



AIA Singapore Private Limited

AIA GLOW OF LIFE

APPLICATION AND PRODUCT SUMMARY

July 2024

SUBMISSION CHECKLIST

Application Form

Product Summary Cover Page

Interbank Giro

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2 DETAILS OF PROPOSED INSURED (if different from Applicant/Owner)

Name (shown on NRIC/FIN/Passport):	
Date of Birth: dd mm yyyy	Gender: <input type="radio"/> Male <input type="radio"/> Female
NRIC/FIN/Passport No.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>	Country of Residence:
Place of Birth: <input type="radio"/> United States of America <input type="radio"/> Others (Country): _____	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed / Divorced / Separated
Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others	
Annual Income (S\$): <input type="radio"/> ≤ 30,000 <input type="radio"/> 30,001 – 50,000 <input type="radio"/> 50,001 – 100,000 <input type="radio"/> 100,001 – 150,000 <input type="radio"/> 150,001 – 300,000 <input type="radio"/> > 300,000	<i>If not Singaporean</i> Citizenship 1: Citizenship 2: Citizenship 3: Foreign Permanent Residence Address - Please provide the full address in English. <i>(Compulsory for non-Singaporeans)</i> <i>For Passers-by, please submit copy of passport or foreign identification card that shows proof of this address.</i> <i>If the address on the document(s) differs from this address, please explain the reason(s) in writing.</i>
Occupation:	Monthly Income (S\$): (applicable for AIA Premier Disability Cover Plan/Rider)
Company Name:	
Exact Duties (please provide in details):	Home: Country Code - Phone No.
	Office: Country Code - Phone No.
	Mobile: Country Code - Phone No.
	Email:
Nature of Business:	
Business Address:	Postal Code:

2A APPOINTMENT OF SECONDARY INSURED – For AIA Smart Wealth Builder via Cash Option, AIA Pro Achiever 3.0, AIA Platinum Infinite Wealth and AIA Platinum Wealth Venture only.

Name (shown on NRIC/FIN/Passport):	
Date of Birth: dd mm yyyy	Gender: <input type="radio"/> Male <input type="radio"/> Female
NRIC/FIN/Passport No.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>	Country of Residence:
<i>If not Singaporean</i> Citizenship 1: Citizenship 2: Citizenship 3:	Relationship of Applicant/Owner to the Secondary Insured: <input type="radio"/> Spouse <input type="radio"/> Child (below age 16) <input type="radio"/> Self
Notes: 1) Please submit photocopy of Secondary Insured's Identity Card or Birth Certificate (where applicable). 2) The age of Secondary Insured must not exceed the following at the time of appointment above: a. For AIA Smart Wealth Builder (II): (i) 70 years (Single Premium and 5 year pay); (ii) 60 years (10 year pay); (iii) 55 years (15 year pay); (iv) 50 years (20 year pay) b. For AIA Smart Wealth Builder (USD): (i) 70 years (Single Premium); (ii) 65 years (5 year pay) c. For AIA Pro Achiever 3.0 & AIA Platinum Wealth Venture: (i) 70 years d. For AIA Platinum Infinite Wealth: (i) 80 years (Single Premium); (ii) 75 years (5 year pay)	

3 DETAILS OF PLAN APPLIED FOR (A&H CI PLAN) – Please write in full, consistent with name shown in the Product Summary.

A&H CI PLAN:	Policy 1	Policy 2
<input type="radio"/> AIA Glow of Life	<input type="radio"/> Standard <input type="radio"/> Executive	<input type="radio"/> Standard <input type="radio"/> Executive
<input type="radio"/>		
Regular Premium Payment Frequency	<input type="radio"/> Monthly <input type="radio"/> Semi-annually <input type="radio"/> Annually	<input type="radio"/> Monthly <input type="radio"/> Semi-annually <input type="radio"/> Annually

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DETAILS OF PLAN APPLIED FOR (LIFE PLAN) – Please write in full, consistent with name shown in the Policy Illustration.

LIFE PLAN	Policy 3		Policy 4	
BASIC PLAN NAME (Please write in full)	<input type="radio"/> +AIA Vitality		<input type="radio"/> +AIA Vitality	
Sum Assured	S\$	US\$	S\$	US\$
Backdated:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
RIDERS				
<input type="radio"/> AIA Critical Protector Life (CPL)	\$		\$	
<input type="radio"/> AIA Early Critical Protector Life	\$		\$	
<input type="radio"/> Waiver of Premium (WP)	\$		\$	
<input type="radio"/> Critical Protector Waiver of Premium (CPWP)	\$		\$	
<input type="radio"/> AIA Premier Disability Cover	\$		\$	
<input type="radio"/> AIA Guaranteed Protect Plus Booster	\$		\$	
<input type="radio"/>	\$		\$	
<input type="radio"/>	\$		\$	
Unit Deducting Riders	\$		\$	
<input type="radio"/> Total & Permanent Disability	\$		\$	
<input type="radio"/> Critical Illness	\$		\$	
<input type="radio"/> Early Critical Protector	\$		\$	
<input type="radio"/>	\$		\$	
Supplementary Retirement Saving (SRS)				
SRS Account Number (please include hyphenation)				
Agent Bank/Operator:	<input type="radio"/> UOB	<input type="radio"/> DBS	<input type="radio"/> OCBC	<input type="radio"/> UOB <input type="radio"/> DBS <input type="radio"/> OCBC
Premium:				
Regular Premium (Including Riders and Saver Premium)	\$		\$	
<input type="radio"/> Top-up Premium for Regular Premium Plan - <i>Ad Hoc (minimum S\$1,000)</i>	\$		\$	
Regular Premium Payment Frequency	<input type="radio"/> Monthly <input type="radio"/> Semi-annually		<input type="radio"/> Monthly <input type="radio"/> Semi-annually	
	<input type="radio"/> Quarterly <input type="radio"/> Annually		<input type="radio"/> Quarterly <input type="radio"/> Annually	
Premium Payment Method	<input type="radio"/> Cash <input type="radio"/> Telegraphic Transfer		<input type="radio"/> Cash <input type="radio"/> Telegraphic Transfer	
	<input type="radio"/> Cheque - Bank/Cheque No.:		<input type="radio"/> Cheque - Bank/Cheque No.:	
	Name of Drawer:		Name of Drawer:	
	<input type="radio"/> Cashier's Order - Bank/Cashier's order No.:		<input type="radio"/> Cashier's Order - Bank/Cashier's order No.:	
	<input type="radio"/> Credit Card (Please complete Credit Card Authorisation Form)		<input type="radio"/> Credit Card (Please complete Credit Card Authorisation Form)	
Source of Wealth Where your wealth is derived from. You may tick more than 1 option	<input type="radio"/> Employment/Trade Income	<input type="radio"/> Investment Income	<input type="radio"/> Rental Income	
	<input type="radio"/> Others, please specify: _____			
Source of Funds Origin of the funds used to pay premiums. You may tick more than 1 option	<input type="radio"/> Employment/Trade Income	<input type="radio"/> Sales of Property	<input type="radio"/> Savings	
	<input type="radio"/> Maturity proceeds from AIA policies (Please complete Maturity Benefit Transfer Authorisation Form)			
	<input type="radio"/> Maturity or Surrender of Policy or Sale of Investments			
	<input type="radio"/> Others, please specify: _____			
Relationship of Payor to Applicant/Owner (if different from Applicant/Owner) :				

