

# APPLICATION FORM FOR PLATINUM SERIES LIFE INSURANCE (PARTNERSHIP DISTRIBUTION)

surance Representative's Unit Code: surance Representative's Code: surance Representative's Name/Channel:		Referral's Referral's Referral's	
cy No.	]		Medical Non-Medical
porate ID: WM	Master Pol	icy No. (For Worksite	Marketing Only)
oplication Form all facts which you know, or or	ught to know, failing which y	ou may receive nothir	a time to time, you are to fully and faithfully disclose in this ng from the policy and/or the policy issued may be void. end on the prevailing exchange rate (as determined by
DETAILS OF APPLICANT/OWNER			
Name (shown on NRIC/FIN/Passport):			
Date of Birth: dd	mm	уууу	Gender: Male Female
Marital Status: Single Married	Residency Status: Singapore Citizen	Singapore PR	NRIC/FIN/Passport No.: For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.
Widowed / Divorced / Separated	Pass Holders	Others	Country of Residence:
sent to this residence address unless you specify a m Please submit the following document(s) to show proc i) For Singaporeans and PRs - copy of NRIC (if the this address, please explain the reason(s) in writing) ii) For Singaporeans and PRs residing overseas and government or banks, or utility or telephone bills (date	of of this address address on the NRIC differs from Pass holders - Letters from		oply to this application only. If you wish to change your mailing address for lease submit a separate written request. wed  Postal Code:
Occupation:			Home:
·			Country Code Area Code Home Number
Company Name:		Contact Details	Mobile:
Exact Duties (please provide in details):		Details	Office: Office Number
			Email:
		If not Singaporean Citizenship 1:	
		Citizenship 2:	
		Citizenship 3:	
Nature of Business:		Place of Birth:	
Company Address:		Compulsory for non-Singa applicable. Do not leave th For Passers-by, please sul address.	bmit copy of passport or foreign identification card that shows proof of this nent(s) differs from this address, please explain the reason(s) in writing.
	Postal Code:	04 50 000 0 ===	Postal Code:
Annual Income US\$ S\$		01 – 50,000 50	,001 – 100,000 ( ) 100,001 – 150,000 Actual Annual Income (Optional)
Please provide the reason if: 1. Your "Current Residence Address" is diff 2. Your "Mailing Address" is different from y Note: Please provide separate reasons if a	our "Current Residence Add	ress"	

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.



DETAILS OF CONTINGENT OWNER (IF	INSURED IS JU	VENILE)		
Name of Contingent Owner (Other than t	he Original Owner	r):		
Date of Birth: dd	mm		уууу	NRIC/FIN/Passport No.:
Relationship to Proposed Insured: C	Estate Pa	arent		
NOTE: NOT APPLICABLE FOR POLICIE	S OWNED BY TF	RUSTEE(S)		
DETAILS OF APPLICANT/OWNER (IF E	ENTITY, E.G. PAR	TNERSHIP,	CORPORATION,	TRUSTEE, ETC.)
Full Legal Name of Entity				
(Note: If Applicant/Owner is a Trustee, ple	ease complete Ve	rification of T	Γrust Form.)	
Registered Address:			The mailing address	s - if different from registered address will apply to this application only. If you wish to change your ting policy(ies), please submit a separate written request. at allowed
Post	al Code:			Postal Code:
Office Tel: Country Code / Area Code / O	ffice Number	Ext:		Fax No.:
Business Registration No. / Unique Entity	/ No.:			
Country of Corporation:			Country of Dom	icile:
	different from Ap	oplicant/Ow	ner)	
Name (shown on NRIC/FIN/Passport):	different from Ap	oplicant/Ow	ner)	Gender: Male Female
Name (shown on NRIC/FIN/Passport):  Date of Birth: dd				NRIC/FIN/Passport No.:
DETAILS OF PROPOSED INSURED (if  Name (shown on NRIC/FIN/Passport):  Date of Birth: dd  Marital Status:  Single Married	mm Residency S			
Name (shown on NRIC/FIN/Passport):  Date of Birth: dd  Marital Status:	mm Residency S	Status: ore Citizen	уууу	NRIC/FIN/Passport No.: For Singapore PRs and Pass holders, please use Singapore
Name (shown on NRIC/FIN/Passport):  Date of Birth: dd  Marital Status:  Single Married	mm  Residency S	Status: ore Citizen	yyyy Singapore PR	NRIC/FIN/Passport No.: For Singapore PRs and Pass holders, please use Singapor FIN No.  Country of Residence:  Home:
Name (shown on NRIC/FIN/Passport):  Date of Birth: dd  Marital Status:  Single Married  Widowed / Divorced / Separated	mm  Residency S	Status: ore Citizen	yyyy Singapore PR Others	NRIC/FIN/Passport No.: For Singapore PRs and Pass holders, please use Singapor or FIN No.  Country of Residence:  Home: Country Code Area Code Home N  Mobile: ————————————————————————————————————
Name (shown on NRIC/FIN/Passport):  Date of Birth: dd  Marital Status:  Single Married  Widowed / Divorced / Separated  Occupation:	mm  Residency S	Status: ore Citizen	yyyy Singapore PR	NRIC/FIN/Passport No.: For Singapore PRs and Pass holders, please use Singapor or FIN No.  Country of Residence:  Home: Country Code Home N
Name (shown on NRIC/FIN/Passport):  Date of Birth: dd  Marital Status:  Single Married  Widowed / Divorced / Separated  Occupation:  Company Name:	mm  Residency S	Status: ore Citizen	yyyy  Singapore PR Others  Contact	NRIC/FIN/Passport No.: For Singapore PRs and Pass holders, please use Singapore FIN No.  Country of Residence:  Home: Country Code Area Code Home N  Mobile: Country Code Area Code Mobile N
Name (shown on NRIC/FIN/Passport):  Date of Birth: dd  Marital Status:  Single Married  Widowed / Divorced / Separated  Occupation:  Company Name:	mm  Residency S	Status: ore Citizen	yyyy  Singapore PR Others  Contact Details	NRIC/FIN/Passport No.: For Singapore PRs and Pass holders, please use Singapor or FIN No.  Country of Residence:  Home: Country Code Area Code Home No.  Mobile: Country Code Area Code Mobile No.  Office: Area Code Office No.  Email:
Name (shown on NRIC/FIN/Passport):  Date of Birth: dd  Marital Status: Single Married Widowed / Divorced / Separated  Occupation:  Company Name:  Exact Duties (please provide in details):	mm  Residency S	Status: ore Citizen	yyyy  Singapore PR Others  Contact Details	NRIC/FIN/Passport No.: For Singapore PRs and Pass holders, please use Singapor or FIN No.  Country of Residence:  Home: Country Code Area Code Home No.  Mobile: Country Code Area Code Mobile No.  Office: Area Code Office No.  Email:
Name (shown on NRIC/FIN/Passport):  Date of Birth: dd  Marital Status: Single Married Widowed / Divorced / Separated  Occupation:  Company Name:  Exact Duties (please provide in details):	mm  Residency S	Status: ore Citizen	yyyy  Singapore PR Others  Contact Details  If not Singaporear Citizenship 1:	NRIC/FIN/Passport No.: For Singapore PRs and Pass holders, please use Singapor or FIN No.  Country of Residence:  Home: Country Code Area Code Home No.  Mobile: Country Code Area Code Mobile No.  Office: Area Code Office No.  Email:
Name (shown on NRIC/FIN/Passport):  Date of Birth: dd  Marital Status: Single Married Widowed / Divorced / Separated  Occupation:  Company Name:  Exact Duties (please provide in details):	mm  Residency S	Status: ore Citizen	yyyy  Singapore PR Others  Contact Details  If not Singaporear Citizenship 1: Citizenship 2:	NRIC/FIN/Passport No.: For Singapore PRs and Pass holders, please use Singapor or FIN No.  Country of Residence:  Home: Country Code Area Code Home No.  Mobile: Country Code Area Code Mobile No.  Office: Area Code Office No.  Email:
Name (shown on NRIC/FIN/Passport):  Date of Birth: dd  Marital Status: Single Married Widowed / Divorced / Separated  Occupation:  Company Name:  Exact Duties (please provide in details):  Nature of Business:	mm  Residency S  Singapo  Pass Ho	Status: ore Citizen	yyyy  Singapore PR Others  Contact Details  If not Singaporear Citizenship 1: Citizenship 2: Citizenship 3: Place of Birth:  Foreign Perman English. Compulsory NA* if not applicable.	NRIC/FIN/Passport No.: For Singapore PRs and Pass holders, please use Singapor or FIN No.  Country of Residence:  Home: Country Code
Name (shown on NRIC/FIN/Passport):  Date of Birth: dd  Marital Status: Single Married Widowed / Divorced / Separated  Occupation:  Company Name:  Exact Duties (please provide in details):  Nature of Business:	mm  Residency S Singapo Pass Ho	Status: ore Citizen	yyyy  Singapore PR Others  Contact Details  If not Singaporear Citizenship 1: Citizenship 2: Citizenship 3: Place of Birth:  Foreign Perman English. Compulsory NA" if not applicable. For Passers-by, pleas of this address.	NRIC/FIN/Passport No.: For Singapore PRs and Pass holders, please use Singapor FIN No.  Country of Residence:  Home: Country Code Area Code Home N  Mobile: Country Code Area Code Mobile No.  Country Code Area Code Office No.  Email:  Dent Residence Address - Please provide the full add for non-Singapore PR). Please indicated the full add for non-Singapore PR).
Name (shown on NRIC/FIN/Passport):  Date of Birth: dd  Marital Status: Single Married Widowed / Divorced / Separated  Occupation:  Company Name:  Exact Duties (please provide in details):  Nature of Business:  Company Address:	mm  Residency S Singapo Pass Ho	Status: ore Citizen	yyyy  Singapore PR Others  Contact Details  If not Singaporear Citizenship 1: Citizenship 2: Citizenship 3: Place of Birth:  Foreign Perman English. Compulsory NA" if not applicable. For Passers-by, pleas of this address.	NRIC/FIN/Passport No.: For Singapore PRs and Pass holders, please use Singapor FIN No.  Country of Residence:  Home: Country Code Area Code Home N  Mobile: Country Code Area Code Mobile N  Office: Area Code Office No.  Email:  Denote Residence Address - Please provide the full add for non-Singaporeans (including Singapore PR). Please indice no to leave this blank.  See submit copy of passport or foreign identification card that see submit copy or foreign identification card that see submit copy or foreign

