



**Central Provident Fund Board**  
79 Robinson Road, CPF Building, Singapore 068897  
Website: [www.cpf.gov.sg](http://www.cpf.gov.sg) CPF Call Centre. :1800-227-1188  
Email: [investment@cpf.gov.sg](mailto:investment@cpf.gov.sg) Fax No. :6229 3375

**Application for Inclusion of Non-Linked Insurance Products  
(Endowment or Annuity) under CPF Investment Scheme (CPFIS)**

This form may take you 10 minutes to complete

**Explanatory Notes**

1. Please read the explanatory notes and questions carefully before completing the application form.
2. All questions must be answered. If a question is not applicable, please mark "N.A." in the space provided.
3. Application process for new insurance policy generally will take 4 weeks.
4. Please submit application for inclusion of new insurance policy at least 1 month before the launch date.
5. This form is to be submitted to the CPF Board together with:
  - The application fee<sup>1</sup>.
  - Information as listed in Annex 1. For existing product, please provide a comparison of the current version with the previous version.
  - Benefit Illustration and Product Summary of the insurance policies.

---

<sup>1</sup> Please refer to the application fee payable at:  
[http://mycpf.cpf.gov.sg/Business-Partner/Gen-Info/CPFIS/CPFIS\\_AppFees.htm](http://mycpf.cpf.gov.sg/Business-Partner/Gen-Info/CPFIS/CPFIS_AppFees.htm)

1. Name of Insurance Company :

2.	Proposed Insurance Policy	Existing or New Policy under CPFIS	Policy Period (min/ max entry age & age at which policy matures)	Is Benefits Upon Maturity With Return of Capital * (Yes/No)	Single Premium (SP) or Recurrent Single Premium (RSP)	Proposed Launch Date	Sum Assured (max. times of single premium)	Would the Policy be Offered under CPFIS-OA only, CPFIS-SA only or Both
(a)								
(b)								

\* describe benefits other than coverage for total permanent disability (TPD) and death, if other benefits are provided under the policy.

I hereby apply for the Proposed Insurance Policy(s) to be included under the CPF Investment Scheme.

I declare that all the information furnished above is true and correct and that the Proposed Policy(s) comply with the *CPF INVESTMENT SCHEME - TERMS AND CONDITIONS FOR INSURANCE PRODUCTS*.

I also declare that the Proposed Policy(s), if included under CPFIS, will help CPF members enhance their savings through returns expected to exceed the prevailing CPF Ordinary Account (OA) or Special Account (SA) interest rates<sup>2</sup> (if the Proposed Policy(s) is included under SA), over a reasonable time horizon.

\_\_\_\_\_  
Name & Signature of  
Principal Officer/Actuary

\_\_\_\_\_  
Date

<sup>2</sup> The Central Provident Fund Board currently pays a legislated minimum annual interest rate of 2.5% on the Ordinary Account and a guaranteed minimum annual rate of 4.0% on the Special Account. The CPF interest rate is based on the 12-month fixed deposit and month-end savings rates of the major local banks and it is revised quarterly. The interest is computed monthly, and is credited and compounded annually.

**For Endowment**

**For Age Group (XX- XX)\***

(\* Please specify, where applicable, to the policy to be included)

Policy Terms *	Yield to Maturity / Rate of returns (%)		Maturity Value (S\$)	Surrender Value (S\$)	Benefit upon death / PTD (S\$)
	Guaranteed	Non-guaranteed			
5					
10					
15					
20					
25					
30					

**For Annuity**

At Age*	Yield to Maturity / Rate of returns (%)		Maturity Value (S\$)	Surrender Value (S\$)	Benefit upon death / PTD (S\$)
	Guaranteed	Non-guaranteed			
40					
45					
50					
55					
60					
65					