# AIA SINGAPORE PRIVATE LIMITED
# Change of Policy Owner &/or Insured Form
# (For Policy Split)

**Important Notes**

1. **This form is only applicable to AIA Platinum Infinite Wealth policy and to be used only when there is a change of Policy Owner &/or change of Insured in conjunction with exercising the policy split option feature.**
2. Please submit this form for **each** Split Policy.
3. Please consult your AIA Consultant / Insurance Representative and refer to your policy contract, policy illustration and product summary for more details.
4. The mode of communication to the Policy Owner(s) of the Split Policy(ies) will follow the Basic Policy, unless AIA Singapore is instructed otherwise in writing under the respective Split Policy(ies).
5. Please fill up the Details of Contingent Owner section if it is a Split Policy covers a minor.
6. The new policy owner must be 18 years old and above.
7. Witness must be 21 years old and above and should not be a beneficiary of the Policy or an immediate family member of the existing or new policy owner.
8. All fields in this form, and all forms required to be submitted for the request, must be completed (no blank fields).
9. All signatures must be in ink.
10. All corrections must be endorsed against by the person making the correction.
11. Please submit the original completed form together with all required supporting documents to AIA Singapore using the business reply envelope provided.

## Checklist

**Please check that you have included all the necessary documents. Any omission may result in a delay or rejection of the processing of request.**

**For new Policy Owner - Individual**

| S/N | Required Documents | Points to Note | Tick |
|---|---|---|---|
| 1 | Change of Policy Owner &/or Insured Form (For Policy Split) | All fields in this form must be completed (no blank fields). | ☐ |
| 2 | Policy Split Option Form | All fields in this form must be completed (no blank fields). | ☐ |
| 3 | Proof of Residential Address if your ID does not contain your residential address. | We accept letters from government agency/ bank statement/ utility/ telephone bills addressed to you (dated within the last 6 months). | ☐ |
| 4 | FATCA Declaration Form if New Policy Owner declares that he/she is a US Person, to complete:<br>- W9 if you are a U.S Person; or<br>- W8BEN if you **are not a U.S Person** but has ***U.S. indicia***. | Completed by new policy owner | ☐ |
| 5 | ID/ Passport Copy (existing policy owner) | Photocopy of NRIC/Passport/Long-Term Pass or other relevant identity documents (ID) with<br>(i) existing and new policy owners' signatures; and<br>(ii) signature of an AIA Consultant / Insurance Representative or an independent third party witnessing the existing and new policy owners' signing on the photocopy. | ☐ |
| 6 | ID/ Passport Copy (new policy owner) | | |
| 7 | Photocopy of proof of relationship showing relation between new policy owner and Insured (i.e marriage or birth certificate) | This is to ensure there is insurable interest.<br>Please ensure the photocopy of the supporting document is signed by an AIA Consultant / Insurance Representative, or an independent third party as a true copy certification. | ☐ |
| 8 | Please fill up the Details of Contingent Owner section (Section 2) if it is a Split Policy covers a minor. | Completed by new policy owner | ☐ |

PT0022378 (07/2026)

**For new Policy Owner - Entity**

| S/N | Required Documents | Points to Note | Tick |
|---|---|---|---|
| 1 | Change of Policy Owner &/or Insured Form (For Policy Split) | All fields in this form must be completed (no blank fields). | ☐ |
| 2 | Policy Split Option Form | All fields in this form must be completed (no blank fields). | ☐ |
| 3 | A copy of Accounting and Corporate Regulatory Authority (ACRA) search or Certificate of Incumbency | Certified True Copy that is dated within the last 6 months | ☐ |
| 4 | Enhanced Due Diligence Form | Completed by new policy owner. | ☐ |
| 5 | CRS Entity Self Certification Form | Completed by new policy owner. | ☐ |
| 6 | CRS Controlling Person Self-Certification Form. | Completed by all Controlling Person(s) of an entity that is a Passive Non-Financial Entity. | ☐ |
| 7 | FATCA Declaration Form if new Policy Owner declares that he/she is a US Person, to complete:<br>- W9 if you are a U.S Person; or<br>- W8BEN-E if you **are not a U.S Person** but has ***U.S. indicia*** | Completed by new policy owner | ☐ |
| 8 | ID/ Passport Copy (existing policy owner) | Photocopy of NRIC/Passport/Long-Term Pass or other relevant identity documents (ID) with signature of an AIA Consultant / Insurance Representative or an independent third party witnessing the existing and new policy owners' signing on the photocopy. | ☐ |
| 9 | ID/ Passport Copy (Authorised Signatories of entity) | | |
| 10 | Authorised Signatory List (ASL) of entity | Certified True Copy dated within the last 6 months | ☐ |
| 11 | Additional Documents for Private Investment Company | Corporation Authorisation Form | ☐ |
| | | Certified True Copy of Accounting and Corporate Regulatory Authority (ACRA) search or Certificate of Incumbency (dated within last 6 months) | ☐ |
| | | Certified True Copy of the Minutes of Board Meeting/ Board Resolution (dated within the last 6 month) | ☐ |
| | | Certified True Copy of Certificate of Incorporation | ☐ |
| | | A Certified True Copy of Certificate of Good Standing | ☐ |
| 12 | Additional Documents for Trust Entity/ Private Investment Company with overlaying trust | Verification of Trust Form | ☐ |
| | | Trust Deed or 1st and last page of the Trust Agreement. | ☐ |
| | | Photocopy of NRIC/Passport/Long-Term Pass or other identity document (ID) of all settlor(s) & Trust Protector(s). | ☐ |
| | | Corporation Authorisation Form*<br>*only applicable to Private Investment Company (PIC) with overlaying trust. | ☐ |

**For new Insured**

| S/N | Required Documents | Points to Note | Tick |
|---|---|---|---|
| 1 | Change of Policy Owner &/or Insured Form (For Policy Split) | All fields in this form must be completed (no blank fields). | ☐ |
| 2 | Policy Split Option Form | All fields in this form must be completed (no blank fields). | ☐ |
| 3 | ID/ Passport Copy (new Insured) | Photocopy of NRIC/Passport/Long-Term Pass or other relevant identity documents (ID) with signature of an AIA Consultant / Insurance Representative or an independent third party witnessing the photocopy. | ☐ |
| 4 | Photocopy of proof of relationship showing relation between policy owner and Insured (i.e marriage or birth certificate) | This is to ensure there is insurable interest.<br>Please ensure the photocopy of the supporting document is signed by an AIA Consultant / Insurance Representative, or an independent third party as a true copy certification. | ☐ |
| 5 | Please fill up the Details of Contingent Owner section (Section 2) if it is a Split Policy covers a minor. | Completed by policy owner | ☐ |

**WARNING:** In accordance with Section 23(5) of the Insurance Act 1966, as may be amended from time to time, you are to fully and faithfully disclose in this Application Form all facts which you know, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void. If a foreign currency policy is applied for, the equivalent of returns in Singapore-dollars will depend on the prevailing exchange rate (as determined by AIA Singapore), which may be highly volatile.

## Details of Policy

**Split Policy Number**
(Please indicate the full policy number, including the basic policy number and suffix (e.g., LXXXXXXXXX-A1), as indicated in Section C of the Policy Split Option Form.)

Name of Existing Policy Owner of **Basic Policy** (per NRIC/Passport/FIN)

NRIC/Passport/FIN No.

For the Split Policy, I would like to make the following change:

- ☐ Change of Policy Owner
- ☐ Change of Insured

**Transfer of Split Policy**

From the effective date of change of policy owners ("**Effective date**"):

1. I/We, the existing Policy Owner of the Split Policy hereby transfer to the new Policy Owner identified in the "Details of New Policy Owner" section below, all my/our rights, title, claims, interests, benefits, obligations and liabilities in, under or in connection with the Split Policy ("**Rights and Obligations**").
2. I/We, the new Policy Owner of the Split Policy hereby assume all Rights and Obligations of the existing Policy Owner under the Split Policy including any Rights and Obligations arising from any act or omission of the existing policy Owner prior to the Effective Date and undertake to perform the Split Policy and to be bound by the terms and conditions of the Split Policy in every way as if I/we had at all times been a party to the Split Agreement in place of the existing Policy Owner.
3. The existing Policy Owner and AIA Singapore mutually release and discharge each other from all their Rights and Obligations in, under or in connection with the Split Policy on and after the Effective Date including any Rights and Obligations arising from any act or omission of AIA Singapore prior to the Effective Date.

I/We hereby declare that:

1. I/We have not and will not do or knowingly cause anything to be done which may render the Split Policy void or voidable or prevent the new Policy Owner from receiving or be deprived of the right to receive the moneys assured or to become payable under the Split Policy;
2. With effect from the date of this request, a receipt signed, or any payment received by the new Policy Owner shall fully discharge AIA Singapore from its liabilities and obligations under the Split Policy in respect of which the receipt or payment is given;
3. I am not an undischarged bankrupt and to my knowledge, there are no current, pending or threatened bankruptcy proceedings against me (for individuals);
4. No winding up petition has been presented and that there is no winding up proceedings (whether voluntary or otherwise) or winding up order made in respect of us (for entities);
5. I/We acknowledge and agree that once the Split Policy is transferred, the existing Policy Owner loses all rights to benefits under the Split Policy, the new Policy Owner will receive all future correspondence on the Split Policy, and all future benefits and/or payment will be payable to the new Policy Owner;
6. I/We agree and consent to furnish any information and/or document(s) requested for by AIA Singapore for the purpose of processing this form, including but not limited to information and/or document(s) in connection with Prohibited Persons, and further understand and agree that AIA Singapore is entitled not to accept or process this form should such requested information or document be withheld or is not furnished.

