

**AIA SINGAPORE****APPLICATION FORM FOR PLATINUM SERIES LIFE INSURANCE (FOR OFFSHORE BROKERS ONLY)**

|                                          |                      |                       |                      |
|------------------------------------------|----------------------|-----------------------|----------------------|
| Insurance Representative's Unit Code:    | <input type="text"/> | Referral's Unit Code: | <input type="text"/> |
| Insurance Representative's Code:         | <input type="text"/> | Referral's Code:      | <input type="text"/> |
| Insurance Representative's Name/Channel: | <input type="text"/> | Referral's Name:      | <input type="text"/> |

Policy No.  ☐ Medical ☐ Non-Medical

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**

Full Name (shown on NRIC/FIN/Passport):

Date of Birth:                      dd                      mm                      yyyy                      Gender: ☐ Male ☐ FemaleType of Identification: ☐ NRIC ☐ FIN ☐ Passport ☐ Foreign ID                      Country of Residence:NRIC / FIN / Passport / Foreign ID no.:                      Identification Document Issuing Country: *Applicable for Passport and Foreign ID only*                      Identification Document Expiry Date: *Applicable for Passport and Foreign ID only*

Please indicate the reason if your identification document issuing country differs from your citizenship:

- ☐ I am a refugee/ stateless/ have no citizenship
- ☐ I am a British overseas territories citizen / British overseas citizen / British subject / British national (overseas) / British protected person
- ☐ I am a Chinese citizen holding a passport from HK SAR/ Macau SAR
- ☐ Others, please specify: \_\_\_\_\_

|                                                                                                                 |                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Marital Status:                                                                                                 | Residency Status:                                                                                                                          |
| <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed / Divorced / Separated | <input type="radio"/> Singapore Citizen <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others |

Current Residence Address - All correspondence relating to this policy will be sent to this residence address unless you specify a mailing address.

*Please submit the following document(s) to show proof of this address*

i) For Singaporeans and PRs - copy of NRIC (if the address on the NRIC differs from this address, please explain the reason(s) in writing)

ii) For Singaporeans and PRs residing overseas and Pass holders - Letters from government or banks, or utility or telephone bills (dated within the last 6 months)

Mailing Address - if different from current residential address

*The mailing address will apply to this application only. If you wish to change your mailing address for your existing policy(ies), please submit a separate written request.*

*Use of P.O. Box is not allowed*

Postal Code:

Postal Code:

Occupation:

Occupation Status:

☐ Full-time ☐ Part-time ☐ Self-employed ☐ Not Employed

Company Name:

Exact Duties (please provide in details):

Contact Details

Home: \_\_\_\_\_  
Country Code      Area Code      Home NumberMobile: \_\_\_\_\_  
Country Code      Area Code      Mobile NumberOffice: \_\_\_\_\_  
Country Code      Area Code      Office Number

Email:

If not Singaporean  
Citizenship 1:

Citizenship 2:

Citizenship 3:



\* U C 7 0 8 2 6 0 1 0 2 1 7 \*

**AIA Singapore Private Limited (Reg. No. 201106386R)**

AIA Customer Service Centre, 1 Finlayson Green, Singapore 049246

Monday – Friday: 8.45am – 5.30pm

AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG

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|                     |                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nature of Business: | Place of Birth:                                                                                                                                                                                                                                                                                                                                                           |
| Company Address:    | Annual Income <input type="checkbox"/> US\$ <input type="checkbox"/> S\$<br><input type="radio"/> ≤ 30,000 <input type="radio"/> 30,001 – 50,000 <input type="radio"/> 50,001 – 100,000<br><input type="radio"/> 100,001 – 150,000 <input type="radio"/> 150,001 – 300,000 <input type="radio"/> > 300,000<br><input type="radio"/> Actual Annual Income (Optional) _____ |
| 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.

Please provide us with the updated passport or identification details of you and/or the insured(s) once the current document has expired. AIA Singapore may also contact you directly to request the updated information.

