



REQUEST FOR CHANGE 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: MODE OF PREMIUM PAYMENT

I would like to change the mode of premium payment for the above policy(ies) from the next Premium Due Date to:

Annually Semi-Annually Quarterly Monthly

PART 2: ADD / DELETE RIDER

2(a) I would like to **ADD** the following rider(s) for the above policy(ies):

Riders To Be Added	Sum Assured

Important Notes:

- Kindly submit the following with this application:
 - Adult/Juvenile Full Health Certificate
 - Financial Health Review (FHR)
 - Product Summary Cover Page

2(b) I would like to **DELETE** the following rider(s) for the above policy(ies) from the next Premium Due Date:

Riders To Be Deleted	Sum Assured

Important Notes:

- Kindly note that there will be no refund of premium as the rider(s) will be deleted from the next premium due date.

PART 3: INCREASE FACE AMOUNT OF BASIC PLAN / REDUCE FACE AMOUNT OF BASIC PLAN / RIDERS

3(a) I would like to **INCREASE** the face amount of my basic plan for the above policy(ies) as follows:

Basic Plans	New Sum Assured

Important Notes:

- Kindly submit the following with this application:
 - Adult/Juvenile Full Health Certificate
 - Financial Health Review (FHR)
 - Product Summary Cover Page
- This can only be done within 1st policy year with exception of Investment Linked Policy (ILP).

3(b) I would like to **REDUCE** the face amount of my basic plan / rider(s) for the above policy(ies) as follows:

Basic Plan/Riders	New Sum Assured

Important Notes:

- Kindly note that the reduction of face amount will be effected from the next premium due date.
- Kindly note that there will be no refund of premium as the reduction of sum assured will be effected from the next premium due date.

PT 0011020 (10/2008 06/2009 01/2012)



* 6 4 5 0 1 1 2 0 1 0 2 0 4 *

PART 4: CHANGE PLAN

I would like to change the plan of the above policy(ies) as follows:

New Plan _____

New Sum Assured _____

Important Notes:

1. Change of Plan can only be done within 1st policy year.
2. Kindly submit the following with this application:
 - (a) Adult/Juvenile Full Health Certificate
 - (b) Financial Health Review (FHR)
 - (c) Benefit Illustration
 - (d) Product Summary Cover Page
3. Kindly submit Adult/Juvenile Full Health Certificate if:
 - (a) Change from Whole Life to Endowment
 - (b) Change from Endowment to Whole Life
 - (c) There is an increase in premium after the change
4. Kindly return the existing policy contract if:
 - (a) Change from Whole Life to Endowment
 - (b) Change from Endowment to Whole Life

I would like to change the Area Of Cover of the above Platinum Health policy(ies) to:

Zone 1

Zone 2

Important Notes:

1. Change of Area of Cover can only be done on the policy anniversary date.
2. Any application to change the Area of Cover must be submitted at least 30 days before the policy anniversary date.

PART 5: TERM CONVERSION

I would like to convert the basic term plan / term rider of the above policy(ies) as follows:

Existing Plan/Rider To Convert _____

Sum Assured To Convert _____

Remaining Sum Assured (If Any) _____

New Policy Number

Cancel Remaining Face Amount YES NO

Important Notes:

1. Kindly note that there will be no refund of premium if the next premium due date is less than 1 month from the conversion date.

PART 6: CONVERT TO EXTENDED TERM INSURANCE / REDUCED PAID-UP INSURANCE

I would like to convert the above policy(ies) from the next Premium Due Date as follow:

Extended Term Insurance (ETI)

Reduced Paid-Up Insurance (RPU)

Important Notes:

1. Kindly note that ETI is not available to certain categories of sub-standard life, CPF plans and some other plans. Please refer to your policy contract for details.

PART 7: CHANGE OF OCCUPATION

I would like to declare that my occupation has been changed for the above policy(ies) as follows:

New Occupation _____ Since _____

Please state exact duties _____ Nature Of Business _____

Company Name _____

Business _____

Address _____

PART 8: CHANGE OF PERSONAL PARTICULARS OF INSURED / OWNER

Policy No(s):

I would like to change the following particulars for the above policy(ies):

- Name New Name _____
- NRIC/FIN/Passport Number New NRIC/FIN/Passport No. _____
- Date Of Birth New Date Of Birth / / (MTH e.g. Jan, Feb / DD / YY)

Important Notes:

1. Kindly submit photocopy of NRIC/FIN/Passport and Deed Poll for change of Name.
2. Kindly submit photocopy of NRIC/FIN/Passport for change of NRIC/FIN/Passport Number, Date Of Birth.

PART 9: CHANGE OF PAYOR FOR JUVENILE POLICY

I would like to change the Payor for the above policy(ies) as follows:

New Payor's Name _____ Relationship to Insured _____

NRIC/FIN/Passport No. _____ New Payor's Signature

Gender Male Female

Date of Birth / / [MTH (eg Jan, Feb etc) / DD / YY]

Declaration A: We, the new and existing Payors would like to make the following declaration:

- (1) That the Payor/Owner/Beneficiary of this policy be changed from (Name of Existing Payor) _____ (*mother/father of the Insured) to (Name of New Payor) _____ (*mother/father of the Insured).
- (2) That, I (Name of Existing Payor) _____, hereby relinquish and transfer my right to exercise all privileges, rights and options provided under this policy to the said (Name of New Payor) _____ who is the new Payor/Owner/Beneficiary subject to the terms and conditions contained in the said policy and the Juvenile Endorsement attached hereto.
- (3) That Payor Benefit/Payor Benefit Comprehensive on the previous Payor, (Name of Existing Payor) _____ be deleted.
- (4) That Payor Benefit/Payor Benefit Comprehensive is now requested on the new Payor, (Name of New Payor) _____.
- (5) That (Name of New Contingent Beneficiary) _____ be named as Contingent Beneficiary.

Declaration B: I, the new Payor would like to make the following declaration:

That (Name of deceased Payor) _____ had passed away on (Date) _____ as per attached Death Certificate Number _____. As I am the contingent beneficiary (*mother/father of Insured) as stated in the application for assurance, I will be the new payor of the policy. As such, I append my Specimen Signature above for the purpose of identification and I shall pay the future premiums of this policy as and when they fall due. I also wish to appoint Estate as the new contingent beneficiary.

(*Delete as appropriate)

PT 0011020 (10/2008 06/2009 01/2012)



DECLARATION & AUTHORISATION

1. I hereby request that the policy(ies) stated in this form be changed in accordance with the above application.
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 understand and agree that application shall not be considered as effected by reason of any money paid or settlement made in payment of, or on account of any premium, until this form has been duly approved by the authorised Officer of the Company.
4. I understand and agree that my 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 by the Company.
5. I understand and agree that if the Company accepts my application, the Incontestability and Suicide Provisions (if any) thereof shall have effect from the approval date of my application.
6. For addition of rider, change of plan, increase in face amount, I have received a copy of (1) Benefit Illustration (applicable to riders with cash value or unit linked riders), (2) Product Summary, (3) "Your Guide to Life Insurance" and (4) "Your Guide to Health Insurance" (applicable only to accident and health insurance products), the contents of which have been explained to me to my satisfaction.
7. I understand and agree 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.
8. 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)

PT 0011020 (10/2008 06/2009 01/2012)