



AIA SINGAPORE

REQUEST FOR INVESTMENT LINKED TRANSACTIONS

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)

Part I: Investment Linked Transactions Review

Applicable for Changes in Premium Allocation, Adhoc/Automatic Fund Switch, and Automatic Fund Re-Balancing

Notice to Client: It is important to seek advice from your AIA Financial Services Consultant (FSC) before proceeding with the requested transaction(s). Your AIA FSC can provide the appropriate advice to you, taking into account your investment objectives, financial situation and particular needs. Please be informed that any incomplete documentation will affect the processing of your transaction request and the unit price of the transaction. As some of the funds may be closed and prices are not available on certain days, dealing instructions submitted on these non-dealing days will be carried forward to the next business day for processing.

Section A : Customer Knowledge Assessment Criteria

- The purpose of the Customer Knowledge Assessment (CKA) is to assess whether you have the relevant knowledge or experience to understand the features and associated risks of an unlisted Specified Investment Product, such as Collective Investment Scheme (CIS) or Investment Linked Policy (ILP).
- If you satisfy any of the Customer Knowledge Assessment criteria, you are deemed to possess the knowledge or experience in a CIS or ILP.
- Any inaccurate or incomplete information provided may affect the assessment outcome.

Education/Professional Qualification

Do you have a Diploma or higher qualifications in any of the following?

Please indicate accordingly:

☐

No

☐

Yes

Type of Qualification

Accountancy; Actuarial Science; Business; Business Administration; Business Management; Business Studies; Capital Markets; Computational Finance; Commerce; Economics; Finance; Financial Engineering; Financial Planning; Insurance; CFA or ACCA

If Yes, please provide the Type of Qualification
(E.g. Degree in Accountancy; Diploma in Finance)

Investment Experience

Have you transacted at least 6 times in a Collective Investment Scheme (e.g. Unit Trust) or Investment Linked Policy (ILP) in the last 3 years?

☐

No

☐

Yes

If Yes, please provide the Type of Investment
(E.g. Unit Trust; ILP)

Type of Investment

Unit Trust or ILP

(Note: Recurring transactions of a regular investment/savings plan are not considered).

Type of Distributor

E.g. Bank; Insurance Broker; Insurance Company; Independent Financial Adviser; Fund House

If Yes, please provide the Type of Distributor
(E.g. Bank; Insurance Company)

Work Experience

Do you have at least 3 consecutive years of working experience in any of the following for the last 10 years?

☐

No

☐

Yes

If Yes, please provide the Type of Work Experience
(E.g. Accountancy; Actuarial Science)

Type of Work Experience

Accountancy; Actuarial Science; Treasury; Financial Risk Management; in the areas relating to the development, structuring, management, training, sale, trading, research on and analysis, of investment products; or the provision of legal advice



Please indicate the Customer Knowledge Assessment Outcome accordingly:

- ☐ AIA FSC has informed me that **I have met** the Customer Knowledge Assessment criteria and deemed to possess the knowledge or experience for transactions in a Collective Investment Scheme or an Investment Linked Policy.
- ☐ I wish to receive AIA FSC's advice for the requested transaction(s). Please proceed to complete **Sections B,C & D**
- ☐ I do not wish to receive AIA FSC's advice for the requested transaction(s). Please proceed to complete **Section D**
- ☐ AIA FSC has informed me that **I did not meet** the Customer Knowledge Assessment criteria and deemed not to possess the knowledge or experience for transactions in a Collective Investment Scheme or an Investment Linked Policy. AIA FSC has explained to me that should I still wish to proceed with the requested transaction(s), I must receive advice from the AIA FSC.
Please proceed to complete **Sections B, C & D**

Section B: Review of Requested Transactions

i) Reasons for requested transaction(s)

Please indicate accordingly:

- ☐ The existing ILP fund(s)/sub-fund(s) is/are no longer suitable for me
- ☐ Change in my investment strategy
- ☐ Change in my personal circumstances/financial situation, e.g. marital status, employment status, retirement or etc
- ☐ Other reason(s):

ii) Risk Profile

Please indicate accordingly:

- ☐ **Risk Averse** I am a conservative investor and cannot take any losses. I am willing to forgo higher return in exchange for protection of my capital from potential losses. Investment products that may be suitable for me include money market funds.
- ☐ **Cautious** I am a cautious investor seeking to achieve lower levels of return in exchange for taking low levels of potential losses and fluctuation in the value of my investments over a short investment term. Investment products that may be suitable for me include bond funds and investment portfolios that invest in mostly bonds.
- ☐ **Balanced** I am a balanced investor seeking to achieve moderate levels of return in exchange for taking moderate levels of potential losses and fluctuation in the value of my investments over an intermediate investment term. Investment products that may be suitable for me include funds and investment portfolios that invest in a balanced mix of stocks and bonds.
- ☐ **Adventurous** I am an adventurous investor seeking to achieve higher levels of return in exchange for taking high levels of potential losses and fluctuation in the value of my investments over a long investment term. Investment products that may be suitable for me include equity funds and investment portfolios that invest mostly in stocks.

iii) Type of requested ILP transaction(s) and Classification of chosen ILP fund(s)/sub-fund(s)

Please indicate the requested ILP transaction(s) and the chosen fund(s)/sub-fund(s) that the policyowner/trustee/assignee wish to transact in the appropriate column:

- ☐ Adhoc/ Automatic^ Fund Switch ☐ Adhoc/ Regular^ Top-Up ☐ Change in premium allocation ☐ Automatic Fund Re-Balancing

^Delete where applicable

| <u>similar</u> to policy owner/trustee/assignee's chosen risk profile | <u>lower than</u> policy owner/trustee/assignee's chosen risk profile | <u>higher than</u> policy owner/trustee/assignee's chosen risk profile (Please complete part iv) |
|---|---|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

iv) To be completed if chosen ILP fund(s)/sub-fund(s) is/are of a higher risk as indicated in Section B(iii)

The ILP fund(s)/sub-fund(s) that you wish to transact in is/are of a higher risk as compared to your risk profile. ILP fund(s)/sub-fund(s) of a higher risk is/are more volatile and subjected to greater price fluctuations in your investments. Your investment decision should be one that is suitable in meeting your investment objective and within your ability to shoulder the risks involved.

Having carefully considered your investment objective, are you still willing to transact in the ILP fund(s)/sub-fund(s) that is/are of a higher risk as compared to your risk profile?

- ☐ Yes ☐ No

Section C: AIA FSC's Advice on the requested ILP transaction(s)

- i) I have explained the features & risks of the selected ILP fund(s)/sub-fund(s) and furnished a copy(ies) of the Product Highlight Sheet
- ii) Taking into consideration the policy owner/trustee/assignee's reason(s) for the requested transaction(s) and his/her risk preference, I advise the policy owner/trustee/assignee:

Please indicate accordingly

- iii) ☐ To proceed with the requested ILP transaction(s) and chosen ILP fund(s)/sub-fund(s) as per Section B(iii)

- iv) ☐ NOT to proceed with the requested ILP transaction(s) in Section B(iii) in view of the following:

Reasons/FSC's recommendations:

Section D: Policy Owner's/Trustee's/Assignee's Acknowledgement

Please indicate accordingly:

I understand that the above advice is based on the facts provided in the Investment Linked Transactions Review Form. My decision is as follows:

- i) **Applicable only if you have met the CKA criteria**

☐ I accept the AIA FSC's advice

☐ I have chosen not to receive or accept the AIA FSC's advice as indicated in Section C(iv). I understand that (i) it is my responsibility to ensure the suitability of the requested ILP transaction(s) as per Section B(iii); (ii) I will not be able to rely on Section 27 of the FAA to file a civil claim in the event I allege I have suffered a loss and (iii) I am aware of the implications and consequences of proceeding with the requested ILP transaction(s).

- ii) **Applicable only if you did not meet the CKA criteria**

☐ I accept the AIA FSC's advice

☐ I **DO NOT** accept the AIA FSC's advice as indicated in Section C(iv) and I confirm that I **DO NOT** wish to proceed with the requested ILP transaction(s) as per Section B(iii).

Part II: Change Request

☐ **A. Ad-Hoc Fund Switch** (Part I – Investment Linked Transactions Review must also be completed)

AIA Platinum Wealth Elite and AIA Platinum Retirement Elite plans - only one fund is allowed for these plans, hence please complete Section D - Change of Premium Allocation.

| To Switch Out From Current Holdings | | | To New Holdings | |
|-------------------------------------|--|---|------------------------|--|
| Name of Fund/Portfolio | Source of Premium Regular/Single/ Top-up/Saver Premium | Percentage to Switch Out (Whole Number) | Name of Fund/Portfolio | *Percentage of New Holdings (Whole number) |
| | | % | | % |
| | | % | | % |
| | | % | | % |
| | | % | | % |
| | | % | | % |
| | | % | | % |
| | | % | | % |
| | | % | | % |
| | | % | | % |

* The total fund allocation must add up to be 100%.