## 1a DETAILS OF CONTINGENT OWNER (IF INSURED IS JUVENILE)

|                                                                                             |    |    |                        |
|---------------------------------------------------------------------------------------------|----|----|------------------------|
| Full Name of Contingent Owner (Other than the Original Owner):                              |    |    |                        |
| Date of Birth:                                                                              | dd | mm | yyyy                   |
| Relationship to Proposed Insured: <input type="radio"/> Estate <input type="radio"/> Parent |    |    | NRIC/FIN/Passport No.: |
| NOTE: NOT APPLICABLE FOR POLICIES OWNED BY TRUSTEE(S)                                       |    |    |                        |

**1b** DETAILS OF APPLICANT/OWNER (IF ENTITY, E.G. PARTNERSHIP, CORPORATION, TRUSTEE, ETC.)

|                                                                                                                                                                                                         |      |                                                                                                                                                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Legal Name of Entity                                                                                                                                                                               |      |                                                                                                                                                                                                                                                                              |  |
| (Note: If Applicant/Owner is a Trustee, please complete Verification of Trust Form.)                                                                                                                    |      |                                                                                                                                                                                                                                                                              |  |
| Registered Address:                                                                                                                                                                                     |      | Mailing Address - if different from registered address<br><i>The mailing address will apply to this application only. If you wish to change your mailing address for your existing policy(ies), please submit a separate written request. Use of P.O. Box is not allowed</i> |  |
| Postal Code:                                                                                                                                                                                            |      | Postal Code:                                                                                                                                                                                                                                                                 |  |
| Office Tel: Country Code / Area Code / Office Number                                                                                                                                                    | Ext: | Fax No.:                                                                                                                                                                                                                                                                     |  |
| Business Registration No. / Unique Entity No.:                                                                                                                                                          |      |                                                                                                                                                                                                                                                                              |  |
| Country of Corporation:                                                                                                                                                                                 |      | Country of Domicile:                                                                                                                                                                                                                                                         |  |
| Relationship of Entity to Life to be Assured:                                                                                                                                                           |      |                                                                                                                                                                                                                                                                              |  |
| <i>Please provide the reason if:</i><br><i>1. Your "Mailing Address" is different from your "Registered Address"</i><br><i>Note: Please provide separate reasons if all the addresses do not match.</i> |      |                                                                                                                                                                                                                                                                              |  |



|                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                      | <input type="radio"/> AIA Platinum Wealth Legacy (US\$) <input type="radio"/> AIA Platinum Wealth Legacy (S\$)<br>Premium Allocation to: AIA Elite Conservative<br><br>Top up details (if any):<br>Ad Hoc Top-Up<br>Top Up Amount: \$ _____<br>Regular Top-Up<br>Top Up Amount: \$ _____<br>Number of years: _____<br>For Single Premium plan, please select frequency:<br><input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi Annually <input type="radio"/> Annually   |
| Basic Plan Name                                                                                                                      | <input type="radio"/> AIA Platinum Indexed Legacy (III)<br><input type="radio"/> Single Premium <input type="radio"/> Multi Premium<br>Number of years: _____<br>Death Benefit Bequest Option:<br><input type="radio"/> Not Applicable <input type="radio"/> Installment<br>Number of years: _____<br><br>Premium Allocation: _____ % Fixed Account<br>_____ % Index Account<br>Index Sub-Account: _____<br><input type="radio"/> Scheduled Premium Transfer<br>_____ months                                  |
|                                                                                                                                      | <input type="radio"/> Others (Please write in full including currency of plan):<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Premium Payment Term*                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Backdated<br><small>(Applicable for Platinum Heritage Wealth (II) and Platinum Indexed Legacy (III) only)</small>                    | <input type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Sum Assured (US\$/S\$)                                                                                                               | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Premium (US\$/S\$)                                                                                                                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Regular Premium Payment Frequency<br><small>(Not applicable for Platinum Wealth Heritage and Platinum Legacy Single Premium)</small> | <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually                                                                                                                                                                                                                                                                                                                                                                              |
| Premium Payment Method<br><small>(include hyphenation if any)</small>                                                                | <div style="display: flex; justify-content: space-between;"> <div><input type="radio"/> Cash</div> <div><input type="radio"/> Telegraphic Transfer</div> <div><input type="radio"/> Premium Financing<br/>(Financing Bank: _____)</div> </div> <input type="radio"/> Cheque - Bank/Cheque No.:<br>Name of Drawer:<br><input type="radio"/> Cashier's Order - Bank/ Cashier's order No.:<br><input type="radio"/> Credit Card <small>(Please complete Credit Authorisation Form and submit to cashier)</small> |
| Source of Wealth<br>Where your wealth is derived from.<br>You may tick more than 1 option                                            | <input type="radio"/> Employment/Trade Income <input type="radio"/> Investment Income <input type="radio"/> Rental Income<br><input type="radio"/> Others, please specify: _____                                                                                                                                                                                                                                                                                                                              |
| Source of Funds#<br>Origin of the funds used to pay premiums.<br>You may tick more than 1 option                                     | <input type="radio"/> Employment/Trade Income <input type="radio"/> Sales of Property <input type="radio"/> Savings<br><input type="radio"/> Maturity proceeds from AIA policies (Please complete Maturity Benefit Transfer Authorisation Form)<br><input type="radio"/> Maturity or Surrender of Policy or Sale of Investments<br><input type="radio"/> Others, please specify: _____                                                                                                                        |
| <b>Relationship of Payor to Applicant/Owner :</b>                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

