AIA SINGAPORE

Policy No.

SIMPLIFIED APPLICATION FORM (FOR OFFSHORE BROKERS ONLY)

Insurance Adviser's Unit Code:		Referral's Unit Code:	
Insurance Adviser's Code:		Referral's Code:	
Insurance Adviser's Name:		Referral's Name:	

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

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

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

Date of Birth: dd mm yyyy

Gender: ◯ Male ◯ Female

Type of Identification:
◯ NRIC ◯ FIN ◯ Passport ◯ Foreign ID

Place of Birth:
◯ United States of America
◯ Others (Country):_____

NRIC / FIN / Passport / Foreign ID no.:

Marital Status:
◯ Single ◯ Married
◯ Widowed / Divorced / Separated

Identification Document Issuing Country:
Applicable for Passport and Foreign ID only

Country of Residence:

Identification Document Expiry Date:
Applicable for Passport and Foreign ID only

Residency Status:
◯ Singapore Citizen ◯ Singapore PR
◯ Pass Holders ◯ Others

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:

Annual Income: ◯ US$ ◯ S$
◯ ≤ 30,000 ◯ 30,001 – 50,000
◯ 50,001 – 100,000 ◯ 100,001 – 150,000
◯ 150,001 – 300,000 ◯ > 300,000

If not Singaporean
Citizenship 1:

Citizenship 2:

Citizenship 3:

Relationship of Applicant/Owner to the Proposed Insured:
◯ Parent ◯ Legal Guardian ◯ Spouse ◯ Company

Current Residence Address
Please submit the following document(s) to show proof of this address.
(i) For Singaporeans and PRs residing in Singapore- Copy of NRIC
(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)

Postal Code:

Mailing Address (Use of P.O. Box is not allowed):
For Singaporeans, PRs and Pass holders - if different from Current Residence Address. Only Singapore Mailing address is allowed.

Postal Code:

Occupation:

Company Name:

Occupation Status:
◯ Full-time ◯ Part-time ◯ Self-employed ◯ Not employed

Exact Duties:

Nature of Business:

Contact Details

Home: Country Code - Phone No.
Office: Country Code - Phone No.
Mobile: Country Code - Phone No.
Email:

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Business Address:

Postal Code:

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

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

NRIC/FIN/Passport No.:
For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.

Relationship to Proposed Insured: ◯ Estate ◯ Parent

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:

Postal Code:

Mailing Address - if different from registered 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:

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:

Please provide the reason if:
1. Your "Mailing Address" is different from your "Registered Address"
Note: Please provide separate reasons if all the addresses do not match.

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

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

Date of Birth: dd mm yyyy

Gender: ◯ Male ◯ Female

Type of Identification:
◯ NRIC ◯ FIN ◯ Passport ◯ Foreign ID

Place of Birth:
◯ United States of America
◯ Others (Country):_____

NRIC / FIN / Passport / Foreign ID no.:

Marital Status:
◯ Single ◯ Married
◯ Widowed / Divorced / Separated

Identification Document Issuing Country:
Applicable for Passport and Foreign ID only

Country of Residence:

Identification Document Expiry Date:
Applicable for Passport and Foreign ID only

Residency Status:
◯ Singapore Citizen ◯ Singapore PR
◯ Pass Holders ◯ Others

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:

Annual Income: ◯ US$ ◯ S$
◯ ≤ 30,000 ◯ 30,001 – 50,000
◯ 50,001 – 100,000 ◯ 100,001 – 150,000
◯ 150,001 – 300,000 ◯ > 300,000

If not Singaporean
Citizenship 1:

Citizenship 2:

Citizenship 3:

Occupation:

Company Name:

Occupation Status:
◯ Full-time ◯ Part-time ◯ Self-employed ◯ Not employed

Nature of Business:

Exact Duties (please provide in details):

Contact Details

Home: Country Code - Phone No.

Office: Country Code - Phone No.

Mobile: Country Code - Phone No.

Email:

Business Address:

Postal Code:

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2A APPOINTMENT OF SECONDARY INSURED
(For AIA Smart Wealth Builder via Cash Option, AIA Pro Achiever 3.0, AIA Platinum Infinite Wealth (II), AIA Platinum Wealth Venture 2.0 and AIA Wealth Venture only)

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

Date of Birth: dd mm yyyy

Gender: ◯ Male ◯ Female

Type 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

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:

Identification Document Expiry Date:
Applicable for Passport and Foreign ID only

If not Singaporean
Citizenship 1:

Citizenship 2:

Citizenship 3:

Relationship of Applicant/Owner to the Secondary Insured:
◯ Spouse ◯ Child (below age 16) ◯ Self

