

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

2 DETAILS OF PROPOSED INSURED (if different from Applicant/Owner)			
Name (shown on NRIC/FIN/Passport):			
Date of Birth:	dd	mm	yyyy Gender: <input type="radio"/> Male <input type="radio"/> Female
NRIC/FIN/Passport No.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>			Country of Residence:
Place of Birth:	Marital Status:		Residency Status:
<input type="radio"/> United States of America	<input type="radio"/> Single <input type="radio"/> Married		<input type="radio"/> Singapore Citizen <input type="radio"/> Singapore PR
<input type="radio"/> Others (Country): _____	<input type="radio"/> Widowed / Divorced / Separated		<input type="radio"/> Pass Holders <input type="radio"/> Others
Annual Income (S\$):		<i>If not Singaporean</i>	
<input type="radio"/> ≤ 30,000	<input type="radio"/> 30,001 – 50,000	Citizenship 1:	
<input type="radio"/> 50,001 – 100,000	<input type="radio"/> 100,001 – 150,000	Citizenship 2:	
<input type="radio"/> 150,001 – 300,000	<input type="radio"/> > 300,000	Citizenship 3:	
		Foreign Permanent Residence Address - Please provide the full address in English. <i>(Compulsory for non-Singaporeans)</i>	
		Postal Code:	
Occupation:			
Company Name:			
Exact Duties (please provide in details):		Contact Details	Home: Country Code - Phone No.
			Office: Country Code - Phone No.
			Mobile: Country Code - Phone No.
			Email:
Nature of Business:			
Business Address:			
		Postal Code:	

2A APPOINTMENT OF SECONDARY INSURED (For AIA Smart Wealth Builder via Cash Option, AIA Pro Achiever 3.0, AIA Platinum Infinite Wealth and AIA Platinum Wealth Venture 2.0 only)			
Name (shown on NRIC/FIN/Passport):			
Date of Birth:	dd	mm	yyyy Gender: <input type="radio"/> Male <input type="radio"/> Female
NRIC/FIN/Passport No.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>			Country of Residence:
<i>If not Singaporean</i> Citizenship 1:		Relationship of Applicant/Owner to the Secondary Insured:	
Citizenship 2:		<input type="radio"/> Spouse <input type="radio"/> Child (below age 16) <input type="radio"/> Self	
Citizenship 3:			
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: (i) 80 years (Single Premium); (ii) 75 years (5 year pay)			
e. For AIA Platinum Wealth Venture 2.0: (i) 75 years			

