AIA SINGAPORE

Particulars of Policy Owner / AIA Vitality Member

Name of Policy Owner / AIA Vitality Member

NRIC/Passport/FIN	No
	110.

A. Marketing Consent

1. I want to know the latest promotions and customer benefits and consent to receiving marketi g, advertising and promotional material from, and the conducting of consumer, marketing-related and other similar research at d analysis by, AIA Persons¹ and to each of them collecting, using, disclosing, storing, retaining and processing all my personal data in accord nce with the terms in this form and the AIA Personal Data Policy (Singapore) (https://www.aia.com.sg/en/index/personal-data-policy.htm I). I also consent to AIA Persons disclosing my personal data to independent third parties and their representatives and for them to proc ss my personal data, for such purposes.

Contact me by²:

- (i) Post
- Electronic transmission to or through my email addresses and so cial media accounts
- (iii) Voice call
- (iv) Text message (e.g. SMS/MMS)

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- 2. I understand that the consent provided by me in this form is in addition to and does not supersede any consent given previously for the above purposes.
- 3. I may withdraw one or more consents that I have given, at any time via AIA Customer Care Hotline at 1800-248-8000, AIA+ (https://aiaplus.aia.com.sg) or by completing and submitting the relevant forms.

¹ "AIA Persons" refers to AIA Singapore Private Limited, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore.

² According to the postal and email addresses and all telephone numbers (of which I confirm that I am the user and/or subscriber) in AIA Persons' records.



B. Withdrawal of Marketing Consent

I wish to withdraw my consent from receiving marketing and promotional information from AIA Singapore Private Limited (Reg. No. 1. 201106386R), its associated persons/organisations, its and their third party service providers and its or their representatives, whether within or outside Singapore (collectively, "AIA Persons"), relating to the products and services provided by such persons ("Marketing Messages"), through the following mode(s) of communication where I have indicated below:

)	Postal mail to my *postal address(es);	\square
)	Electronic transmission to or through my *email address(es) and *social media account(s);	
)	With respect to all my *telephone number(s), by way of:	
	(a) Phone/voice call; and	

(b) SMS/MMS.

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I understand that: 2.

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- I may continue to receive Marketing Messages through the mode(s) of communication selected above within the next 21 days (i) from the date of receipt of my written request by AIA Persons;
- (ii) my withdrawal of consent only applies to receiving Marketing Messages through the mode(s) of communication selected above and does not affect my ability to receive Marketing Messages through other mode(s) of communication, notifications, updates, reports or other communications arising out of or in connection with my policies with AIA Persons, or AIA programmes to which I have subscribed (such as the AIA Vitality Programme), whether such policies or programmes exist now or in the future; and
- (iii) should I wish to receive Marketing Messages through one or more modes of communications in future, I may call the AIA Customer Care Hotline at 1800 248 8000 from Monday to Friday, 8.45 am to 5.30 pm or log into AIA+ (https://aiaplus.aia.com.sg) or complete and submit the relevant form(s) furnished by AIA Persons.
- 3. the postal and electronic mail address(es), social media account(s) and telephone number(s) in AIA Persons' records as may be updated from time to time by notice to AIA Persons.

Signature of Policy Owner / AIA Vitality Member	Signature of FSC/IR
Date	Date

FSC Declaration (To be completed by FSC Only)

FSC/IR's Name	FSC/IR's Code	FSC/IR Unit Name	Mobile No.

To avoid any delays, please also ensure that your signature is executed in the same manner as our records. You may want to refer to the application form in your contract for a specimen of the original signature.

Solution the name, I/C no, & signature of a witness who is not related to you?

Please fold along dotted line

 $Signed and dated all forms/letters? <math display="inline">\Box$

(s)oN Vour Policy No(s)? 🗆

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Postage will be paid by addressee. For posting in Singapore only.

BUSINESS REPLY SERVICE PERMIT NO. 06134

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AlA Singapore Private Limited POLICY SERVICES 3 Tampines Grande #09-01 AIA Tampines Singapore 528799

How to use this postage-paid return envelope:





