



## APPLICATION FORM FOR LIFE INSURANCE (JUVENILE) (PARTNERSHIP DISTRIBUTION)

Insurance Adviser's Unit Code:

Referral's Unit Code:

Insurance Adviser's Code:

Referral's Code:

Insurance Adviser's Name/Channel:

Referral's Name:

Policy 1 Policy 2 Corporate ID: WM Master Policy No. (For Worksite Marketing Only) 

**WARNING:** In accordance with Section 23(5) of the Insurance Act 1966, as may be amended from time to time, you are to fully and faithfully disclose in this Application Form all facts which you know, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void. If a foreign currency policy is applied for, the equivalent of returns in Singapore-dollars will depend on the prevailing exchange rate (as determined by AIA Singapore), which may be highly volatile.

## 1 DETAILS OF APPLICANT/OWNER (Please tick the circles as appropriate)

Name (shown on NRIC/FIN/Passport):

Date of Birth: dd mm yyyy

Gender: ☐ Male ☐ Female

NRIC/FIN/Passport No.:

*For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.*

Country of Residence:

Place of Birth:

☐ United States of America☐ Others (Country): 

Marital Status:

☐ Single☐ Married☐ Widowed / Divorced / Separated

Residency Status:

☐ Singapore☐ Singapore PR☐ Pass Holders☐ Others

Annual Income (S\$):

☐ ≤ 30,000☐ 30,001 – 50,000☐ 50,001 – 100,000☐ 100,001 – 150,000☐ 150,001 – 300,000☐ > 300,000*If not Singaporean*  
Citizenship 1:

Citizenship 2:

Citizenship 3:

Foreign Permanent Residence Address- Please provide the **full** address in English. (Compulsory for non-Singaporeans)*For passers-by, please submit copy of passport or foreign identification card that shows proof of this address.**If the address on the document(s) differs from this address, please explain the reason(s) in writing.*Postal Code: 

Relationship of Applicant/Owner to the Proposed Insured:

☐ Parent☐ Legal Guardian

Mailing Address (Use of P.O. Box is not allowed):

*For Singaporeans, PRs and Pass holders - if different from Current Residence Address. Only Singapore Mailing address is allowed.**For Passers-by - if different from Foreign Permanent Residence Address.*Postal Code: Contact  
DetailsHome:  Country Code - Phone No.Office:  Country Code - Phone No.Mobile:  Country Code - Phone No.Email: 

Please provide the reason if:

1. Your "Current Residence Address" is different from your identity documents and/or

2. Your Foreign Permanent Address is different from your identity documents and/or

3. Your "Mailing Address" is different from your "Current Residence Address"

Note: Please provide separate reasons if all the addresses do not match.

Occupation:

Company Name:

Exact Duties:

Nature of Business:

Business Address:

Postal Code: 

**Please note:** Your Contact Details (email address, home, office and/or mobile telephone number) and/or Current Residence Address declared in this form will be used and will replace the contact details and residence address given to AIA Singapore for all your past and existing policies. Your Mobile Phone Number will be used in the future to receive One-Time-Pin (OTP) when logging into AIA+. Do note that these changes will be effected within a day upon successful submission of your application.



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Policy 1 Policy 2 

Name of Contingent Owner (Other than the Original Owner):	
Date of Birth:            dd            mm            yyyy	NRIC/FIN/Passport No.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>
Relationship: <input type="radio"/> Estate <input type="radio"/> Parent of the Proposed Insured	

**2 DETAILS OF PROPOSED INSURED**

Name (shown on NRIC/FIN/Passport):		
Date of Birth:            dd            mm            yyyy	NRIC/FIN/Passport No.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>	Gender: <input type="radio"/> Male <input type="radio"/> Female
Place of Birth: <input type="radio"/> United States of America <input type="radio"/> Others (Country): _____		
Residency Status:  <input type="radio"/> Singapore <input type="radio"/> Singapore PR  <input type="radio"/> Pass Holders <input type="radio"/> Others	Occupation:  Company Name:	Monthly Income in S\$:  <i>applicable for AIA Premier Disability Cover Rider for working adults aged 16 &amp; 17</i>
Country of Residence:	Exact Duties (please provide in details):	
<i>If not Singaporean</i> Citizenship 1:	Nature of Business:	
Citizenship 2:		
Citizenship 3:		

**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 2.0 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:	Relationship of Applicant/Owner to the Secondary Insured:  <input type="radio"/> Spouse <input type="radio"/> Child (below age 16) <input type="radio"/> Self
Citizenship 2:	
Citizenship 3:	
<b>Notes:</b> 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: (i) 70 years d. For AIA Platinum Infinite Wealth: (i) 80 years (Single Premium); (ii) 75 years (5 year pay) e. For AIA Platinum Wealth Venture 2.0: (i) 75 years	

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

LIFE PLAN	Policy 1		Policy 2	
<b>BASIC PLAN NAME (Please write in full)</b>	<input type="radio"/> Payor Benefit (PB) <input type="radio"/> Payor Benefit Comprehensive (PBC)		<input type="radio"/> Payor Benefit (PB) <input type="radio"/> Payor Benefit Comprehensive (PBC)	
Sum Assured	<b>S\$</b>	<b>US\$</b>	<b>S\$</b>	<b>US\$</b>
Backdated:	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
<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 Guaranteed Protect Plus Booster	\$		\$	

<input type="radio"/>	\$	\$
<input type="radio"/>	\$	\$
<input type="radio"/>	\$	\$
<b>Unit Deducting Riders</b>	\$	\$
<input type="radio"/> Total & Permanent Disability	\$	\$
<input type="radio"/> Critical Illness	\$	\$
<input type="radio"/> Early Critical Protector	\$	\$
<b>Premium:</b>		
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"/> Quarterly <input type="radio"/> Annually	<input type="radio"/> Monthly <input type="radio"/> Semi-annually <input type="radio"/> Quarterly <input type="radio"/> Annually
Premium Payment Method	<input type="radio"/> Cash <input type="radio"/> Telegraphic Transfer <input type="radio"/> Cheque - Bank/Cheque No.: Name of Drawer: <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"/> Cash <input type="radio"/> Telegraphic Transfer <input type="radio"/> Cheque - Bank/Cheque No.: Name of Drawer: <input type="radio"/> Cashier's Order - Bank/Cashier's order No.: <input type="radio"/> Credit Card (Please complete Credit Card Authorisation Form)
<b>Source of Wealth</b> 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: _____	
<b>Source of Funds</b> 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: _____	
<b>Relationship of Payor to Applicant/Owner (if different from Applicant/Owner) :</b>		

**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.**

LIFE PLAN:	Policy 1	Policy 2
<b>Premium Allocation to Guided Portfolio</b>	<input type="radio"/> <b>Pro Adventurous</b>	<input type="radio"/> <b>Pro Adventurous</b>
	<input type="radio"/> <b>Pro Balanced</b>	<input type="radio"/> <b>Pro Balanced</b>
	<input type="radio"/> <b>Pro Cautious</b>	<input type="radio"/> <b>Pro Cautious</b>
	<input type="radio"/> <b>Pro Optimiser</b>	<input type="radio"/> <b>Pro Optimiser</b>
	<b>You may select more than one option below</b> <input type="radio"/> Automatic Fund Re-balancing ( <i>quarterly basis according to portfolio selected above</i> ) <input type="radio"/> Standing instruction for annual update of Pro Portfolio ( <i>based on portfolio selected above</i> ) 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.	
<b>Premium Allocation to:</b>	<input type="radio"/> <b>Fund</b> (Please complete the following fund details)	<input type="radio"/> <b>Fund</b> (Please complete the following fund details)
<b>Full name of Fund</b>	<b>Allocation</b>	<b>Allocation</b>
AIA	%	%
AIA	%	%
AIA	%	%
AIA	%	%
AIA	%	%
<b>For Premium Allocation to Fund</b>		
<input type="radio"/> Automatic Fund Re-balancing ( <i>quarterly basis according to above allocation, minimum 2 funds</i> ), or <input type="radio"/> Automatic Fund Switch ( <i>from AIA S\$ Money Market Fund. The minimum initial balance in this fund must be S\$1,000.</i> )		



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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	%	%

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.