## 1 DETAILS OF NEW POLICY OWNER OF THE SPLIT POLICY (Please tick the circles as appropriate)

Full Name (shown on NRIC/FIN/Passport):

Date of Birth:

Gender: ◯ Male ◯ Female

NRIC/FIN/Passport No.:
*For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.*

Country of Residence:

Identification Document (ID) Expiry Date (if available)

Identification Document (ID) Issuing Country

Place of Birth:
◯ Singapore
◯ United States of America
◯ Others (Country):_____

Marital Status:
◯ Single ◯ Married
◯ Widowed / Divorced / Separated

Residency Status:
◯ Singapore ◯ Singapore PR
◯ Pass Holders ◯ Others

Annual Income (S$):
◯ ≤ 30,000 ◯ 30,001 – 50,000
◯ 50,001 – 100,000 ◯ 100,001 – 150,000
◯ 150,001 – 300,000 ◯ > 300,000

*If not Singaporean*
Citizenship 1:

Citizenship 2:

Citizenship 3:

Relationship of the Insured to the Policy Owner:
◯ Self
◯ Spouse
◯ Child / Legally adopted child (who is below age 16)
◯ Key Person

Current Residence Address
*Please submit the following document(s) to show proof of this address.*
*(i) For Singaporeans and PRs residing in Singapore - Copy of NRIC*
*(ii) For Singaporeans and PRs residing overseas and Pass holders - Letters from government or banks, or utility or telephone bills (dated within the last 6 months)*

Postal Code:

Mailing Address (Use of P.O. Box is not allowed):
For Singaporeans, PRs and Pass holders - if different from Current Residence Address. Only Singapore Mailing address is allowed.

Postal Code:

Contact Details

Home: Country Code - Phone No.

Office: Country Code - Phone No.

Mobile: Country Code - Phone No.

Email:

Please provide the reason if:
1. Your "Current Residence Address" is different from your identity documents and/or
2. Your "Mailing Address" is different from your "Current Residence Address"
Note: Please provide separate reasons if all the addresses do not match.

Occupation:

Company Name:

Exact Duties:

Nature of Business:

Business Address:

Postal Code:

**Please note:** Your Contact Details (email address, home, office and/or mobile telephone number) and/or Current Residence Address declared in this form will be used and will replace the contact details and residence address given to AIA Singapore for all your past and existing policies.

Your Mobile Phone Number will be used in the future to receive One-Time-Pin (OTP) when logging into AIA+. Do note that these changes will be effected within a day upon successful submission of your application.

## 2 DETAILS OF CONTINGENT OWNER (Only applicable for insured below age 16)

Full Name of Contingent Owner. Only applicable if the insured is below age 16.

Date of Birth:

NRIC/FIN/Passport No.:
*For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.*

Relationship of the Contingent Owner to the Insured: ◯ Estate of the Policy Owner ◯ Parent of the Insured

## 3 DETAILS OF NEW INSURED

Full Name (shown on NRIC/FIN/Passport):

| | | |
|---|---|---|
| Date of Birth: | NRIC/FIN/Passport No.:<br>*For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.* | Gender:<br>◯ Male<br>◯ Female |
| Identification Document (ID) Expiry Date (if available) | Identification Document (ID) Issuing Country | |

Place of Birth: ◯ Singapore ◯ United States of America ◯ Others (Country): _____

| | | |
|---|---|---|
| Residency Status:<br>◯ Singapore ◯ Singapore PR<br>◯ Pass Holders ◯ Others | Occupation:<br>Company Name: | Relationship of the Insured to the Policy Owner:<br>◯ Self<br>◯ Spouse<br>◯ Child / Legally adopted child (who is below age 16)<br>◯ Key Person |
| Country of Residence: | Exact Duties (please provide in details): | |
| *If not Singaporean*<br>Citizenship 1: | Nature of Business: | |
| Citizenship 2: | | |
| Citizenship 3: | | |

## 4 DETAILS OF PREVIOUS, CONCURRENT INSURANCE APPLICATIONS AND PURSUITS OF NEW INSURED

**4.1** a. Are there any existing and/or concurrent applications?

◯ No ◯ Yes - Please complete Q4.1b and provide details of existing and/or concurrent applications in Q4.2.

b. Please provide the total amount of life insurance coverage that you intend to incept with all companies (including this application).

Currency: _____ Amount: _____

**4.2** Please provide details of the New Insured's total inforce and concurrent life insurance policies.
Your total coverage, including previous and concurrent applications within AIA and with other insurers, is an important and material fact which the Company uses to assess this policy.

| | Policy 1 | Policy 2 | Policy 3 | Policy 4 | Policy 5 |
|---|---|---|---|---|---|
| Insurance Company | | | | | |
| Country of Insurance Company | ◯ Singapore ◯ Non-Singapore | ◯ Singapore ◯ Non-Singapore | ◯ Singapore ◯ Non-Singapore | ◯ Singapore ◯ Non-Singapore | ◯ Singapore ◯ Non-Singapore |
| Death (Sum Assured US$/S$) | | | | | |
| Total & Permanent Disability | | | | | |
| Disability Income | | | | | |
| Critical Illness | | | | | |
| Long Term Care | | | | | |
| Year Issued/Pending | | | | | |

**4.3** Is any application for or reinstatement of your life, critical illness, accidental, medical, disability or health-related insurance policy pending or has it ever been declined, postponed, rated or modified in any way?