Financial Services Consultants and Insurance Advisers are not allowed to collect cash payment on behalf of AIA. If you are paying your premiums by cheque, please ensure your cheque is crossed and made payable to AIA Singapore Private Limited. Please refer to AIA website for the list of payment methods available.



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LIFE PLAN:	Policy 3	Policy 4
Premium Allocation to Guided Portfolio	<input type="radio"/> Pro Adventurous	<input type="radio"/> Pro Adventurous
	<input type="radio"/> Pro Balanced	<input type="radio"/> Pro Balanced
	<input type="radio"/> Pro Cautious	<input type="radio"/> Pro Cautious
	<input type="radio"/> Pro Optimiser	<input type="radio"/> Pro Optimiser
	<p>You may select more than one option below</p> <input type="radio"/> Automatic Fund Re-balancing (quarterly basis according to portfolio selected above) <input type="radio"/> Standing instruction for annual update of Pro Portfolio (based on portfolio selected above) By selecting this option, you are instructing AIA to apply the latest portfolio to your future premium allocation within 31 days from its update. This will also be applied to Automatic Fund Re-balancing if it has also been selected. We reserve the right to discontinue or make revision to this standing Instruction. NOTE: You will be notified whenever the latest portfolio is applied to your policy's allocation. You may also refer to the Annual Fund Report for revision to the portfolio.	
Premium allocation to:	<input type="radio"/> Fund (Please complete the following fund details)	<input type="radio"/> Fund (Please complete the following fund details)
Full name of Fund	Allocation	Allocation
AIA	%	%
AIA	%	%
AIA	%	%
AIA	%	%
AIA	%	%
<p>For Premium Allocation to Fund</p> <input type="radio"/> Automatic Fund Re-balancing (quarterly basis according to above allocation, minimum 2 funds), or <input type="radio"/> Automatic Fund Switch (from AIA S\$ Money Market Fund. The minimum initial balance in this fund must be S\$1,000.)		
Frequency	<input type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="radio"/> Monthly <input type="radio"/> Quarterly
Amount to switch periodically	\$	\$
Fund switch to:	Allocation	Allocation
AIA	%	%
AIA	%	%
AIA	%	%
AIA	%	%
AIA	%	%
<p>Please note that if you plan to reinvest part or all of the withdrawn amount into the same or another fund, you should consider using the "Fund Switch" option in this policy. This enables you to invest into the new fund at minimal or no charge. Otherwise, your new investment will be subject to a sales charge. Other charges may also apply.</p>		

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5 DETAILS OF PREVIOUS & CONCURRENT INSURANCE APPLICATIONS AND PURSUITS OF PROPOSED INSURED

Important Note:

Your total coverage, including previous and concurrent applications within AIA and with other insurers, is an important and material fact which the Company uses to assess this policy.

5.1 Do the Applicant/ Owner and the Proposed Insured(s) have any in-force Insurance policy(ies) or pending insurance application(s)?
 No Yes – Please give details:

	Applicant/Owner			Proposed Insured		
Insurance Company						
Country of Insurance Company	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore
Death						
Total & Permanent Disability						
Critical Illness						
Personal Accident						
Disability Income						
Others						

Important Note:

Before replacing one policy with another, you should find out whether you are entitled to free switching and consider carefully whether any fees, charges or disadvantages that may arise from a replacement will outweigh any potential benefits. Some of these disadvantages may include additional fees and charges, incurring penalties and the new policy may cost more or have fewer benefits at the same cost. Also, the new policy may be less or not suitable for you as you may not be insurable at standard terms and the new policy terms may be different.

5.2 Is this proposal to replace or intended to replace in full or in part any insurance policy or investment products with AIA Singapore or any other financial adviser or institution?
 No Yes – Please give details:

5.3 Is any application for or reinstatement of your life, critical illness, accidental, medical, disability or health-related insurance policy pending or has it ever been declined, postponed, rated or modified in any way?
 No Yes – Please indicate Company and give details:

5.4 Are you now a member of a military force (except NS men), are you contemplating or have you, in the last 5 years engaged in any private flying or hazardous sports or races or flying other than as a fare paying passenger on a regular scheduled airline?
 No Yes – Please give details:

6 LIFESTYLE DETAILS OF PROPOSED INSURED

6.1 Have you smoked any cigarettes in the past 12 months? No Yes - How many cigarettes per day:

6.2 Do you drink? <input type="radio"/> No <input type="radio"/> Yes	How many glasses of alcohol do you consume every week?	Beer	Wine	Spirits
		cans (330ml)	glasses (100ml)	tots (30ml)

6.3 Are you contemplating a trip or had been outside Singapore for a total of more than 90 days in a year, other than for leisure or social purposes? If yes, please give details.

<input type="radio"/> No <input type="radio"/> Yes	Country & Cities visited	Frequency per year	Duration per trip
			month(s)

7 HEALTH DETAILS OF PROPOSED INSURED – To be completed for non-medical application, or where the medical examination was done more than one month ago.

