



COUPONS / DIVIDENDS / FUTURE PREMIUM DEPOSIT FUND (FPDF) / REVERSIONARY BONUS (RB) FORM

AIA SINGAPORE PRIVATE LIMITED (Reg. No. 201106386R)

TO: POLICY SERVICES DEPARTMENT / CUSTOMER SERVICE (Please tick as appropriate)

Policy No(s):

Name of Insured: _____ NRIC/FIN/Passport No: _____ Unit Name : _____

Name of Policyowner: _____ NRIC/FIN/Passport No: _____ Location: _____

FSC/IR Name: _____ FSC/IR Code: FSC/IR Tel No: _____

PART 1: FULL WITHDRAWAL OF COUPONS / DIVIDENDS / FPDF / REVERSIONARY BONUS (RB)

I would like to make a **FULL WITHDRAWAL** of policy benefits credited to my policy(ies) above as instructed:

- Coupons
- Dividends
- Future Premium Deposit Fund (FPDF)
- Reversionary Bonus (RB)¹

In this respect, please refer to the payment instruction below:

Cheque to be mailed directly to Policyowner

Pay the premium due on the my policy and the balance, if any, cheque to be mailed directly to me

Policy No.² Due on / / (MTH e.g. Jan, Feb / DD / YY)

Pay the outstanding loans on my policy and the balance, if any, cheque to be mailed directly to me

Policy No.²

Important Notes:

1. Please note that surrender/withdrawal of the Reversionary Bonus (RB) would reduce the death/maturity benefit of the policy
2. Withdrawal can only used to pay premium/loans of the same policy or another policy owned by the same policyowner.

PART 2: PARTIAL WITHDRAWAL OF COUPONS / DIVIDENDS / FPDF

I would like to make a **PARTIAL WITHDRAWAL** of policy benefits credited to my policy(ies) above as instructed:

- Coupons
- Dividends
- Future Premium Deposit Fund (FPDF)

Withdrawal Amount _____

In this respect, please refer to the payment instruction below:

Pay the premium due on my policy

Policy No.² Due on / / (MTH e.g. Jan, Feb / DD / YY)

Pay the outstanding loans on my policy

Policy No.²

Important Notes:

1. Partial withdrawal of the Reversionary Bonus (RB) is not allowed.
2. Withdrawal can only used to pay premium/loans of the same policy or another policy owned by the same policyowner.
3. Partial withdrawal of dividend/Coupon/FPDF is only allowed for payment of premium or outstanding loan.

PT 0008021 (10/2008 06/2009 01/2012)



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PART 3: DIVIDENDS OPTION

I would like to change the **DIVIDENDS OPTION** on my policy(ies) above with effect from the **NEXT** policy anniversary to:

Cash Payout Premium Deductions Paid-Up Addition Loan Reduction Dividend Accumulations

PART 4: COUPON OPTION

I would like to change the **COUPON OPTION** for all future coupons due on my policy(ies) above to:

Cash Payout Coupon Accumulations (Coupon Deposit Account)

DECLARATION AND AUTHORISATION

1. I certify that this policy is not now assigned, except as indicated below by the signature of the assignee(s), if any, and that no proceedings in bankruptcy have been instituted by or against him, her or them.
2. I understand and agree that no application is valid until this change form is received by AIA Singapore Private Limited ("the Company") during the life time of the Insured and is finally accepted by the Company.
3. I hereby request that the policy(ies) stated be changed in accordance with the above application.
4. I understand and agree that my/our application is subject to the terms and conditions as stated in the Policy Contract and is effective only when it has been officially accepted and notified to me/us by the Company.
5. I understand and agreed that the application of the Contracts (Rights of Third Parties) Act (Cap. 53B) and any subsequent revision or replacement thereof is expressly excluded insofar as this contract of insurance is concerned.
6. 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.

Executed in (place) _____ on Month (e.g. Jan, Feb) / Day / Year

SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

SIGNATURE OF INSURED

SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

SIGNATURE OF *OWNER/TRUSTEE(S)/ASSIGNEE(S) IF ANY
(*Delete as appropriate)

SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

SIGNATURE OF *OWNER/TRUSTEE(S)/ASSIGNEE(S) IF ANY
(*Delete as appropriate)

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