# 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 to 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 or 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.

#### 4 DETAILS OF POLITICALLY EXPOSED PERSON

Are you a Politically Exposed Person (PEP) or related to a PEP?

☐ Yes☐ No

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 \_\_\_\_\_ Ending Year \_\_\_\_\_

\* 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.

## 5 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 that contain a clear photograph.

☐ Yes☐ No

In relation to customers, “**Beneficial Owner**” as defined in 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, 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.

| Full Name<br>(shown on NRIC/FIN/Passport) | NRIC/FIN/<br>Passport No. | Date of birth<br>(DD/MM/YY) | Relationship to<br>the Policyholder | Gender<br>(M/F) | Residency Status<br>(Singaporean/<br>Singapore PR/ Pass<br>Holder/Other) | Citizenship<br>(if not Singaporean) |
|-------------------------------------------|---------------------------|-----------------------------|-------------------------------------|-----------------|--------------------------------------------------------------------------|-------------------------------------|
|                                           |                           |                             |                                     |                 |                                                                          |                                     |
|                                           |                           |                             |                                     |                 |                                                                          |                                     |
|                                           |                           |                             |                                     |                 |                                                                          |                                     |
|                                           |                           |                             |                                     |                 |                                                                          |                                     |



## 6 DETAILS OF PREVIOUS, CONCURRENT INSURANCE APPLICATIONS AND PURSUITS OF PROPOSED INSURED

**6.1** a. Are there any existing and/or concurrent applications?

☐ No ☐ Yes - Please complete Q6.1b and provide details of existing and/or concurrent applications in Q6.2

b. Please provide the total amount of life insurance coverage that you intend to incept with all companies (including this application).

Currency:                      Amount:

**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.

**6.2** Please provide details of the Proposed Insured's total inforce and concurrent life insurance policies.

|                              | Policy 1                                                                | Policy 2                                                                | Policy 3                                                                | Policy 4                                                                | Policy 5                                                                |
|------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Insurance Company            |                                                                         |                                                                         |                                                                         |                                                                         |                                                                         |
| Country of Insurance Company | <input type="radio"/> Singapore<br><input type="radio"/> Non- Singapore | <input type="radio"/> Singapore<br><input type="radio"/> Non- Singapore | <input type="radio"/> Singapore<br><input type="radio"/> Non- Singapore | <input type="radio"/> Singapore<br><input type="radio"/> Non- Singapore | <input type="radio"/> Singapore<br><input type="radio"/> Non- Singapore |
| Death (Sum Assured US\$/S\$) |                                                                         |                                                                         |                                                                         |                                                                         |                                                                         |
| Total & Permanent Disability |                                                                         |                                                                         |                                                                         |                                                                         |                                                                         |
| Disability Income            |                                                                         |                                                                         |                                                                         |                                                                         |                                                                         |
| Critical Illness             |                                                                         |                                                                         |                                                                         |                                                                         |                                                                         |
| Year Issued/Pending          |                                                                         |                                                                         |                                                                         |                                                                         |                                                                         |

**6.3** Is this proposal to replace or intended to replace in full or in part any insurance or other designated investment products, such as unit trust or life policy, with AIA or any other financial adviser such as insurance company, bank, as well as independent financial adviser?

