

Exclusions:

There are certain conditions (such as death from suicide within 12 months from cover start date or date of reinstatement (if any), or death from an activity under special exclusions or special terms and conditions (if any)) under which no benefits will be payable.

You are advised to read the policy document for the full details of these exclusions.

Termination of benefits

The benefits under your PRUActive Family Care policy will terminate when:
- When the life assured dies;
- If you fail to pay the premiums within 30 days of the date they are due;
- If you surrender the policy;
- On the cover end date as shown in your certificate of life assurance;
- When the sum assured for death has been reduced to zero by an accelerated payment; or
- When the policy lapses because the amounts you owe us within the policy is more than the surrender value,

whichever event happens first.

Note:
Life Insurance is a contract of utmost good faith and a proposer is required to disclose in proposal form fully and faithfully all the facts, which he knows or ought to know, as otherwise the policy issued may be void.

The terms and conditions of your policy are contained in your policy document.

Free Look Period
After purchasing a life insurance policy, you have a 14-day free-look period - starting from the day you receive your policy documents to review the documents carefully. During this time, if you choose to cancel your policy, we will refund you the premiums you have paid (without interest), less any medical fees and other expenses, such as payments for medical check-ups and medical reports, incurred by us.

If we make your policy document and all other documents from us available electronically via our secure online portal on our website, we consider they have been delivered and received when you receive the relevant SMS or email telling you that the documents are accessible on this portal. Otherwise, we consider your policy and all other documents from us as delivered and received seven days from the date of posting to the last-known address you gave us.

If you decide this policy is not suitable for your needs, simply write to us within the 14-day free-look period.

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PRODUCT SUMMARY FOR SUPPLEMENTARY BENEFITS
This Product Summary is a simplified description of the key product features and shall not constitute a contract. The exact terms can be found in the policy documents.

Nature and Objective of the Supplementary Benefit

Crisis Care (PRUActive Family Care) is a whole of life participating supplementary benefit attached to PRUActive Family Care which provides financial protection upon diagnosis of any one of the 64 Critical Illnesses.

When attached, the Multiplier Benefit Age and Multiplier Benefit Factor selected (if applicable) for the PRUActive Family Care policy will also apply to this supplementary benefit. The Multiplier Benefit is written out of the non-participating fund and does not affect the experience of the participating fund.

Crisis Care (PRUActive Family Care) is an accelerated Critical Illness Benefit which does not provide any surrender value.

The premium for Crisis Care (PRUActive Family Care) is **not guaranteed**. These rates may be adjusted based on future experience. We reserve the right to vary the premiums at any time in the future during the premium payment period. However, we will give you 30 days' written notice before doing so.

Benefits under Crisis Care (PRUActive Family Care):

Critical Illness Benefit

What do we pay for Critical Illness Benefit?
If the Multiplier benefit was not added
If the life assured is shown in your certificate of life assurance to be covered for this benefit and is diagnosed as having any one of the 64 critical illnesses, we will pay the sum assured for Crisis Care (PRUActive Family Care) shown in your certificate of life assurance plus bonuses^ that we have added to your policy, less any amounts you owe us.

If the Multiplier benefit was added
If the life assured is shown in your certificate of life assurance to be covered for this benefit and is diagnosed as having any one of the 64 critical illnesses before the selected Multiplier benefit age, we will pay the higher of:
- the sum assured for Crisis Care (PRUActive Family Care) shown in your certificate of life assurance plus bonuses^ that we have added to your policy (if this applies); or
- the Multiplier benefit for Crisis Care (PRUActive Family Care) shown in your certificate of life assurance*,

less any amounts you owe us.

If the life assured is diagnosed as having any one of the 64 critical illnesses on or after the selected Multiplier benefit age, we will pay the sum assured for Crisis Care (PRUActive Family Care) shown in your certificate of life assurance plus bonuses^ that we have added to your policy, less any amounts you owe us.