Notes:
1) Please submit photocopy of Secondary Insured's Identity Card or Birth Certificate (where applicable).
2) The age of Secondary Insured must not exceed the following at the time of appointment above:
   a. For AIA Smart Wealth Builder (II): (i) 70 years (Single Premium and 5 year pay); (ii) 60 years (10 year pay); (iii) 55 years (15 year pay); (iv) 50 years (20 year pay)
   b. For AIA Smart Wealth Builder (USD): (i) 70 years (Single Premium); (ii) 65 years (5 year pay)
   c. For AIA Pro Achiever 3.0: (i) 70 years
   d. For AIA Platinum Infinite Wealth (II): (i) 80 years (Single Premium); (ii) 75 years (5 year pay)
   e. For AIA Platinum Wealth Venture 2.0 and AIA Wealth Venture : (i) 75 years

3 DETAILS OF PLAN APPLIED FOR

Basic Plan Name

◯ AIA Retirement Saver (IV)
Premium Payment Period : ◯ Single Payment ◯ 5 years ◯ 10 years ◯ Till Age 45 ◯ Till age 50 ◯ Till age 55 ◯ Till age 60 ◯ Till age 65

◯ AIA Smart Wealth Builder (II)
Premium Payment Period: ◯ 5 years ◯ 10 years ◯ 15 years ◯ 20 years ◯ Single Payment

◯ AIA Smart Wealth Builder (US$)
Premium Payment Period: ◯ 5 years ◯ Single Payment

◯ AIA Smart Pro Saver (US$)

◯ AIA Smart Flexi Rewards (II)
Premium Payment Period: ◯ 5 years ◯ 10 years

◯ AIA Smart Flexi Growth

◯ AIA Platinum Gift for Life Plus (II)
Premium Payment Period: ◯ 5 years ◯ 10 years ◯ Single Payment

◯ AIA Platinum Gift for Life Plus

◯ AIA Pro Achiever 3.0

◯ AIA Platinum Retirement Elite

◯ AIA Elite Secure Income
Premium Payment Period: ◯ Single Payment ◯ 5 years ◯ 10 years

◯ AIA Platinum Infinite Wealth (II)
Premium Payment Period: ◯ 5 years ◯ Single Payment

◯ AIA Platinum Wealth Venture 2.0

◯ Others (Please write in full including currency of plan):

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Sum Assured	$
Backdated	◯ Yes ◯ No
Premium	$
Regular Premium Payment Frequency	◯ Monthly ◯ Quarterly ◯ Semi-annually ◯ Annually
	Policy 1
*Ad Hoc Top-Up (minimum $1,000) for: Regular Premium Plan	$
Single Premium Plan (for AIA Platinum Retirement Elite Only)	$

Note:
a. Top-Up premium allocation percentage to funds will follow that indicated under Funds Details
b. For any Top-Up after Policy Year 1, please approach Policy Servicing Department to submit the request

Premium Payment Method *(include hyphenation if any)*	◯ Cash	◯ Telegraphic Transfer	◯ Premium Financing Financing Bank:_____
	◯ Cheque - Bank/Cheque No.:		
	Name of Drawer:		
	◯ Cashier's Order - Bank/ Cashier's order No.:		
	◯ Credit Card (Please complete section on Credit Card Authorisation)		

4 SOURCE OF FUNDS AND SOURCE OF WEALTH

Source of Wealth Where your wealth is derived from. You may tick more than 1 option	◯ Employment/Trade Income ◯ Investment Income ◯ Rental Income ◯ Others, please specify: _____
Source of Funds Origin of the funds used to pay premiums. You may tick more than 1 option	◯ Employment/Trade Income ◯ Sales of Property ◯ Savings ◯ Maturity proceeds from AIA policies (Please complete Maturity Benefit Transfer Authorisation Form) ◯ Maturity or Surrender of Policy or Sale of Investments ◯ Others, please specify: _____
Relationship of Payor to Applicant/Owner (if different from Applicant/Owner) :	