◯ No ◯ Yes – Please indicate company, benefit type, reason, year of submission

_____

**4.4** Are you now a member of a military force (except NS men), are you contemplating or have you, in the last 5 years engaged in any private flying or hazardous sports or races or flying other than as a fare paying passenger on a regular scheduled airline?

◯ No ◯ Yes – Please give details: _____

## 5 DECLARATION BY NEW POLICY OWNER AND/OR NEW INSURED

**1. Is there a beneficial ownership arrangement?** ◯ **Yes** ◯ **No**

If yes, please complete the **Policy Services Enhanced Due Diligence Form** and submit together with this application.

In relation to customers, "**Beneficial Owner**" as defined in the MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism means *the individual person who ultimately owns or controls the customer or the individual person on whose behalf business relations are established.*
**Please note that this is NOT a nomination of beneficiary(ies) under the policies.**
If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.

**2. Are you a Politically Exposed Person (PEP) or related to a PEP?**
If yes, please give details.

| | New Policy Owner | | New Insured | |
|---|---|---|---|---|
| | **Yes** | **No** | **Yes** | **No** |
| | ◯ | ◯ | ◯ | ◯ |

PEP means an individual who is or has been entrusted with prominent public functions in Singapore, a foreign country or an international organisation, which includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

By "related", we mean that you, the insured, beneficiary or beneficial owner are closely connected to a PEP either socially or professionally, or are a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of a PEP.

**3. RESIDENCY** – Please answer according to your Citizenship/Residency that you are holding.

| | New Policy Owner | | New Insured | |
|---|---|---|---|---|
| | **Yes** | **No** | **Yes** | **No** |
| **A. For Singapore Citizen** | | | | |
| A.1 Have you resided outside of Singapore continuously for at least 5 years preceding the date of application? | ◯ | ◯ | ◯ | ◯ |
| A.2 Are you currently residing in Singapore? | ◯ | ◯ | ◯ | ◯ |
| **B. For Singapore Permanent Resident & employment pass, work permit, dependant pass or other work pass holders** | | | | |
| Have you resided in Singapore for a total of less than 183 days in the 12 months preceding the date of application? | ◯ | ◯ | ◯ | ◯ |
| **C. For student pass or long term visit pass holders** | | | | |
| C.1 Does your pass have a duration of less than 90 days? | ◯ | ◯ | ◯ | ◯ |
| C.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of application? | ◯ | ◯ | ◯ | ◯ |
| **D. If you do not belong to any of the above categories, please tick here** | ◯ | | ◯ | |

**I/We acknowledge and agree that the Policy to be issued in relation to this application shall be deemed to be a Singapore Policy.**

## 6 FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)/ COMMON REPORTING STANDARD(CRS) DECLARATION BY NEW POLICY OWNER

**Definition:**

- **Tax resident** is generally an individual that pays or should be paying tax in that jurisdiction due to his/her domicile or residence. This includes any criterion of a similar nature, and not only from sources in that jurisdiction. Examples are non-citizens that hold a permanent residency card (eg U.S green Card) or depending on the type of visa that they are holding.
- **Tax Identification Number (TIN)** is issued by a jurisdiction to an individual or entity for the purpose of administering the tax. Examples are personal identification number, resident registration number and social security number.

6.1 Please provide details of all your country/jurisdiction of tax residence(s).
In Singapore, NRIC or FIN number serve as TIN for individuals. Individuals without NRIC or FIN will be issued a Taxpayer Reference Number or Income Tax Reference Number.

| | Country/Jurisdiction of Tax Residence | Tax Identification Number (TIN) | If the TIN is not available, please tick **Reason A**, **B** or **C**. |
|---|---|---|---|
| 1 | | | ◯ A ◯ B ◯ C |
| 2 | | | ◯ A ◯ B ◯ C |
| 3 | | | ◯ A ◯ B ◯ C |
| 4 | | | ◯ A ◯ B ◯ C |
| 5 | | | ◯ A ◯ B ◯ C |
| 6 | | | ◯ A ◯ B ◯ C |

Note: Please submit an amendment form if there is more than 6.

**Reason A:** This country/jurisdiction where the new Policy Owner is resident does not issue TINs to its residents.
**Reason B:** The new Policy Owner is otherwise unable to obtain a TIN or equivalent number. (Please explain why new Policy Owner is unable to obtain a TIN in the below table if this reason is selected)
**Reason C:** No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of TIN issued by such jurisdiction.)