#### 4 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.

4.1 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.

4.2 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:

4.3 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:

4.4 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:

## 5 DETAILS OF ALL FAMILY MEMBERS AND ANY INSURANCE (IN-FORCE OR APPLIED) ON EACH LIFE

Relationship to Proposed Insured	Age	Insuring Company	Amount of Insurance
Father			
Mother			
Sibling(s)			
Payor if other than a family member (legal guardian)			

**5.1** Do all brothers and sisters have similar existing cover or are currently being proposed for cover?

☐ Yes    ☐ No – please state reason:

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

6.1	a. Height (metres):	c. Was there any weight change in the past year? If yes, how much and state the reason:	<input type="radio"/> Yes <input type="radio"/> No
	b. Weight (kilograms):		
	d. Name and Address of the Proposed Insured's doctor:	Give date, reason and result of last consultation:	
6.2	Is the child 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?		<input type="radio"/> Yes <input type="radio"/> No
	If yes, please give details.	Country & Cities visited	Frequency per year
			Duration per trip mth(s)
6.3	Has the child received medical advice, counselling or treatment in connection with AIDS, AIDS Related Complex or any other AIDS related condition, been told the child has any of these; or that the child had HIV testing done OR in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions?		<input type="radio"/> Yes <input type="radio"/> No
6.4	To the best of your knowledge and belief, has any member of the child's immediate family ever had tuberculosis, diabetes, cancer, cardiomyopathy, polycystic disease, mental disease or any AIDS related condition?		<input type="radio"/> Yes <input type="radio"/> No
	Relationship	Age at Onset	Current Age
			Illness/Age at Death (if deceased)
6.5	Has the child ever had, or have been told or been treated for:		
	a. any respiratory disease, prolonged cough, bronchitis, asthma, heart problems, fits, epilepsy or disorder affecting the nervous system?		<input type="radio"/> Yes <input type="radio"/> No
	b. any heart disorder, blood disorder, diabetes, endocrine disorder, liver disease or any gastrointestinal disorder, kidney problems, nephritis or abnormality of the genitourinary system?		<input type="radio"/> Yes <input type="radio"/> No
	c. condition affecting the sight, hearing or speech, physical or developmental defects, abnormal or premature birth or any cancer, growth, tumor?		<input type="radio"/> Yes <input type="radio"/> No
	d. any developmental abnormalities such as attention-deficit hyperactivity disorder (ADHD), autistic disorder and/or dyslexia?		<input type="radio"/> Yes <input type="radio"/> No
	e. any mental or neurological disorders such as depression, obsessive compulsive disorder, schizophrenia, bipolar disorder and/or Tourette Syndrome?		<input type="radio"/> Yes <input type="radio"/> No



**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.

**6.6** In the past 5 years, has the child 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, investigations or hospital treatment not mentioned above?

☐ Yes ☐ No

**7 LIFESTYLE DETAILS OF APPLICANT/OWNER - where PB/PBC is applied**

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

<b>7.2</b> Do you drink?	How many glasses of alcohol do you consume every week?	Beer	Wine	Spirits
<input type="radio"/> No <input type="radio"/> Yes		cans (330ml)	glasses (100ml)	tots (30ml)

**7.3** 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 mth(s)
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**8 HEALTH DETAILS OF APPLICANT/OWNER - where PB/PBC is applied (To be completed for non-medical application, or where the medical examination was done more than one month ago).**

**8.1** a. Height (metres): c. Was there any weight change in the past year? ☐ Yes ☐ No

b. Weight (kilograms): If yes, how much and state the reason:

d. Name and Address of the Payor's doctor: Give date, reason and result of last consultation:

**8.2** 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

**8.3** 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?  | <input type="radio"/> Yes <input type="radio"/> No |
| b. diabetes, thyroid disorders or any other endocrine disorders?   | <input type="radio"/> Yes <input type="radio"/> No |
| c. ear discharge, nose bleeds, double vision, impaired sight, hearing, or speech or any other disorders of ear, eye, nose or throat?   | <input type="radio"/> Yes <input type="radio"/> No |
| d. asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/discomfort or any other lung disorders?   | <input type="radio"/> Yes <input type="radio"/> 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? | <input type="radio"/> Yes <input type="radio"/> No |
| f. gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?  | <input type="radio"/> Yes <input type="radio"/> No |
| g. jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?  | <input type="radio"/> Yes <input type="radio"/> 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 or accident not mentioned above? ☐ Yes ☐ No

8.4 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

8.5 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.

8.6 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

8.7 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)



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**8.8 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):

**9****REMARKS** In connection with insurance applied for, if any answer to question 6, 8 is "Yes", give details below, quoting the relevant question number(s).



10

## 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?**

**Are you a Politically Exp**  
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.

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

3. <b>RESIDENCY</b> – Please answer according to your Citizenship/Residency that you are holding.	Applicant/Owner		Proposed Insured	
	Yes	No	Yes	No
<b>A. For Singapore Citizen</b>				
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>B. For Singapore Permanent Resident &amp; employment pass, work permit, dependant pass or other work pass holders</b>				
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"/>
<b>C. For student pass or long term visit pass holders</b>				
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"/>
<b>D. If you do not belong to any of the above categories, please tick here</b>	<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](http://www.aia.com.sg), or [www.lia.org.sg](http://www.lia.org.sg)
- ☐ I have been informed and I request to be given a hardcopy of "Your Guide to Life Insurance".



**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.
- **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.

11.1 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 <b>Reason A, B or C.</b>		
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).

**Note:** If the Applicant/Owner is currently pending their tax information, please submit the application only after they have obtained it.

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

11.2 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).

**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)

☐

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.

☐

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.

☐

Others, please elaborate:

## Telephone Numbers ( Please tick one)

☐

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.

☐

Others, please elaborate:

## Mailing Address (Please tick one)

☐

The mailing address belongs to my parent/spouse/sibling/child.

☐

The mailing address is my business address.

☐

I am currently working/studying overseas.

☐

I am currently staying with my friend/spouse/fiancee/fiancee.

☐

The mailing address belongs to a rented dwelling that I am staying in.

☐

The mailing address is a "c/o" address to my insurance adviser.

☐

Others, please elaborate:

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

☐

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.

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.

☐

I/We hereby declare and agree that I am/we are a "U.S. person" for U.S federal income tax purposes.

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 U.S. federal income tax purposes.

**Note:** Please submit W-9 form and FATCA Declaration form together with this application.

☐ Done

## 11.4 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.

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.

**(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.



**12****DECLARATION AND AUTHORISATION FOR 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 2.0 only.**

12.1 I hereby request that the person identified above be appointed the Secondary Insured under my Basic Policy. I hereby declare and accept that:

- a) I am appointing the person named above as Secondary Insured in his lifetime and good health and such appointment is made during the current Insured's lifetime;
- b) The details furnished on this form (including but not limited to those concerning the proposed Secondary Insured) are full, complete and accurate;
- c) There is no coverage on the life of the Secondary Insured until upon the death of the Insured, where
  - i. AIA Singapore will determine whether or not the Secondary Insured will become the new Insured in accordance with our prevailing rules and guidelines, and if such change is approved and effected by AIA Singapore, no death benefit shall be payable and the Basic Policy shall continue to be in force and provide cover on the life of the Secondary Insured; and
  - ii. if AIA Singapore does not approve the change in insured persons (i.e. Secondary Insured becomes the new Insured), the Policy shall terminate as of the death of the Insured and the death benefit will be paid in accordance with the Policy;
- d) My proposed appointment of the above named Secondary Insured is subject to your approval and the terms and conditions of the Policy; and
- e) The appointment of a Secondary Insured (and in the event that the Secondary Insured becomes the Insured, as the case may be) does not result in a change or transfer of policy ownership in any way.

