



AIA SINGAPORE CHANGE FORM (WITHOUT HEALTH DECLARATION)

For the following change requests:

- | | |
|--|---|
| A. Payment Mode | K. Update Of Vesting Rights |
| B. Term Conversion | L. Withdrawal of Policy Benefits |
| C. Reduce Sum Assured/Delete Rider/Supplementary Benefit | M. GIRO Termination |
| D. Delete Dependant | N. Termination of Policy |
| E. Extended Term Insurance/Reduced Paid-Up Insurance | O. Future Direct Credit Payout Set Up |
| F. Coupon Option | P. Appointment / Revocation of Secondary Insured |
| G. Dividend Option | Q. Retirement Options for AIA Platinum Retirement Elite / AIA Elite Secure Income |
| H. Retirement Reward and Income Option | R. Premium Pass Option Activation |
| I. Premium Payment Option | S. Other Request for Change |
| J. Changes Of Particulars Of Insured/Policy Owner | |

Particulars of Insured and Policy Owner/Trustee/Assignee

Name of Insured

NRIC/Passport/FIN No.

Name of Policy Owner/Trustee/Assignee (if different from Insured)

NRIC/Passport/FIN/Entity Registration No.

Name of Trustee (if any)

NRIC/Passport/FIN No.

Policy Number(s)

Note: If Request is for Section J, Change of Particulars, please indicate one policy number only. Changes will be applied to all policies involving this life.

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A. Payment Mode

Change payment frequency to:

- ☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly (Please use GIRO for monthly mode)

***Any existing regular top-up arrangement on AIA Platinum Wealth Elite, AIA Platinum Retirement Elite and AIA Platinum Wealth Venture will be terminated. Please submit a fresh request for regular top-up arrangement via POS EZ.**

For AIA Elite Secure Income plan, the Secure and Target Payout Periods may be revised. Please refer to the Policy for details.

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B. Term Conversion

Existing Plan/Rider to be converted :

Sum Assured to be converted :

Cancel Remaining Face Amount :

☐ Yes ☐ No

New Policy Number :

☐

C. Reduce Sum Assured/Delete Rider/Supplementary Benefit

Reduce sum assured of Basic Plan/Rider/Supplementary Benefit (please complete Section R as well)

Basic Plan/Rider/Supplementary Benefit – Please write in full

New Sum Assured (\$)

| | |
|--|--|
| | |
| | |
| | |

Delete Rider/Supplementary Benefit

Rider/Supplementary Benefit – Please write in full

Sum Assured (\$)

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|--|--|
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| | |
| | |

Note: The change will be effected from the next Premium Due Date.



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☐ **D. Delete Dependant**

| Name of Dependants | Relationship |
|--------------------|--------------|
| | |
| | |
| | |

☐ **E. Extended Term Insurance/Reduced Paid-Up Insurance (please complete Section T as well)**

Convert policy(ies) to :

☐ Extended Term Insurance (ETI) *wef next Premium Due Date*

☐ Reduced Paid-Up Insurance (RPU) *wef next Premium Due Date*

☐ **F. Coupon Option [Please complete Section O (if direct credit is required)]**

Change the Coupon Option for all future coupons due on my policy(ies) above to:

☐ Cash Payout

☐ Coupon Accumulation (Coupon Deposit Account)

☐ **G. Dividend Option [Please complete Section O (if direct credit is required)]**

Change the Dividends Option on my policy(ies) above with effect from the NEXT policy anniversary to:

☐ Cash Payout

☐ Premium Deductions

☐ Paid-up Addition

☐ Dividend Accumulation/
Reinvest

For Investment Linked Policy with dividend-paying fund, you can choose either to re-invest or receive a payout of the dividends. The change will be effected on the next dividend payout.

☐ AIA Global Dynamic Income Fund

☐ Re-invest

☐ Cash Payout

☐ AIA Global Adventurous Income Fund

☐ Re-invest

☐ Cash Payout

☐ **H. Retirement Reward and Income Option [Please complete Section O (if direct credit is required)]**

Change the Retirement Reward Option on my policy(ies) above to:

☐ Cash Payout

☐ Accumulation

Change the Retirement Income Option for all future Retirement Income on my policy(ies) above to:

☐ Cash Payout

☐ Accumulation

☐ **I. Premium Payment Option**

☐ Change of Premium payment from Limited Premium Payment Option to Resuming cash premiums

Note: Selecting this option means that I wish to resume cash premium payment starting from next Policy Anniversary and to accumulate my future dividends.