**Important Note:**
For the selected reason (reason A, B or C), Insurance Adviser(s) and the new Policy Owner have to check the OECD portal to confirm if TIN is issued by the country(ies) *http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification numbers*

If you have ticked **Reason B**, select the appropriate reason below, quoting the relevant question number(s).
**Note:** If the new Policy Owner is currently pending their tax information, please submit the application only after they have obtained it.

| Question number(s): | | |
|---|---|---|
| | ◯ | I am homemaker and not paying tax in the declared country of tax residency. |
| | ◯ | I am a minor/ student and do not need to pay tax in the declared country of tax residency. |
| | ◯ | I am retired and do not need to pay tax in the declared country of tax residency. |
| | ◯ | I am unemployed and do not need to pay tax in the declared country of tax residency. |

6.2 If any of these information fields (Current Residence Address, Mailing Address, Telephone Number) provided by you does not correspond with your declared country/jurisdiction of tax residence, please tick the reason(s).

| Current Residence Address (Please tick one) | |
|---|---|
| ◯ | I am a foreigner and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident. |
| ◯ | I only recently moved to the current residence address, and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident. |
| ◯ | I am temporarily posted overseas for work and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident. |
| ◯ | The residence address belongs to my spouse/parents and I am only on a social visit pass. |
| ◯ | Others, please elaborate: |

| Telephone Numbers ( Please tick one) | |
|---|---|
| ○ | I am currently working/studying/residing outside the country of my tax residence and have terminated my telephone number in the country of my tax residence. |
| ○ | Others, please elaborate: |
| **Mailing Address (Please tick one)** | |
| ○ | The mailing address belongs to my parent/spouse/sibling/child. |
| ○ | The mailing address is my business address. |
| ○ | I am currently working/studying overseas. |
| ○ | I am currently staying with my friend/spouse/fiancé/fiancée. |
| ○ | The mailing address belongs to a rented dwelling that I am staying in. |
| ○ | The mailing address is a “c/o” address to my insurance adviser. |
| ○ | Others, please elaborate: |

**6.3 Declaration on U.S. Person Status (Please tick either one).**

| | |
|---|---|
| ○ | I/We hereby declare and agree that I am/we are not a “U.S. person” for U.S federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that AIA Singapore, believing this statement to be true, will rely on it and act on it. In the event this statement is false, AIA Singapore reserves the right and shall be entitled to cancel or terminate this Policy/Policies and pay reasonable compensation to me/us in consideration of such cancellation or termination as may be required under Singapore Laws.<br>I/We agree to notify AIA Singapore within 30 days of any change in my/our status as a U.S. person for the purposes of U.S federal income tax. I/We agree to indemnify AIA Singapore in respect of any false or misleading information regarding my/our “U.S person status for the U/S federal income tax purposes. |
| ○ | I/We hereby declare and agree that I am/we are a “U.S. person” for U.S federal income tax purposes.<br>I/We agree to notify AIA Singapore within 30 days of any change in my/our status as a U.S person for the purposes of U.S federal income tax.<br>I/We agree to indemnify AIA Singapore in respect of any false or misleading information regarding my/our “U.S. person” status for U.S. federal income tax purposes.<br>**Note**: Please submit W-9 form and FATCA Declaration form together with this application. ○ Done |

**6.4 Common Reporting Standard Declaration.**

I/We acknowledge that AIA Singapore Private Limited (AIA Singapore) is a reporting Singaporean financial institution as defined in the Income Tax Act 1947 with reporting obligations to the Comptroller of Income Tax (Comptroller) under the Income Tax Act 1947, Singapore (Income Tax Act), and its regulations. I/We warrant that the information provided in this Application Form is true, complete and correct and understand and agree that AIA Singapore will rely on such information given by me/us in fulfilling its reporting obligations to the Comptroller.

Where I/we have furnished information concerning a third party (including but not limited to a Controlling Person), I/we confirm that such information has been provided to me/us directly or indirectly by the third party, and I/we know or have reason to believe that such information is not false or misleading in any material particular.

I/We understand and accept that should any information furnished by me/us be known to be false or misleading in any material particular, I/we may be prosecuted under the Income Tax Act for an offence which carries a penalty of a fine of up to S$10,000 and/ or imprisonment of up to two (2) years or such other penalties as may be prescribed under the Income Tax Act or its regulations, or any re-enactment or replacement thereof, at the time of commission of the offence.

I/We further undertake to notify AIA Singapore within 30 days of any change to my/our country of residence for tax purposes or TIN (if any), and to complete, sign and submit to AIA Singapore my/our relevant particulars in the format prescribed by AIA Singapore in order for it to fulfil its reporting obligations under the Income Tax Act. I/we further undertake to provide AIA Singapore any documents and information that may be reasonably required in relation to the change of my/our country of residence for tax purposes.

***(Applicable only for Policies that can be assigned)***

I/We further agree and that as a condition of any assignment of my/our Policy to a person other than a reporting Singaporean financial institution, the Assignee shall provide such information as may be required by AIA Singapore in order for it to fulfil its reporting obligations under the Income Tax Act and its regulations, and make the same declarations as those above.