☐**B. Automatic Re-balancing** (Part I – Investment Linked Transactions Review must also be completed)☐

Cancel Existing Automatic Re-Balancing arrangement

☐

Apply for Automatic Re-Balancing as per instructions below:

Note: Automatic Re-Balancing will be effected on a quarterly basis

| Name of New Fund/Portfolio | *Percentage (Whole number) | Name of New Fund/Portfolio | *Percentage (Whole number) |
|----------------------------|-------------------------------|----------------------------|-------------------------------|
| | % | | % |
| | % | | % |
| | % | | % |
| | % | | % |
| | % | | % |

** The total fund allocation must add up to be 100%.*☐**C. Automatic Fund Switch** (Part I – Investment Linked Transactions Review must also be completed)☐

Cancel Existing Automatic Fund Switch

☐

Apply for Automatic Fund Switch as per instructions below:

Switch Frequency

☐

Monthly

☐

Quarterly

No. of Switch

Amount to switch out from AIA S\$ Money Market Fund (\$)

| Name of Fund/Portfolio to Switch In | *Percentage to Switch In (Whole number) | Name of Fund/Portfolio to Switch In | *Percentage to Switch In (Whole number) |
|-------------------------------------|---|-------------------------------------|---|
| | % | | % |
| | % | | % |
| | % | | % |
| | % | | % |
| | % | | % |

** The total fund allocation must add up to be 100%.*☐**D. Change of Premium Allocation** (Part I – Investment Linked Transactions Review must also be completed)

Change premium allocation of:

☐

Future Basic Premium

☐

Future Saver Premium

☐

Future Bonus

☐

Ad-Hoc Top-Up only

☐

Regular Top-Up only

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

| Name of New Fund/Portfolio | *Percentage (Whole number) | Name of New Fund/Portfolio | *Percentage (Whole number) |
|----------------------------|-------------------------------|----------------------------|-------------------------------|
| | % | | % |
| | % | | % |
| | % | | % |
| | % | | % |
| | % | | % |

** The total fund allocation must add up to be 100%.**For AIA Platinum Wealth Elite and AIA Platinum Retirement Elite plans, upon change in premium allocation, units in the existing Fund will be switched into the new Fund.*

E. Update for Allocation for Guided Portfolios (Part I – Investment Linked Transactions Review must also be completed)

You can choose to fill up only one (1) of the sections below:

i) One-time update based on the latest allocations valid till end March 2026

| | AIA Wealth Pro Advantage | | | AIA Platinum Pro Secure, AIA Pro Achiever Series, AIA Pro Lifetime Protector Series and AIA Platinum Wealth Venture Series | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ILP Funds | Pro Cautious | Pro Balanced | Pro Optimiser | Pro Cautious | Pro Balanced | Pro Adventurous |
| AIA Emerging Markets Equity Fund | 0% | 5% | 5% | 0% | 5% | 10% |
| AIA Global Bond Fund | 50% | 30% | 10% | 50% | 30% | 0% |
| AIA Global Equity Fund | 10% | 20% | 35% | 10% | 20% | 40% |
| AIA Global Property Returns Fund | 5% | 5% | 5% | 5% | 5% | 5% |
| AIA Growth Fund | 0% | 7% | 7% | 0% | 7% | 5% |
| AIA Japan Equity Fund | 5% | 5% | 5% | 5% | 5% | 5% |
| AIA Regional Fixed Income Fund | 25% | 8% | 3% | 25% | 8% | 0% |
| AIA US Equity Fund | 5% | 20% | 30% | 5% | 20% | 35% |

I wish to:

☐ **Change Premium Allocation of Basic Premium**

Note: will be effected from the next premium due date

☐ **Also apply for Automatic Re-balancing based on the above selected portfolio**

Note: this will be effected on a quarterly basis

ii) Standing instruction for annual update of Guided Portfolios

☐ **Apply for standing instruction*** (choice of only one (1) portfolio as below)

☐ **Pro Adventurous** ☐ **Pro Balanced** ☐ **Pro Cautious**

☐ **Pro Optimiser** (only for Wealth Pro Advantage customer)

☐ **Cancel existing standing instruction**

*The portfolios are updated on an annual basis. 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 you have signed up. If your policy is not using the latest portfolio at this moment, we will also update accordingly once this standing instruction is processed. 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.

☐ **Also apply for Automatic Re-balancing based on the selected portfolio**

Note: This will be effected on a quarterly basis. If a particular fund requires a switch in/out of less than S\$50 or 1% of policy value (whichever is lower), no switch will be done.