7.1 a. Height (metres): _____

b. Weight (kilograms): _____

c. Was there any weight change in the past year? Yes No
 If yes, how much and state the reason: _____



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d. Name and Address of the Proposed Insured's doctor:	Give date, reason and result of last consultation:
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7.2 Have you ever used any habit forming drugs or narcotics or been treated for drug habits or consumed alcohol excessively or been treated for alcoholism? Yes No

- 7.3** Have you ever had or been told to have or been treated for:
- a. epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous/mental disorders? Yes No
 - b. diabetes, thyroid disorders or any other endocrine disorders? Yes No
 - c. ear discharge, nose bleeds, double vision, impaired sight, hearing, or speech or any other disorders of ear, eye, nose or throat? Yes No
 - d. asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/ discomfort or any other lung disorders? Yes No
 - e. raised cholesterol, high blood pressure, heart attack, heart murmur, cardiomyopathy, mitral valve prolapse or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorders of the heart or blood vessels? Yes No
 - f. gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders? Yes No
 - g. jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder? Yes No
 - h. blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs? Yes No
 - i. slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury? Yes No
 - j. cancer, tumours, cysts or growths of any kind? Yes No
 - k. anaemia, any other disorders of the blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason? Yes No
 - l. any other illness, disorder, operation, physical disability, neurological (e.g. Tourette Syndrome) or accident not mentioned above? Yes No

7.4 Have you or your spouse been told to have, received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition? Yes No

- 7.5** a. Have you ever had HIV testing done? Yes No
 If yes, please state reason, date and results:
- b. In the last 3 months have you had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions? Yes No
 If yes, please state reason, date and results:

FOR SINGAPOREANS AND SINGAPORE RESIDENTS:
 Where your total insurance coverage under all policies issued by insurers in Singapore (including this and concurrent insurance applications), you are required to disclose the predictive genetic test results for HUNTINGTON'S DISEASE ONLY if your total coverage for death exceeds SGD2,000,000; or Total & Permanent Disability exceeds SGD2,000,000; or your Long Term Care monthly benefit exceeds SGD3,000. You will need to disclose your test results for HUNTINGTON'S DISEASE and/or BREAST CANCER (BRCA I & II) ONLY if your total coverage for Critical Illness exceeds SGD500,000 or Monthly Disability Income exceeds SGD10,000. If you choose to voluntarily disclose the results of any predictive genetic tests, the Company will only utilise the favourable test results in its assessment.

FOR NON SINGAPORE RESIDENTS:
 You are required to disclose your genetic test results

FOR ALL APPLICANTS:
 You are not required to disclose results if genetic tests are done for biomedical research.

7.6 In the past 5 years, have you had any (other than for immunisation or vaccination) a. of the following tests done? If yes, please give details as indicated below. Yes No

Test	Date	Reason	Results	Test	Date	Reason	Results
a. Blood Test				g. Liver Function Tests			
b. Biopsy				h. PAP Smear			
c. Chest X-Ray				i. Ultrasound			
d. CT Scan				j. Urine			
e. ECGs				k. Others. Please specify			
f. Cholesterol				_____			

b. illness, operation, medical advice, hospital treatment not mentioned above? Yes No

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7.7 Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, cardiomyopathy, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease? Yes No
If yes, please provide details below.

Relationship	Age at Onset	Current Age	Illness/Age at Death (if deceased)

7.8 FEMALE ONLY

- a. Have you suffered from or are you aware of any breast lumps or any other disorders of your breasts? Yes No
- b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs? Yes No
- c. Have you ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months? Yes No
- d. Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations? If yes, please state type, reason, date of test done and results of test (copy to be submitted if available). Yes No

- e. Are you now pregnant? If yes, please indicate: Yes No
- i) Expected delivery date: dd mm yyyy ii) When was the last time you visited the doctor: dd mm yyyy

- iii) Has there been any complication(s) relating to this and/or previous pregnancies? Please tick:
- No complication Gestational diabetes Caesarian section Eclampsia Hypertension
- Diabetes Thrombosis Miscarriage Others (please specify):

8 REMARKS In connection with insurance applied for, if any answer to question 7 is "Yes", give details below, quoting the relevant question number(s).

9 DECLARATION For Applicant/Owner application, both the Proposed Insured and Applicant need to answer; where the Applicant is not an individual, only the Proposed Insured needs to answer.

- 1. Is there a beneficial ownership arrangement?** Yes No
If yes, please complete the **New Business Enhanced Due Diligence Form** and submit together with this application.

In relation to customers, "**Beneficial Owner**" as defined in the MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism means *the individual person who ultimately owns or controls the customer or the individual person on whose behalf business relations are established.*

Please note that this is NOT a nomination of beneficiary(ies) under the policies.

If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.

- 2. Are you a Politically Exposed Person (PEP) or related to a PEP?**
If yes, please give details.

Applicant/Owner		Proposed Insured	
Yes	No	Yes	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PEP means an individual who is or has been entrusted with prominent public functions in Singapore, a foreign country or an international organisation, which includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

By "related", we mean that you, the insured, beneficiary or beneficial owner are closely connected to a PEP either socially or professionally, or are a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of a PEP.



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3. RESIDENCY – Please answer according to your Citizenship/Residency that you are holding.

	Applicant/Owner		Proposed Insured	
	Yes	No	Yes	No
A. For Singapore Citizen				
A.1 Have you resided outside of Singapore continuously for at least 5 years preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.2 Are you currently residing in Singapore?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. For Singapore Permanent Resident & employment pass, work permit, dependant pass or other work pass holders				
Have you resided in Singapore for a total of less than 183 days in the 12 months preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. For student pass or long term visit pass holders				
C.1 Does your pass have a duration of less than 90 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. If you do not belong to any of the above categories, please tick here	<input type="radio"/>		<input type="radio"/>	

I/We acknowledge and agree that the Policy to be issued in relation to this application shall be deemed to be a Singapore Policy.

4. YOUR GUIDE TO LIFE INSURANCE - Tick as appropriate

I have been informed and directed to view or download a copy of "Your Guide to Life Insurance" from www.aia.com.sg, or www.lia.org.sg

I have been informed and I request to be given a hardcopy of "Your Guide to Life Insurance".

10 FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)/ COMMON REPORTING STANDARD(CRS) DECLARATION BY APPLICANT/OWNER
 Please complete this section if the proposed plan contains cash value (surrender or termination value; amount that policyholder can borrow under the contract).

Definition:

- Tax resident** is generally an individual that pays or should be paying tax in that jurisdiction due to his/her domicile or residence. This includes any criterion of a similar nature, and not only from sources in that jurisdiction. Examples are non-citizens that hold a permanent residency card (eg U.S green Card) or depending on the type of visa that they are holding. For Entity, please seek external independent professional tax or accounting advice on the Company's tax residency.
- Tax Identification Number (TIN)** is issued by a jurisdiction to an individual or entity for the purpose of administering the tax. Examples are personal identification number, resident registration number and social security number.