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

5	Fund Details:	Policy 1
	Premium Allocation to Guided Portfolio	◯ **Pro Adventurous** ◯ **Pro Balanced** ◯ **Pro Cautious** ◯ **Pro Optimiser** **<u>You may select more than one option below</u>** ◯ Automatic Fund Re-balancing *(quarterly basis according to portfolio selected above)* ◯ Standing instruction for annual update of Pro Portfolio *(based on portfolio selected above)* By selecting this option, you are instructing AIA to apply the latest portfolio to your future premium allocation within 31 days from its update. This will also be applied to Automatic Fund Re-balancing if it has also been selected. We reserve the right to discontinue or make revision to this standing Instruction. NOTE: You will be notified whenever the latest portfolio is applied to your policy's allocation. You may also refer to the Annual Fund Report for revision to the portfolio.
	Premium allocation to:	◯ **Fund** *(Please complete the following fund details)*
	Full name of Fund	**Allocation**
	AIA	**%**
	AIA	**%**
	AIA	**%**
	AIA	**%**
	AIA	**%**
	<u>For Premium Allocation to Fund</u> *(Not applicable for AIA Platinum Retirement Elite)* ◯ Automatic Fund Re-balancing *(quarterly basis according to above allocation, minimum 2 funds)*, or ◯ Automatic Fund Switch *(from AIA S$ Money Market Fund. The minimum initial balance in this fund must be S$1,000.)*	
	Frequency	◯ **Monthly** ◯ **Quarterly**
	Amount to switch periodically	**$**
	Fund switch to:	**Allocation**
	AIA	**%**
	AIA	**%**
	AIA	**%**
	AIA	**%**
	AIA	**%**
	Please note that if you plan to reinvest part or all of the withdrawn amount into the same or another fund, you should consider using the "Fund Switch" option in this policy. This enables you to invest into the new fund at minimal or no charge. Otherwise, your new investment will be subject to a sales charge. Other charges may also apply.	

Please note that if you plan to reinvest part or all of the withdrawn amount into the same or another fund, you should consider using the "Fund Switch" option in this policy. This enables you to invest into the new fund at minimal or no charge. Otherwise, your new investment will be subjected to a sales charge. Other charges may also apply.

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6 Regular Top-Up

Note:
a. Top-Up premium allocation percentage to Funds will follow that indicated under Funds Details
b. For any Regular Top-Up which does not start from year 1, please approach Policy Servicing Department to submit the request

Fund Details:	Policy 1
Top-up Amount	$
No of Years	
Frequency	◯ Monthly
	◯ Quarterly
	◯ Semi-annually
	◯ Annually

7 QUESTION ON REPLACEMENT OF POLICIES

Is this proposal to replace or intended to replace in full or in part any insurance policy, unit trust or any other investment product with AIA Singapore or any other financial advisor or institution?

◯ No ◯ Yes – Please give details:

Important Note:
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.

8 LIFESTYLE DETAILS OF PROPOSED INSURED

8.1 Have you smoked any cigarettes in the past 12 months? ◯ No ◯ Yes – How many cigarettes per day:

9 DECLARATION

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

1. Is there a beneficial ownership arrangement? ◯ **Yes** ◯ **No**

If yes, please complete the **New Business Enhanced Due Diligence Form** and submit together with this application.

In relation to customers, "**Beneficial Owner**" as defined in the MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism means *the individual person who ultimately owns or controls the customer or the individual person on whose behalf business relations are established.*
Please note that this is NOT a nomination of beneficiary(ies) under the policies.
If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.

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

Applicant/Owner		Proposed Insured	
Yes	**No**	**Yes**	**No**
◯	◯	◯	◯

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

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

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

	Applicant/Owner		Proposed Insured	
	Yes	**No**	**Yes**	**No**
A. For Singapore Citizen				
A.1 Have you resided outside of Singapore continuously for at least 5 years preceding the date of application?	◯	◯	◯	◯
A.2 Are you currently residing in Singapore?	◯	◯	◯	◯
B. For Singapore Permanent Resident & employment pass, work permit, dependant pass or other work pass holders				
Have you resided in Singapore for a total of less than 183 days in the 12 months preceding the date of application?	◯	◯	◯	◯

C. For student pass or long term visit pass holders C.1 Does your pass have a duration of less than 90 days? C.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of application?	○ ○	○ ○	○ ○	○ ○
D. If you do not belong to any of the above categories, please tick here	○		○	

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

4. YOUR GUIDE TO LIFE INSURANCE - Tick as appropriate

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

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

10 FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)/ COMMON REPORTING STANDARD(CRS) DECLARATION BY APPLICANT/OWNER

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

Definition:

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

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

	Country/Jurisdiction of Tax Residence	Tax Identification Number (TIN)	If the TIN is not available, please tick **Reason A**, **B** or **C**.
1			○ A ○ B ○ C
2			○ A ○ B ○ C
3			○ A ○ B ○ C
4			○ A ○ B ○ C
5			○ A ○ B ○ C
6			○ A ○ B ○ C

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

Reason A: This country/jurisdiction where the Applicant/Owner is resident does not issue TINs to its residents.
Reason B: The Applicant/Owner is otherwise unable to obtain a TIN or equivalent number. (Please explain why Applicant/Owner is unable to obtain a TIN in the below table if this reason is selected)
Reason C: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of TIN issued by such jurisdiction.)

