



**CHANGE OF SIGNATURE FORM**  
AIA SINGAPORE PRIVATE LIMITED (Reg. No. 201106386R)

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

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: CHANGE OF POLICYOWNER'S SIGNATURE**

I \_\_\_\_\_ (Name & NRIC/FIN/Passport No. of Policyowner), the Policyowner of the above policy, hereby request that this policy be changed in the following particulars with the understanding and agreement that a copy of this request shall be attached to and forming part of said policy:- That in view of the fact that I am unable to execute my signature as per your record, I now wish to use my New Signature or Right/Left Thumb Print instead for all purposes in connection with my policy.

**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 OF WITNESS**  
(refer to important note below)

\_\_\_\_\_  
**\*NEW SIGNATURE OR RIGHT/LEFT THUMB PRINT OF POLICYOWNER**

**PART 2: CHANGE OF ASSIGNEE'S SIGNATURE**

I \_\_\_\_\_ (Name & NRIC/FIN/Passport No. of Assignee), the Assignee of the above policy, hereby request that this policy be changed in the following particulars with the understanding and agreement that a copy of this request shall be attached to and forming part of said policy:- That in view of the fact that I am unable to execute my original signature as shown on the valid Assignment Form as per your record, I now wish to use my New Signature or Right/Left Thumb Print instead for all purposes in connection with my policy.

**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/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 OF WITNESS**  
(refer to important note below)

\_\_\_\_\_  
**\*NEW SIGNATURE OR RIGHT/LEFT THUMB PRINT OF ASSIGNEE**

\_\_\_\_\_  
**SIGNATURE OF POLICYOWNER**



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**PART 3: CHANGE OF TRUSTEE'S SIGNATURE**

I \_\_\_\_\_ (Name & NRIC/FIN/Passport No. of Policyowner), the Trustee of the above policy, hereby request that this policy be changed in the following particulars with the understanding and agreement that a copy of this request shall be attached to and forming part of said policy:-

That in view of the fact that I am unable to execute my original signature as shown on the valid Section 73 Trust Deed as per your record, I now wish to use my New Signature or Right/Left Thumb Print instead for all purposes in connection with my policy.

**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/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 OF WITNESS**  
(refer to important note below)

\_\_\_\_\_  
**\*NEW SIGNATURE OR RIGHT/LEFT THUMB PRINT OF TRUSTEE**

\_\_\_\_\_  
**SIGNATURE OF POLICYOWNER**

**CERTIFICATE OF IDENTIFICATION**

I, \_\_\_\_\_ (Name of Witness) holder of NRIC/FIN/Passport No. \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ (address) do and hereby certify that:-

1. I personally know/attend to \_\_\_\_\_ (Name of \*Policyowner/  
Assignee/Trustee) whose NRIC/FIN/Passport No. is \_\_\_\_\_ and who resides at \_\_\_\_\_  
\_\_\_\_\_ (address) and who is the same \*Insured/Assignee/Trustee of Policy Number \_\_\_\_\_  
issued by AIA Singapore Private Limited.

2. I personally know that the said \*Insured/Assignee/Trustee is unable to execute his/her former signature which he/she signed in the \*insurance application/Assignment Form/Section 73 Trust Deed under the said policy.

3. I personally witness the execution of his/her New Signature or affixing of his/her Right/Left Thumb Print in the above instrument by the said \*Insured/Assignee/Trustee in lieu of his/her former signature.

4. The said \*Insured/Assignee/Trustee has thus executed the said instrument for the purpose and intent therein expressed.

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

\_\_\_\_\_  
**SIGNATURE OF WITNESS**

**Important Note:**

The witness of this form should be the original Financial Services Consultant/Insurance Representative who sold the policy or the Unit/District Manager from the same agency (if the original FSC/Insurance Representative is not available). If not available, the Policyowner/Assignee/Trustee should call at the AIA Customer Service Centre personally with his/her Identity Card to complete this form.

(\*Delete as appropriate)

PT 0011058 (10/2008 06/2009 01/2012)