



**CHANGE OF ADDRESS & CONTACT INFORMATION FORM**  
AMERICAN INTERNATIONAL ASSURANCE COMPANY, LIMITED

**TO: POLICY SERVICES DEPARTMENT / CUSTOMER SERVICE**

**KINDLY NOTE THAT FAX COPY WILL NOT BE ACCEPTED. REFER TO IMPORTANT NOTES BEHIND**

<b>Date</b>		<b>Name of Policyowner/Trustee/Assignee*</b>	<b>NRIC/Passport Number</b>
<input type="text"/> <input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/>	/
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MTH (e.g. Jan, Feb)		D D Y Y	

**Please update my mailing address for the following policy(ies):**

**1. Life Policy(ies) Including Investment Linked Policy**

All     Specific Policy Number(s) only

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**2. Accident & Health Policy(ies)**

All     Specific Policy Number(s) only

<input type="text"/>	<input type="text"/>
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**3. Personal Lines Policy(ies):**

All     Specific Policy Number(s) only

<input type="text"/>	<input type="text"/>
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For the policy(ies) stated above, kindly change the address for:

Location of Risk & Mailing Address       Location of Risk Only       Mailing Address Only

**New Address:**

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	#	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Blk/House No.		Unit Number	Street Name / Building Name / Country (for foreign address)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Postal Code			

**Other Contact Details:**

Phone      (Res)         (HP)        (Off)

E-Mail

**DECLARATION & AUTHORISATION**

I/We hereby authorise, agree and consent to the Company to use and/or disclose any information collected and/or held (whether contained in this application or otherwise obtained) to enable the Company, its associated individuals/organisations and/or independent third parties, within or outside Singapore, with regard to any matters pertaining to the Application/Policy and/or any other policies that I/we currently may have with the Company, including but not limited to, processing of this Application, and/or providing subsequent services to me/us and/or providing advice and/or information concerning products and/or services which the Company believes may be of interest to me/us and/or communicating with me/us for any purpose. I/We hereby specifically waive any right to bring a claim of any nature against the Company, its associated individuals/organisations and/or independent third parties, within or outside Singapore, in respect of any above-mentioned disclosure and/or any disclosure in the nature described above. This authorisation shall bind my successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application is accepted by the Company. A photocopy of this authorisation shall be effective and valid as the original.

**This change of address request is notified by :**

Policyowner/Trustee/Assignee\* stated above      **Signature of Policyowner/Trustee/Assignee\*** \_\_\_\_\_

Financial Services Consultant (FSC)