No.			
DETAILS OF PLAN APPLIED FOR			
	AlA Platinum Le	gacy (IX) (US\$)	
	AIA Platinum He	ritage Wealth (II) (US\$)	
	AIA Platinum We Death Benefit Be Single Payo		AlA Platinum Wealth Elite 2.0 (S\$) Death Benefit Bequest Option: Single Payout Installment Number of years:
	Premium Allocation	to:	Premium Allocation to:
	AIA Elite Advent	urous	AIA Elite Adventurous
	AIA Elite Balanc		AIA Elite Balanced
	AIA Elite Consei	vative	AIA Elite Conservative
	AIA Adventurous	s Index Fund	AIA Adventurous Index Fund
		ealth Legacy (US\$) to: AIA Elite Conservative	AIA Platinum Wealth Legacy (S\$)
	Top up details (if any	<b>/</b> ):	
	Ad Hoc Top-Up		
Basic Plan Name		unt: \$	
	Regular Top-Up	ount ¢	
		years:	·····
		Premium plan, please selec	
		Quarterly Sem	
	AIA Platinum Inc	lexed Legacy	
	Single Premi	um Multi Premium	
	Death Benefit Be	Number of yea	rs:
	Single Payor		
	Siligle Fayor	Number of yea	rs:
	Premium Allocat	ion:	% Fixed Account
			% Index Account
	Scheduled F	remium Transfer	
	m	onths	
	Others (Please	write in full including currenc	cy of plan):
Premium Payment Term*			
Backdated (Applicable for Platinum Heritage Wealth (II) only)	Yes No		
Sum Assured (US\$/S\$)	\$		
Premium (US\$/S\$)	\$		
Regular Premium Payment Frequency (Not applicable for Platinum Wealth Heritage and Platinum Legacy Single Premium)	Monthly Qu	arterly Semi-annually	Annually
	Cash	Telegraphic Transfer	Premium Financing (Financing Bank:)
Premium Payment Method	Cheque - Bank/	Cheque No.:	
(include hyphenation if any)	Name of Drawer:	•	
		- Bank/ Cashier's order No.	:
	Credit Card (Pleas	e complete Credit Authorisation Form and	submit to cashier)



Employment/Trade Income

Others, please specify:

Source of Wealth

Where your wealth is derived from.

