

1a DETAILS OF CONTINGENT OWNER (IF INSURED IS JUVENILE)	
Name of Contingent Owner (Other than the Original Owner):	
Date of Birth: dd mm yyyy	NRIC/FIN/Passport No.:
Relationship to Proposed Insured: <input type="radio"/> Estate <input type="radio"/> Parent	
NOTE: NOT APPLICABLE FOR POLICIES OWNED BY TRUSTEE(S)	

1b DETAILS OF APPLICANT/OWNER (IF ENTITY, E.G. PARTNERSHIP, CORPORATION, TRUSTEE, ETC.)	
Full Legal Name of Entity	
(Note: If Applicant/Owner is a Trustee, please complete Verification of Trust Form.)	
Registered Address:	Mailing Address:
Postal Code:	Postal Code:
Office Tel: Country Code / Area Code / Office Number	Ext: Fax No.:
Business Registration No. / Unique Entity No.:	
Country of Corporation:	Country of Domicile:
Relationship of Entity to Life to be Assured:	

2 DETAILS OF PROPOSED INSURED (if different from Applicant/Owner)	
Name (shown on NRIC/FIN/Passport):	
Date of Birth: dd mm yyyy	Gender: <input type="radio"/> Male <input type="radio"/> Female
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed / Divorced / Separated	Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others
NRIC/FIN/Passport No.:	
Country of Residence:	
Occupation:	Contact Details
Company Name:	
Exact Duties (please provide in details):	
Home: Country Code / Area Code / Home Number	
Mobile: Country Code / Area Code / Mobile Number	
Office: Country Code / Area Code / Office Number	
Email:	
Nature of Business:	Citizenship: <i>if not Singaporean</i>
Company Address:	Place of Birth:
Postal Code:	Foreign Permanent Residence Address <i>(Compulsory for non Singaporeans and please indicate "Nil or NA" if not applicable) For Passers-by, please submit copy of passport or foreign identification card that shows proof of this address. If the address on the document(s) differs from this address, please explain the reason(s) in writing.</i>
Relationship of Applicant/Owner to Proposed Insured: <input type="radio"/> Spouse <input type="radio"/> Parent <input type="radio"/> Employer <input type="radio"/> Trustee	Postal Code:
Annual Income <input type="checkbox"/> US\$ <input type="checkbox"/> S\$	
<input type="radio"/> ≤ 30,000 <input type="radio"/> 30,001 – 50,000 <input type="radio"/> 50,001 – 100,000 <input type="radio"/> 100,001 – 150,000 <input type="radio"/> 150,001 – 300,000 <input type="radio"/> > 300,000	

3 DETAILS OF PLAN APPLIED FOR

Basic Plan Name	<input type="radio"/> AIA Platinum Legacy (VII) (US\$)	<input type="radio"/> AIA Platinum Heritage Treasure (S\$)
	<input type="radio"/> AIA Platinum Heritage Treasure (US\$)	<input type="radio"/> AIA Platinum Heritage Premier (S\$)
	<input type="radio"/> AIA Platinum Heritage Premier (US\$)	<input type="radio"/> AIA Platinum Heritage (II) Limited Pay (S\$)
	<input type="radio"/> Others (Please write in full including currency of plan):	
	<input type="text"/>	
Premium Payment Term	<input type="text"/>	
Backdated <i>(Applicable for Platinum Heritage Series Only)</i>	<input type="radio"/> Yes <input type="radio"/> No	
Sum Assured (US\$/S\$)	\$	
Premium (US\$/S\$)	\$	
Regular Premium Payment Frequency <i>(Applicable for Platinum Heritage (II) Limited Pay only)</i>	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually	
Premium Payment Method <i>(include hyphenation if any)</i>	<input type="radio"/> Cash	<input type="radio"/> Telegraphic Transfer
	<input type="radio"/> Premium Financing (Financing Bank: <input type="text"/>)	
	<input type="radio"/> Cheque - Bank/Cheque No.:	
	Name of Drawer:	
	<input type="radio"/> Cashier's Order - Bank/ Cashier's order No.:	
	<input type="radio"/> Credit Card <i>(Please complete Credit Authorisation Form and submit to cashier)</i>	
Source of Funds#	<input type="text"/>	

