



Medical

Non-Medical

**APPLICATION FORM FOR LIFE INSURANCE (JUVENILE) (PARTNERSHIP DISTRIBUTION)**

Insurance Adviser's Unit Code:	<input type="text"/>	Referral's Unit Code:	<input type="text"/>
Insurance Adviser's Code:	<input type="text"/>	Referral's Code:	<input type="text"/>
Insurance Adviser's Name/Channel:	<input type="text"/>	Referral's Name:	<input type="text"/>

Policy 1

Policy 2

Corporate ID: WM

Master Policy No. (For Worksite Marketing Only)

**WARNING:** In accordance with Section 25(5) of the Insurance Act Cap.142, as may be amended from time to time, you are to fully and faithfully disclose in this Application Form all facts which you know, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void. If a foreign currency policy is applied for, the equivalent of returns in Singapore-dollars will depend on the prevailing exchange rate (as determined by AIA Singapore), which may be highly volatile.

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

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.:	Country of Residence:
Place of Birth: <input type="radio"/> United States of America <input type="radio"/> Others (Country): _____	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed / Divorced / Separated
Annual Income (S\$): <input type="radio"/> ≤ 30,000 <input type="radio"/> 30,001 – 50,000 <input type="radio"/> 50,001 – 100,000 <input type="radio"/> 100,001 – 150,000 <input type="radio"/> 150,001 – 300,000 <input type="radio"/> > 300,000	Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others
Current Residence Address <i>Please submit the following document(s) to show proof of this address.</i> <i>(i) For Singaporeans and PRs residing in Singapore- Copy of NRIC</i> <i>(ii) For Singaporeans and PRs residing overseas and Pass holders - Letters from government or banks, or utility or telephone bills (dated within the last 6 months)</i>	Citizenship: <i>if not Singaporean</i> Foreign Permanent Residence Address- Please provide the <b>full</b> address in English. <i>(Compulsory for non-Singaporeans)</i> <i>For passers-by, please submit copy of passport or foreign identification card that shows proof of this address.</i> <i>If the address on the document(s) differs from this address, please explain the reason(s) in writing.</i>
Postal Code:	Relationship of Applicant/Owner to the Proposed Insured: <input type="radio"/> Parent <input type="radio"/> Legal Guardian
Singapore Mailing Address: - if different from Current Residence Address (Use of P.O. Box is not allowed)	Postal Code:
Postal Code:	Contact Details Home:    Country Code - Phone No. Office:    Country Code - Phone No. Mobile:    Country Code - Phone No. Email:
Please provide the reason if: 1. Your "Current Residence Address" is different from your identity documents and/or 2. Your "Singapore Mailing Address" is different from your "Current Residence Address" Note: Please provide separate reasons if all the addresses are not matched.	
Occupation:	Business Address:
Company Name:	
Exact Duties:	
Nature of Business:	Postal Code:

PART0004 (02/2018 07/2018 11/2018)



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Policy 1 Policy 2 

Name of Contingent Owner (Other than the Original Owner):				
Date of Birth:	dd	mm	yyyy	NRIC/FIN/Passport No.:
Relationship: <input type="radio"/> Estate <input type="radio"/> Parent of the Proposed Insured				

**2 DETAILS OF PROPOSED INSURED**

Name (shown on NRIC/FIN/Passport):					
Date of Birth:	dd	mm	yyyy	NRIC/FIN/Passport No.:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Place of Birth: <input type="radio"/> United States of America <input type="radio"/> Others (Country): _____					
Residency Status:		Occupation:		Monthly Income in S\$:	
<input type="radio"/> Singapore <input type="radio"/> Singapore PR				<i>applicable for AIA Premier Disability Cover Rider for working adults aged 16 &amp; 17</i>	
<input type="radio"/> Pass Holders <input type="radio"/> Others		Company Name:			
Country of Residence:		Exact Duties (please provide in details):			
Citizenship: <i>if not Singaporean</i>		Nature of Business:			

**3 DETAILS OF PLAN APPLIED FOR (LIFE PLAN) – Please write in full, consistent with name shown in the Policy Illustration.**