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

If you have ticked **Reason B**, select the appropriate reason below, quoting the relevant question number(s).
Note: If the Applicant/ Owner is currently pending their tax information, please submit the application only after they have obtained it.

Question number(s):		
	○	I am homemaker and not paying tax in the declared country of tax residency.
	○	I am a minor/ student and do not need to pay tax in the declared country of tax residency.
	○	I am retired and do not need to pay tax in the declared country of tax residency.
	○	I am unemployed and do not need to pay tax in the declared country of tax residency.

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

Current Residence Address (Please tick one)	
○	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.
○	I only recently moved to the current residence address, and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident.
○	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.
○	The residence address belongs to my spouse/parents and I am only on a social visit pass.
○	Others, please elaborate:
Telephone Number (Please tick one)	
○	I am currently working/studying/residing outside the country of my tax residence and have terminated my telephone number in the country of my tax residence.
○	Others, please elaborate:
Mailing Address (Please tick one)	
○	The mailing address belongs to my parent/spouse/sibling/child.
○	The mailing address is my business address.
○	I am currently working/studying overseas.
○	I am currently staying with my friend/spouse/fiance/fiancee.
○	The mailing address belongs to a rented dwelling that I am staying in.
○	The mailing address is a “c/o” address to my insurance adviser.
○	Others, please elaborate:

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

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

10.4 Common Reporting Standard Declaration.

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

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

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

(For individuals)

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

(For entities and other non-individuals)

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

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

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

(Applicable only for Policies that can be assigned)

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

11 DECLARATION AND AUTHORISATION FOR APPOINTMENT OF SECONDARY INSURED - For AIA Smart Wealth Builder via Cash Option, AIA Pro Achiever 3.0, AIA Platinum Infinite Wealth (II), AIA Platinum Wealth Venture 2.0 and AIA Platinum Venture only.

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

a) I am appointing the person named above as Secondary Insured in his lifetime and good health and such appointment is made during the current Insured's lifetime;

b) The details furnished on this form (including but not limited to those concerning the proposed Secondary Insured) are full, complete and accurate;

c) There is no coverage on the life of the Secondary Insured until upon the death of the Insured, where

i. AIA Singapore will determine whether or not the Secondary Insured will become the new Insured in accordance with our prevailing rules and guidelines, and if such change is approved and effected by AIA Singapore, no death benefit shall be payable and the Basic Policy shall continue to be in force and provide cover on the life of the Secondary Insured; and

ii. if AIA Singapore does not approve the change in insured persons (i.e. Secondary Insured becomes the new Insured), the Policy shall terminate as of the death of the Insured and the death benefit will be paid in accordance with the Policy;

d) My proposed appointment of the above named Secondary Insured is subject to your approval and the terms and conditions of the Policy; and

e) The appointment of a Secondary Insured (and in the event that the Secondary Insured becomes the Insured, as the case may be) does not result in a change or transfer of policy ownership in any way.

11.2 Declaration (to be signed by proposed Secondary Insured)

I declare that:

a) I agree with the appointment as a Secondary Insured by the Applicant/Owner

b) I acknowledge that I will not be notified in the event that this appointment is revoked or when the coverage under the policy may be effected on my life upon the death of the Insured.

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

12 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 carryring 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.

13 ADDITIONAL DECLARATION

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

1. No statement, information or agreement made by/to or given by/to the person soliciting/taking this application or any other persons, shall be binding on AIA Singapore Private Limited ("AIA Singapore"), unless presented in writing.
2. The statements and answers in this application together with any required questionnaire or amendments (the "Information) are full, complete, true and correct and that no information or material has been withheld. I/We understand that AIA Singapore, believing the Information to be such, will rely and act on the Information accordingly. I/We further agree that the Information shall form the basis of the contract between the parties hereto. I/We understand that if any of the Information is not full or complete or true or correct, the Policy issued hereunder may be void and I/we will receive only a refund of the premiums (without interest) less any and all medical expenses incurred in AIA Singapore's consideration of my/our application.
3. AIA Singapore shall assume no liability whatsoever, and that my/our Policy/Policies will only be effective after this application is accepted by AIA Singapore and the first premium duly paid in full to and accepted by AIA Singapore during the Insured's lifetime and good health.
4. All my/our declarations made and my/our statements or answers in this application and in any required medical examination, questionnaire or amendments together with the relevant Policy shall constitute the entire contract between the parties in so far as it may be relevant to the Policy or Policies I/we have requested.
5. I/We have received a copy of (1) Policy Illustration and/or Schedule and (2) Product Summary, and (3) "Your Guide to Life Insurance", the contents of which have been explained to me/us to my/our satisfaction.
6. I (the Applicant/Owner if other than the Proposed Insured) am not an undischarged bankrupt and no bankruptcy application (including any statutory demand) or order has been made against me/us within the last twelve months.
7. I/We hereby authorise, agree and consent to
   a. any medical source, insurance office, or organisation to release to AIA Singapore, any relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
   b. AIA Singapore to release to any medical source or insurance office any relevant information concerning me at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
   c. AIA Singapore or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our health status in relation to this application and any resulting claim; and
   d. AIA Singapore, its associated persons/organisation, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "**AIA Persons**") to collect, use, disclose, store, retain and/or process (collectively, "**Use**") all personal data and information ("**Personal Data**") that had/has been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Privacy Policy Statement ("**Statement**") which is available on AIA Singapore's website, including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the Statement, including where such Statement is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the Statement. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the Statement. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein.