10.1 Please provide details of all your country/jurisdiction of tax residence(s).
 In Singapore, NRIC or FIN number serve as TIN for individuals. Individuals without NRIC or FIN will be issued a Taxpayer Reference Number or Income Tax Reference Number.

	Country/Jurisdiction of Tax Residence	Tax Identification Number (TIN)	If the TIN is <u>not available</u> , please tick Reason A, B or C.		
1			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
2			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
3			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
4			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
5			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
6			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C

Note: Please submit an amendment form if there is more than 6.

Reason A: This country/jurisdiction where the Applicant/Owner is resident does not issue TINs to its residents.

Reason B: The Applicant/Owner is otherwise unable to obtain a TIN or equivalent number. (Please explain why Applicant/Owner is unable to obtain a TIN in the below table if this reason is selected)

Reason C: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of TIN issued by such jurisdiction.)

Important Note:
 For the selected reason (reason A, B or C), Insurance Adviser(s) and the Applicant / Owner have to check the OECD portal to confirm if TIN is issued by the country(ies) <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers>

If you have ticked **Reason B**, select the appropriate reason below, quoting the relevant question number(s).

Question number(s):	<input type="radio"/>	I am unemployed /a homemaker/ a student and am not required to register to pay taxes in the declared country of tax residency.
	<input type="radio"/>	I am working in another country and do not need to pay taxes in the declared country of tax residency.
	<input type="radio"/>	I am retired and currently not paying taxes in the declared country of tax residency.

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<input type="radio"/>	I am paying taxes under my spouse's TIN and thus am not required to apply for a TIN to pay taxes separately.
<input type="radio"/>	I did not meet the minimum stay duration in the declared country tax residency to receive tax information from the authority.
<input type="radio"/>	I am currently pending for my tax information and I do not have the details now. I will submit my tax information to AIA Singapore once I obtained them.

10.2 If any of these information fields (Current Residence Address, Mailing Address, Foreign Permanent Residence Address, Telephone Number) provided by you **does not correspond** with your declared country/jurisdiction of tax residence, please tick the reason(s). (Not applicable if the Applicant/Owner is an entity.)

Current Residence Address (Please tick one)	
<input type="radio"/>	I am a foreigner and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident.
<input type="radio"/>	I only recently moved to the current residence address, and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident.
<input type="radio"/>	I am temporarily posted overseas for work and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident.
<input type="radio"/>	The residence address belongs to my spouse/parents and I am only on a social visit pass.
<input type="radio"/>	Others, please elaborate:
Foreign Permanent Residence Address (Please tick one)	
<input type="radio"/>	I am currently working/studying/travelling overseas and do not meet the minimum number of days to be physically present in the country of the foreign permanent residence address to be considered a tax resident.
<input type="radio"/>	I only recently changed my foreign permanent residence address, and do not meet the minimum number of days to be physically present in the country of the foreign permanent residence address to be considered a tax resident.
<input type="radio"/>	Others, please elaborate:
Telephone Number (Please tick one)	
<input type="radio"/>	I am currently working/studying/residing outside the country of my tax residence and have terminated my telephone number in the country of my tax residence.
<input type="radio"/>	Others, please elaborate:
Mailing Address (Please tick one)	
<input type="radio"/>	The mailing address belongs to my parent/spouse/sibling/child.
<input type="radio"/>	The mailing address is my business address.
<input type="radio"/>	I am currently working/studying overseas.
<input type="radio"/>	I am currently staying with my friend/spouse/fiancee/fiancee.
<input type="radio"/>	The mailing address belongs to a rented dwelling that I am staying in.
<input type="radio"/>	The mailing address is a "c/o" address to my insurance adviser.
<input type="radio"/>	Others, please elaborate:



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10.3 Declaration on U.S. Person Status (Please tick either one).

<input type="radio"/>	<p>I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S federal income tax purposes and that I am/ we are not acting for, or on behalf of a U.S. person. I/We understand that AIA Singapore, believing this statement to be true, will rely on it and act on it. In the event this statement is false, AIA Singapore reserves the right and shall be entitled to cancel or terminate this Policy/Policies and pay reasonable compensation to me/us in consideration of such cancellation or termination as may be required under Singapore Laws.</p> <p>I/We agree to notify AIA Singapore within 30 days of any change in my/our status as a U.S. person for the purposes of U.S federal income tax. I/We agree to indemnify AIA Singapore in respect of any false or misleading information regarding my/our "U.S person status for the U/S federal income tax purposes.</p>
<input type="radio"/>	<p>I/We hereby declare and agree that I am/we are a "U.S. person" for U.S federal income tax purposes.</p> <p>I/We agree to notify AIA Singapore within 30 days of any change in my/our status as a U.S person for the purposes of U.S federal income tax.</p> <p>I/We agree to indemnify AIA Singapore in respect of any false or misleading information regarding my/our "U.S. person" status for U.S. federal income tax purposes.</p>
<p>Note: Please submit W-9 form and FATCA Declaration form together with this application. <input type="radio"/> Done</p>	

10.4 Common Reporting Standard Declaration.

I/We acknowledge that AIA Singapore Private Limited (AIA Singapore) is a reporting Singaporean financial institution as defined in the Income Tax Act 1947 with reporting obligations to the Comptroller of Income Tax (Comptroller) under the Income Tax Act 1947, Singapore (Income Tax Act), and its regulations. I/We warrant that the information provided in this Application Form is true, complete and correct and understand and agree that AIA Singapore will rely on such information given by me/us in fulfilling its reporting obligations to the Comptroller.

Where I/we have furnished information concerning a third party (including but not limited to a Controlling Person), I/we confirm that such information has been provided to me/us directly or indirectly by the third party, and I/we know or have reason to believe that such information is not false or misleading in any material particular.

I/We understand and accept that should any information furnished by me/us be known to be false or misleading in any material particular, I/we may be prosecuted under the Income Tax Act for an offence which carries a penalty of a fine of up to S\$10,000 and/ or imprisonment of up to two (2) years or such other penalties as may be prescribed under the Income Tax Act or its regulations, or any re-enactment or replacement thereof, at the time of commission of the offence.

(For individuals)
I/We further undertake to notify AIA Singapore within 30 days of any change to my/our country of residence for tax purposes or TIN (if any), and to complete, sign and submit to AIA Singapore my/our relevant particulars in the format prescribed by AIA Singapore in order for it to fulfil its reporting obligations under the Income Tax Act. I/we further undertake to provide AIA Singapore any documents and information that may be reasonably required in relation to the change of my/our country of residence for tax purposes.

