



REQUEST FOR CASH SURRENDER - TRADITIONAL POLICY
AIA SINGAPORE PRIVATE LIMITED (Reg. No. 201106386R)

TO: POLICY SERVICES DEPARTMENT / CUSTOMER SERVICE

Name of Insured: _____ NRIC/FIN/Passport No: _____ Unit Name: _____
 Name of Policyowner: _____ NRIC/FIN/Passport No: _____ Location: _____
 FSC/IR Name: _____ FSC/IR Code:

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 FSC/IR Tel No: _____

PART 1: WHAT YOU SHOULD KNOW ABOUT EARLY SURRENDER OF YOUR INSURANCE POLICY

An insurance policy is intended to meet your long-time financial needs. Therefore, in surrendering a policy before its maturity date, you are losing valuable benefits. It may not be possible for you to obtain a similar level of protection on the same terms in the future.

Additional Charges / Fees

If you surrender your policy and then buy a new policy, you will incur new charges.

These may include:

- Distribution Fee
Commission is paid to Financial Services Consultant (FSC)/Insurance Representative (IR) on all new insurance policies.
- Policy Fee
A policy fee is usually incurred for each policy.

Changes in Terms and Conditions

Surrendering your insurance policy for another policy could result in higher premiums and loss of specific policy features due to changes in age or health.

Other Options

If your policy has acquired a cash value, you may choose to:

- a) Apply for a cash loan to meet short term financial needs; OR
- b) Convert to a Reduced Paid-Up or Extended Term insurance policy.

POLICYOWNER / TRUSTEE / ASSIGNEE's ACKNOWLEDGEMENT

Were you advised by a Financial Services Consultant (FSC)/Insurance Representative (IR) to surrender this policy? Yes No

If "yes", please ask your FSC/IR to complete the "FSC's/IR's ACKNOWLEDGEMENT" below.

I have read and understood the above statements. I am aware that should I wish to buy a similar policy in future, I may incur additional charges and I may not be able to secure similar terms and conditions. I want to surrender my policy.

FSC/INSURANCE REPRESENTATIVE ACKNOWLEDGEMENT

I have explained to the above Policyowner/Trustee/Assignee the alternative options available and the implications of early surrender of this insurance policy. I have recommended the surrender of this policy for the following reasons:

SIGNATURE OF FSC/INSURANCE REPRESENTATIVE

DATE

NAME OF FSC/INSURANCE REPRESENTATIVE

FSC/INSURANCE REPRESENTATIVE'S CODE



PART 2: CASH SURRENDER

I have read and understood PART 1. I want to surrender my policy.

Life Assurance Policy Number is hereby surrendered for its cash surrender value

according to its terms, together with all dividends or reversionary bonus, if any, and is handed to AIA SINGAPORE PRIVATE LIMITED for cancellation.

The cancellation of said policy shall take effect as of this date fixed. Thereafter, the liability of the AIA SINGAPORE PRIVATE LIMITED upon or in connection with the said policy is as of this date fixed and limited to such cash surrender value and credit, if any, and upon payment thereof, shall be completely discharged.

Every person, executing this agreement certifies that this policy is not now assigned, except as indicated below by the signature of the assignee, if any, and that no proceedings in bankruptcy have been instituted by or against him, her or them.

DECLARATION & AUTHORISATION

I/We hereby authorise, agree and consent to AIA Singapore Private Limited (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/our 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)

IMPORTANT NOTES

- 1) All signatures must be signed in ink. Names should be written as they appear in our record.
- 2) For Full Surrender, the policy contract should accompany this form if it is not already in the possession of the Company. If the policy contract is misplaced, kindly submit the Bond of Indemnity Form.
- 3) For each signatory, there should be a witness with the Signature, Name and NRIC/FIN/Passport Number clearly indicated. The witness has to be 21 years old and above, who is not the beneficiary of this policy.
- 4) The cheque issued has to be cleared in Singapore only.
- 5) If there are trustees being appointed under the policy, the cheque will be issued under the trustees' names jointly. As such, a joint account is required for cheque clearance.
- 6) No request is valid until this form is duly completed and received by the Company.
- 7) This form can only be used for one policy only. Kindly submit separate form(s) for different policy(ies)