If the Multiplier benefit was added and the life assured undergoes an angioplasty and other invasive treatment for coronary artery before the selected Multiplier benefit age, we pay 10% of the Multiplier benefit, up to $25,000. We will reduce the sums assured of the death, Accelerated Disability, Accelerated Terminal Illness and Crisis Care (PRUActive Family Care) benefits by the amount paid out on the angioplasty and other invasive treatment for coronary artery claim divided by the applied Multiplier benefit factor. The Parent Guard benefit will be recalculated based on 50% of the remaining sum assured of the Death benefit up to a maximum of $50,000 per policy.

If the Multiplier benefit was not added or the life assured undergoes an angioplasty and other invasive treatment for coronary artery on or after the selected Multiplier benefit age, we pay 10% of the sum assured of the Crisis Care (PRUActive Family Care) benefit, up to $25,000. We will reduce the sums assured of the death, Accelerated Disability, Accelerated Terminal Illness and Crisis Care (PRUActive Family Care) benefits by a sum that is equal to the amount paid out on the angioplasty and other invasive treatment for coronary artery claim. The Parent Guard benefit will be recalculated based on 50% of the remaining sum assured of the Death benefit up to a maximum of $50,000 per policy.

^ *The bonuses stated above are NOT guaranteed. If the sum assured of the Crisis Care (PRUActive Family Care) is lower than the sum assured of the Death benefit, the bonuses will be pro-rated to the sum assured of the Crisis Care (PRUActive Family Care).*

** The Multiplier benefit for Crisis Care (PRUActive Family Care) is calculated by multiplying the sum assured for Crisis Care (PRUActive Family Care) shown in the certificate of life assurance by the Multiplier benefit factor.*

We pay this benefit for one critical illness only, even if the life assured is diagnosed as having a second critical illness. However, if the first critical illness is angioplasty and other invasive treatment for coronary artery, we will pay the remaining sum assured on the next critical illness diagnosed that is not angioplasty and other invasive treatment for coronary artery.

The Critical Illness must be diagnosed by a Registered Medical Practitioner.

If there is any remaining or excess Parent Guard sum assured, it will be transferred to the main life assured and paid out together with the Death benefit or a claim that ends the policy.

A "**Registered Medical Practitioner**" is any person properly qualified with a degree in western medicine to practise medicine and is licensed by the appropriate medical authority of the country they live in to practise medicine within the scope of his licensing and training. This cannot be you, the life assured or a family member of either.

What Critical Illnesses are covered?
Your benefit covers the following critical illnesses. The critical illness must be diagnosed by a registered medical practitioner.

We can ask for a medical examination to be carried out by a medical practitioner registered with the Singapore Medical Council if we decide the medical reports you give us are not enough for our purposes.