## 7 ADDITIONAL DECLARATION

I/We agree and declare on behalf of myself and any other person or persons, firm or corporation, who may have or claim any interest in any insurance on this application that:

1. No statement, information or agreement made by/to or given by/to the person soliciting/taking this application or any other persons, shall be binding on AIA Singapore Private Limited ("AIA Singapore"), unless presented in writing.
2. The statements and answers in this application together with any required questionnaire or amendments (the "Information) are full, complete, true and correct and that no information or material has been withheld. I/We understand that AIA Singapore, believing the Information to be such, will rely and act on the Information accordingly. I/We further agree that the Information shall form the basis of the contract between the parties hereto. I/We understand that if any of the Information is not full or complete or true or correct, the Policy issued hereunder may be void and I/we will receive only a refund of the premiums (without interest) less any and all medical expenses incurred in AIA Singapore's consideration of my/our application.
3. AIA Singapore shall assume no liability whatsoever, and that my/our Policy/Policies will only be effective after this application is accepted by AIA Singapore and the first premium duly paid in full to and accepted by AIA Singapore during the Insured's lifetime and good health.
4. All my/our declarations made and my/our statements or answers in this application and in any required medical examination, questionnaire or amendments together with the relevant Policy shall constitute the entire contract between the parties in so far as it may be relevant to the Policy or Policies I/we have requested.
5. I (the Applicant/Owner if other than the Insured) am not an undischarged bankrupt and no bankruptcy application (including any statutory demand) or order has been made against me/us within the last twelve months.
6. I/We hereby authorise, agree and consent to
   a. any medical source, insurance office, or organisation to release to AIA Singapore, any relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
   b. AIA Singapore to release to any medical source or insurance office any relevant information concerning me at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
   c. AIA Singapore or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our health status in relation to this application and any resulting claim; and
   d. I/We hereby authorise, agree and consent to AIA Singapore, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "**AIA Persons**") to collect, use, disclose, store, retain and/or process (collectively, "**Use**") all personal data and information ("**Personal Data**") that had/has been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Privacy Policy Statement ("**Statement**"), including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the Statement, including where such Statement is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the Statement. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the Statement. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application/form is accepted by AIA Singapore. A photocopy of this authorisation shall be valid and effective as the original.

   This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective whether or not my/our application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original.

7. **Deemed Delivery**

   I/We understand that the policy document and all other documents from AIA Singapore are considered delivered and received (i) if made available electronically via AIA+, upon receipt of the relevant SMS and/or email notification informing me that the document is accessible on AIA+; and (ii) if posted, 7 days after the date of posting to the last known address notified to AIA Singapore.

8. **Electronic Receipt of Policy Documents and Correspondences**

I/We acknowledge and accept that if I/we had opted to receive my/our Policy Document and/or correspondences relating to my/our Policy ("Correspondences") electronically, my/our Policy Documents and/or Correspondences will be made available in my/our AIA+. AIA+ is AIA Singapore's secure customer internet portal available on AIA Singapore's corporate website.

I/We understand and agree to be notified via email and/or SMS to retrieve my/our Policy Document and/or Correspondences in AIA+ once my/our application has been officially approved by AIA Singapore and/or Correspondences are available for viewing. If I/we had opted to receive Policy Documents and Correspondences electronically, I/we acknowledge that the terms and conditions governing the upload, access and viewing of electronic documents in AIA Singapore's customer portal, (a copy of which is available upon request) have been explained to me/us and I/we agree to be bound by them.

I/We understand that not all of the Correspondences are currently available via electronic statements.

I/We consent to AIA Singapore providing me/us with hard copies of Correspondences that are currently unavailable electronically. I also understand and accept that AIA Singapore may cease providing hardcopies when the electronic copies become available in future.

I/We agree and accept that AIA (Singapore) will not be responsible for any consequences arising from my/our failure to (i) provide AIA Singapore with a true, complete and accurate email address and mobile number and/or (ii) notify AIA Singapore of any change(s) to my/our email address and mobile number. I/We acknowledge and accept that my/our Policy Document and/or Correspondences will be delivered via post if my/our email address and mobile number are not provided in this proposal.

9. **Payment Methods**

***Direct Crediting for Payments***

I/We hereby authorise AIA Singapore Private Limited ("AIA") to credit all payments due to me/us (the "Payments") to the selected Singapore bank account (the "Account") and confirm that I/we are the legal and beneficial owner(s) of the Account.

a) I/We confirm and agree that AIA Group is not responsible for verifying the authenticity, completeness and accuracy of my/our instructions and the contents of this application. Notwithstanding the foregoing, I/we authorise AIA Group to conduct any verifications on the Account maintained with any persons or entities at AIA Group's discretion, but such authorisation shall not be construed as creating any obligation on AIA Group to conduct such verification. I/We shall not hold AIA Group responsible or liable for any and all losses that I/we may incur in connection with the Payments using direct crediting or other means to the Account with details provided by me/us, including where I/we have provided incomplete, erroneous or inaccurate details of my/our account(s) or personal particulars. I/we confirm and agree to bear all incurred charges, fees, levies and penalties arising from the Payments regardless of whether such Payments were successfully made or not, which AIA may in its sole and absolute discretion deduct or set off from any amounts due and owing to me/us.

b) (*Applicable to joint accounts*)

Where the Account is held in the names of more than one account holder, I/we represent and warrant that I/we have obtained the consent of the other account holder(s) to nominate or select the Account for the purposes specified by AIA in this form. I/We indemnify AIA Group from and against all claims, demands, and actions for any liabilities, losses, damages, interest, costs, or expenses (including legal costs on a solicitor-client basis and any penalties levied by any regulatory authority in connection with Payments to the Account) made by any joint account holder of the Account or other third parties arising from or in connection with one or more Payments to such Account. Payments to the joint account selected shall constitute a full and final discharge of AIA's obligations and liabilities to me/us in respect of such Payments.

