



# AIA SINGAPORE CHANGE FORM (WITHOUT HEALTH DECLARATION)

**For the following change requests:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>A. Payment Mode</li> <li>B. Term Conversion</li> <li>C. Reduce Sum Assured/Delete Rider/Supplementary Benefit</li> <li>D. Delete Dependant</li> <li>E. Extended Term Insurance/Reduced Paid-Up Insurance</li> <li>F. Coupon Option</li> <li>G. Dividend Option</li> <li>H. Retirement Reward and Income Option</li> <li>I. Premium Payment Option</li> </ul> | <ul style="list-style-type: none"> <li>J. Changes Of Particulars Of Insured/Policy Owner</li> <li>K. Update Of Vesting Rights</li> <li>L. Withdrawal of Policy Benefits</li> <li>M. GIRO Termination</li> <li>N. Termination of Policy</li> <li>O. Future Direct Credit Payout Set Up</li> <li>P. Appointment / Revocation of Secondary Insured</li> <li>Q. Retirement Options for AIA Platinum Retirement Elite</li> <li>R. Other Request for Change</li> </ul> |
|---|--|

**Particulars of Insured and Policy Owner/Trustee/Assignee**

Name of Insured	NRIC/Passport/FIN No.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Policy Owner/Trustee/Assignee <i>(if different from Insured)</i>	NRIC/Passport/FIN/Entity Registration No.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Trustee <i>(if any)</i>	NRIC/Passport/FIN No.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**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.*

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**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 and AIA Platinum Retirement Elite 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.

**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 (\$)
<input style="width: 98%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 98%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 98%;" type="text"/>	<input style="width: 95%;" type="text"/>

**Delete Rider/Supplementary Benefit**

Rider/Supplementary Benefit – Please write in full	Sum Assured (\$)
<input style="width: 98%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 98%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 98%;" type="text"/>	<input style="width: 95%;" type="text"/>

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

PT0022325 (11/2022, 01/2023, 03/2023)



\* G D 0 0 3 2 3 0 1 0 2 0 6 \*

**D. Delete Dependant**

Name of Dependants	Relationship

**E. Extended Term Insurance/Reduced Paid-Up Insurance (please complete Section S 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**

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**

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 AIA Global Dynamic Income Fund, the change will be effected on the next dividend payout.  
 ^Only applicable for AIA Global Dynamic Income Fund.

**H. Retirement Reward and Income Option**

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 S & T as well)**

**Please note that changes will be applied to all policies for which you are a party to.**  
 1. Please submit photocopy of relevant documentary evidence – Deed Poll, Identity Card, Birth Certificate, Passport or Citizenship Certificate.  
 2. The particular(s) will be updated according to the document submitted.

**Change of personal particulars of:**

NRIC/Passport/FIN No.  Name

Citizenship 1 *(proof is required)*       Citizenship 2 *(please declare, if any)*       Citizenship 3 *(please declare, if any)*

Residency Status  Singapore     Singapore PR     Pass Holder     Others      Country of Residence

**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 S and T as well)**

	Full Withdrawal	Partial Withdrawal	
<b>1. Policy benefits to be withdrawn:</b>			Please state partial withdrawal amount (\$)
Adhoc Coupon Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Adhoc Dividend Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Future Premium Deposit Fund (FPDF) <i>Please complete the POS Enhanced Due Diligence Form if amount is S\$10,000 and above.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Retirement Reward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Retirement Income / Monthly Income and Dividends* <i>*for Platinum Gift for Life plan</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Settlement Option 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cash value of Accumulated Reversionary Bonus (RB) <i>Premature Withdrawal of Reversionary Bonus is not encouraged.</i>			
<ul style="list-style-type: none"> <li>• <i>Withdrawal of Reversionary Bonus will reduce the Surrender / Marurity / Death benefit(s).</i></li> <li>• <i>Terminal Bonus (if any) will also be reduced as it is a percentage of Accumulated Reversionary Bonus vested under the policy.</i></li> <li>• <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></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**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

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="text"/>	<input type="text"/>

Pay the outstanding loans on:

	Policy Number(s)
<input type="text"/>	<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:

- Maturity Payout       Regular Coupon Payout       Regular Dividend Payout       Retirement Saver Payout
- 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**

- Appointment of Secondary Insured       Revocation of Secondary Insured

**Details of Secondary Insured**

Name (shown on NRIC/FIN/Passport):

Date of Birth (dd/mm/yyyy)

Gender

- Male       Female

NRIC/FIN/Passport No.:

Country of Residence:

Citizenship (if not Singaporean)

Relationship of Original Owner to the Secondary Insured:

- Self       Spouse       Child (below age 16)

**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 (i) 70 years (Single Premium); (ii) 65 years (5 year-pay) ; (iii) 60 years (other pay term) at the time of appointment above.

**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. 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.



**S. 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.*

**T. 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 original 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.

*To avoid any delays, please also ensure that your signature is executed in the same manner as our records. You may want to refer to the application form in your contract for a specimen of the original signature.*

*Indicated your Policy No(s)?*  
 *Signed and dated all forms/letters?*  
 *Obtained the name, I/C no, & signature of a witness who is not related to you?*

*Have you*

Please fold along dotted line



**BUSINESS REPLY SERVICE**

PERMIT NO. 06134



**AIA Singapore Private Limited**

POLICY SERVICES

3 Tampines Grande #09-01

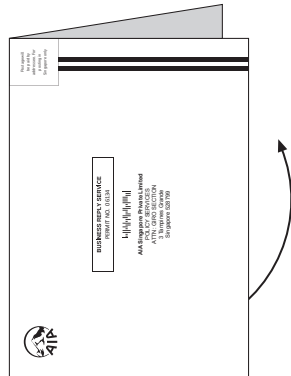
AIA Tampines

Singapore 528799

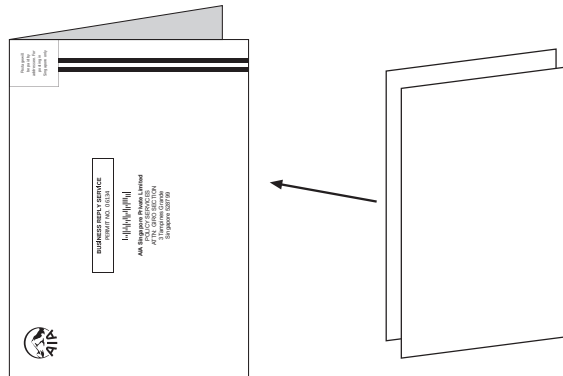
Postage will be paid by addressee. For posting in Singapore only.

## How to use this postage-paid return envelope:

- 1) Fold this in half with the mailing details exposed



- 2) Attach your supporting documents within



- 3) Seal all 3 sides with glue encasing your supporting documents and mail