You may tick more than 1 option

Rental Income

) Investment Income

Source of Funds* Origin of the funds used to pay premiums. You may tick more than 1 option    Maturity proceeds from AlA policies (Please complete Maturity Benefit Transfer Authorisation Form)   Maturity or Surrender of Policy or Sale of Investments   Others, please specify:	No.						
"If payor is different from Applicant/Owner/Proposed Insured, please complete AIA Platinum Series Large Amount Questionnaire.  "Disclaimer: For administrative purposes, please indicate the number of years that you plan to fund the premiums. We reserve the right refund, reject or limit the amount of additional premiums at any time at our sole discretion. We are not responsible for any loss ansing from attributable to our decision to refund, reject or limit the amount of additional premiums.  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.  DETAILS OF POLITICALLY EXPOSED PERSON  Are you a Politically Exposed Person (PEP) or related to a PEP?  If Yes, please complete 5a to 5e.  a. What is the name of the Politically Exposed Person?  c. What official position does the Politically Exposed Person?  c. What official position does the Politically Exposed Person hold?  d. In which country is/was the position held?  e. During what time period was the position held? Starting Year	Origin of the funds used to pay premiums.	Maturity prod	ceeds from AIA po Surrender of Poli	licies (Please complete	e Maturity Be	•	ation Form)
Disclaimer: For administrative purposes, please indicate the number of years that you plan to fund the premiums. We reserve the right refund, reject or limit the amount of additional premiums at any time at our sole discretion. We are not responsible for any loss arising from attributable to our decision to refund, reject or limit the amount of additional premiums.    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.    DETAILS OF POLITICALLY EXPOSED PERSON	Relationship of Payor to Applic	ant/Owner (if differ	ent from Applic	ant/Owner) :			
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.  DETAILS OF POLITICALLY EXPOSED PERSON  Are you a Politically Exposed Person (PEP) or related to a PEP?  If Yes, please complete 5a to 5e.  a. What is the name of the Politically Exposed Person?  b. What is your relationship to the Politically Exposed Person?  c. What official position does the Politically Exposed Person hold?  d. In which country is/was the position held? Starting Year	* <b>Disclaimer:</b> For administrative refund, reject or limit the amoun	purposes, please in	dicate the numb ums at any time	er of years that you at our sole discretion	plan to fund	the premiums. We	reserve the right to
Are you a Politically Exposed Person (PEP) or related to a PEP?  If Yes, please complete 5a to 5e.  a. What is the name of the Politically Exposed Person?  b. What is your relationship to the Politically Exposed Person?  c. What official position does the Politically Exposed Person hold?  d. In which country is/was the position held?  e. During what time period was the position held? Starting Year	If you are paying your premiums b	y cheque, please en	nsure your chequ				ate Limited.
If Yes, please complete 5a to 5e.  a. What is the name of the Politically Exposed Person?  b. What is your relationship to the Politically Exposed Person Person?  c. What official position does the Politically Exposed Person hold?  d. In which country is/was the position held?  e. During what time period was the position held? Starting Year	DETAILS OF POLITICALLY EXP	POSED PERSON					
b. What is your relationship to the Politically Exposed Person?  c. What official position does the Politically Exposed Person hold?  d. In which country is/was the position held?  e. During what time period was the position held? Starting Year			d to a PEP?			Yes (	No
c. What official position does the Politically Exposed Person hold?  d. In which country is/was the position held?  e. During what time period was the position held? Starting Year	a. What is the name of the Politic	cally Exposed Perso	n?				
d. In which country is/was the position held?  e. During what time period was the position held? Starting Year	b. What is your relationship to th	e Politically Exposed	d Person?				
e. During what time period was the position held? Starting Year	c. What official position does the	Politically Exposed	Person hold?				
* PEP means an individual who is or has been entrusted with prominent public functions in Singapore, a foreign country or an internation organisation, which includes the roles held by a head of state, a head of government, government ministers, senior civil or public servan senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature a 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, are a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of a PEP.  DETAILS OF BENEFICIAL OWNERSHIP  Is there a beneficial ownership arrangement?  If Yes, please provide their particulars below and submit a copy of their NRIC/Passport No./FIN  Yes  No  In relation to customers, "Beneficial Owner" as defined in MAS Notice 314 on Prevention of Money Laundering and Countering the Financir of Terrorism means the individual person who ultimately owns or controls the customer or the individual person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.  For the avoidance of doubt, this is NOT a nomination of beneficiary(ies) under the policy.  If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.  Residency Status (Singaporent) (Citizenship Singapore PR) Pass (iff not Singapore) (if not Singapore)	d. In which country is/was the po	sition held?					
organisation, which includes the roles held by a head of state, a head of government, government ministers, senior civil or public servan senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature as 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, are a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of a PEP.  DETAILS OF BENEFICIAL OWNERSHIP  Is there a beneficial ownership arrangement?  If Yes, please provide their particulars below and submit a copy of their NRIC/Passport No./FIN  Yes  No  In relation to customers, "Beneficial Owner" as defined in MAS Notice 314 on Prevention of Money Laundering and Countering the Financir of Terrorism means the individual person who ultimately owns or controls the customer or the individual person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.  For the avoidance of doubt, this is NOT a nomination of beneficiary(ies) under the policy.  If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.  Name  NRIC/FIN/ Passport No.	e. During what time period was t	the position held? St	arting Year	Ending Ye	ear		
Is there a beneficial ownership arrangement?  If Yes, please provide their particulars below and submit a copy of their NRIC/Passport No./FIN  Yes  No that contain a clear photograph.  In relation to customers, "Beneficial Owner" as defined in MAS Notice 314 on Prevention of Money Laundering and Countering the Financir of Terrorism means the individual person who ultimately owns or controls the customer or the individual person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.  For the avoidance of doubt, this is NOT a nomination of beneficiary(ies) under the policy.  If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.  Name  NRIC/FIN/ Passport No.  NRIC/FIN/ Passport No.  NRIC/FIN/Passport)  Residency Status (Singaporean/ Singaporean/ Singapore PR/ Pass)  (if not Singaporea)	senior judicial or military official senior management of internati By "related", we mean that you,	s, senior executives onal organisations. , the insured, benefic	of state owned o	corporations, senior p I owner are closely co	oolitical party	officials, members of a PEP either socially	of the legislature and
If Yes, please provide their particulars below and submit a copy of their NRIC/Passport No./FIN  Yes  No that contain a clear photograph.  In relation to customers, "Beneficial Owner" as defined in MAS Notice 314 on Prevention of Money Laundering and Countering the Financir of Terrorism means the individual person who ultimately owns or controls the customer or the individual person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.  For the avoidance of doubt, this is NOT a nomination of beneficiary(ies) under the policy.  If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.  Name  NRIC/FIN/ Passport No.  NRIC/FIN/ Passport No.  NRIC/FIN/Passport)  Relationship to Gender (M/F)  Singaporean/ Singapore PR/ Pass (if not Singaporea)	DETAILS OF BENEFICIAL OWN	IERSHIP					
of Terrorism means the individual person who ultimately owns or controls the customer or the individual person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.  For the avoidance of doubt, this is NOT a nomination of beneficiary(ies) under the policy.  If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.  Name  NRIC/FIN/  Singaporean/  Singapore PR/ Pass  (if not Singaporea)	If Yes, please provide their partic	· ·	mit a copy of thei	ir NRIC/Passport No.	/FIN	) Yes	) No
If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.  Name  NRIC/FIN/  (shown on NRIC/FIN/Passport)  NRIC/FIN/Passport No.  NRIC/FIN	of Terrorism means the individual	l person who ultimate	ely owns or contr	ols the customer or t	he individua	I person on whose be	ehalf business
Name NRIC/FIN/ Date of birth (shown on NRIC/FIN/Passport) Passport No. (DD/MM/YY) Relationship to Gender (Singaporean/ Citizenship to Kelationship to Gender (Singaporean/ Citizenship to Gender (M/F) Singapore PR/ Pass (if not Singaporean/ Citizenship to Citizenship to Citizenship to Relationship to Gender (Singaporean/ Citizenship to						ıch Beneficial Owner	S.
				Relationship to	Gender	(Singaporean/	Citizenship
					(M/F)		(if not Singaporean)
					(M/F)		(if not Singaporean)
					(M/F)		(if not Singaporean)