(For entities and other non-individuals)
I/We further undertake to notify AIA Singapore within 30 days of any change to the Policyholder's or a Controlling Person's country of residence for tax purposes or TIN (if any) and to complete, sign and submit to AIA Singapore the relevant particulars of the Policyholder or Controlling Person relating to such change in the format prescribed by AIA Singapore in order for it to fulfil its reporting obligations under the Income Tax Act. I/We further undertake to provide AIA Singapore any documents and information that may be reasonably required in relation to the change of the Policyholder's or Controlling Person's country of residence for tax purposes.

Note: The term "Controlling Person" has the meaning given to it in the Common Reporting Standard in the Schedule to the Income Tax Act (International Compliance Agreements)(Common Reporting Standard) Regulations 2016.

I/We acknowledge and accept that AIA Singapore will rely on the self-certification relating to the Policyholder's/Controlling Persons' country of tax residence contained in this Application as applicable to all policies and products issued to the same person(s), and any information in any earlier self-certification inconsistent with the information provided above will be disregarded for the purposes of fulfilling its reporting obligations to the Comptroller.

(Applicable only for Policies that can be assigned)
I/We further agree and that as a condition of any assignment of my/our Policy to a person other than a reporting Singaporean financial institution, the Assignee shall provide such information as may be required by AIA Singapore in order for it to fulfil its reporting obligations under the Income Tax Act and its regulations, and make the same declarations as those above.

Policy 1 **P**

Policy 2 **P**

Policy 3

Policy 4

8. I/We hereby authorise, agree and consent to
- any medical source, insurance office, or organisation to release to AIA Singapore, any relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
 - AIA Singapore to release to any medical source or insurance office any relevant information concerning me at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
 - AIA Singapore or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our health status in relation to this application and any resulting claim; and
 - AIA Singapore, its associated persons/organisation, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively “**AIA Persons**”) to collect, use, disclose, store, retain and/or process (collectively, “**Use**”) all personal data and information (“**Personal Data**”) that had/has been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy (“**PD Policy**”) which is available on AIA Singapore’s website, including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein.

This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective whether or not my/our application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original.

9. **Deemed Delivery**

I/We understand that the policy document and all other documents from AIA Singapore are considered delivered and received (i) if made available electronically via My AIA, upon receipt of the relevant SMS and/or email notification informing me that the document is accessible on My AIA; and (ii) if posted, 7 days after the date of posting to the last known address notified to AIA Singapore.

10. **Electronic Receipt of Policy Documents and Correspondences**

I/We acknowledge and accept that if I/we had opted to receive my/our Policy Document and/or correspondences relating to my/our Policy (“Correspondences”) electronically, my/our Policy Documents and/or Correspondences will be made available in my/our My AIA. My AIA is AIA Singapore’s secure customer internet portal available on AIA Singapore’s corporate website.

I/We understand and agree to be notified via email and/or SMS to retrieve my/our Policy Document and/or Correspondences in My AIA once my/our application has been officially approved by AIA Singapore and/or Correspondences are available for viewing. If I/we had opted to receive Policy Documents and Correspondences electronically, I/we acknowledge that the terms and conditions governing the upload, access and viewing of electronic documents in AIA Singapore’s customer portal, (a copy of which is available upon request) have been explained to me/us and I/we agree to be bound by them.

I/We understand that not all of the Correspondences are currently available via electronic statements.

I/We consent to AIA Singapore providing me/us with hard copies of Correspondences that are currently unavailable electronically. I also understand and accept that AIA Singapore may cease providing hardcopies when the electronic copies become available in future.

I/We agree and accept that AIA (Singapore) will not be responsible for any consequences arising from my/our failure to (i) provide AIA Singapore with a true, complete and accurate email address and mobile number and/or (ii) notify AIA Singapore of any change(s) to my/our email address and mobile number. I/We acknowledge and accept that my/our Policy Document and/or Correspondences will be delivered via post if my/our email address and mobile number are not provided in this proposal.

Document Delivery Preference

	Policy Contract	All other correspondences (Hardcopy version is only available for applicant/Owner age 60 and above)
Policy 1	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 2	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 3	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 4	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy

Note: Only one option to be selected (either electronic OR hardcopy).

Policy 1 **P**

Policy 2 **P**

Policy 3

Policy 4

11. Marketing Consent

I want to know the latest promotions and customer benefits and consent to receiving marketing, advertising and promotional material from, and the conducting of consumer, marketing-related and other similar research and analysis by, AIA Persons¹ and to each of them collecting, using, disclosing, storing, retaining and processing all my personal data in accordance with the terms in this form and the AIA Personal Data Policy (Singapore). I also consent to AIA Persons disclosing my personal data to independent third parties and their representatives and for them to process my personal data, for such purposes.

Contact me by²:

- Post
- Electronic transmission to or through my email addresses and social media accounts
- Voice call
- Text message (e.g. SMS/MMS)

I understand that the consent provided by me in this form is in addition to and does not supersede any consent that given previously for the above purposes.

I may withdraw one or more consents that I have given, at any time via AIA Customer Care Hotline at 1800-248-8000, My AIA SG or by completing and submitting the relevant forms.

¹ "AIA Persons" refers to AIA Singapore Private Limited, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore.

² According to the postal and email addresses and all telephone numbers (of which I confirm that I am the user and/or subscriber) in AIA Persons' records.

12. Payment Methods

Direct Crediting for Payments

I/We hereby authorise AIA Singapore Private Limited ("AIA") to credit all payments due to me/us (the "Payments") to the selected Singapore bank account (the "Account") and confirm that I/we are the legal and beneficial owner(s) of the Account.