36 critical illnesses that fall under Version 2024**	**Besides the above 36 critical illnesses, we will also pay for the following 28 critical illnesses:**
1. Alzheimer's Disease / Severe Dementia	1. Accidental fracture of spinal column
2. Angioplasty and Other Invasive Treatment for Coronary Artery	2. Acute Necrohaemorrhagic pancreatitis
3. Benign Brain Tumour	3. Addison disease or autoimmune adrenalitis
4. Blindness (Irreversible Loss of Sight)	4. Adrenalectomy for adrenal adenoma
5. Coma	5. Biliary atresia having undergone liver transplantation
6. Coronary Artery By-pass Surgery	6. Chronic auto-immune hepatitis
7. Deafness (Irreversible Loss of Hearing)	7. Creutzfeld-Jakob disease
8. End Stage Kidney Failure	8. Ebola
9. End Stage Liver Failure	9. Elephantiasis
10. End Stage Lung Disease	10. Full-blown AIDS
11. Fulminant Hepatitis	11. Idiopathic pulmonary fibrosis
12. Heart Attack of Specified Severity	12. Infective endocarditis
13. HIV Due to Blood Transfusion and Occupationally Acquired HIV	13. Juvenile Huntington disease
14. Idiopathic Parkinson's Disease	14. Medically acquired HIV
15. Irreversible Aplastic Anaemia	15. Medullary cystic disease
16. Irreversible Loss of Speech	16. Meningeal tuberculosis
17. Loss of Independent Existence	17. Multiple root avulsions of brachial plexus
18. Major Burns	18. Necrotising fasciitis
19. Major Cancer	19. Occupationally acquired Hepatitis B or C
20. Major Head Trauma	20. Pheochromocytoma
21. Major Organ / Bone Marrow Transplantation	21. Progressive supranuclear palsy
22. Motor Neurone Disease	22. Resection of the whole small intestine (duodenum, jejunum and ileum)
23. Multiple Sclerosis	23. Severe cardiomyopathy
24. Muscular Dystrophy	24. Severe Crohn's disease
25. Open-Heart Heart Valve Surgery	25. Severe Eisenmenger's syndrome
26. Surgery to Aorta	26. Severe myasthenia gravis
27. Other Serious Coronary Artery Disease	27. Severe ulcerative colitis
28. Paralysis (Irreversible Loss of Use of Limbs)	28. Surgery for idiopathic scoliosis
29. Persistent Vegetative State (Apallic Syndrome)	
30. Poliomyelitis	
31. Primary Pulmonary Hypertension	
32. Progressive Scleroderma	

33. Severe Bacterial Meningitis
34. Severe Encephalitis
35. Stroke with Permanent Neurological Deficit
36. Systemic Lupus Erythematosus with Lupus Nephritis

** **The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2024). These Critical Illnesses fall under Version 2024. You may refer to www.lia.org.sg for the standard Definitions (Version 2024). For Critical Illnesses that do not fall under Version 2024, the definitions are determined by the insurance company.**

Crisis Care Accelerator Benefit

We pay 50% from your Crisis Care (PRUActive Family Care) benefit (including any Multiplier benefit) if the life assured:
- has surgery for any of the following vital organs as a result of illness or an accident - heart, lung, brain, kidney or liver, and
- is admitted to the Intensive Care Unit (ICU) as a result of the surgery, for at least three continuous days.

A certified specialist must confirm that the surgery and hospitalisation is medically necessary.

Any condition must be first considered or claimed against the 64 critical illnesses before being considered under this benefit.

Surgery means any surgical operation listed in MOH's surgical operations fees table 1 to 7 (as at the date of the surgery).

Intensive Care Unit (ICU) refers to the intensive care unit of a hospital. The High Dependency Unit and other hospital wards are not considered intensive care unit.

Medically Necessary means a treatment which, in the opinion of a specialist doctor, is appropriate and consistent with the symptoms, findings, diagnosis and other relevant clinical circumstances of the related illness. The treatment must be provided in accordance with generally accepted medical practice in Singapore.

MOH stands for the Ministry of Health, Singapore.

Only one claim is allowed for each policy up to $100,000 per life. If there has already been a claim on the policy and the sum assured of the Crisis Care (PRUActive Family Care) benefit has been reduced, the Crisis Care Accelerator Benefit would pay 50% from the remaining Crisis Care (PRUActive Family Care) benefit.

We do not pay the Crisis Care Accelerator Benefit in any of the following circumstances:
- If it is for overseas medical treatment;
- If the surgery is due to organ donation;
- If any critical illness is due directly or indirectly to a pre-existing condition;
- If the treatment is for investigation or research (for example, experimental or new physiotherapy, medical techniques or surgical techniques, medical devices not approved by the Institutional Review Board and the Health Sciences Authority, and medical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority or similar bodies);
- If the treatment is for preventive purposes or for health screening or promoting good health (such as dietary replacement or supplement);
- If the treatment is for the convenience of the insured or registered medical practitioner or specialist (for example, treatment that can reasonably be provided out of a hospital, but is provided as an inpatient treatment);
- If the life assured suffered symptoms of or had investigations for or was diagnosed with a critical illness any time before or within 90 days from the cover start date;
- If the critical illness is due to deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- If the treatment is for improving appearance, such as cosmetic surgery or any treatment relating to a previous cosmetic treatment;
- If the treatment is for pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related stay in hospital or treatment;
- If treatment is for infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment;