		#i- n- 2			
	nd/or concurrent applica Please complete Q6.1b		existing and/or concur	rrent applications in Q6	3.2
b. Please provide the total Currency: Ar	amount of life insurance	e coverage that you int	end to incept with all o	companies (including t	his application).
Important Note: Your total coverage, including fact which the Company uses	•	nt applications within A	IA and with other insu	rers, is an important a	nd material
<b>6.2</b> Please provide details of the	ne Proposed Insured's to	otal inforce and concu	rent life insurance pol	licies.	
	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Insurance Company					
Country of Insurance Company	Singapore Non- Singapore	Singapore Non- Singapore	Singapore Non- Singapore	Singapore Non- Singapore	Singapore Non- Singapor
Death (Sum Assured US\$/S\$)					
Total & Permanent Disability					
Disability Income					
Disability income					
Critical Illness  Year Issued/Pending  6.3 Is this proposal to replace of life policy, with AIA or any of the policy.	or intended to replace in ther financial adviser sur se give details:	full or in part any insura ch as insurance compa	ance or other designate iny, bank, as well as in	ed investment products dependent financial ad	s, such as unit trust viser?
Critical Illness  Year Issued/Pending  6.3 Is this proposal to replace of life policy, with AIA or any of the North Person North Pending N	ther financial adviser such the give details:  ges as a result of (i) surry), and accident and her	ch as insurance compa	your investment in, an	dependent financial ad	viser?
Critical Illness  Year Issued/Pending  6.3 Is this proposal to replace or life policy, with AIA or any or No Yes – Plea  WARNING: You may incur fees and charge (such as unit trust or life policy or topping up other existing D  Before replacing one DIP wis consider carefully whether benefits. Some of the disadvalue.	ges as a result of (i) surr y), and accident and her IP and accident and her ith another, you should any fees, charges or antages associated with	rendering, or reducing alth insurance product alth insurance product d find out whether you disadvantages that replacement include the second control of t	your investment in, an and (ii) buying new do s	n existing designated in esignated in esignated investment personal substitution of the control	nvestment product products ("DIP(s)") existing DIP and igh any potential
WARNING: You may incur fees and charg (such as unit trust or life policy or topping up other existing D Before replacing one DIP with consider carefully whether benefits. Some of the disadva (i) you may incur transaction (ii) the new DIP may offer a low mortality charges; (iii) you may incur penalties for the consider carefully whether benefits.	ges as a result of (i) surry), and accident and health another, you should any fees, charges or antages associated with n costs without gaining a ower level of benefit at a for terminating the existi	rendering, or reducing alth insurance product alth insurance producted find out whether you disadvantages that replacement include the any real benefit from the higher cost or same contact.	your investment in, an and (ii) buying new des. bu are entitled to free nay arise from a repiche following: ne replacement, e.g, dost, or offer the same le	n existing designated in esignated in esignated investment perswitching with your placement will outwelluplicate sales charges	nvestment product products ("DIP(s)") existing DIP and igh any potential
Critical Illness  Year Issued/Pending  6.3 Is this proposal to replace of life policy, with AIA or any of the No Yes – Pleas  WARNING:  You may incur fees and charge (such as unit trust or life policy or topping up other existing Discovered benefits. Some of the disadvation of the disadvation of the Normal Normality Charges;	ges as a result of (i) surry), and accident and hea ith another, you should any fees, charges or antages associated with n costs without gaining ower level of benefit at a for terminating the existic s suitable for you.	rendering, or reducing alth insurance product alth insurance product d find out whether you disadvantages that replacement include any real benefit from the higher cost or same coing DIP, e.g, surrender or an accident and heal	your investment in, an and (ii) buying new des. bu are entitled to free may arise from a repthe following: ne replacement, e.g, dost, or offer the same lest charges; and	n existing designated in esignated investment processing with your placement will outwell uplicate sales charges evel of benefit at a high our another, you should	nvestment product products ("DIP(s)") existing DIP and igh any potential s; er cost, e.g, higher consider carefully
Critical Illness  Year Issued/Pending  6.3 Is this proposal to replace or life policy, with AIA or any or No Yes – Plea  WARNING: You may incur fees and charge (such as unit trust or life policy or topping up other existing Domain or topping up of the disadvariation of the disadvariation or topping up of the disadvariation of the disadvariation or topping up of the disadvariation or topp	ges as a result of (i) surry), and accident and heal P and accident and the sustant and the sustant account of the property of the pro	rendering, or reducing alth insurance product alth insurance product alth insurance product of find out whether you disadvantages that run replacement include to any real benefit from the higher cost or same coing DIP, e.g, surrender or an accident and heal trise from a replacement	your investment in, an and (ii) buying new des. bu are entitled to free may arise from a reprise following: the following: the replacement, e.g., dost, or offer the same less, and the insurance product for the surance prod	n existing designated in esignated in esignated investment polacement will outwe luplicate sales charges evel of benefit at a high for another, you should ential benefits. Some of	existing DIP and igh any potential s; er cost, e.g, higher consider carefully the disadvantages
Critical Illness  Year Issued/Pending  6.3 Is this proposal to replace or life policy, with AIA or any or No Yes – Plea  WARNING: You may incur fees and charge (such as unit trust or life policy or topping up other existing Domester existing Dome	ges as a result of (i) surry), and accident and health another, you should any fees, charges or antages associated with n costs without gaining a ower level of benefit at a for terminating the existic suitable for you.  Ilife insurance product of insulude the following:  The at standard terms; ifferent premium; and be different.	rendering, or reducing alth insurance product alth insurance product alth insurance product disadvantages that replacement include to any real benefit from the higher cost or same coing DIP, e.g, surrender or an accident and heal trise from a replacement our present financial adout financial adout present financial adout financial a	your investment in, an and (ii) buying new dos. bu are entitled to free nay arise from a repiche following: ne replacement, e.g, dost, or offer the same lest charges; and the insurance product for twill outweigh any potentials.	n existing designated in esignated investment properties investment properties and investment properties with the switching with your placement will outwest lauplicate sales charges evel of benefit at a high or another, you should ential benefits. Some of	existing DIP and igh any potential s; er cost, e.g, higher consider carefully the disadvantages
Critical Illness  Year Issued/Pending  6.3 Is this proposal to replace of life policy, with AIA or any of the North AIA or any of the North AIA or any of North AIA or	ges as a result of (i) surry), and accident and hea ith another, you should any fees, charges or antages associated with n costs without gaining ower level of benefit at a for terminating the existic s suitable for you.  If ife insurance product of its insurance product	rendering, or reducing alth insurance product alth insurance product alth insurance product of find out whether you disadvantages that replacement include any real benefit from the higher cost or same coming DIP, e.g, surrender or an accident and heal trise from a replacement or an accident and heal trise from a replacement of the product of the pro	your investment in, an and (ii) buying new destand arise from a repthe following: the replacement, e.g, dost, or offer the same lest charges; and the insurance product for twill outweigh any potentials.	n existing designated in existing designated investment placement will outwer laplicate sales charges evel of benefit at a high for another, you should ential benefits. Some of final decision. Hear freest interests.	existing DIP and igh any potential s; er cost, e.g, higher consider carefully the disadvantages