If payor is different from Applicant/Owner/Proposed Insured, please complete AIA Platinum Series Large Amount Questionnaire.
 * **Disclaimer:** For administrative purposes, please indicate the number of years that you plan to fund the premiums We reserve the right to refund, reject or limit the amount of additional premiums at any time at our sole discretion. We are not responsible for any loss arising from or attributable to our decision to refund, reject or limit the amount of additional premiums.

Collection of cash by our AIA Financial Services Consultants (FSCs) / Insurance Representative (IRs)

- You can pay your premium for S\$ or US\$ policies in cash up to a maximum limit of S\$2,000 or US\$2,000 per policy per year.
- Please ask for a Temporary Cash Receipt from your FSC/IR.
- If you do not receive the official receipt within 14 days, please call the AIA Customer Care Hotline at 1800 248 8000.

Please complete Premium Declaration Form for Single (Top-Up) Premium ≥ S\$20,000 and/or Regular Premium ≥ S\$10,000 including concurrent and existing applications.

4 CREDIT CARD AUTHORISATION

I authorise AIA Singapore to charge to my credit card and issuer of the card the initial premium and all subsequent premiums including additional premiums levied (if any) payable to AIA Singapore. Should payment not be successfully effected pursuant to this authorisation for any reason, AIA Singapore shall under no circumstances be held responsible or liable for any non-inception, lapse or termination of the policy due to late or non-payment of premiums. This authorisation shall be binding and remain valid, notwithstanding death of the cardholder, irrespective of whether or not this application is accepted by AIA Singapore.

Name of Cardholder (as shown on Credit Card): Contact No.(HP): Credit Card No.: Visa Mastercard

Card Expiry Date (MM/YY): / Relationship of Cardholder to the Policyowner: Name of Issuing Bank: Country of Issuing Bank:

Recurring Payment: Yes - applicable to monthly, quarterly and semi-annually modes for the FIRST YEAR'S premium only
 No

Cardholder's Signature (as per Credit Card) Date (DD/MM/YYYY)

Important Notes

- Credit Card payments for renewal premium and single premium policies will NOT be accepted.
- Credit Card deduction will be processed upon receipt of this authorisation by AIA Singapore. The deduction does not constitute approval of the application.
- For applications on monthly mode, premiums for the first two months will be deducted for initial premium.



5 DETAILS OF POLITICALLY EXPOSED PERSON

Are you a Politically Exposed Person (PEP) or related to a PEP? Yes No
 If Yes, please complete 5a to 5e.

- a. What is the name of the Politically Exposed Person?
- b. What is your relationship to the Politically Exposed Person?
- c. What official position does the Politically Exposed Person hold?
- d. In which country is/was the position held?
- e. During what time period was the position held? Starting Year _____ Ending Year _____

* 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.

6 DETAILS OF BENEFICIAL OWNERSHIP

Is there a beneficial ownership arrangement? Yes No
 If Yes, please provide their particulars below and submit a copy of their NRIC/Passport No./FIN that contain a clear photograph.

In relation to customers, "**Beneficial Owner**" as defined in 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, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

For the avoidance of doubt, this is NOT a nomination of beneficiary(ies) under the policy.
 If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.

Name (shown on NRIC/FIN/Passport)	NRIC/FIN/ Passport No.	Date of birth (DD/MM/YY)	Relationship to the Policyholder	Gender (M/F)	Residency Status (Singaporean/ Singapore PR/ Pass Holder/Other)	Citizenship (if not Singaporean)

7 DETAILS OF PREVIOUS, CONCURRENT INSURANCE APPLICATIONS AND PURSUITS OF PROPOSED INSURED

7.1 a. Are there any concurrent applications?
 No Yes – Please provide details of concurrent application(s) in Q7.2 and complete Q7.1b.
 b. Please provide the total amount of life insurance coverage that you intend to incept with all companies (including this application).
 Currency: _____ Amount: _____

7.2 Please provide details of the Proposed Insured's total inforce and concurrent life insurance policies.

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Insurance Company					
Death (Sum Assured US\$/S\$)					
Total & Permanent Disability					
Disability Income					
Critical Illness					
Year Issued/Pending					

7.3 Is this proposal to replace or intended to replace in full or in part any insurance or other designated investment products, such as unit trust or life policy, with AIA or any other financial adviser such as insurance company, bank, as well as independent financial adviser?