- If treatment is for psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence as a result of these disorders such as gambling or gaming addiction;
- If treatment is due to unlawful acts, provoked assault or deliberate exposure to danger;
- If the treatment is for sexually-transmitted diseases;
- If the life assured undergoes sex-change operations;
- If treatment is experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation and medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore;
- If the life assured undergoes alternative or complementary treatments, including traditional Chinese medicine (TCM) or stays in any health-care establishment for social or non-medical reasons;
- If treatment is for injuries due to being directly involved in civil commotion, riot or strike;
- If the critical illness is due to radiation or contamination from radioactivity;
- If the critical illness is due to warlike operations (whether war is declared or not), war, invasion, riot or any similar event;
- If the critical illness is due to the deliberate misuse of drugs or alcohol;
- If the critical illness is caused by acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV), except as stated under HIV due to blood transfusion and occupationally acquired HIV.

What is not covered?

We do not pay the Critical Illness benefit in any of the following circumstances.
- If the critical illness existed before the cover start date or date of reinstatement (if any) of this benefit;
- If any benefit for any critical illness is due directly or indirectly to a pre-existing condition. A **"Pre-existing Condition"** is the existence of any signs or symptoms for which treatment, medication, consultation, advice or diagnosis has been sought or received by the life assured or would have caused an ordinary prudent person to seek treatment, diagnosis or cure, prior to the Cover Start Date or the date of reinstatement (if any) of this benefit;
- If the life assured is diagnosed as having a heart attack of specified severity, major cancer or other serious coronary artery disease within 90 days of the cover start date or date of reinstatement (if any) of this benefit;
- If a doctor has diagnosed coronary artery disease within 90 days of the cover start date or date of reinstatement (if any) of this benefit. The diagnosis of the coronary artery disease has led to carrying out a coronary artery by-pass surgery or angioplasty and other invasive treatment for coronary artery on the life assured;
- If the life assured is diagnosed as having a critical illness caused by:
  - self-inflicted injuries while sane or insane;
  - AIDS, AIDS-related complex or infection by HIV, except HIV due to blood transfusion and occupationally acquired HIV;
  - using unprescribed drugs if the drugs are required by law to be prescribed by a registered medical practitioner;
  - an activity under the special exclusions and special terms and conditions shown in your certificate of life assurance; or
  - taking part in or attempting to take part in an unlawful act.

What happens after a claim?

Once we pay 100% of the Crisis Care (PRUActive Family Care) sum assured, the Crisis Care (PRUActive Family Care) benefit ends.

In addition:

a) If we paid out 50% of the Crisis Care (PRUActive Family Care) benefit under the Crisis Care Accelerator benefit, the Crisis Care (PRUActive Family Care) benefit will continue with the remaining sum assured. The sum assured of the Death benefit, Accelerated Terminal Illness benefit and Accelerated Disability benefit will also be reduced. The Parent Guard benefit will be recalculated based on 50% of the remaining sum assured of the Death benefit up to a maximum of $50,000 per policy.

b) If the sum assured of the Death benefit is the same as the sum assured of the Crisis Care (PRUActive Family Care) benefit, the policy and all its benefits including the Accelerated Terminal Illness, Accelerated Disability and Parent Guard benefits will end.

c) If the sum assured of the Death benefit is more than the sum assured of the Crisis Care (PRUActive Family Care) benefit, we will reduce the sum assured of the Death benefit to an amount equal to the difference between the sum

assured of the Death benefit and the sum assured of the Crisis Care (PRUActive Family Care) benefit. The Parent Guard benefit will be recalculated based on 50% of the remaining sum assured of the Death benefit up to a maximum of $50,000 per policy. You can continue the policy for this Death benefit and any other supplementary benefits (except those that have ended under d, e, f and g of this section) by paying the necessary premiums.