LIFE	STYLE QUESTIONS						
7.1	Have you ever smoked any forms of tobacco?	If currently smoki		te: Cigars/Pipe/	If former smoker When was the la	r, please state: ast time you smoke	d:
	No Yes	No. of sticks per	Others:		Type of tobacco:	Others:	
						day:	
7.2	Do you drink alcohol?  No  Yes	How many glasse every week?	es of alcohol d	o you consume	Beer cans (330ml)	Wine glasses (100ml)	Spirits tots (30
7.3	In the last 12 months, do you		de your countr Yes	of residence for mo	re than <b>a total of 1</b>	4 days in a year? I	f so, please
	Countries/Cities	Duration o	of each trip	Freque	ency (p.a.)	Purpose of tra Residence, Emi please s	igration, other
	Do you anticipate the patter information: No Countries/Cities	rn or frequency of tra			e next 12 months?	If yes, please prov	
	information: No	Yes					
	information: No	Yes					
	information: No	Yes					
	information: No	Yes					
DETA	information: No	Yes  Duration of	of each trip	Freque	ency (p.a.)	Purpose	
DETA	information: No Countries/Cities  AILS OF ALL FAMILY MEM	Pes  Duration of the period of	of each trip	Freque	ency (p.a.)	Purpose	of travel
DETA	AILS OF ALL FAMILY MEM R JUVENILE AND STUDEN Relationship to Propos	Pes  Duration of the period of	of each trip	Freque	ency (p.a.)	Purpose  Amount of Life Insi	of travel
DET/	AILS OF ALL FAMILY MEM R JUVENILE AND STUDEN Relationship to Proposer	Pes  Duration of the period of	of each trip	Freque	ency (p.a.)	Purpose  Amount of Life Insi	of travel
DET/ (FOR	AILS OF ALL FAMILY MEM R JUVENILE AND STUDEN Relationship to Proposer	Pes  Duration of the period of	of each trip	Freque	ency (p.a.)	Purpose  Amount of Life Insi	of travel
DETA (FOR Fathe Moth	AILS OF ALL FAMILY MEM R JUVENILE AND STUDEN Relationship to Proposer per per per per per per per per	Pes  Duration of the period of	of each trip	Freque	ency (p.a.)	Purpose  Amount of Life Insi	of travel
DETA (FOR Fathe Moth Siblir Siblir	AILS OF ALL FAMILY MEM R JUVENILE AND STUDEN Relationship to Proposer er er ng(s)	Duration of Durati	of each trip	Freque	ency (p.a.)	Purpose  Amount of Life Insi	of travel