No Yes – Please give details:

WARNING:
 You may incur fees and charges as a result of (i) surrendering, or reducing your investment in, an existing designated investment product (such as unit trust or life policy), and accident and health insurance product **and** (ii) buying new designated investment products (“DIP(s)”) or topping up other existing DIP and accident and health insurance products.
Before replacing one DIP with another, you should find out whether you are entitled to free switching with your existing DIP and consider carefully whether any fees, charges or disadvantages that may arise from a replacement will outweigh any potential benefits. Some of the disadvantages associated with replacement include the following:
 (i) you may incur transaction costs without gaining any real benefit from the replacement, e.g. duplicate sales charges;
 (ii) the new DIP may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at a higher cost, e.g. higher mortality charges;
 (iii) you may incur penalties for terminating the existing DIP, e.g. surrender charges; and
 (iv) the new DIP may be less suitable for you.
 In addition, before replacing a life insurance product or an accident and health insurance product for another, you should consider carefully whether any fees, charges or disadvantages that may arise from a replacement will outweigh any potential benefits. Some of the disadvantages associated with replacement include the following:
 (i) you may not be insurable at standard terms;
 (ii) you may have to pay a different premium; and
 (iii) terms and conditions will be different.
 In your interests, we would advise that you consult your present financial adviser before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interests.

7.4 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

7.5 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:

8 LIFESTYLE QUESTIONS

8.1 Have you ever smoked any forms of tobacco? <input type="radio"/> No <input type="radio"/> Yes	If currently smoking, please state: Type of tobacco: Cigarettes/Cigars/Pipe/ Others: _____ No. of sticks per day: _____	If former smoker, please state: When was the last time you smoked: _____ Type of tobacco: Cigarettes/Cigars/Pipe/ Others: _____ No. of sticks per day: _____		
8.2 Do you drink alcohol? <input type="radio"/> No <input type="radio"/> Yes	How many glasses of alcohol do you consume every week?	Beer cans (330ml)	Wine glasses (100ml)	Spirits tots (30ml)
8.3 In the last 12 months, do you travel or live outside your country of residence for more than a total of 14 days in a year? If so, please provide the following information: <input type="radio"/> No <input type="radio"/> Yes				
Countries/Cities	Duration of each trip	Frequency (p.a.)	Purpose of travel (Business, Residence, Emigration, others, please specify)	
8.4 Do you anticipate the pattern or frequency of travel will change substantially over the next 24 months? If yes, please provide the following information: <input type="radio"/> No <input type="radio"/> Yes				
Countries/Cities	Duration of each trip	Frequency (p.a.)	Purpose of travel	



8.5 In the past 5 years, have you or the child had any (other than for immunisation or vaccination)

a. of the following tests done? If yes, please give details as indicated below.

Yes No

Test	Date	Reason	Results	Test	Date	Reason	Results
a. Blood Test				g. Mammogram			
b. Biopsy				h. PAP Smear			
c. Chest X-Ray				i. Ultrasound			
d. CT Scan / MRI				j. Urine			
e. ECGs				k. Others. Please specify			
f. Heart Scan (CT angiogram)				_____			

b. illness, operation, medical advice, investigations or hospital treatment not mentioned above?