☐ No      ☐ Yes – Please give details:

**WARNING:**

You may incur fees and charges as a result of surrendering or reducing your investment in an existing Designated Investment Product (DIP) (unit trust or life policy) or Accident & Health insurance product ("policy"), to buy new DIP(s) or Accident & health Insurance products or top up existing ones. Before replacing your policy, you should find out whether you are entitled to free switching under your existing policy and consider carefully whether any fees, charges or disadvantages that may arise from the replacement will outweigh any potential benefits.

**Some of the disadvantages associated with replacement include the following:**

- i. You may not be insured at standard terms or terms same as your replaced policies.
- ii. You may incur transaction cost without gaining any real benefit from the replacement (e.g. duplicate sales charges and/ or different Premiums and Terms & conditions)
- iii. You may incur penalties for terminating the existing policy (e.g. surrender charges)
- iv. The new policy may offer a (1) lower level of benefit at higher cost or same cost (2) offer the same level of benefit at higher cost (e.g. higher mortality charges)
- v. The new policy may be less suitable for you and the terms and conditions may differ.

**6.4** 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, benefit type, reason, year of submission

**6.5** 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:

7

|                                                                                                                                                                                                                                                  |                                                                                                                                     |                      |                                                                                                                                                                             |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>7.1</b> Have you ever smoked any forms of tobacco?<br><input type="radio"/> No <input type="radio"/> Yes                                                                                                                                      | If currently smoking, please state:<br>Type of tobacco:    Cigarettes/Cigars/Pipe/<br>Others: _____<br>No. of sticks per day: _____ |                      | If former smoker, please state:<br>When was the last time you smoked: _____<br>Type of tobacco:    Cigarettes/Cigars/Pipe/<br>Others: _____<br>No. of sticks per day: _____ |                        |
| <b>7.2</b> Do you drink alcohol?<br><input type="radio"/> No <input type="radio"/> Yes                                                                                                                                                           | How many glasses of alcohol do you consume every week?                                                                              | Beer<br>cans (330ml) | Wine<br>glasses (100ml)                                                                                                                                                     | Spirits<br>tots (30ml) |
| <b>7.3</b> In the last 12 months, do you travel or live outside your country of residence for more than <b>a total of 14 days</b> in a year? If so, please provide the following information: <input type="radio"/> No <input type="radio"/> Yes |                                                                                                                                     |                      |                                                                                                                                                                             |                        |
| Countries/Cities                                                                                                                                                                                                                                 | Duration of each trip                                                                                                               | Frequency (p.a.)     | Purpose of travel (Business, Residence, Emigration, others, please specify)                                                                                                 |                        |
|                                                                                                                                                                                                                                                  |                                                                                                                                     |                      |                                                                                                                                                                             |                        |
|                                                                                                                                                                                                                                                  |                                                                                                                                     |                      |                                                                                                                                                                             |                        |
|                                                                                                                                                                                                                                                  |                                                                                                                                     |                      |                                                                                                                                                                             |                        |
| <b>7.4</b> Do you anticipate the pattern or frequency of travel will change substantially over the next 12 months? If yes, please provide the following information: <input type="radio"/> No <input type="radio"/> Yes                          |                                                                                                                                     |                      |                                                                                                                                                                             |                        |
| Countries/Cities                                                                                                                                                                                                                                 | Duration of each trip                                                                                                               | Frequency (p.a.)     | Purpose of travel                                                                                                                                                           |                        |
|                                                                                                                                                                                                                                                  |                                                                                                                                     |                      |                                                                                                                                                                             |                        |
|                                                                                                                                                                                                                                                  |                                                                                                                                     |                      |                                                                                                                                                                             |                        |
|                                                                                                                                                                                                                                                  |                                                                                                                                     |                      |                                                                                                                                                                             |                        |

## 8

| Relationship to Proposed Insured                     | Age | Insuring Company | Amount of Life Insurance Cover (US\$/S\$) |
|------------------------------------------------------|-----|------------------|-------------------------------------------|
| Father                                               |     |                  |                                           |
| Mother                                               |     |                  |                                           |
| Sibling(s)                                           |     |                  |                                           |
| Sibling(s)                                           |     |                  |                                           |
| Sibling(s)                                           |     |                  |                                           |
| Payor if other than a family member (legal guardian) |     |                  |                                           |

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

☐ Yes    ☐ No – please state reason:



**9****HEALTH DETAILS OF PROPOSED INSURED OF AGE 15 AND BELOW** – To be completed for non-medical application, or where the medical examination was done earlier than the application form signed date.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                               |                                                    |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------|
| <b>9.1</b> a. Height (metres):<br><br>b. Weight (kilograms):                                                                                                                                                                                                                                                                                                                                                                                                          | c. Was there any weight change in the past year?<br>If yes, how much and state the reason: <input type="radio"/> Yes <input type="radio"/> No |                                                    |                                    |
| d. Name and Address of the Proposed Insured's Regular Doctor:                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |                                                    |                                    |
| e. When did you last consult a doctor? Please provide reason, name of clinic (if differs from 10.1.d) and result of the last consultation:                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                    |                                    |
| <b>9.2</b> 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<br>mth(s)        |
| <b>9.3</b> 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 |                                                                                                                                               |                                                    |                                    |
| <b>9.4</b> 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 health condition 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) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                               |                                                    |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                               |                                                    |                                    |
| <b>9.5</b> Has the child ever had, or have been told or been treated for:                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               |                                                    |                                    |
| a. any respiratory disease, prolonged cough, bronchitis, asthma, 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 health conditions 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 the following results:

- Genetic tests done for biomedical research.
- Genetic tests done under the National Familial Hypercholesterolemia Genetic Testing Programme.

|                                                                                                                                                       |      |        |         |                                 |      |        |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|---------|---------------------------------|------|--------|---------|
| <b>9.6</b> In the past 5 years, has the child had any (other than for immunisation or vaccination) <input type="radio"/> Yes <input type="radio"/> No |      |        |         |                                 |      |        |         |
| a. of the following tests done? If yes, please give details as indicated below.                                                                       |      |        |         |                                 |      |        |         |
| Test                                                                                                                                                  | Date | Reason | Results | Test                            | Date | Reason | Results |
| a. Blood Test                                                                                                                                         |      |        |         | f. Heart Scan<br>(CT angiogram) |      |        |         |
| b. Biopsy                                                                                                                                             |      |        |         | g. Ultrasound                   |      |        |         |
| c. Chest X-Ray                                                                                                                                        |      |        |         | h. Urine                        |      |        |         |
| d. CT Scan / MRI                                                                                                                                      |      |        |         | i. Others. Please specify       |      |        |         |
| e. ECGs                                                                                                                                               |      |        |         |                                 |      |        |         |
| b. illness, operation, medical advice, investigations or hospital treatment not mentioned above? <input type="radio"/> Yes <input type="radio"/> No   |      |        |         |                                 |      |        |         |
| If yes, please provide details:                                                                                                                       |      |        |         |                                 |      |        |         |

**10.1 a.** Height (metres):

b. Weight (kilograms):

c. Was there any weight change in the past year?

☐ Yes ☐ No

If yes, how much and state the reason:

d. Name and Address of the Proposed Insured's Regular Doctor:

e. When did you last consult a doctor? Please provide reason, name of clinic (if differs from 10.1 d) and result of the last consultation:

**10.2** 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

**10.3** 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 health conditions?

☐ Yes ☐ No

b. diabetes, thyroid disorders or any other endocrine disorders?

☐ Yes ☐ No

c. ear discharge, nose bleeds, double vision, impaired sight, hearing, or speech or any other disorders of ear, eye, nose or throat?

☐ Yes ☐ No

d. asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/discomfort or any other lung disorders?

☐ Yes ☐ No

e. raised cholesterol, high blood pressure, heart attack, heart murmur, cardiomyopathy, mitral valve prolapse or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorders of the heart or blood vessels?

☐ Yes ☐ No

f. gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?

☐ Yes ☐ No

g. jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?

☐ Yes ☐ No

h. blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?

☐ Yes ☐ No

i. slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury?

☐ Yes ☐ No

j. cancer, tumours, cysts or growths of any kind?

☐ Yes ☐ No

k. anaemia, any other disorders of the blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?

☐ Yes ☐ No

I. any other illness, disorder, operation, physical disability or accident not mentioned above?

☐ Yes ☐ No

**10.4** Are you awaiting or intending to have any medical consultations, investigations or treatment; or experiencing any symptoms that might cause you to seek medical treatment in the near future?