1	a. Height (metres)	ı			any weight ch much and sta	-	n the past year? reason:	Yes	○ No
	b. Weight (kilogran	ms):		-					
	d. Name and Addr	ess of the Pro	posed Insured's Regula	r Doctor:					
	e. When did you la	ast consult a d	octor? Please provide r	eason, name of clir	nic (if differs f	rom 10	.1.d) and result of the	last consul	Itation:
2	Is the child contemptor leisure or social		r had been outside Sing	apore for a total of	more than 90	0 days	in a year, other than	Yes	○ No
	If yes, please give o	details.	Country & Cities v	isited	F	reque	ncy per year	Duration	per trip mth(s
	or any other AIDS r in the last 3 months diarrhoea, enlarged	elated conditions had any of the land any of the landes or unu		as any of these; or or more than one w	that the child eek continuo	had H usly: fa	IV testing done OR tigue, weight loss,	Yes	No
1	•	•	d belief, has any membe /, polycystic disease, me		,			Yes	○ No
	Relati	onship	Age at Onset	Current Age		Illness	/Age at Death (if dec	eased)	
		•	een told or been treated						
		disease, prolo	een told or been treated		psy or disord	er affec	eting the	Yes	○ No
	<ul><li>a. any respiratory nervous system</li><li>b. any heart disord</li></ul>	disease, prolo 1? der, blood disc	onged cough, bronchitis,	asthma, fits, epile e disorder, liver dis			· ·	Yes Yes	O No
	<ul> <li>a. any respiratory nervous system</li> <li>b. any heart disord kidney problems</li> <li>c. condition affection</li> </ul>	disease, prolo 1? der, blood disc s, nephritis or ing the sight, h	onged cough, bronchitis, order, diabetes, endocrin abnormality of the genit nearing or speech, phys	asthma, fits, epile e disorder, liver dis ourinary system?	sease or any	gastroi	ntestinal disorder,	Yes	No
	<ul> <li>a. any respiratory nervous system</li> <li>b. any heart disord kidney problems</li> <li>c. condition affect birth or any can</li> </ul>	disease, prolon? der, blood disc s, nephritis or ing the sight, h acer, growth, to	onged cough, bronchitis, order, diabetes, endocrin abnormality of the genit nearing or speech, phys umor?	asthma, fits, epile e disorder, liver dis ourinary system? ical or developmen	sease or any	gastroi bnorma	ntestinal disorder, al or premature	O.,	No No
	<ul> <li>a. any respiratory nervous system</li> <li>b. any heart disord kidney problem</li> <li>c. condition affect birth or any can</li> <li>d. any developme or dyslexia?</li> </ul>	disease, prolo 1? der, blood disc s, nephritis or ing the sight, l acer, growth, tu ntal abnormal	onged cough, bronchitis, order, diabetes, endocrin abnormality of the genit nearing or speech, phys umor? ities such as attention-d	asthma, fits, epile e disorder, liver dis ourinary system? ical or developmen eficit hyperactivity	sease or any state defects, a disorder (ADI	gastroi bnorma HD), au	ntestinal disorder, al or premature utistic disorder and/	Yes	No
	<ul> <li>a. any respiratory nervous system</li> <li>b. any heart disord kidney problem</li> <li>c. condition affect birth or any can</li> <li>d. any developme or dyslexia?</li> </ul>	disease, proton? der, blood discos, nephritis or ing the sight, lacer, growth, tuntal abnormal	onged cough, bronchitis, order, diabetes, endocrin abnormality of the genit nearing or speech, physumor? ities such as attention-d sorders such as depress	asthma, fits, epile e disorder, liver dis ourinary system? ical or developmen eficit hyperactivity	sease or any state defects, a disorder (ADI	gastroi bnorma HD), au	ntestinal disorder, al or premature utistic disorder and/	Yes Yes	No No
Villonian You	a. any respiratory nervous system b. any heart disord kidney problems c. condition affect birth or any can d. any developme or dyslexia? e. any mental or n bipolar disorder  OR SINGAPOREANS nere your total insurant are required to discose your total liness exceeds by predictive genetic to or	disease, proton?  der, blood discs, nephritis or ing the sight, I dicer, growth, to intal abnormal deurological distribution and/or Toure close the predict & Permanen ur test results SGD500,000 ests, the Comercial Science over general services and serv	onged cough, bronchitis, order, diabetes, endocrin abnormality of the genit nearing or speech, physumor? ities such as attention-d sorders such as depresente Syndrome?  PORE RESIDENTS: under all policies issued ctive genetic test results t Disability exceeds SG for HUNTINGTON'S DIS or Monthly Disability In pany will only utilise the S:	asthma, fits, epile e disorder, liver dis ourinary system? ical or developmen eficit hyperactivity sion, obsessive cor by insurers in Sing for HUNTINGTON D2,000,000; or you SEASE and/or BRE come exceeds SG favourable test res	sease or any sease or any stal defects, a disorder (ADI mpulsive disorder) disorder (includation) of the sease of the seas	gastroi bnorma HD), au rder, so ing this ONLY Care r ER (BR ou cho	ntestinal disorder, al or premature atistic disorder and/ chizophrenia, chizophrenia, and concurrent insur if your total coverage nonthly benefit excee CA I & II) ONLY if you ose to voluntarily dis	Yes Yes Yes Yes Yes Solution of the fordeath eads SGD3,0 ir total coverage and the solution of the fordeath of the solution of the fordeath of the solution of	No No No No No Ono No vexceeds No Vexceeds No Vexceeds
FO Villani	a. any respiratory nervous system b. any heart disord kidney problem: c. condition affect birth or any can d. any developme or dyslexia? e. any mental or n bipolar disorder  DR SINGAPOREANS nere your total insurant are required to discose your total lineed to disclose your total lineed to disclose your total lineed to discose your total linees exceeds y predictive genetic to DR NON SINGAPORIOU are required to discose or are not required to	disease, proton?  der, blood discos, nephritis or ing the sight, horer, growth, to intal abnormal deurological distribution and/or Tourer  S AND SINGA in and/or Tourer  S AND S AND S In and/or Tou	onged cough, bronchitis, order, diabetes, endocrir abnormality of the genit nearing or speech, physumor? ities such as attention-disorders such as depressite Syndrome?  PORE RESIDENTS: under all policies issued ctive genetic test results t Disability exceeds SG for HUNTINGTON'S DISOR Or Monthly Disability in pany will only utilise the SI: etic test results	asthma, fits, epile e disorder, liver disourinary system? ical or development eficit hyperactivity sion, obsessive comby insurers in Sings for HUNTINGTON D2,000,000; or you be seeded SG favourable test resume for biomedical immunisation or value of the disorder of the seeded SG favourable test resume for biomedical immunisation or value of the disorder of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume favourable test resume for biomedical immunisation or value of the seeded SG favourable test resume favourable test resu	disorder (ADI mpulsive diso gapore (includ N'S DISEASE II Long Term EAST CANCE ID10,000. If y sults in its ass	gastroi bnorma HD), au rder, so ing this ONLY Care r ER (BR ou cho	ntestinal disorder, al or premature atistic disorder and/ chizophrenia, chizophrenia, and concurrent insur if your total coverage nonthly benefit excee CA I & II) ONLY if you ose to voluntarily dis	Yes Yes Yes Yes Yes Solution of the fordeath eads SGD3,0 ir total coverage and the solution of the fordeath of the solution of the fordeath of the solution of	No No No No No Sexceeds OO. You rage for esults of
	a. any respiratory nervous system b. any heart disord kidney problem: c. condition affect birth or any can d. any developme or dyslexia? e. any mental or n bipolar disorder  DR SINGAPOREANS nere your total insurant are required to discose your total lineed to disclose your total lineed to disclose your total lineed to discose your total linees exceeds y predictive genetic to DR NON SINGAPORIOU are required to discose or are not required to	disease, proton?  der, blood discos, nephritis or ing the sight, horer, growth, to intal abnormal deurological distribution and/or Tourer  S AND SINGA in and/or Tourer  S AND S AND S In and/or Tou	onged cough, bronchitis, order, diabetes, endocrir abnormality of the genit hearing or speech, physumor?  ities such as attentioned sorders such as depresente Syndrome?  PORE RESIDENTS: under all policies issued ctive genetic test results t Disability exceeds SG for HUNTINGTON'S DISTORM or Monthly Disability in pany will only utilise the settic test results  ts if genetic tests are do had any (other than for tyes, please give details	asthma, fits, epile e disorder, liver disourinary system? ical or development efficit hyperactivity sion, obsessive comby insurers in Sings for HUNTINGTON D2,000,000; or you see a source of the system of the syst	disorder (ADI mpulsive diso gapore (includ N'S DISEASE II Long Term EAST CANCE ID10,000. If y sults in its ass	gastroi bnorma HD), au rder, so ing this ONLY Care r ER (BR ou cho	ntestinal disorder, al or premature atistic disorder and/ chizophrenia, chizophrenia, and concurrent insur if your total coverage nonthly benefit excee CA I & II) ONLY if you ose to voluntarily dis	Yes Yes Yes Yes Yes Yes Orance applice for death edds SGD3,0 ir total coverclose the re	No N
	a. any respiratory nervous system b. any heart disord kidney problem: c. condition affect birth or any can d. any developme or dyslexia? e. any mental or no bipolar disorder  OR SINGAPOREANS nere your total insural urare required to disclose you itical Illness exceeds y predictive genetic to the control of the control o	disease, proton?  der, blood discos, nephritis or ing the sight, I ocer, growth, to intal abnormal deurological distribution and/or Toure and/or Tou	onged cough, bronchitis, order, diabetes, endocrir abnormality of the genit nearing or speech, physumor?  Ities such as attentioned sorders such as depresente Syndrome?  PORE RESIDENTS: under all policies issued ctive genetic test results t Disability exceeds SG for HUNTINGTON'S DIsor Monthly Disability In pany will only utilise the SE: letic test results  Its if genetic tests are do had any (other than for yes, please give details	asthma, fits, epile e disorder, liver disourinary system? ical or development efficit hyperactivity sion, obsessive comby insurers in Sings for HUNTINGTON D2,000,000; or you see a source of the system of the syst	papere (includate) of the control of	gastroi bnorma HD), au rder, so ing this ONLY Care r ER (BR ou cho sessme	ntestinal disorder, al or premature atistic disorder and/ chizophrenia, and concurrent insur if your total coverage nonthly benefit exce CA I & II) ONLY if you ose to voluntarily dis nt.	Yes	No N
VIII O	a. any respiratory nervous system b. any heart disord kidney problem: c. condition affect birth or any can d. any developme or dyslexia? e. any mental or no bipolar disorder	disease, proton?  der, blood discos, nephritis or ing the sight, I ocer, growth, to intal abnormal deurological distribution and/or Toure and/or Tou	onged cough, bronchitis, order, diabetes, endocrir abnormality of the genit nearing or speech, physumor?  Ities such as attentioned sorders such as depresente Syndrome?  PORE RESIDENTS: under all policies issued ctive genetic test results t Disability exceeds SG for HUNTINGTON'S DIsor Monthly Disability In pany will only utilise the SE: letic test results  Its if genetic tests are do had any (other than for yes, please give details	asthma, fits, epile e disorder, liver disourinary system? ical or development eficit hyperactivity sion, obsessive comby insurers in Sings for HUNTINGTON D2,000,000; or you seas and/or BRE come exceeds SG favourable test resumment of the biomedical resumments of the biomedical resumments as indicated below the source of the biomedical resumments.	papere (includ Vis DISEASE ur Long Term EAST CANCE ID10,000. If your sults in its assures arch.	gastroi bnorma HD), au rder, so ing this ONLY Care r ER (BR ou cho sessme	ntestinal disorder, al or premature atistic disorder and/ chizophrenia, and concurrent insur if your total coverage nonthly benefit exce CA I & II) ONLY if you ose to voluntarily dis nt.	Yes	No N
VIII O	a. any respiratory nervous system b. any heart disord kidney problem: c. condition affect birth or any can d. any developme or dyslexia? e. any mental or n bipolar disorder  OR SINGAPOREANS nere your total insurar are required to discose you total lineat to discose you total lineat to discose your total liness exceeds y predictive genetic to or	disease, proton?  der, blood discos, nephritis or ing the sight, I ocer, growth, to intal abnormal deurological distribution and/or Toure and/or Tou	onged cough, bronchitis, order, diabetes, endocrir abnormality of the genit nearing or speech, physumor?  Ities such as attentioned sorders such as depresente Syndrome?  PORE RESIDENTS: under all policies issued ctive genetic test results t Disability exceeds SG for HUNTINGTON'S DIsor Monthly Disability In pany will only utilise the SE: letic test results  Its if genetic tests are do had any (other than for yes, please give details	asthma, fits, epile e disorder, liver dis ourinary system? ical or developmen eficit hyperactivity sion, obsessive cor by insurers in Sing to for HUNTINGTON D2,000,000; or you SEASE and/or BRE come exceeds SG favourable test res one for biomedical r immunisation or va as indicated below ults Test f. Heart Sc	sease or any sease	gastroi bnorma HD), au rder, so ing this ONLY Care r ER (BR ou cho sessme	ntestinal disorder, al or premature atistic disorder and/ chizophrenia, and concurrent insur if your total coverage nonthly benefit exce CA I & II) ONLY if you ose to voluntarily dis nt.	Yes	No N
VIII O	a. any respiratory nervous system b. any heart disord kidney problems. c. condition affect birth or any can d. any developme or dyslexia? e. any mental or no bipolar disorder disorder.  CR SINGAPOREANS nere your total insural urare required to disclose you it cal Illness exceeds by predictive genetic to the control of t	disease, proton?  der, blood discos, nephritis or ing the sight, I ocer, growth, to intal abnormal deurological distribution and/or Toure and/or Tou	onged cough, bronchitis, order, diabetes, endocrir abnormality of the genit nearing or speech, physumor?  Ities such as attentioned sorders such as depresente Syndrome?  PORE RESIDENTS: under all policies issued ctive genetic test results t Disability exceeds SG for HUNTINGTON'S DIsor Monthly Disability In pany will only utilise the SE: letic test results  Its if genetic tests are do had any (other than for yes, please give details	asthma, fits, epile e disorder, liver dis ourinary system? ical or developmen eficit hyperactivity sion, obsessive cor by insurers in Sings for HUNTINGTON D2,000,000; or you SEASE and/or BRE come exceeds SG favourable test res one for biomedical r immunisation or va as indicated below ults Test f. Heart Sc (CT angie	sease or any sease	gastroi bnorma HD), au rder, so ing this ONLY Care r ER (BR ou cho sessme	ntestinal disorder, al or premature atistic disorder and/ chizophrenia, and concurrent insur if your total coverage nonthly benefit exce CA I & II) ONLY if you ose to voluntarily dis nt.	Yes	No N