3 DETAILS OF PLAN APPLIED FOR

Basic Plan Name	<input type="radio"/> AIA Retirement Saver (IV) Premium Payment Period : <input type="radio"/> Single Payment <input type="radio"/> 5 years <input type="radio"/> 10 years <input type="radio"/> Till Age 45 <input type="radio"/> Till age 50 <input type="radio"/> Till age 55 <input type="radio"/> Till age 60 <input type="radio"/> Till age 65
	<input type="radio"/> AIA Smart Wealth Builder (II) Premium Payment Period: <input type="radio"/> 5 years <input type="radio"/> 10 years <input type="radio"/> 15 years <input type="radio"/> 20 years <input type="radio"/> Single Payment
	<input type="radio"/> AIA Smart Wealth Builder (US\$) Premium Payment Period: <input type="radio"/> 5 years <input type="radio"/> Single Payment
	<input type="radio"/> AIA Smart Pro Saver (US\$)
	<input type="radio"/> AIA Smart Flexi Rewards (II) Premium Payment Period: <input type="radio"/> 5 years <input type="radio"/> 10 years
	<input type="radio"/> AIA Smart Flexi Growth
	<input type="radio"/> AIA Platinum Gift for Life (II) Premium Payment Period: <input type="radio"/> 5 years <input type="radio"/> 10 years <input type="radio"/> Single Payment
	<input type="radio"/> AIA Platinum Gift for Life Plus
	<input type="radio"/> AIA Diabetes Care
	<input type="radio"/> AIA Pro Achiever 3.0
	<input type="radio"/> AIA Critical Illness Guard
	<input type="radio"/> AIA Platinum Retirement Elite
	<input type="radio"/> AIA Elite Secure Income Premium Payment Period: <input type="radio"/> Single Payment <input type="radio"/> 5 years <input type="radio"/> 10 years
	<input type="radio"/> AIA Platinum Infinite Wealth Premium Payment Period: <input type="radio"/> 5 years <input type="radio"/> Single Payment
<input type="radio"/> AIA Platinum Wealth Venture 2.0 <input type="radio"/> Others (Please write in full including currency of plan):	
Sum Assured	\$
Rider	<input type="radio"/> Cancer Cover Rider
Backdated	<input type="radio"/> Yes <input type="radio"/> No
Premium	\$
Regular Premium Payment Frequency	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually
Policy 1	
*Ad Hoc Top-Up (minimum \$1,000) for: Regular Premium Plan	\$
Single Premium Plan (for AIA Platinum Retirement Elite Only)	\$
<p><i>Note:</i> 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</p>	
Premium Payment Method (include hyphenation if any)	<input type="radio"/> Supplementary Retirement Savings (SRS) SRS A/C No.: Agent Bank/ Operator : <input type="radio"/> UOB <input type="radio"/> DBS <input type="radio"/> OCBC
	<input type="radio"/> Cash <input type="radio"/> Telegraphic Transfer <input type="radio"/> Premium Financing Financing Bank: _____
	<input type="radio"/> Cheque - Bank/Cheque No.: Name of Drawer:
	<input type="radio"/> Cashier's Order - Bank/ Cashier's order No.:
	<input type="radio"/> Credit Card (Please complete section on Credit Card Authorisation)

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 SOURCE OF FUNDS AND SOURCE OF WEALTH

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

5 Fund Details:

Fund Details:	Policy 1
Premium Allocation to Guided Portfolio	<input type="radio"/> Pro Adventurous
	<input type="radio"/> Pro Balanced
	<input type="radio"/> Pro Cautious
	<input type="radio"/> Pro Optimiser
	You may select more than one option below <input type="radio"/> Automatic Fund Re-balancing (<i>quarterly basis according to portfolio selected above</i>) <input type="radio"/> Standing instruction for annual update of Pro Portfolio (<i>based on portfolio selected above</i>) By selecting this option, you are instructing AIA to apply the latest portfolio to your future premium allocation within 31 days from its update. This will also be applied to Automatic Fund Re-balancing if it has also been selected. We reserve the right to discontinue or make revision to this standing Instruction. NOTE: You will be notified whenever the latest portfolio is applied to your policy's allocation. You may also refer to the Annual Fund Report for revision to the portfolio.
Premium allocation to:	<input type="radio"/> Fund (<i>Please complete the following fund details</i>)
Full name of Fund	Allocation
AIA	%
For Premium Allocation to Fund (<i>Not applicable for AIA Platinum Retirement Elite</i>)	
<input type="radio"/> Automatic Fund Re-balancing (<i>quarterly basis according to above allocation, minimum 2 funds</i>), or <input type="radio"/> Automatic Fund Switch (<i>from AIA S\$ Money Market Fund. The minimum initial balance in this fund must be S\$1,000.</i>)	
Frequency	<input type="radio"/> Monthly <input type="radio"/> Quarterly
Amount to switch periodically	\$ _____
Fund switch to:	Allocation
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.

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	<input type="radio"/> Monthly
	<input type="radio"/> Quarterly
	<input type="radio"/> Semi-annually
	<input type="radio"/> 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:
 Before replacing one policy with another, you should find out whether you are entitled to free switching and consider carefully whether any fees, charges or disadvantages that may arise from a replacement will outweigh any potential benefits. Some of these disadvantages may include additional fees and charges, incurring penalties and the new policy may cost more or have fewer benefits at the same cost. Also, the new policy may be less or not suitable for you as you may not be insurable at standard terms and the new policy terms may be different.