☐ Yes ☐ No

**10.5** 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

**10.6 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:

**10.7** 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. Mammogram              |      |        |         |
| b. Biopsy                       |      |        |         | h. PAP Smear              |      |        |         |
| c. Chest X-Ray                  |      |        |         | i. Ultrasound             |      |        |         |
| d. CT Scan / MRI                |      |        |         | j. Urine                  |      |        |         |
| e. ECGs                         |      |        |         | k. Others. Please specify |      |        |         |
| f. Heart Scan<br>(CT angiogram) |      |        |         | _____                     |      |        |         |

b. illness, operation, medical advice, investigations or hospital treatment not mentioned above?

If yes, please provide details:

☐ Yes ☐ No

**10.8** 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 health condition, tuberculosis or any hereditary disease?

If yes, please provide details below.

☐ Yes ☐ No

| Family Member | Current Age | State of Health and Nature of Condition (If cancer, please include type) | Age at Onset | Cause of Death (if applicable) | Age of Death (if applicable) |
|---------------|-------------|--------------------------------------------------------------------------|--------------|--------------------------------|------------------------------|
| Mother        |             |                                                                          |              |                                |                              |
| Father        |             |                                                                          |              |                                |                              |
| Brothers      |             |                                                                          |              |                                |                              |
| Sisters       |             |                                                                          |              |                                |                              |

### 10.9 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):

**11 REMARKS** In connection with insurance applied for, if any answer to question 9 and 10 is "Yes", give details below, quoting the relevant question number(s).

## 12 DECLARATION

|                                                                                                                                                                                                                                                        |                                                |                                                |                                                |                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|
| 1. <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><br>A.1 Have you resided outside of Singapore continuously for at least 5 years preceding the date of Application?<br>A.2 Are you currently residing in Singapore?                                                      | <input type="radio"/><br><input type="radio"/> | <input type="radio"/><br><input type="radio"/> | <input type="radio"/><br><input type="radio"/> | <input type="radio"/><br><input type="radio"/> |
| <b>B. For Singapore Permanent Resident &amp; employment pass, work permit, dependant pass or other work pass holders</b><br>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><br>C.1 Does your pass have a duration of less than 90 days?<br>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"/><br><input type="radio"/> | <input type="radio"/><br><input type="radio"/> | <input type="radio"/><br><input type="radio"/> | <input type="radio"/><br><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.**

2. **YOUR GUIDE TO LIFE/ HEALTH INSURANCE - Tick as appropriate**

☐ I have been informed and directed to view or download a copy of (1) "Your Guide to Life Insurance" and/or (2) "Your Guide to Health Insurance" (applicable only to accident and health business) 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 (1) "Your Guide to Life Insurance" and/or (2) "Your Guide to Health Insurance" (applicable only to accident and health business).

### 13 ADDITIONAL DECLARATIONS (FOR SALES THROUGH OFFSHORE DISTRIBUTORS)

- (a) I/We hereby confirm my/our knowledge that the person advising on the insurance policy which I/we am applying for is not licensed or registered in Singapore to carry out insurance sales business or financial advisory services and that AIA Singapore is not responsible or liable for the sales and advisory services provided to me.
- (b) I/We further confirm that AIA Singapore has neither arranged for nor approved any solicitation for my/our business in the country where this application is made from.
- (c) I/We have been advised and understand that AIA Singapore does not hold any licence and is not registered or approved by any regulatory authority to carry on insurance business in any country other than Singapore and Brunei Darussalam, nor does AIA Singapore hold itself out as carrying on or purporting to carry on any such insurance business anywhere other than these two countries.
- (d) I/We confirm that by signing this application below, I/we are not in breach of any legislation in the territory in which this application is signed or in which I received any financial advisory services in respect of this application.
- (e) (for individuals) I am neither a Singapore citizen, nor a Singapore resident.  
(for non-individuals) The applicant was not established in Singapore, and does not have an operating presence in Singapore.

## 14 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 initial 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, (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.



- 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.

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.