Policy No.

	LTH DETAILS OF F			completed for	or non-medical application	, or wh	ere the medical exami	nation was
			signed date.	C.	Was there any weight ch	nange i	n the past year?	Over
10.1	a. Height (metres)				If yes, how much and st	-		○ Yes
	b. Weight (kilogra							
			he Proposed Insured's			11	1 d) and recult of the	laat aanault
	e. When did you l	asi cons	suit a doctor? Flease pr	Ovide reason	, name of clinic (if differs f	10111 11	. r.d) and result of the	iasi corisuit
10.2	Have you ever use excessively or bee			arcotics or be	en treated for drug habits	or cons	sumed alcohol	Yes
10.3	a. epilepsy, fits, s	roke, pa	n told to have or been to aralysis, weakness of liter ar nervous/mental disor	mb, prolonge	d headache, unconscious	ness, n	nervous breakdown,	Yes
	•	•	ders or any other endoc		s?			Yes
	c. ear discharge,	nose bl	,		nearing, or speech or any	other o	lisorders of ear, eye,	Yes
	nose or throat? d. asthma, persis		gh, coughing with bloo	d, pneumonia	ı, tuberculosis, chest or br	eathing	g complaints/	
			r lung disorders?	attack heart	murmur, cardiomyopathy,	mitral	valve prolanse or	
	other heart val	e disor		regular or fas	st heart rate, chest discom			Yes
	•				, piles or any other stoma		owel disorders?	Yes
					sorder or gall bladder disc			Yes
		-	-	-	other disorders of the kidne	-		Yes
					f the muscles, spine, limb	s or joii	nts or severe injury?	Yes
	•	•	or growths of any kind orders of the blood. ad		ain from donating blood or	receiv	ed blood transfusion	Yes
			ccount of haemophilia			100011	ou piecu tranciución	Yes
	I. any other illnes	s, disor	der, operation, physical	l disability or a	accident not mentioned at	oove?		Yes
10.4			ng to have any medical e you to seek medical t		s, investigations or treatm ne near future?	ent; or	experiencing any	Yes
10.5	Have you or your s with sexually trans	pouse b nitted d	een told to have, recei <sup>,</sup> isease. AIDS. AIDS Re	ved any medi lated Comple	cal advice, counselling or x or any other AIDS relate	treatmed cond	ent in connection lition?	Yes
10.6	a. Have you ever				,			Yes
	If yes, please s	tate rea	son, date and results:					
			ve you had any of the f enlarged nodes or unu		ptoms for more than one vons?	week c	ontinuously: fatigue,	Yes
	If yes, please s	tate rea	son, date and results:					
FOF	R SINGAPOREANS	AND S	INGAPORE RESIDEN	TS:				
you SGI will for 0 of a	are required to disc 02,000,000; or Total need to disclose you Critical Illness excee ny predictive genetic R NON SINGAPORI	lose the & Perm ir test re ds SGD c tests, t	predictive genetic test anent Disability exceed esults for HUNTINGTOI 500,000 or Monthly Dis the Company will only u	results for HU ds SGD2,000 N'S DISEASE sability Incom	urers in Singapore (includi JNTINGTON'S DISEASE ,000; or your Long Term C E and/or BREAST CANCE e exceeds SGD10,000. If burable test results in its a	ONLY Care mo R (BRO you ch	if your total coverage fonthly benefit exceeds CA I & II) ONLY if your loose to voluntarily dis	or death ex SGD3,000 total covera
	R ALL APPLICANTS are not required to		results if genetic tests	are done for	biomedical research.			
10.7		•	ou had any (other than one? If yes, please give		,			Yes
	Test	Date	Reason	Results	Test a Mammagram	Date	Reason	Result
	a. Blood Test b. Biopsy		]		g. Mammogram h. PAP Smear			
	c. Chest X-Ray				i. Ultrasound			
	d. CT Scan / MRI				j. Urine			
	e. ECGs f. Heart Scan				k. Others. Please specify			
	II. Heatt older							

