



# CHANGE OF OWNERSHIP (INSURED ATTAIN AGE 21 YEARS OLD)

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: \_\_\_\_\_

I, \_\_\_\_\_ (Name of Payor/Applicant) , Payor and Applicant of Policy Number  
 \_\_\_\_\_ (Policy Number) , issued by the AIA Singapore Private Limited  
 on the life of \_\_\_\_\_ (Name of Insured) , do hereby certify that  
 \_\_\_\_\_ (Name of Insured) , the Insured of said Policy, residing at  
 \_\_\_\_\_ (Address of Insured)  
 has now attained the age of 21 full years.

## 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.

Further I also hereby certify that the specimen signature of said Insured is as indicated below:

\_\_\_\_\_  
 NRIC/FIN/PASSPORT NUMBER OF INSURED

\_\_\_\_\_  
 SPECIMEN SIGNATURE OF INSURED

PT 0003005 (10/2008 06/2009 01/2012)



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**DECLARATION & AUTHORISATION**

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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/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.

In accordance with the provisions of the said Policy, It is hereby understood and agreed that all rights to and in the said Policy now vest solely in the Insured, and every transaction relating to the Policy shall be valid without notice to or consent of the beneficiary.

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

\_\_\_\_\_  
**SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS**

\_\_\_\_\_  
**SIGNATURE OF PAYOR & APPLICANT**

\_\_\_\_\_  
**DATE**

PT 0003005 (10/2008 06/2009 01/2012)