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                                                                                                               |
|----------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Policy 1 | <input type="radio"/> Receive my contract in electronic version<br><input type="radio"/> Receive my contract in hardcopy version | <input type="radio"/> Receive future correspondences electronically<br><input type="radio"/> Receive future correspondences in hardcopy |
| Policy 2 | <input type="radio"/> Receive my contract in electronic version<br><input type="radio"/> Receive my contract in hardcopy version | <input type="radio"/> Receive future correspondences electronically<br><input type="radio"/> Receive future correspondences in hardcopy |
| Policy 3 | <input type="radio"/> Receive my contract in electronic version<br><input type="radio"/> Receive my contract in hardcopy version | <input type="radio"/> Receive future correspondences electronically<br><input type="radio"/> Receive future correspondences in hardcopy |
| Policy 4 | <input type="radio"/> Receive my contract in electronic version<br><input type="radio"/> Receive my contract in hardcopy version | <input type="radio"/> Receive future correspondences electronically<br><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 Privacy Policy Statement (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 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. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)/ COMMON REPORTING STANDARD(CRS) DECLARATION BY APPLICANT/ OWNER**

Please complete this section if the proposed plan contains cash value (surrender or termination value; amount that policyholder can borrow under the contract).

**Definition:**

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

i. 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> |                         |                         |
|---------------------------------------|--|---------------------------------|---------------------------------------------------------------------------|-------------------------|-------------------------|
| a.                                    |  |                                 | <input type="radio"/> A                                                   | <input type="radio"/> B | <input type="radio"/> C |
| b.                                    |  |                                 | <input type="radio"/> A                                                   | <input type="radio"/> B | <input type="radio"/> C |
| c.                                    |  |                                 | <input type="radio"/> A                                                   | <input type="radio"/> B | <input type="radio"/> C |
| d.                                    |  |                                 | <input type="radio"/> A                                                   | <input type="radio"/> B | <input type="radio"/> C |
| e.                                    |  |                                 | <input type="radio"/> A                                                   | <input type="radio"/> B | <input type="radio"/> C |
| f.                                    |  |                                 | <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>

- ii. If you have ticked Reason B for question (i), please 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.       |

- iii. If any of these information field (Current Residence Address, Telephone Number, or Mailing Address) provided does/do not correspond with your declared country/jurisdiction of tax residence, please tick the reason(s). (Not applicable if the Applicant/Owner is an entity)

| Current Residence Address: |                                                                                                                                                                                            |                       |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 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.                                          | <input type="radio"/> |
| 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. | <input type="radio"/> |
| 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.                 | <input type="radio"/> |
| d.                         | The residential address belongs to my spouse/parents and I am only on a social visit pass.                                                                                                 | <input type="radio"/> |
| e.                         | Others<br>Please provide details: _____                                                                                                                                                    | <input type="radio"/> |

|                           |                                                                                                                                                              |                       |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Telephone Numbers:</b> |                                                                                                                                                              |                       |
| 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. | <input type="radio"/> |
| b.                        | Others<br>Please provide details: _____                                                                                                                      | <input type="radio"/> |
| <b>Mailing Address:</b>   |                                                                                                                                                              |                       |
| a.                        | The mailing address belongs to my parent/spouse/sibling/child.                                                                                               | <input type="radio"/> |
| b.                        | The mailing address is my business address.                                                                                                                  | <input type="radio"/> |
| c.                        | I am currently working/studying overseas.                                                                                                                    | <input type="radio"/> |
| d.                        | I am currently staying with my friend/spouse/fiance/fiancee.                                                                                                 | <input type="radio"/> |
| e.                        | The mailing address belongs to a rented dwelling that I am staying in.                                                                                       | <input type="radio"/> |
| f.                        | The mailing address is a "c/o" address to my insurance representative.                                                                                       | <input type="radio"/> |
| g.                        | Others<br>Please provide details: _____                                                                                                                      | <input type="radio"/> |

#### 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.

**For applicant/owner who is a U.S Person**

- ☐ 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.*

### 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 a bank account as instructed by me/us and which is acceptable to AIA (the "Account") and confirm that I/we are the legal and beneficial owner(s) of the Account. I/We agree to bear all bank and third party charges incurred by AIA and all currency exchange losses that may be incurred in completing the transfer or receipt of monies from 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.

- ## Refunds

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.

- I / We agree that any acceptance given by me/us during such recorded communications may be relied upon by AIA Singapore and the revised policy terms will be set out in endorsement(s) attached to the Policy Contract, which will form part of and amend the Policy Contract accordingly.

**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.

|                               |                              |                                                 |
|-------------------------------|------------------------------|-------------------------------------------------|
|                               |                              | <b>WITNESSED BY</b>                             |
| SIGNATURE OF PROPOSED INSURED | SIGNATURE OF APPLICANT/OWNER | NAME & SIGNATURE OF INSURANCE REPRESENTATIVE(S) |

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