	Have either of your r pressure, cardiomyo If yes, please provide		, kidney diseases, mental disorde	er, tuberculosis	s or any hered	ditary disease?		Yes(
	Family Member	Current Age	State of Health and Nature of Condition (If cancer, please include type)	Age at Onset	Cause of [	Death (if applicable		
	Mother							
	Father							
	Brothers							
	Sisters							
	other gynaecolog to be submitted i e. Are you now pre i) Expected delin ii) When was the	gical investigation for available).  gnant? If yes, powery date:  a last time you vision any complication Gesti	dd mm	yyyyy mm vious pregnan section	est done and	results of test (cop	ру О	Yes (Yes (
REM			olied for, if any answer to question 9 a				vant questi	ion nun
	ARKS In connection w	rith insurance app		and 10 is "Yes",	give details be		vant questi	
DECI	ARKS In connection w	rith insurance app	lied for, if any answer to question 9 a	and 10 is "Yes",	give details be	low, quoting the rele		
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## 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. AlA Singapore shall assume no liability whatsoever, and that my/our Policy/Policies will only be effective after this application is accepted by AlA Singapore and the initial premium duly paid in full to and accepted by AlA 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, (2) Product Summary (applicable only to endowment and whole life business), (3) Bundled Product Disclosure (applicable only for AIA Smart Rewards Saver and AIA Prime Secure), (4) "Your Guide to Life Insurance" and (5) "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 fund 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. AlA 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 AlA Singapore; and
  - c. AlA Singapore or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my health status in relation to this application and any resulting claim; and
  - AIA Singapore, its associated persons/organisations, 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

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.

		ered	
	available electr		AIA Singapore are considered delivered and received (i) if mac or email notification informing me that the document is accessible own address notified to AIA Singapore.
10.	Electronic Rec	eipt of Policy Documents and Correspondences	
	Policy ("Corres		ur Policy Document and/or correspondences relating to my/o and/or Correspondences will be made available in my/our AIA AIA Singapore's corporate website.
	my/our applicat receive Policy access and vie	ion has been officially approved by AIA Singapore and/o Documents and Correspondences electronically, I/we a	we my/our Policy Document and/or Correspondences in AIA+ on or Correspondences are available for viewing. If I/we had opted cknowledge that the terms and conditions governing the uploaner portal, (a copy of which is available upon request) have been
	I/We understan	d that not all of the Correspondences are currently avail	able via electronic statements.
	I/We consent to understand and	o AIA Singapore providing me/us with hard copies of Co	rrespondences that are currently unavailable electronically. I allopies when the electronic copies become available in future.
	via post if my/o	ur email address and mobile number are not provided in	ny/our Policy Document and/or Correspondences will be deliver this proposal.
		Policy Contract	All other correspondences
	Policy 1	Receive my contract in electronic version	Receive future correspondences electronically
		Receive my contract in hardcopy version	Receive future correspondences in hardcopy
	Policy 2	Receive my contract in electronic version	Receive future correspondences electronically
		Receive my contract in hardcopy version	Receive future correspondences in hardcopy
	Policy 3	Receive my contract in electronic version	Receive future correspondences electronically
		Receive my contract in hardcopy version	Receive future correspondences in hardcopy
	Policy 4	Receive my contract in electronic version	Receive future correspondences electronically
		Receive my contract in hardcopy version	Receive future correspondences in hardcopy
	Note: Only one	option to be selected (either electronic OR hardcopy)	

Con	tact me by[-]:
0	Post
$\bigcirc$	Electronic transmission to or through my email addresses and social media accounts
$\bigcirc$	Voice call
$\bigcirc$	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 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.



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					y from sources in that jurisdiction. E n the type of visa that they are holdir				
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iii.	Mailing	f these information field (Current Residence Address, Foreign Permanent Residence Address, Citizer Address or Place of Birth) provided does/do not correspond with your declared country/jurisdiction of son(s). (Not applicable if the Applicant/Owner is an entity)									
	Current Residence Address:										
	a.	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.	$\circ$								
	b.	I only recently moved to the current residential 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.	$\circ$								
	C.	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.	$\bigcirc$								
	d.	The residential address belongs to my spouse/parents and I am only on a social visit pass.	0								
	e.	Others Please provide details:	$\circ$								
	Foreign Permanent Residence Address:										
	a.	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.	0								
	b.	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.	$\circ$								
	C.	Others Please provide details:	$\circ$								
	Teleph	one Numbers:									
	a.	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.	$\circ$								
	b.	Others Please provide details:	$\circ$								
	Mailin	ng Address:									
	a.	The mailing address belongs to my parent/spouse/sibling/child.	$\bigcirc$								
	b.	The mailing address is my business address.									
	C.	I am currently working/studying overseas.	0								
	d.	I am currently staying with my friend/spouse/fiance/fiancee.	0								
	e.	The mailing address belongs to a rented dwelling that I am staying in.	$\bigcirc$								
	f.	The mailing address is a "c/o" address to my insurance representative.	$\bigcirc$								

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## iv. Common Reporting Standard Declarations

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, 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.

# v. Declaration on U.S. Person Status (please tick one of the boxes below) For applicant/owner who is not a U.S Person 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 U.S. federal income tax purposes. I/We 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.

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## 13. 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.

- 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.
- - 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.
- 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.
- 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.
- 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

- 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.
- 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.
- 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.
- 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 nonpayment. Nevertheless, AIA will exercise diligence to effect Payment using an alternative means as soon as is reasonably practicable.
- 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.
- 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.

- 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.
- 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.



Policy No.								
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- 14. 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.
- 15. 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 Financial Services Consultant(s)/Insurance Representative(s) but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal. Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of your proposal, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

Declared in <b>SINGAPORE</b> on		Day:	Month:	Year:
			WITNES	SED BY
SIGNATURE OF PROPOSED INSURED	SIGNATURE OF AF	PPLICANT/OWNER		NATURE OF RESENTATIVE(S)

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