☐ **J. Change Of Particulars (please complete Section T & U as well)**

Please note that changes will be applied to all policies for which you are a party to.

- Please submit photocopy of relevant documentary evidence – Deed Poll, Identity Card, Birth Certificate, Passport or Citizenship Certificate.**
- The particular(s) will be updated according to the document submitted.**

| | | |
|---|---|---|
| <input type="checkbox"/> Change of personal particulars of: | NRIC/Passport/FIN No. | Name |
| | <input type="text"/> | <input type="text"/> |
| Citizenship 1 <i>(proof is required)</i> | Citizenship 2 <i>(please declare, if any)</i> | Citizenship 3 <i>(please declare, if any)</i> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Residency Status | Country of Residence | |
| <input type="checkbox"/> Singapore <input type="checkbox"/> Singapore PR <input type="checkbox"/> Pass Holder <input type="checkbox"/> Others | <input type="text"/> | |

☐

Occupation
New Occupation
Date of Change

Exact Duties

Company Name
Nature of Business

Business Address

☐

K. Update Of Vesting Rights

- ☐

I/We would like to continue to be the Policy Owner of this policy when the Insured reaches the vesting age of 21 years old.
- ☐

I/We would like the ownership of this policy to be transferred to the Insured when the Insured reaches the vesting age of 21 years old.

☐

L. Withdrawal of Policy Benefits (please complete Section T & U as well)

| | Full Withdrawal | Partial Withdrawal | |
|--|--------------------------|--------------------------|---|
| 1. Policy benefits to be withdrawn: | | | Please state partial withdrawal amount (\$) |
| Adhoc Coupon Withdrawal | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Adhoc Dividend Withdrawal | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Future Premium Deposit Fund (FPDF) | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| <i>Please complete the POS Enhanced Due Diligence Form if amount is S\$10,000 and above.</i> | | | |
| Retirement Reward | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Retirement Income / Monthly Income and Dividends* <i>*for Platinum Gift for Life plan</i> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Settlement Option 1 | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Cash value of Accumulated Reversionary Bonus (RB) <i>Premature Withdrawal of Reversionary Bonus is not encouraged.</i> | | | |
| <ul style="list-style-type: none"> <i>Withdrawal of Reversionary Bonus will reduce the Surrender / Marurity / Death benefit(s).</i> <i>Terminal Bonus (if any) will also be reduced as it is a percentage of Accumulated Reversionary Bonus vested under the policy.</i> <i>You will receive only the Surrender Value of Accumulated Reversionary Bonus, which will be used to repay any outstanding loan first (if any). The balance will then be paid to you via your preferred method.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |

- 2. Method of Payout:**
- ☐

PayNow-NRIC/FIN Pay Me Faster!
Please ensure that you have registered your NRIC/FIN with the bank for PayNow.
- ☐

Direct Credit to my/our designated bank account
Note: Only applicable in Singapore Dollars. Please submit a copy of Bank Statement or Bank Passbook.
Please blank out bank statements with the bank balances and transactions.
Truncated e-statements downloaded from the banks' mobile application, as long as the document shows the account holder's name and account number on the same page.
- ☐

By Cheque to be mailed directly to the Policy Owner
- ☐

By CPF – Only applicable for CPF Investment Scheme policies



| | | | |
|--------------------------|-------------------------|----------------------|----------------------|
| <input type="checkbox"/> | Pay the premium due on: | Policy Number(s) | No. of modal premium |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |

| | | |
|--------------------------|-------------------------------|----------------------|
| <input type="checkbox"/> | Pay the outstanding loans on: | Policy Number(s) |
| | | <input type="text"/> |

Notes:

- 1) *Withdrawal can only be used to pay the premium/loan of the same policy or another policy belonging to the same Policy Owner.*
- 2) *Minimum amount for partial withdrawal is \$1000.*
- 3) *For full withdrawal, a cheque on the balance of any withdrawal will be mailed directly to the Policy Owner.*

☐ **M. GIRO Termination**

☐ I wish to terminate my GIRO arrangement for this policy.

☐ **N. Termination Of Policy**

☐ To terminate this policy.