c) I/We confirm and agree that where AIA in its sole and absolute discretion deems it not practicable to effect the Payments to the Account, AIA may effect the Payments using any other method as it deems fit in its sole and absolute discretion, subject to such terms and conditions as may be imposed by AIA, and such payment shall constitute a full and final discharge of AIA's obligations and liabilities to me/us in respect of the Payments.

d) I/We hereby acknowledge and agree that the payment by AIA to the Account constitutes a full release and discharge of any and all claims whatsoever I/we may have against AIA Group arising out of or in connection with such proceeds and I/we hereby waive any and all rights to make any further claims and demands and/or institute any other proceedings of any nature arising from or in connection with such proceeds.

e) This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to AIA. AIA may in its absolute discretion terminate this arrangement by written notice delivered to my/our address last known to AIA. In the event of change of Account, I/we shall inform AIA in writing 30 days in advance before the change by completing and submitting a new Direct Credit Authorisation Form or such equivalent form in use at the relevant time.

f) In these terms and conditions, "AIA Group" means AIA, its related parties and service providers and its and their respective directors, employees, representatives, intermediaries, and agents.

***Use of PayNow for Payments***

g) I/We acknowledge and agree that AIA may opt to use PayNow by default where it is possible to effect all Payments to me/us using PayNow, and has the sole and absolute discretion to use PayNow. Should I/we decline or reject the use of PayNow, I/we shall indemnify AIA from and against all fees, charges, costs and expenses ("Disbursement Costs) arising from the use of other methods for the Payments, and such Disbursement Costs may at the sole and absolute discretion of AIA be set off from any Payments due to me, charged to my selected credit or debit card, or deducted from my Account together with any premiums as and when they fall due.

h) PayNow is provided "as is" and "as available" by a third-party service provider ("Service Provider"). Use of PayNow is subject to the availability of the services provided by the Service Provider, the participating banks, and AIA. I/we accept that the PayNow service may not always be available, accessible, function or inter-operate with any network infrastructure system or such other services as the relevant participating banks may offer from time to time.

i) Use of PayNow is subject to the terms and conditions of the participating banks and the Service Provider, including such transfer limits as may be stipulated, and I/we will not hold AIA liable should there be any amendments to the terms and conditions or transfer limits imposed on AIA, or changes to the infrastructure within which PayNow operates, that impact the timeliness, accuracy or completion of Payments.

j) AIA does not represent or warrant that the use of PayNow and/or transactions made via PayNow will be successful, uninterrupted, complete, timely, secure or free from any malware or error. If there is any error, delay or non-payment of any of the Payments due to any breakdown, malfunction, disruption, interruption or malware affecting the system(s) or applications used by AIA to effect Payments, including PayNow, I/we shall not hold AIA liable for any losses, damages, costs or expenses, whether resulting directly or indirectly, from such delay or non-payment. Nevertheless, AIA will exercise diligence to effect Payment using an alternative means as soon as is reasonably practicable.

k) I/We will fully indemnify, defend and hold AIA harmless against any loss, damage, liability, cost and expense (including legal costs) which AIA may reasonably incur or suffer as a result of or in connection with any erroneous, inaccurate or incomplete information provided by me/us to AIA to enable AIA to effect Payments using PayNow, such as (but not limited to) a wrong mobile number, identification number or other identifying particulars applied in the use of PayNow to credit monies into my Account, resulting in the rejection of funds, non-payment or crediting to a third party's account, or imposition of fees and penalties for an unsuccessful transaction.

l) AIA reserves the right to suspend or cease the use of PayNow for Payments and other transactions at its sole and absolute discretion and without any prior notice.

***Refunds***

m) If AIA needs to refund any payments to me/us, such refunds are deemed effectively completed by direct crediting to the Account or using PayNow, or such other account as may be required by law or government authority, or to comply with the conditions of the policy applied for (regardless of whether the policy is issued), and where a nominated bank account is not made available to AIA, the refund may be made by any other method as AIA in its absolute discretion deems appropriate. On such payment, AIA's liability for any refund is discharged. The above terms and conditions governing payment methods by AIA shall apply in respect of all refunds.

n) AIA reserves the right to vary these terms and conditions on Direct Crediting for Payments, Use of PayNow for Payments and Refunds from time to time and the prevailing version will be published on AIA's official website or made available to you in another manner.