- a) I/We confirm and agree that AIA Group is not responsible for verifying the authenticity, completeness and accuracy of my/our instructions and the contents of this application. Notwithstanding the foregoing, I/we authorise AIA Group to conduct any verifications on the Account maintained with any persons or entities at AIA Group's discretion, but such authorisation shall not be construed as creating any obligation on AIA Group to conduct such verification. I/We shall not hold AIA Group responsible or liable for any and all losses that I/we may incur in connection with the Payments using direct crediting or other means to the Account with details provided by me/us, including where I/we have provided incomplete, erroneous or inaccurate details of my/our account(s) or personal particulars. I/we confirm and agree to bear all incurred charges, fees, levies and penalties arising from the Payments regardless of whether such Payments were successfully made or not, which AIA may in its sole and absolute discretion deduct or set off from any amounts due and owing to me/us.
- b) (*applicable to joint accounts*)
Where the Account is held in the names of more than one account holder, I/we represent and warrant that I/we have obtained the consent of the other account holder(s) to nominate or select the Account for the purposes specified by AIA in this form. I/We indemnify AIA Group from and against all claims, demands, and actions for any liabilities, losses, damages, interest, costs, or expenses (including legal costs on a solicitor-client basis and any penalties levied by any regulatory authority in connection with Payments to the Account) made by any joint account holder of the Account or other third parties arising from or in connection with one or more Payments to such Account. Payments to the joint account selected shall constitute a full and final discharge of AIA's obligations and liabilities to me/us in respect of such Payments.
- c) I/We confirm and agree that where AIA in its sole and absolute discretion deems it not practicable to effect the Payments to the Account, AIA may effect the Payments using any other method as it deems fit in its sole and absolute discretion, subject to such terms and conditions as may be imposed by AIA, and such payment shall constitute a full and final discharge of AIA's obligations and liabilities to me/us in respect of the Payments.
- d) I/We hereby acknowledge and agree that the payment by AIA to the Account constitutes a full release and discharge of any and all claims whatsoever I/we may have against AIA Group arising out of or in connection with such proceeds and I/we hereby waive any and all rights to make any further claims and demands and/or institute any other proceedings of any nature arising from or in connection with such proceeds.
- e) This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to AIA. AIA may in its absolute discretion terminate this arrangement by written notice delivered to my/our address last known to AIA. In the event of change of Account, I/we shall inform AIA in writing 30 days in advance before the change by completing and submitting a new Direct Credit Authorisation Form or such equivalent form in use at the relevant time.
- f) In these terms and conditions, "AIA Group" means AIA, its related parties and service providers and its and their respective directors, employees, representatives, intermediaries, and agents.

Use of PayNow for Payments

- g) I/We acknowledge and agree that AIA may opt to use PayNow by default where it is possible to effect all Payments to me/us using PayNow, and has the sole and absolute discretion to use PayNow. Should I/we decline or reject the use of PayNow, I/we shall indemnify AIA from and against all fees, charges, costs and expenses ("Disbursement Costs") arising from the use of other methods for the Payments, and such Disbursement Costs may at the sole and absolute discretion of AIA be set off from any Payments due to me, charged to my selected credit or debit card, or deducted from my Account together with any premiums as and when they fall due.
- h) PayNow is provided "as is" and "as available" by a third-party service provider ("Service Provider"). Use of PayNow is subject to the availability of the services provided by the Service Provider, the participating banks, and AIA. I/we accept that the PayNow service may not always be available, accessible, function or inter-operate with any network infrastructure system or such other services as the relevant participating banks may offer from time to time.
- i) Use of PayNow is subject to the terms and conditions of the participating banks and the Service Provider, including such transfer limits as may be stipulated, and I/we will not hold AIA liable should there be any amendments to the terms and conditions or transfer limits imposed on AIA, or changes to the infrastructure within which PayNow operates, that impact the timeliness, accuracy or completion of Payments.



Policy 1 **P**

Policy 2 **P**

Policy 3

Policy 4

- j) AIA does not represent or warrant that the use of PayNow and/or transactions made via PayNow will be successful, uninterrupted, complete, timely, secure or free from any malware or error. If there is any error, delay or non-payment of any of the Payments due to any breakdown, malfunction, disruption, interruption or malware affecting the system(s) or applications used by AIA to effect Payments, including PayNow, I/we shall not hold AIA liable for any losses, damages, costs or expenses, whether resulting directly or indirectly, from such delay or non-payment. Nevertheless, AIA will exercise diligence to effect Payment using an alternative means as soon as is reasonably practicable.
- k) I/We will fully indemnify, defend and hold AIA harmless against any loss, damage, liability, cost and expense (including legal costs) which AIA may reasonably incur or suffer as a result of or in connection with any erroneous, inaccurate or incomplete information provided by me/us to AIA to enable AIA to effect Payments using PayNow, such as (but not limited to) a wrong mobile number, identification number or other identifying particulars applied in the use of PayNow to credit monies into my Account, resulting in the rejection of funds, non-payment or crediting to a third party's account, or imposition of fees and penalties for an unsuccessful transaction.
- l) AIA reserves the right to suspend or cease the use of PayNow for Payments and other transactions at its sole and absolute discretion and without any prior notice.

Refunds

- m) If AIA needs to refund any payments to me/us, such refunds are deemed effectively completed by direct crediting to the Account or using PayNow, or such other account as may be required by law or government authority, or to comply with the conditions of the policy applied for (regardless of whether the policy is issued), and where a nominated bank account is not made available to AIA, the refund may be made by any other method as AIA in its absolute discretion deems appropriate. On such payment, AIA's liability for any refund is discharged. The above terms and conditions governing payment methods by AIA shall apply in respect of all refunds.
 - n) AIA reserves the right to vary these terms and conditions on Direct Crediting for Payments, Use of PayNow for Payments and Refunds from time to time and the prevailing version will be published on AIA's official website or made available to you in another manner.
13. I/We understand and agree that should a Relevant Person be found at any time to be a Prohibited Person, AIA Singapore is entitled, at its absolute discretion and without any liability to me/us, to (i) decline, block, suspend or cancel this application or any request, instruction, or transaction including any payment, transfer or receipt of money; (ii) decline to provide cover or to pay any claim or benefit under the Policy; and (iii) immediately terminate or void the Policy. AIA Singapore's decision in exercising this right shall be final. This right may only be waived in writing; no delay or failure in exercising this right shall be deemed as a waiver of the same. "Relevant Person" includes (a) persons and entities who are the policy holders, insured persons, beneficiaries, trustees, payees, or assigns; (b) their beneficial owners or affiliates; (c) (in the case of an entity) their directors, partners, or direct / indirect shareholders or persons having executive authority, or (d) natural persons appointed to act on their behalf. "Prohibited Person" includes a person or entity that is subject to any sanction, prohibition or restriction administered by any regulatory authorities in any country or jurisdiction, such that the provision of such cover, payment of such claim or provision of such benefit may in AIA Singapore's opinion expose it to any, or any risk of, sanction, prohibition or restriction. As an ongoing obligation, I/we will immediately inform AIA Singapore if there are any changes to the identities, status, constitution, establishment, particulars and identification documents of these Relevant Persons. I/we will indemnify AIA Singapore and hold it harmless from and against any and all related losses, damages, costs and/or expenses suffered and/or incurred, including but not limited to legal costs.
14. By signing this application below, I/we confirm that the agent/broker or any representative of AIA Singapore has solicited insurance business from me/us in the Republic of Singapore and that the signing of this application has taken place in the Republic of Singapore.