F. Top-Up (Part III - Health Declaration must also be completed)

Top-Up Amount (\$):

Payment Via: ☐ Cash/Cheque ☐ SRS ☐ CPF Ordinary/Special Account

Please complete fund(s) allocation in **Section D Change of Premium Allocation**.

For AIA Platinum Wealth Elite and AIA Platinum Retirement Elite plans, if your top up is not into the existing fund of your Policy, please also complete Sections A and D as only 1 fund is allowed for this plan.

☐ **Ad-Hoc Top-Up**

☐ (1) ^Regular Top-Up for Single Premium ILP.
(2) Regular Top-Up for AIA Platinum Wealth Elite (PWE) / AIA Platinum Retirement Elite (PRE) only. Top-up frequency will follow the regular premium payment frequency.

^Top-up Frequency: ☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly

Cease Regular Top-Up with effect from

Note: Please indicate the policy anniversary in DD MMM YYYY format (example 31 Dec 2014) at which you would like to cease the Regular Top-Up arrangement. However, if you wish to terminate RTU arrangement before the cessation date, you can submit the request to us anytime.

☐ **Cancel Existing Regular Top-Up Arrangement**



* P 2 1 0 4 2 5 0 5 0 6 0 9 *

☐

G. Change of Premium

☐

Increase Basic Premium to (\$)^

☐

Reduce Basic Premium to (\$)^

☐

Reduce Saver Premium to (\$)^

^ Please write the new premium excluding premium paying riders. The revised premium amount is based on existing payment mode.

For AIA Pro Achiever 2.0 & 3.0, please choose your preferred option for your reduced policy value:

☐

Reinvest

☐

Withdraw (Please complete section H below. There are no withdrawal charges.)

- Notes:
- The policy's regular premium policy value will be reduced proportionally to your premium reduction.
 - Reducing the premium during the Initial Investment Period will incur charges on the reduced policy value.

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H. Method of Payout

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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

Only applicable for policies in Singapore Dollars. (Please submit a copy of your Bank passbook/ statement*).

OR

☐

Telegraphic Transfer

Only applicable for policies in United States Dollars.

(Please submit a **Telegraphic Transfer Request Form** with a copy of your Bank passbook/ statement*)

* Please blank out bank statements with the bank balances and transactions. We accepted truncated e-statements downloaded from the banks' mobile application, as long as the document shows the Name of Bank, Bank Branch, Name of Bank Account Holder(s) name and Bank Account No. on the same page.

☐

Cheque

Part III: Health Declaration

Applicable for Top-Up and Reinstatement of Rider(s)

WARNING: In accordance with Section 25(5) of the Insurance Act, as may be amended from time to time, you are to fully disclose in this form, all facts which you know or ought to know failing which the insurance issued herein may be void.

A. Details of Existing and Pending Insurance Coverage

| | Insured | | Payor (applicable to PB/PBC/ECPPB) | |
|------------------------------|--|--|--|--|
| Insurance Company | | | | |
| Country of Insurance Company | <input type="checkbox"/> Singapore | <input type="checkbox"/> Singapore | <input type="checkbox"/> Singapore | <input type="checkbox"/> Singapore |
| | <input type="checkbox"/> Non-Singapore | <input type="checkbox"/> Non-Singapore | <input type="checkbox"/> Non-Singapore | <input type="checkbox"/> Non-Singapore |
| Death | | | | |
| Total & Permanent Disability | | | | |
| Critical Illness | | | | |
| Personal Accident | | | | |
| Disability Income | | | | |
| Long Term Care | | | | |
| Others | | | | |

Your total coverage, including previous and concurrent applications within AIA and with other insurers, is an important and material fact which the Company uses to assess this policy.

B. Health and Lifestyle Questions

If your answer to any of the questions below is "Yes" please give details in the space provided under Remarks.
(For review of change in smoker status, the new status will apply to all policies for which you are a party to.)