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 HEALTH DETAILS OF PROPOSED INSURED
 (Please complete this section if proposing Diabetes Care)

You are not required to disclose your predictive genetic test results.

9.1 a. Height (metres): b. Weight (kilograms): c. Was there any weight change in the past year? No Yes
 If yes, how much and state the reason:

FOR AIA DIABETES CARE

9.2 Please indicate your condition:
 Type 2 diabetes
 Impaired Fasting Glucose
 Impaired Glucose Tolerance
 We are unable to accept the below conditions:
 Type 1 diabetes
 Do not know

9.3 Was your condition diagnosed before the age of 25? No Yes
 i. When was the condition first diagnosed (please select one):
 Less than 10 years ago
 Is your latest HbA1c reading ≤10.0%?* No Yes
 11-15 years ago
 Is your latest HbA1c reading ≤8.5%?* No Yes
 >15yrs ago
 (Please submit a copy of your latest HbA1c reading, showing ≤7%.*)
 * The HbA1c reading/ report must be within the last 3 months.

9.4 Have you ever had any of the following: No Yes
 Kidney disease, retinopathy, gangrene, amputation, heart disorder or heart surgery, stroke?

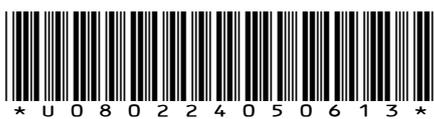
FOR CANCER COVER RIDER (if proposed)

9.5 Have you ever had or are you currently under investigation for cancer, carcinoma in situ, tumour, lump, polyp or growth of any kind or liver disease? No Yes

9.6 Before the age of 50, have two or more of your natural parents, brothers or sisters had cancer? No Yes

9.7 Have you ever had any abnormal stool test, urine test (blood in urine), ultrasound, MRI or CT scan, cervical smear, mammogram, endoscopy, colonoscopy, prostate examination or blood test (tumour markers) or a biopsy done? No Yes
 If Yes, please answer the following:
 a) Was it done in the past 6 months? No Yes
 b) Are you still on any follow up with any doctor for the abnormal investigation? No Yes

9.8 Are you currently awaiting any medical investigations, scans, blood or urine tests report? No Yes



FOR AIA CRITICAL ILLNESS GUARD

9.9 Have you ever had cancer or carcinoma-in-situ (non-invasive cancer), heart diseases, stroke, transient ischemic attack, kidney diseases, pre-diabetes, diabetes, Alzheimer's Disease/Severe Dementia or Parkinson's Disease? No Yes

9.10 Are you awaiting any medical investigation results, pending medical consultation or surgery, due to conditions which are not accidental in nature? No Yes

9.11 Have you ever had your Life or Critical Illness insurance application declined, postponed, rated or modified in any way? No Yes

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

1. **Is there a beneficial ownership arrangement?** Yes No
 If yes, please complete the **New Business Enhanced Due Diligence Form** and submit together with this application.

In relation to customers, "**Beneficial Owner**" as defined in the MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism means *the individual person who ultimately owns or controls the customer or the individual person on whose behalf business relations are established.*

Please note that this is NOT a nomination of beneficiary(ies) under the policies.

If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.

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

	Applicant/Owner		Proposed Insured	
	Yes	No	Yes	No
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

	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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.2 Are you currently residing in Singapore?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. For student pass or long term visit pass holders				
C.1 Does your pass have a duration of less than 90 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. If you do not belong to any of the above categories, please tick here	<input type="radio"/>		<input type="radio"/>	

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

4. **YOUR GUIDE TO LIFE INSURANCE - Tick as appropriate**

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

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

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

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

Definition:

- **Tax resident** is generally an individual that pays or should be paying tax in that jurisdiction due to his/her domicile or residence. This includes any criterion of a similar nature, and not only from sources in that jurisdiction. Examples are non-citizens that hold a permanent residency card (eg U.S green Card) or depending on the type of visa that they are holding. 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.