10. I/We understand and agree that should a Relevant Person be found at any time to be a Prohibited Person, AIA Singapore is entitled, at its absolute discretion and without any liability to me/us, to (i) decline, block, suspend or cancel this application or any request, instruction, or transaction including any payment, transfer or receipt of money; (ii) decline to provide cover or to pay any claim or benefit under the Policy; and (iii) immediately terminate or void the Policy. AIA Singapore's decision in exercising this right shall be final. This right may only be waived in writing; no delay or failure in exercising this right shall be deemed as a waiver of the same. "Relevant Person" includes (a) persons and entities who are the policy holders, insured persons, beneficiaries, trustees, payees, or assigns; (b) their beneficial owners or affiliates; (c) (in the case of an entity) their directors, partners, or direct / indirect shareholders or persons having executive authority, or (d) natural persons appointed to act on their behalf. "Prohibited Person" includes a person or entity that is subject to any sanction, prohibition or restriction administered by any regulatory authorities in any country or jurisdiction, such that the provision of such cover, payment of such claim or provision of such benefit may in AIA Singapore's opinion expose it to any, or any risk of, sanction, prohibition or restriction. As an ongoing obligation, I/we will immediately inform AIA Singapore if there are any changes to the identities, status, constitution, establishment, particulars and identification documents of these Relevant Persons. I/we will indemnify AIA Singapore and hold it harmless from and against any and all related losses, damages, costs and/or expenses suffered and/or incurred, including but not limited to legal costs.

11. ***(Only applicable for non-Singapore residents)***

I/We am/are solely responsible for understanding and complying with the laws of the territory governing my/our place of domicile or citizenship, which I/we am/are subject to ("Laws of Domicile") and agree and undertake that I/we shall not hold AIA Singapore liable or responsible for any violation of the Laws of Domicile arising from my/our application or purchase of an insurance product issued by AIA Singapore.

12. I/We understand that in underwriting my / our application or any counter proposal by AIA Singapore in future, AIA Singapore may need to propose changes to the terms of the application or policy (including but not limited to changes in premium charges, rating or premium class, sum assured, benefits and/or exclusions).

In connection with the application and any counter proposal, AIA Singapore may contact me/us by telephone and/or other recorded means to:

a. Inform and obtain my/our confirmation of any outstanding requirements for my / our application (including but not limited to underwriting, administrative or compliance requirements); and

b. Inform and obtain my/our acceptance or rejection of any proposed changes to the terms of my/our application or policy.

I/We agree that any acceptance given by me/us during such recorded communications may be relied upon by AIA Singapore and the revised policy terms will be set out in endorsement(s) attached to the Policy Contract, which will form part of and amend the Policy Contract accordingly.

13. By signing this application below, I/we confirm that the agent/broker or any representative of AIA Singapore has solicited insurance business from me/us in the Republic of Singapore and that the signing of this application has taken place in the Republic of Singapore.

**WARNING:** If a material fact is not disclosed in this proposal, any Policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the AIA Consultant / Insurance Representative but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

Declared in SINGAPORE on DD/MMM/YYYY

Signature of existing Policy Owner
*(or authorised signatory(ies))*

Signature of new Policy Owner
*(or authorised signatory(ies))*

Signature of existing Insured

Signature of new Insured

**I, the Witness, confirm that this Form was signed by the existing Policy Owner, the new Policy Owner and the insured in my presence.**

Signature of Witness

Signature of Witness (aged 21 and above)

Name of Witness (per NRIC) :

NRIC No.:

Contact No.:

Address:

Relationship of Witness to existing Policy Owner:

Signature of Witness

Signature of Witness (aged 21 and above)

Name of Witness (per NRIC) :

NRIC No.:

Contact No.:

Address:

Relationship of Witness to new Policy Owner:

AIA Consultant / Insurance Representative's Name

AIA Consultant / Insurance Representative's Unit Name

AIA Consultant / Insurance Representative's Code

Mobile No.

Please fold along dotted line

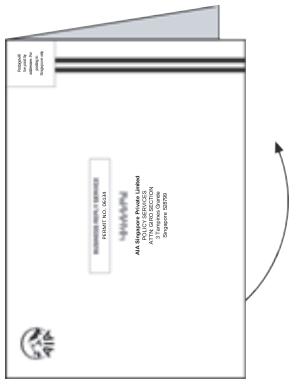
*Have you*

- ☐ *Indicated your Policy No(s)?*
- ☐ *Signed and dated all forms/letters?*
- ☐ *Obtained the name, I/C no, & signature of a witness who is not related to you?*

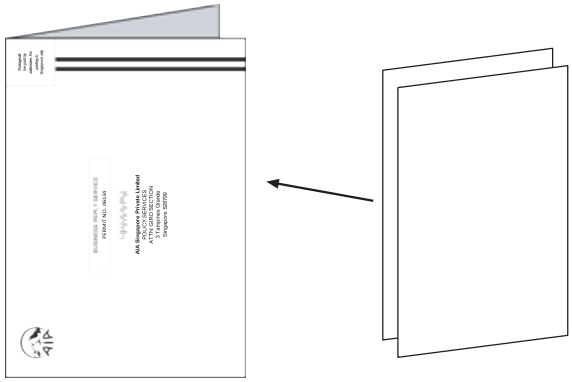
*To avoid any delays, please also ensure that your signature is executed in the same manner as our records. You may want to refer to the application form in your contract for a specimen of the original signature.*

# How to use this postage-paid return envelope:

1) Fold this in half with the mailing details exposed



2) Attach your supporting documents within



3) Seal all 3 sides with glue encasing your supporting documents and mail