Yes No

If yes, please provide details:

9 DETAILS OF ALL FAMILY MEMBERS AND ANY INSURANCE (IN-FORCE OR APPLIED) ON EACH LIFE (FOR JUVENILE AND STUDENTS ONLY)

Relationship to Proposed Insured	Age	Insuring Company	Amount of Life Insurance Cover (US\$/S\$)
Father			
Mother			
Sibling(s)			
Sibling(s)			
Sibling(s)			
Payor if other than a family member (legal guardian)			

9.1 Do all brothers and sisters have similar existing cover or are currently being proposed for cover?

Yes No – please state reason:

10 HEALTH DETAILS OF PROPOSED INSURED OF AGE 15 AND BELOW – To be completed for non-medical application, or where the medical examination was done more than one month ago.

10.1 a. Height (metres): c. Was there any weight change in the past year? Yes No
 b. Weight (kilograms): If yes, how much and state the reason:

d. Name and Address of the Proposed Insured's Regular Doctor:

e. When did you last consult a doctor? Please provide reason, name of clinic (if differs from 10.1.d) and result of the last consultation:

10.2 Is the child contemplating a trip or had been outside Singapore for a total of more than 90 days in a year, other than for leisure or social purposes? Yes No

If yes, please give details.	Country & Cities visited	Frequency per year	Duration per trip mth(s)

10.3 Has the child received medical advice, counselling or treatment in connection with AIDS, AIDS Related Complex or any other AIDS related condition, been told the child has any of these; or that the child had HIV testing done OR in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions? Yes No

10.4 To the best of your knowledge and belief, has any member of the child's immediate family ever had tuberculosis, diabetes, cancer, cardiomyopathy, polycystic disease, mental disease or any AIDS related condition? Yes No

Relationship	Age at Onset	Current Age	Illness/Age at Death (if deceased)

10.5 Has the child ever had, or have been told or been treated for:

- a. any respiratory disease, prolonged cough, bronchitis, asthma, fits, epilepsy or disorder affecting the nervous system? Yes No
- b. any heart disorder, blood disorder, diabetes, endocrine disorder, liver disease or any gastrointestinal disorder, kidney problems, nephritis or abnormality of the genitourinary system? Yes No
- c. condition affecting the sight, hearing or speech, physical or developmental defects, abnormal or premature birth or any cancer, growth, tumor? Yes No

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HEALTH DETAILS OF PROPOSED INSURED – To be completed for non-medical application, or where the medical examination was done more than one month ago.

11.1 a. Height (metres): <input style="width: 80%;" type="text"/>	c. Was there any weight change in the past year? <input type="radio"/> Yes <input type="radio"/> No If yes, how much and state the reason: <input style="width: 90%;" type="text"/>
b. Weight (kilograms): <input style="width: 80%;" type="text"/>	

d. Name and Address of the Proposed Insured's Regular Doctor:

e. When did you last consult a doctor? Please provide reason, name of clinic (if differs from 11.1.d) and result of the last consultation:

11.2 Have you ever used any habit forming drugs or narcotics or been treated for drug habits or consumed alcohol excessively or been treated for alcoholism? Yes No

11.3 Have you ever had or been told to have or been treated for:

a. epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous/mental disorders?	<input type="radio"/> Yes <input type="radio"/> No
b. diabetes, thyroid disorders or any other endocrine disorders?	<input type="radio"/> Yes <input type="radio"/> No
c. ear discharge, nose bleeds, double vision, impaired sight, hearing, or speech or any other disorders of ear, eye, nose or throat?	<input type="radio"/> Yes <input type="radio"/> No
d. asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/ discomfort or any other lung disorders?	<input type="radio"/> Yes <input type="radio"/> No
e. raised cholesterol, high blood pressure, heart attack, heart murmur, cardiomyopathy, mitral valve prolapse or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorders of the heart or blood vessels?	<input type="radio"/> Yes <input type="radio"/> No
f. gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?	<input type="radio"/> Yes <input type="radio"/> No
g. jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?	<input type="radio"/> Yes <input type="radio"/> No
h. blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?	<input type="radio"/> Yes <input type="radio"/> No
i. slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury?	<input type="radio"/> Yes <input type="radio"/> No
j. cancer, tumours, cysts or growths of any kind?	<input type="radio"/> Yes <input type="radio"/> No
k. anaemia, any other disorders of the blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?	<input type="radio"/> Yes <input type="radio"/> No
l. any other illness, disorder, operation, physical disability or accident not mentioned above?	<input type="radio"/> Yes <input type="radio"/> No

