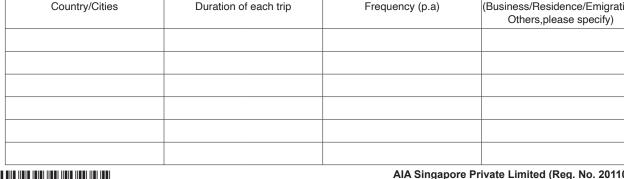


AIA SINGAPORE RESIDENCY AND TRAVEL QUESTIONNAIRE

WARNING: In accordance with Section 25(5) of the Insurance Act, as may be amended from time to time, you are to fully and faithfully disclose in this 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.

Particulars of Insured and Policy Owner							
Na	Name of Insured					NRIC/Passport/FIN No.	
Na	Name of Policy Owner (if different from Insured)					IC/Passport/FIN No.	
Ро	licy Numbers						
Qu	estions						
1.	Please state your Nationality.						
~							
2.	Please provide your current count	ry of residence.					
3.	Please state how long you have b	een residing in y	our current coun	try of residence.			
4. Which country does your spouse and/or children reside?							
5.	In which country do you have per	manent or tempo	rarv residence st	atus?			
	Name of Country			Residency Status (i.e. citizen, PR, work permit, etc)			
_	For the past 12 months, what amo	ount of time do w	u spend in vario	us countries specifyin	a any part	icular country in which you spend	
6.	or the past 12 months, what amount of time do you spend in various countries, specifying ore than 1 month in total? Kindly indicate the total time spent there and the purpose of tr			any pan ravel.			
	Country/Citics	Duration	of a a a h trin	Erosuose (r	c)	Purpose of Travel (Business/Residence/Emigration/	
	Country/Cities	Duration C	of each trip	Frequency (p	.d)	(Business/Residence/Emigration/ Others,please specify)	





7. Do you plan to travel outside your current primary country of residence in the next 12 months?

Yes		No
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If **Yes**, please complete the following table.

Country/Cities	Duration of each trip	Frequency (p.a)	Purpose of Travel (Business/Residence/Emigration/ Others,please specify)

8. Please provide any additional information on your residence and travel that may be helpful in processing your application.

Declaration and Authorisation

I hereby declare and agree that the above particulars and answers are complete and true, and this questionnaire will form part of the contract for the desired insurance on the life of the Insured. I understand that I may be required to provide proof of my statements made above.

Signature of Insured		Signature of Policy Owner
Date		Date

FSC/IR's Name	FSC/IR's Code	FSC/IR Unit Name	Mobile No.