12.2 Declaration (to be signed by proposed Secondary Insured)

I declare that:

- a) I agree with the appointment as a Secondary Insured by the Applicant/Owner
- b) I acknowledge that I will not be notified in the event that this appointment is revoked or when the coverage under the policy may be effected on my life upon the death of the Insured.

SIGNATURE OF SECONDARY INSURED  
\*APPLICABLE IF INSURED IS AGE 16 AND ABOVE

**13****ADDITIONAL DECLARATION**

I/We agree and declare on behalf of myself and any other person or persons, firm or corporation, who may have or claim any interest in any insurance on this application that:

1. No statement, information or agreement made by/to or given by/to the person soliciting/taking this application or any other persons, shall be binding on AIA Singapore Private Limited ("AIA Singapore"), unless presented in writing.
2. The statements and answers in this application together with any required questionnaire or amendments (the "Information") are full, complete, true and correct and that no information or material has been withheld. I/We understand that AIA Singapore, believing the Information to be such, will rely and act on the Information accordingly. I/We further agree that the Information shall form the basis of the contract between the parties hereto. I/We understand that if any of the Information is not full or complete or true or correct, the Policy issued hereunder may be void and I/we will receive only a refund of the premiums (without interest) less any and all medical expenses incurred in AIA Singapore's consideration of my/our application.
3. AIA Singapore shall assume no liability whatsoever, and that my/our Policy/Policies will only be effective after this application is accepted by AIA Singapore and the first premium duly paid in full to and accepted by AIA Singapore during the Insured's lifetime and good health.
4. All my/our declarations made and my/our statements or answers in this application and in any required medical examination, questionnaire or amendments together with the relevant Policy shall constitute the entire contract between the parties in so far as it may be relevant to the Policy or Policies I/we have requested.
5. I/We have received a copy of (1) Policy Illustration and/or Schedule and (2) Product Summary, (3) "Your Guide to Life Insurance" and (4) "Your Guide to Health Insurance" (applicable only to accident and health business), the contents of which have been explained to me/us to my/our satisfaction.
6. In the event of purchasing the Investment-Linked plans, I/we agree that
  - a. the number of units to be credited to the Policy in respect of the first modal premium shall be determined in accordance with AIA Singapore's usual rules by reference to the Offer Price established on the Valuation Date immediately following the Policy approval subject to AIA Singapore having received the first modal premium in full.
  - b. should I/we decide not to take up the proposal under the standard or revised terms offered by AIA Singapore or if the proposal is officially accepted by AIA Singapore and I/we decide to terminate the Policy within 14 days from the date of receipt of the Policy document, then the amount refundable to me/us shall be the premium(s) paid less any adjustment to reflect the change in market value of the underlying assets, less any costs incurred by AIA Singapore in assessing the risk under the Policy, subject to a maximum refund of the premium(s) paid.
7. I (the Applicant/Owner if other than the Proposed Insured) am not an undischarged bankrupt and no bankruptcy application (including any statutory demand) or order has been made against me/us within the last twelve months.
8. I/We hereby authorise, agree and consent to
  - a. 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
  - b. 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
  - c. 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

- d. 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 AIA+, upon receipt of the relevant SMS and/or email notification informing me that the document is accessible on 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 AIA+. 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 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 <b>only</b> available for applicant/Owner <b>age 60 and above</b> )
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).





## 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 Persons<sup>[1]</sup> 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 by<sup>[2]</sup>:

- ☐ 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+ (<https://aiaplus.aia.com.sg>) or by completing and submitting the relevant form(s) (<https://www.aia.com.sg/en/marketing-consent-withdrawal>). For further support on withdrawal of consent, I may contact AIA Customer Care Hotline at 1800-248-8000.

<sup>1</sup> “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.

<sup>2</sup> 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.
- 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 <b>SINGAPORE</b> on		Day:	Month:	Year:
		<b>WITNESSED BY</b>		
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.**



\* U 4 1 0 2 2 4 1 5 1 6 1 6 \*

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