11.4 Are you awaiting or intending to have any medical consultations, investigations or treatment; or experiencing any symptoms that might cause you to seek medical treatment in the near future? Yes No

11.5 Have you or your spouse been told to have, received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition? Yes No

11.6 a. Have you ever had HIV testing done? Yes No
 If yes, please state reason, date and results:

b. In the last 3 months have you had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions? Yes No
 If yes, please state reason, date and results:

11.7 Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, cardiomyopathy, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease? Yes No
 If yes, please provide details below.

Relationship	Age at Onset	Current Age	Illness/Age at Death (if deceased)



11.8 FEMALE ONLY

a. Have you suffered from or are you aware of any breast lumps or any other disorders of your breasts? Yes No

b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs? Yes No

c. Have you ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months? Yes No

d. Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations? If yes, please state type, reason, date of test done and results of test (copy to be submitted if available). Yes No

e. Are you now pregnant? If yes, please indicate: Yes No

i) Expected delivery date: dd mm yyyy

ii) When was the last time you visited the doctor: dd mm yyyy

iii) Has there been any complication(s) relating to this and/or previous pregnancies? Please tick:

No complication Gestational diabetes Caesarian section Eclampsia Hypertension

Diabetes Thrombosis Miscarriage Others (please specify):

12 REMARKS In connection with insurance applied for, if any answer to question 10 and 11 is "Yes", give details below, quoting the relevant question number(s).

13 DECLARATION

1. RESIDENCY – Please answer according to your Citizenship/Residency that you are holding.	Applicant/Owner		Proposed 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.2 Are you currently residing in Singapore?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. For student pass or long term visit pass holders				
C.1 Does your pass have a duration of less than 90 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of Application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. If you do not belong to any of the above categories, please tick here	<input type="radio"/>		<input type="radio"/>	

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

2. YOUR GUIDE TO LIFE/ HEALTH INSURANCE - Tick as appropriate

I have been informed and directed to view or download a copy of (1) "Your Guide to Life Insurance" and/or (2) "Your Guide to Health Insurance" (applicable only to accident and health business) from www.aia.com.sg, or www.lia.org.sg

I have been informed and I request to be given a hardcopy of (1) "Your Guide to Life Insurance" and/or (2) "Your Guide to Health Insurance" (applicable only to accident and health business).

9. Marketing Consent

I (being the Applicant/Owner, for the purposes of this clause) consent to allow AIA Persons to collect, use, disclose, store, retain and/or process all personal data and information (“**Personal Data**”) that had/has been provided to AIA Persons and/or that AIA Persons possess about me (whether from me or a third party) for the purposes of conducting consumer, marketing related or other similar research and analysis and to provide marketing and promotional information relating to existing or future products and/or services, by the following modes of communication where I have indicated my consent below:

- (a) postal mail to my *postal address(es);
- (b) electronic transmission to or through my *email address(es) and/or *social media account(s);
- (c) with respect to all my *telephone number(s) (of which I confirm I am the user and/or subscriber), by way of:
 - (i) Phone/ Voice Call; and
 - (ii) SMS/MMS

* which are in AIA Persons’ records as may be updated from time to time by notice to AIA Persons

In relation to one or more of the above purposes, I consent to my Personal Data being disclosed to independent third parties and their representatives and such third parties processing my Personal Data.

Note:

- I may withdraw one or more consents provided by me at anytime via AIA Customer Care Hotline at 1800-248-8000 or AIA e-Care (for policyholders) or my insurance representative (for policyholders and non-policyholders). I will stop receiving marketing messages via the selected modes of communication after 30 days. I will continue to receive marketing messages via other modes of communication where my consent has been given and information arising from my AIA policies or programmes.
- The consent provided by me in this form is in addition to and does not supersede, vary or nullify any consent which I may have provided previously in respect of the above purposes, unless my consent is withdrawn in the manner specified by AIA.

10. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) / COMMON REPORTING STANDARD (CRS) DECLARATION BY APPLICANT/OWNER
(Please complete the Entity Self-Certification Form if Applicant/Owner is not an individual.)

i. Please provide details of all your country/jurisdiction of tax residence(s).

Note: Please submit a “Amendment Form” if there are more than 6 country/jurisdiction of tax residences.

Country/Jurisdiction of tax residence	Tax Identification Number (TIN)	If TIN is not available, please tick Reason A, B or C^		
a.		A <input type="radio"/>	B <input type="radio"/>	C <input type="radio"/>
b.		A <input type="radio"/>	B <input type="radio"/>	C <input type="radio"/>
c.		A <input type="radio"/>	B <input type="radio"/>	C <input type="radio"/>
d.		A <input type="radio"/>	B <input type="radio"/>	C <input type="radio"/>
e.		A <input type="radio"/>	B <input type="radio"/>	C <input type="radio"/>
f.		A <input type="radio"/>	B <input type="radio"/>	C <input type="radio"/>

** See below for definition of “resident or residence for tax purposes” and for definition of Taxpayer Identification Number (“TIN”) or functional equivalent.

** Definition of:-

“**Resident or residence for tax purposes**” Generally, an individual will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), he pays or should be paying tax therein by reason of his domicile, residence or any other criterion of a similar nature, and not only from sources in that jurisdiction. A resident of a jurisdiction also includes non-citizen individuals of a jurisdiction that hold a permanent residency card, for example, U.S. green card. An individual also may be resident of a jurisdiction based on the visa type the individual holds. For additional information on tax residence, please talk to your tax advisor.

“**TIN**” (including “**functional equivalent**”) The term “TIN” means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A 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. For additional information on TINs or functional equivalents, please talk to your tax advisor.

^If a TIN is unavailable please provide the appropriate reason A, B or C:
Reason A - This country does not issue TIN to her residents.
Reason B - I am unable to obtain a TIN or equivalent number (Note: Please explain why you are unable to obtain a TIN in the below table if you have selected this reason.)
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 the TIN issued by such jurisdiction.)

ii. If you have ticked Reason B for question (i), please explain in the following box why you are unable to obtain a TIN, quoting the relevant question number(s) and/or country/jurisdiction of tax residence.

iii. If any of these information field (Current Residence Address, Foreign Permanent Residence Address, Citizenship, Telephone Number, Mailing Address or Place of Birth) provided does/do not correspond with your declared country/jurisdiction of tax residence, please tick the reason(s).

For each information field that does not correspond with your declared country/jurisdiction of tax residence, please tick the reason that best explains why it is so.

Current Residence Address:		
a.	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.	<input type="radio"/>
b.	I only recently moved to the current residential 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.	<input type="radio"/>
c.	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.	<input type="radio"/>
d.	The residential address belongs to my spouse/parents and I am only on a social visit pass.	<input type="radio"/>
e.	Others Please provide details: _____	<input type="radio"/>
Foreign Permanent Residence Address:		
a.	I am currently working/studying/travelling overseas and do not meet the minimum number of days to be physically present in the country of the foreign permanent residence address to be considered a tax resident.	<input type="radio"/>
b.	I only recently changed my foreign permanent residence address, and do not meet the minimum number of days to be physically present in the country of the foreign permanent residence address to be considered a tax resident.	<input type="radio"/>
c.	Others Please provide details: _____	<input type="radio"/>
Citizenship:		
a.	My country of citizenship does not have taxation laws which define tax residence.	<input type="radio"/>
b.	Others Please provide details: _____	<input type="radio"/>
Telephone Numbers:		
a.	I am currently posted overseas and have terminated my telephone number in the country of my tax residence.	<input type="radio"/>
b.	Others Please provide details: _____	<input type="radio"/>