☐ **O. Future Direct Credit Payout Set Up**

Please direct credit to my/our designated bank account in Singapore for the following request:

| | | | |
|--|--|--|--|
| <input type="checkbox"/> Maturity Payout | <input type="checkbox"/> Regular Coupon Payout | <input type="checkbox"/> Regular Dividend Payout | <input type="checkbox"/> Retirement Saver Payout |
| <input type="checkbox"/> Monthly Retirement Income | | | |

Notes:

- 1) Please submit a copy of your Bank passbook/statement bearing the following information: Name of Bank, Bank Branch, Name of Bank Account Holder(s) and Bank Account No.
- 2) Only applicable to policies in Singapore Dollars.
- 3) Policy is non-CPF and it is not partial CPF and cash.
- 4) For Maturity Payout, please submit this form at least 3 weeks prior to the policy's maturity date for direct crediting to take place.
- 5) For Regular Coupon Payout / Regular Dividend Payout, if the form does not reach us in time for processing, direct credit would be made on the next available payout date.
- 6) If any of the above information or requirement is incomplete, or the form does not reach us in time for processing, a cheque will be issued and mailed to the Policy Owner.
- 7) The undersigned hereby represents that the above particulars of the bank account for crediting purposes are correct and will indemnify AIA Singapore from and against any claims, actions, damages, losses, penalties, costs and expenses arising from AIA Singapore's relying on them for the purpose of making coupon/dividend payments due and payable under the policy.

☐ **P. Appointment / Revocation of Secondary Insured**

| | |
|---|--|
| <input type="checkbox"/> Appointment of Secondary Insured | <input type="checkbox"/> Revocation of Secondary Insured |
|---|--|

Details of Secondary Insured

Name (shown on NRIC/FIN/Passport):

Date of Birth (dd/mm/yyyy)

Gender

| | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

NRIC/FIN/Passport No.:

Country of Residence:

Citizenship (if not Singaporean)

Relationship of the Secondary Insured to Policy Owner

| | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Spouse | <input type="checkbox"/> Child (below age 16) |
| <input type="checkbox"/> Beneficiary of the trust [#] | | |

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 maximum entry age of the plan at the time of appointment above.*
[#]Please refer to the Policy Contract for more information and/or eligibility.

☐**Q. Retirement Options for AIA Platinum Retirement Elite / AIA Elite Secure Income**

- ☐ I/We wish to terminate the Target Monthly Retirement Income payout.
- ☐ I/We wish to activate the Target Monthly Retirement Income payout via the redemption of units from the Fund under my/our policy.
- To change the Target Monthly Retirement for AIA Platinum Retirement Elite, please fill up:
- ☐ Target Monthly Retirement Income: Minimum \$800 (SP option) / \$500 (5 pay)
- ☐ Target Retirement Age: From age 50 to age 75 (whole number)
- ☐ Stepped-Up Income Option: Range from 0% to 5% (whole number)

☐**R. Premium Pass Option Activation**

- ☐ I would like to activate Premium Pass Option.

Retrenchment Effective Date (dd/mm/yyyy):

- | | | |
|--|------------------------------|-----------------------------|
| 1. I was a Full-Time Employee immediately before my Involuntary Retrenchment; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. I was not self-employed or employed by my Immediate Family Member or a business owned by my immediate Family Member; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. I and/or my Immediate Family Member were not in a position to exercise control or influence over the appointment and/or termination of employees by my employer; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. The termination of my Full-Time Employment was not arose out of: i. retirement; ii. resignation; iii. termination or suspension due to my breach of the terms of employment, or my own misconduct or negligence; iv. my own wilful or deliberate misconduct or unlawful behaviour; v. severance or natural termination of any fixed term contract of employment or of an interim contract; vi. leave of absence whether paid or unpaid; vii. military discharge; viii. any voluntary forfeiture of income by me; ix. failure to continue employment upon completion of probation period; x. disability or injury due to any accident, sickness, pregnancy, childbirth or self destruction or any attempt threat, while sane or insane; xi. my inability to continue the employment due to the need to service in armed forces in the time of war, declared or undeclared, or while under orders for warlike operations or restoration of public order; xii. riot or civil commotion; xiii. strike or labour disputes; or xiv. any partial, seasonal or casual employment; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. I had worked for at least 6 consecutive months immediately prior to the Involuntary Retrenchment from Full-Time Employment; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. My loss of work relates to termination from Full-Time Employment, and does not relate to work as a self-employed person or independent contractor. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

The above exclusions are not exhaustive and any request for the exercise of the Premium Pass Option is subject to our acceptance upon consideration of information submitted in support of the request and the full satisfaction of any requirements which shall be determined at our sole and absolute discretion.