11.1 Please provide details of all your country/jurisdiction of tax residence(s).

In Singapore, NRIC or FIN number serve as TIN for individuals. Individuals without NRIC or FIN will be issued a Taxpayer Reference Number or Income Tax Reference Number.

	Country/Jurisdiction of Tax Residence	Tax Identification Number (TIN)	If the TIN is <u>not available</u> , please tick Reason A, B or C.		
1			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
2			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
3			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
4			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
5			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
6			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C

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

Reason A: This country/jurisdiction where the Applicant/Owner is resident does not issue TINs to its residents.

Reason B: The Applicant/Owner is otherwise unable to obtain a TIN or equivalent number. (Please explain why Applicant/Owner is unable to obtain a TIN in the below table if this reason is selected)

Reason C: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of TIN issued by such jurisdiction.)

Important Note:

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

If you have ticked **Reason B**, select the appropriate reason below, quoting the relevant question number(s).

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

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



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

Current Residence Address (Please tick one)

<input type="radio"/>	I am a foreigner and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident.
<input type="radio"/>	I only recently moved to the current residence address, and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident.
<input type="radio"/>	I am temporarily posted overseas for work and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident.
<input type="radio"/>	The residence address belongs to my spouse/parents and I am only on a social visit pass.
<input type="radio"/>	Others, please elaborate:

Foreign Permanent Residence Address (Please tick one)

<input type="radio"/>	I am currently working/studying/travelling overseas and do not meet the minimum number of days to be physically present in the country of the foreign permanent residence address to be considered a tax resident.
<input type="radio"/>	I only recently changed my foreign permanent residence address, and do not meet the minimum number of days to be physically present in the country of the foreign permanent residence address to be considered a tax resident.
<input type="radio"/>	Others, please elaborate:

Telephone Number (Please tick one)

<input type="radio"/>	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"/>	Others, please elaborate:

Mailing Address (Please tick one)

<input type="radio"/>	The mailing address belongs to my parent/spouse/sibling/child.
<input type="radio"/>	The mailing address is my business address.
<input type="radio"/>	I am currently working/studying overseas.
<input type="radio"/>	I am currently staying with my friend/spouse/fiance/fiancee.
<input type="radio"/>	The mailing address belongs to a rented dwelling that I am staying in.
<input type="radio"/>	The mailing address is a "c/o" address to my insurance adviser.
<input type="radio"/>	Others, please elaborate:

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

I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S federal income tax purposes and that I am/ we are not acting for, or on behalf of a U.S. person. I/We understand that AIA Singapore, believing this statement to be true, will rely on it and act on it. In the event this statement is false, AIA Singapore reserves the right and shall be entitled to cancel or terminate this Policy/Policies and pay reasonable compensation to me/us in consideration of such cancellation or termination as may be required under Singapore Laws.

I/We agree to notify AIA Singapore within 30 days of any change in my/our status as a U.S. person for the purposes of U.S federal income tax. I/We agree to indemnify AIA Singapore in respect of any false or misleading information regarding my/our "U.S person status for the U/S federal income tax purposes.

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

I/We agree to notify AIA Singapore within 30 days of any change in my/our status as a U.S person for the purposes of U.S federal income tax.

I/We agree to indemnify AIA Singapore in respect of any false or misleading information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

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

Done

11.4 Common Reporting Standard Declaration.

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

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

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

(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.



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	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 2	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 3	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 4	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy

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

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 Personal Data Policy (Singapore). I also consent to AIA Persons disclosing my personal data to independent third parties and their representatives and for them to process my personal data, for such purposes.

Contact me by^[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.



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 SINGAPORE 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.