WARNING: If a material fact is not disclosed in this proposal, any Policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Insurance Adviser(s) but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

Declared in SINGAPORE on	Day:	Month:	Year:
			WITNESSED BY
SIGNATURE OF PROPOSED INSURED	SIGNATURE OF APPLICANT/OWNER	NAME & SIGNATURE OF INSURANCE ADVISER(S)	

Please note: copies of the terms and conditions on which the insurance will be made, and this completed application form, will be available on your request.

Please sign Policy Illustration / Product Summary and Financial Health Review together with this application form.

Policy No **Product Summary Cover Page**

Life Insured : Insured's Age Last Birthday (ALB) :

Insured's Occupation : Occ Class Insured's Gender# : Male Female

Smoker# : Yes No

Applicant / Owner : Applicant's Owner's Age (ALB) :

Applicant's Gender# : Male Female

Currency : SGD Premium Frequency# : Annual Monthly
 Semi Annual

Country of Residence: - Backdate : No

Maximum Coverage Age : 65 years old

Please tick as appropriate

Plan/Rider	*Premium (\$)	Product Summary Version	No. of Pages
<i>Basic Plan#</i>			
<input type="checkbox"/> (HGL / HLFX / ST) AIA Glow Of Life (Standard Plan)	S\$ _____	Ver. 2.5	4
<input type="checkbox"/> (HGL / HLFX / EX) AIA Glow Of Life (Executive Plan)	S\$ _____		

* For details on premiums please refer to the individual product summary for the basic plan/rider.

Note: The premiums are inclusive of prevailing GST.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).



Policy No

Product Summary Cover Page

Life Insured : Insured's Age Last Birthday (ALB) :

Insured's Occupation : Occ Class Insured's Gender# : Male Female

Smoker# : Yes No

Applicant / Owner : Applicant's Owner's Age (ALB) :

Applicant's Gender# : Male Female

Currency : SGD Premium Frequency# : Annual Monthly
 Semi Annual

Country of Residence: - Backdate : No

Maximum Coverage Age : 65 years old

Please tick as appropriate

Declarations:

1. I acknowledge receipt of all pages of the Cover Page, Product Summary, Product Highlights Sheet and Bundled Product Disclosure, wherever applicable. The AIA Financial Services Consultant / Insurance Representative has explained the values/ key benefits/ information in the Cover Page, Product Summary and Bundled Product Disclosure, wherever applicable, to my satisfaction and that I have read and understood their contents.
2. I understand that the Cover Page, Product Summary and Bundled Product Disclosure, wherever applicable, do not form a part of any contract of insurance. They are simplified description of the product features and general exclusions and are not exhaustive.
3. I understand that it is the precise terms and conditions as appear in the policy contract which will bind the parties.
4. I have personally signed on this page.

Signature of Insurance Representative _____ Signature of Applicant _____

Prepared By (Name of Insurance Representative) _____ Name of Applicant _____

Date _____ Date _____

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Product Summary for AIA Glow of Life
Version 2.5

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) (“we, our, us, AIA Singapore”).

Benefits and Premium Table (Inclusive of 9% GST):

Please tick the required plan	<input type="checkbox"/>			<input type="checkbox"/>		
Benefits/Plan	Standard			Executive		
	S\$			S\$		
Principal sum	25,000			50,000		
Second opinion on cancer	Yes			Yes		
Health check-up program	Once every 2 policy years			Once every 2 policy years		
Age/ Premium	Annual	Semi-Annual	Monthly	Annual	Semi-Annual	Monthly
16-25	184.50	95.94	16.06	369.00	191.88	32.10
26-30	217.25	112.97	18.90	434.50	225.94	37.80
31-35	250.50	130.26	21.79	501.00	260.52	43.59
36-40	293.75	152.75	25.56	587.50	305.50	51.10
41-45	347.50	180.70	30.24	695.00	361.40	60.46
46-50	424.50	220.74	36.94	849.00	441.48	73.86
51-55	522.25	271.57	45.44	1,044.50	543.14	90.87
56-59	609.25	316.81	53.01	1,218.50	633.62	106.01

(The total distribution cost of this product is 76% of annual premiums for the first year and 40% of annual premiums for renewal years. Distribution cost, charges and expenses will be available upon written request.)

The premium rates for this plan are as set out in the above table. Please note that the premium rates are not guaranteed and we may, at our sole discretion, increase the premium rates from time to time depending on our claim experience. The premium rates payable are based on the Insured’s entry age. The plan will terminate following the 65th birthday of the Insured.

A. PRODUCT INFORMATION

AIA Glow of Life is a female-related critical illness and disease plan specially designed for the protection needs of women.

Benefits Schedule:

1. Female Dreaded Illness Benefit	% of Principal Sum
a) Female Cancers (Includes cancers pertaining to the female organs including the breast, cervix uteri, uterus, ovary, fallopian tube and vagina/vulva)	100
b) Systemic lupus erythematosus (S.L.E.) with lupus nephritis*	100
c) Rheumatoid arthritis*	100
2. Female Health Benefit	
d) Osteoporosis	30
e) Urinary incontinence	5
f) Carcinoma-in-situ of the female organs	20
g) Reconstructive surgery reimbursement due to accidents or burns	100

* Benefits will be payable upon Insured’s inability to perform at least 2 Activities of Daily Living (ADL).

1. Female Dreaded Illness Benefit

A lump sum of 100% of the Principal Sum will be paid upon the first diagnosis of any one of the following illnesses:

a. Female cancers

Cancers pertaining to the female organs, including the breast, cervix uteri, uterus, ovary, fallopian tube, vagina and vulva, excluding tumours classified as carcinoma-in-situ and tumours that are a recurrence or metastasis of a tumour.



- b. Systemic lupus erythematosus (S.L.E.) with lupus nephritis
A lump sum will be paid upon the first diagnosis of S.L.E. with Lupus Nephritis causing permanent inability of the Insured to independently perform at least 2 Activities of Daily Living.
- c. Rheumatoid arthritis
A lump sum will be paid upon the first diagnosis of Rheumatoid arthritis causing permanent inability of the Insured to independently perform at least 2 Activities of Daily Living.