☐**S. Other Request For Change**

Note: If you wish to apply/update GIRO or Credit Card recurring arrangement for your policy's renewal premium, please submit the request via AIA Pay EZ website for instantaneous approval.



☐ **T. Declaration on U.S. Person Status**

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

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

☐ I/We 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 to us.

☐ **U. Declaration on Common Reporting Standard (Not required to complete if the change of indices is within the same country)**

I/We acknowledge that AIA Singapore Private Limited (AIA Singapore) is a reporting Singaporean financial institution as defined in the Income Tax (International Tax Compliance Agreements)(Common Reporting Standard) Regulations 2016 with reporting obligations to the Comptroller of Income Tax (Comptroller) under the Income Tax Act, Chapter 134, Singapore (Income Tax Act), and its regulations. I/We warrant that the information provided in this 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 form 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.

Have you declared your tax residency with AIA before?

- ☐ No Please complete a Self-Certification Form.
- ☐ No Not required to submit Self-Certification Form (change of indices is within the same country).
- ☐ Yes, but there are changes to my tax residency. I have completed the self-certification below.
- ☐ Yes, but there are no changes to my tax residency.

Note: Do note that a separate Self-Certification Form is required for each Policyowner/Trustee/Assignee.

Declaration and Authorisation

1. I hereby request that the policy(ies) stated in this form be changed in accordance with the above application.
2. I understand and agree that no application is valid until this change form is received by AIA Singapore Private Limited ("AIA Singapore") during the life time of the Insured and is finally accepted by AIA Singapore.
3. I understand and agree that application shall not be considered as effected by reason of any money paid or settlement made in payment of, or no account of any premium, until this form has been duly approved by the authorised Officer of AIA Singapore.
4. I understand and agree that my application is subject to the terms and conditions as stated in the Policy Contract and is effective only when it has been officially accepted and notified to me by AIA Singapore.
5. I understand and agree that if AIA Singapore accepts my application, the Incontestability and Suicide Provisions (if any) thereof shall have effect from the approval date of my application.
6. I understand and agree that the application of the Contracts (Rights of Third Parties) Act (Cap. 53B) and any subsequent revision or replacement thereof is expressly excluded insofar as this contract of insurance is concerned.
7. Additional Declaration for Appointment/Revocation of Secondary Insured:
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 the Policy Owner;
 - b) 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;
 - c) the details furnished on this form (including but not limited to those concerning the proposed Secondary Insured) are full, complete and accurate;
 - d) this appointment shall supersede any and all prior appointments of the Secondary Insured;
 - e) there is no coverage on the life of the Secondary Insured until upon the death of the Insured, where:
 - a. 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
 - b. 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;
 - f) my proposed appointment of the above named Secondary Insured is subject to your approval and the terms and conditions of the Policy; and
 - g) 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.
8. Additional Declaration for Appointment/Revocation of Secondary Insured:
I, the Secondary Insured, hereby declare that:
 - a. I agree with the appointment as a Secondary Insured by the Policy 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.
9. 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.
10. I/We hereby authorise, agree and consent to AIA Singapore, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "AIA Persons") to collect, use, disclose, store, retain and/or process (collectively, "Use") all personal data and information ("Personal Data") that had/has been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy ("PD Policy"), including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application/form is accepted by AIA Singapore. A photocopy of this authorisation shall be valid and effective as the original.

Signature of Policy Owner/Trustee/Assignee

| |
|-----------------|
| |
| Date |
| *Contact Number |

Signature of Trustee (if any)

| |
|-----------------|
| |
| Date |
| *Contact Number |

Signature of Secondary Insured (not required for child age 15 and below)

| |
|------|
| |
| Date |

*** We will call you at this number if we need any clarifications regarding your request. This contact number will not be updated into our records. If you wish to update your contact details, please complete the Update of Address & Contact Details form.**

| FSC/IR's Name | FSC/IR's Code | FSC/IR Unit Nam | Mobile No. |
|---------------|---------------|-----------------|------------|
| | | | |



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