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

8. **Deemed Delivered**

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

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

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

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

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

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

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

Document Delivery Preference

	Policy Contract	All other correspondences
Policy 1	◯ Receive my contract in electronic version ◯ Receive my contract in hardcopy version	◯ Receive future correspondences electronically ◯ Receive future correspondences in hardcopy
Policy 2	◯ Receive my contract in electronic version ◯ Receive my contract in hardcopy version	◯ Receive future correspondences electronically ◯ Receive future correspondences in hardcopy
Policy 3	◯ Receive my contract in electronic version ◯ Receive my contract in hardcopy version	◯ Receive future correspondences electronically ◯ Receive future correspondences in hardcopy
Policy 4	◯ Receive my contract in electronic version ◯ Receive my contract in hardcopy version	◯ Receive future correspondences electronically ◯ Receive future correspondences in hardcopy

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

10. **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[1] 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[2]:

◯ 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.

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

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

11. **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.

k) I/We will fully indemnify, defend and hold AIA harmless against any loss, damage, liability, cost and expense (including legal costs) which AIA may reasonably incur or suffer as a result of or in connection with any erroneous, inaccurate or incomplete information provided by me/us to AIA to enable AIA to effect Payments using PayNow, such as (but not limited to) a wrong mobile number, identification number or other identifying particulars applied in the use of PayNow to credit monies into my Account, resulting in the rejection of funds, non-payment or crediting to a third party's account, or imposition of fees and penalties for an unsuccessful transaction.

l) AIA reserves the right to suspend or cease the use of PayNow for Payments and other transactions at its sole and absolute discretion and without any prior notice.

Refunds

m) If AIA needs to refund any payments to me/us, such refunds are deemed effectively completed by direct crediting to the Account or using PayNow, or such other account as may be required by law or government authority, or to comply with the conditions of the policy applied for (regardless of whether the policy is issued), and where a nominated bank account is not made available to AIA, the refund may be made by any other method as AIA in its absolute discretion deems appropriate. On such payment, AIA's liability for any refund is discharged. The above terms and conditions governing payment methods by AIA shall apply in respect of all refunds.

n) AIA reserves the right to vary these terms and conditions on Direct Crediting for Payments, Use of PayNow for Payments and Refunds from time to time and the prevailing version will be published on AIA's official website or made available to you in another manner.

12. 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.

13. ***(Only applicable for non-Singapore residents)***

    I/We am/are solely responsible for understanding and complying with the laws of the territory governing my/our place of domicile or citizenship, which I/we am/are subject to ("Laws of Domicile") and agree and undertake that I/we shall not hold AIA Singapore liable or responsible for any violation of the Laws of Domicile arising from my/our application or purchase of an insurance product issued by AIA Singapore.

14. I / We understand that in underwriting my / our application or any counter proposal by AIA Singapore in future, AIA Singapore may need to propose changes to the terms of the application or policy (including but not limited to changes in premium charges, rating or premium class, sum assured, benefits and/or exclusions).

    In connection with the application and any counter proposal, AIA Singapore may contact me/us by telephone and/or other recorded means to:

    a. Inform and obtain my/our confirmation of any outstanding requirements for my / our application (including but not limited to underwriting, administrative or compliance requirements); and

    b. Inform and obtain my/our acceptance or rejection of any proposed changes to the terms of my/our application or policy.

    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 Insurance Adviser(s) but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

Declared in _____ (Country) on	Day:	Month:	Year:

		WITNESSED BY
SIGNATURE OF PROPOSED INSURED	SIGNATURE OF APPLICANT/OWNER	NAME & SIGNATURE OF INSURANCE ADVISER(S)

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

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