d) If the sum assured of the Accelerated Terminal Illness benefit is more than the sum assured of the Crisis Care (PRUActive Family Care) benefit, we will reduce the sum assured of the Accelerated Terminal Illness benefit to an amount equal to the difference between the sum assured of the Accelerated Terminal Illness benefit and the sum assured of the Crisis Care (PRUActive Family Care) benefit. This applies as long as you continue to pay the necessary premiums for both the Death and Accelerated Terminal Illness benefits.

e) If the sum assured of the Accelerated Terminal Illness benefit is less than or equal to the sum assured of the Crisis Care (PRUActive Family Care) benefit, the Accelerated Terminal Illness benefit will end. In this case, we will not pay for the Accelerated Terminal Illness benefit once we have paid the Crisis Care (PRUActive Family Care) benefit.

f) If the sum assured of the Accelerated Disability benefit is more than the sum assured of the Crisis Care (PRUActive Family Care) benefit, we will reduce the sum assured of the Accelerated Disability benefit to an amount equal to the difference between the sum assured of the Accelerated Disability benefit and the sum assured of the Crisis Care (PRUActive Family Care) benefit. This applies as long as you continue to pay the necessary premiums for both the Death and Accelerated Disability benefits.

g) If the sum assured of the Accelerated Disability benefit is less than or equal to the sum assured of the Crisis Care (PRUActive Family Care) benefit, the Accelerated Disability benefit will end. In this case, we will not pay for the Accelerated Disability benefit once we have paid the Crisis Care (PRUActive Family Care) benefit.

Premiums:

The premium for Crisis Care (PRUActive Family Care) is **not guaranteed**. These rates may be adjusted based on future experience. We reserve the right to vary the premiums at any time in the future during the premium payment period. However, we will give you 30 days' written notice before doing so.

Premiums are payable for the period of the premium payment term and can be paid monthly, quarterly, half-yearly or yearly.

Crisis Care (PRUActive Family Care) is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

Deduction of debts

We deduct all amounts owed to us from the benefits we pay under the policy.

Exclusions:

There are certain conditions under which no benefits will be payable. These are stated as exclusions in your policy document. You are advised to read your policy document for the full details of these exclusions.

Termination of benefits

This Crisis Care (PRUActive Family Care) benefit will end:
- when the life assured dies;
- if you fail to pay the premiums within 30 days of the date they are due;
- if you made a claim under this benefit (except if the claim is for Angioplasty and Other Invasive Treatment for Coronary Artery); or
- when the main policy that is it is attached to ends,

whichever event happens first.

Note:
Life Insurance is a contract of utmost good faith and a proposer is required to disclose in the proposal form fully and faithfully all the facts, which he knows or ought to know, as otherwise the policy issued may be void.

The terms and conditions of your policy are contained in the policy documents. There are certain conditions whereby the benefits under this plan will not be payable. These are stated as exclusions in the policy documents. You are advised to read the policy documents for the full list of exclusions.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs.

This Supplementary benefit is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy and its Supplementary benefit(s) (if any) is/are automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association (GIA) /Life Insurance Association (LIA) or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Free Look Period:
After purchasing a life insurance policy, you have a 14-day free-look period - starting from the day you receive your policy documents to review the documents carefully. During this time, if you choose to cancel your policy, we will refund you the premiums you have paid (without interest), less any medical fees and other expenses, such as payments for medical check-ups and medical reports, incurred by us.

If we make your policy document and all other documents from us available electronically via our secure online portal on our website, we consider they have been delivered and received when you receive the relevant SMS or email telling you that the documents are accessible on this portal. Otherwise, we consider your policy and all other documents from us as delivered and received seven days from the date of posting to the last-known address you gave us.

If you decide this policy is not suitable for your needs, simply write to us within the 14-day free-look period.

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