2. Female Health Benefit

- d. Osteoporosis
A lump sum of 30% of the Principal Sum will be paid upon the first diagnosis of osteoporosis causing bone fractures.
- e. Urinary incontinence
A lump sum of 5% of the Principal Sum will be paid upon the first diagnosis of urinary incontinence requiring surgical repair.
- f. Female Carcinoma-in-situ
A lump sum of 20% of the Principal Sum will be paid upon the first diagnosis of carcinoma-in-situ of the female organs including the breast, cervix uteri, uterus, ovary, fallopian tube, vagina or vulva.
- g. Reconstructive surgery reimbursement due to accident or burns
The Insured will be reimbursed up to 100% of the Principal Sum for the surgical expenses incurred in Singapore.

3. Second Opinion for Cancer

Within 90 days following the Insured's diagnosis of a cancer, the Insured can obtain a second opinion on the cancer from the service provider appointed by us.

4. Health Checkup

The Insured is entitled to a free health checkup by a medical provider appointed by us in Singapore once every two years. The first health checkup will be available on the 3rd policy year.

5. Renewal Bonus

Upon renewal of the policy, a renewal bonus of 5% on the Principal Sum will be given for a maximum of five years.

Besides other underwriting limits applicable to this plan, the principal sum is also subject to the critical illness per life limit of S\$3,000,000 (aggregated with other policies or supplementary benefits issued on the same life). For policies issued in other currencies, a conversion rate as determined by the company will apply.

You could refer to the policy contract for the full definitions and benefit limitations. You may also contact your AIA Financial Services Consultant, Insurance Representative or AIA Customer Care Hotline at 1800 248 8000.

B. KEY PRODUCT PROVISIONS

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy contract. Please consult your AIA Financial Services Consultant or Insurance Representative should you require further explanation.

“Activities of Daily Living” means:

- (a) Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (b) Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (c) Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (d) Mobility- the ability to move indoors from room to room on level surfaces;
- (e) Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (f) Feeding- the ability to feed oneself once food has been prepared and made available.



1. Cancellation Clause

This is a short-term accident and health policy and we are not required to renew this policy. We may terminate this policy by giving you 30 days' notice in writing. Should such cancellation occur, we shall return the unearned portion of premium. Should you decide to cancel the coverage under this policy, we shall return the unearned portion of premium.

2. Free Look

We give you 14 days to review this policy. If you decide this policy is not suitable for your needs, simply return this policy to us within 14 days from the date you receive this policy. We will refund the premium (without interest and inclusive of GST), less any medical expenses incurred by us in considering the application. The policy is considered delivered and received by you within 7 days of posting.

3. Terms of Renewal

Coverage may be renewed on the policy anniversary date by payment of the premium in advance subject to our acceptance. A grace period of 31 days will be granted for payment of each premium due during which the policy shall continue to be in force during this grace period. This policy is renewable on a yearly basis, up to age 65.

4. Premium

Premiums payable for this coverage are not guaranteed and may be changed at the policy renewal at our full discretion.

This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

5. Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the policy contract. The exclusions for this plan include, but are not limited to the following conditions. You are advised to read the policy contract for the full list of exclusions.

- a. suicide or attempted suicide or intentional self-inflicted Injury or from deliberate exposure to exceptional danger (except in an attempt to save human life), or is sustained whilst the Insured is in a state of insanity;
- b. Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or, any infection by Human Immunodeficiency Virus (HIV) (for the purpose of this Policy, the definition of AIDS shall be that used by the World Health Organisation in 1987, or any subsequent revision by the World Health Organisation of that definition; infection shall be deemed to have occurred where blood or other relevant tests indicate in our opinion either the presence of any Human Immunodeficiency Virus or Antibodies to such a Virus);
- c. any congenital anomalies or physical defects;
- d. failure to seek or follow any medical advice of a registered medical practitioner;
- e. war, declared or undeclared, invasion, civil war, revolution or any warlike operations;
- f. violation or attempted violation of the law or resistance to arrest;
- g. engaging or taking part in air, military, naval training, exercises, manoeuvres, warlike operations or handling of explosives and demolition materials or while under orders for restoration of public order, whether in time of peace, declared, undeclared war or otherwise, except where operationally ready national service duties are carried out in Singapore or overseas (if applicable) pursuant to the Enlistment Act (Cap. 93);
- h. engaging in air travel, except as a fare-paying passenger (not as a pilot/operator or a member of the aircrew) in any properly licensed private and/or commercial aircraft;
- i. engaging in a sport in a professional capacity or where the Insured would or could earn income or remuneration from engaging in such sport;
- j. mental, psychiatric or nervous disorders, sleep disturbance disorders, psychosis, obesity, treatment of alcoholism, drug abuse or any other complications arising therefrom, or accidents caused by and whilst under the influence of drugs or alcohol;
- k. any pre-existing condition; or
- l. engaging in or racing of any kind other than bicycle engaged on a leisure basis, on foot and swimming.

6. Waiting Period

The waiting period for:

- a. female cancers excluding breast cancer, systemic lupus erythematosus with lupus nephritis (S.L.E), rheumatoid arthritis, osteoporosis and urinary incontinence is 90 days;
 - b. breast cancer and female carcinoma-in-situ is 180 days;
- from the effective date or last date of reinstatement, whichever is later.



7. Deferment Period

For any of the losses that are described as “Permanent” in the policy, it must have continued for a period of 12 consecutive months from the date of the disability and beyond any hope of improvement and recovery before we pay out any benefits in accordance to the terms of the policy.

8. Termination

This policy shall automatically terminate on the earliest of the following:

- a. when any premium remains unpaid at the end of the grace period;
- b. death of the Insured;
- c. when the total payment under the Female Dreaded Illness and/or Female Health Benefit reaches 100% of the Principal Sum;
- d. on the policy anniversary date following the Insured's 65th birthday.

The termination or cancellation of coverage shall be without prejudice to payment of claims arising prior to the date of termination.

9. Claims Procedures

We must receive written notice of claim for loss within 60 days after the diagnosis of an insured sickness, disease or surgery. In the event of loss of life, immediate notice must be given to us. You could refer to the policy contract for details on claims procedures. You may also contact your AIA Financial Services Consultant, Insurance Representative or AIA Customer Care Hotline at 1800 248 8000.

Important Notes:

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plans or reject application, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits at the same cost.

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