Mailing Address:	
a. The mailing address belongs to my parent/spouse/sibling/child.	<input type="radio"/>
b. The mailing address is my business address.	<input type="radio"/>
c. I am currently working/studying overseas.	<input type="radio"/>
d. I am currently staying with my friend/spouse/fiance/fiancee.	<input type="radio"/>
e. The mailing address belongs to a rented dwelling that I am staying in.	<input type="radio"/>
f. The mailing address is a "c/o" address to my insurance representative.	<input type="radio"/>
g. Others Please provide details: _____	<input type="radio"/>
Place of birth:	
a. I am born in the country but not a tax resident of the country of birth.	<input type="radio"/>
b. I have renounced my citizenship of the country of birth. I am now a citizen of the declared country of tax residence.	<input type="radio"/>
c. Others Please provide details: _____	<input type="radio"/>

iv. Common Reporting Standard Declarations

I/We acknowledge that AIA Singapore Private Limited (AIA Singapore) is a reporting Singaporean financial institution as defined in the Income Tax (International Tax Compliance Agreements) (Common Reporting Standard) Regulations 2016 with reporting obligations to the Comptroller of Income Tax (Comptroller) under the Income Tax Act, Chapter 134, 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.

(For individuals)

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.

(For entities and other non-individuals)

I/We further undertake to notify AIA Singapore within 30 days of any change to the Policyholder's or a Controlling Person's country of residence for tax purposes or TIN (if any) and to complete, sign and submit to AIA Singapore the relevant particulars of the Policyholder or Controlling Person relating to such change 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 the Policyholder's or Controlling Person's country of residence for tax purposes.

Note: The term "Controlling Person" has the meaning given to it in the Common Reporting Standard in the Schedule to the Income Tax Act (International Compliance Agreements) (Common Reporting Standard) Regulations 2016.

I/We acknowledge and accept that AIA Singapore will rely on the self-certification relating to the Policyholder's/Controlling Persons' country of tax residence contained in this Application as applicable to all policies and products issued to the same person(s), and any information in any earlier self-certification inconsistent with the information provided above will be disregarded for the purposes of fulfilling its reporting obligations to the Comptroller.

(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.

v. Declaration on U.S. Person Status (please tick the box as appropriate)

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.

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 U.S. federal income tax purposes.

Only applicable to applicant/owner with U.S Indicia:*

1. Please submit W-8BEN/W-8BEN-E (whichever is applicable) and satisfactory documentary evidence to us.
2. Documentary evidence includes government identity document (e.g. passport, ID card), tax certificate of residence, certificate of loss of nationality or ACRA equivalent.

**Refer to HNW Underwriting and Submission Guide under FOREIGN ACCOUNT TAX COMPLIANCE ACT REQUIREMENTS (FATCA) for more information on U.S. Indicia.*

I/We hereby declare and agree that I am/we are a "U.S. person" for U.S. federal income tax purposes. 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 U.S. federal income tax purposes.

Note: Please submit W-9 form together with this application.

11. I/We understand and agree that AIA Singapore is entitled not to accept or process this application should a person connected with the relevant Policy be found to be a Prohibited Person, meaning a person or entity (including any director or direct / indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries or my/our beneficial owners or beneficiaries' beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting AIA Singapore from providing insurance coverage, transacting business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant Policy, and the decision of AIA Singapore shall be final. I/We further agree that in the event that AIA Singapore becomes aware subsequently that a person connected with the relevant Policy has become a Prohibited Person, AIA Singapore may block and/or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. 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 persons. If an application is accepted or processed by AIA Singapore despite a person connected with the relevant Policy being a Prohibited Person, AIA Singapore shall be entitled to block and/or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.
12. 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 Financial Services Consultant(s)/Insurance Representative(s) but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal. Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of your proposal, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

Declared in SINGAPORE on	Day:	Month:	Year:
SIGNATURE OF PROPOSED INSURED	SIGNATURE OF APPLICANT/OWNER	WITNESSED BY NAME & SIGNATURE OF INSURANCE REPRESENTATIVE(S)	

Please note: copies of the terms and conditions on which the insurance will be made, and this completed application form, will be available upon your request.



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