| | Insured | | Payor (applicable for PB/PBC/ECPPB) | |
|--|------------------------------|------------------------------|--|------------------------------|
| | Yes | No | Yes | No |
| 1. Do you intend to travel outside Singapore for a total of more than 90 days in a year, other than for leisure or social purposes? If yes, please give details on country and cities visited frequency per year and duration per trip. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you now a member of a military force (except NS men) or are you engaged in any private flying or hazardous sports or races other than as a fare-paying passenger on a regular scheduled airline? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is any application for or reinstatement of your life, critical life, accidental, medical disability or health related insurance policy pending or has it ever been declined, postponed, rated or modified in any way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was there any weight change of more than 5kg in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Please provide your current height and weight (in meters and kilograms). | <input type="text"/> m | <input type="text"/> m | <input type="text"/> m | <input type="text"/> m |
| | <input type="text"/> kg | <input type="text"/> kg | <input type="text"/> kg | <input type="text"/> kg |
| 6. Have you smoked any cigarettes in past 12 months? If "Yes", please state how many cigarettes per day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="text"/> /day | <input type="text"/> /day | <input type="text"/> /day | <input type="text"/> /day |
| 7. Do you drink alcohol? If yes, how many glasses of alcohol do you consume a week? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Beer (330ml per can) | <input type="text"/> Cans | <input type="text"/> Cans | <input type="text"/> Cans | <input type="text"/> Cans |
| Wine (100ml per glass) | <input type="text"/> Glasses | <input type="text"/> Glasses | <input type="text"/> Glasses | <input type="text"/> Glasses |
| Spirits (30ml per tots) | <input type="text"/> Tots | <input type="text"/> Tots | <input type="text"/> Tots | <input type="text"/> Tots |
| 8. Have you ever used any habit forming drugs narcotics or been treated for drug habits or consumed alcohol excessively or received medical advice, counselling or treatment for alcoholism? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Since the date of application of the policy | | | | |
| a. Have you had or been advised to have, other than for routine employment purposes, any diagnostic tests including but not limited to X-ray, ECG, ultrasound, biopsy, blood screen or urine tests? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you had, been told to have, been treated for or suffered from symptoms of any of the following: | | | | |
| i. Stroke, high blood pressure, chest discomfort, heart murmur or any heart related disorder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Pneumonia, asthma, chest or breathing complaints, tuberculosis or any other lung disorder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Breast lumps or any other disorder of the breasts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Diabetes, raised cholesterol, liver disease, Hepatitis B or any form of hepatitis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Kidney disease, blood, protein or sugar in urine or blood in stools? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. Cancer, tumour or growths of any kind, AIDS, HIV infection or sexually transmitted disease? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vii. Fits, mental disorder or any other disorders or physical disabilities not mentioned above? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



If your answer to any of the questions below is "Yes" please give details in the space provided under Remarks.
(For review of change in smoker status, the new status will apply to all policies for which you are a party to.)

10. Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder, or any hereditary disease before the age of 60?

Please provide details.

Insured

Payor
(applicable for
PB/PBC/ECPPB)

Yes

No

Yes

No

☐
☐
☐
☐

| Illness | Age at Onset | Current Age | Age at Death (if deceased) | Relationship to Insured | Relationship to Payor |
|---------|--------------|-------------|----------------------------|-------------------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Remarks

Declaration and Authorisation

I understand and agree that:

- The policy(ies) stated in this form be changed in accordance with the above application
- 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
- This 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.
- I confirm that the above answers given by me, are full, complete and true and agree that they form part of any policy issued, or amended, where these answers are, or may be, relied upon by AIA Singapore.
- This 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
- 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.
- For AIA IGP and AIA Premier Life policies issued before 18th March 2000 only: By switching to or allocating any monies to either AIA Global Equity Fund, AIA Global Bond Fund or AIA US Equity Fund, I confirm that I have seen and received a copy of the endorsement dated 18th March 2000 and agree to be bound by its terms and conditions set out therein.
- I confirm that I have obtained from my AIA Financial Services Consultant/Insurance Representative, a copy of , read and understand the Product Summary of the AIA ILP sub-funds and the prospectus(es) of the relevant fund(s) under AIA Asset Evolution (as the case may be) which I intend to switch or allocate monies to.
- If AIA Singapore accepts my application, the Incontestability and Suicide Provisions (if any) thereof shall have effect from the approval date of my application.
- 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.

11. 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.

WARNING: If a material fact is not disclosed in this application form, any application may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Services Consultant(s)/Insurance Representative(s) but was not included in this application. Please check to ensure you are fully satisfied with the information declared in this application. Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of your application, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

Signature of Insured

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

Signature of Policy Owner/Assignee/Trustee

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

Signature of Trustee (if any)

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

Signature of FSC/IR

| |
|------|
| |
| 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 Declaration

I/We declare that I/we have conducted the necessary due diligence on the Person(s) in accordance with all prevailing guidelines stipulated by AIA Singapore and as may be notified to its Financial Services Consultants from time to time ("Guidelines"), including but not limited to identifying and verifying the identity of such Persons

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