LIFE PLAN	Policy 1		Policy 2	
<b>BASIC PLAN NAME (Please write in full)</b>				
	<input type="radio"/> Payor Benefit (PB)		<input type="radio"/> Payor Benefit (PB)	
	<input type="radio"/> Payor Benefit Comprehensive (PBC)		<input type="radio"/> Payor Benefit Comprehensive (PBC)	
Sum Assured	<b>S\$</b>	<b>US\$</b>	<b>S\$</b>	<b>US\$</b>
Backdated:	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> AIA Critical Protector Life (CPL)	\$		\$	
<input type="radio"/> Limited Pay (CPL)	\$		\$	
<input type="radio"/> AIA Early Critical Protector Life	\$		\$	
<input type="radio"/> Waiver of Premium (WP)	\$		\$	
<input type="radio"/> Critical Protector Waiver of Premium (CPWP)	\$		\$	
<input type="radio"/> AIA Guaranteed Protect Plus Booster	\$		\$	
<input type="radio"/>	\$		\$	
<input type="radio"/>	\$		\$	
<b>Unit Deducting Riders</b>	\$		\$	
<input type="radio"/> Total & Permanent Disability	\$		\$	
<input type="radio"/> Critical Illness	\$		\$	
<input type="radio"/> Early Critical Protector	\$		\$	
<b>Premium:</b>				
Regular Premium (Including Riders and Saver Premium)	\$		\$	

Policy 1

Policy 2

<input type="radio"/> Top-up Premium for Regular Premium Plan - Ad Hoc (minimum S\$1,000)	\$	\$
Regular Premium Payment Frequency	<input type="radio"/> Monthly <input type="radio"/> Semi-annually <input type="radio"/> Quarterly <input type="radio"/> Annually	<input type="radio"/> Monthly <input type="radio"/> Semi-annually <input type="radio"/> Quarterly <input type="radio"/> Annually
Premium Payment Method	<input type="radio"/> Cash <input type="radio"/> Telegraphic Transfer <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 Credit Card Authorisation Form)	<input type="radio"/> Cash <input type="radio"/> Telegraphic Transfer <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 Credit Card Authorisation Form)
	<input type="radio"/> Employment/Trade Income <input type="radio"/> Investment Income <input type="radio"/> Rental Income <input type="radio"/> Others, please specify: _____	
	<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: _____	
	<b>Source of Wealth</b> Where your wealth is derived from. You may tick more than 1 option	
	<b>Source of Funds</b> Origin of the funds used to pay premiums. You may tick more than 1 option	
<b>Relationship of Payor to Applicant/Owner (if different from Applicant/Owner) :</b>		

**Insurance Adviser(s) is not allowed to collect cash payment on behalf of AIA. Please refer to AIA website for the list of payment methods.**

LIFE PLAN:	Policy 3	Policy 4
Premium Allocation to Pro Portfolio	<input type="checkbox"/> Pro Portfolio - Adventurous <input type="checkbox"/> Pro Portfolio - Balanced <input type="checkbox"/> Pro Portfolio - Cautious	<input type="checkbox"/> Pro Portfolio - Adventurous <input type="checkbox"/> Pro Portfolio - Balanced <input type="checkbox"/> Pro Portfolio - Cautious
	<b>You may select more than one option below</b> <input type="checkbox"/> Automatic Fund Re-balancing (quarterly basis according to portfolio selected above) <input type="checkbox"/> Standing instruction for annual update of Pro Portfolio (based on portfolio selected above) By selecting this option, you are instructing AIA to apply the latest portfolio to your future premium allocation within 31 days from its update. This will also be applied to Automatic Fund Re-balancing if it has also been selected. We reserve the right to discontinue or make revision to this standing Instruction.  NOTE: You will be notified whenever the latest portfolio is applied to your policy's allocation. You may also refer to the Annual Fund Report for revision to the portfolio.	
	Premium Allocation to:	<input type="checkbox"/> Pro Optimiser <input type="checkbox"/> Fund (Please Complete the following fund details)
Full name of Fund	Allocation	Allocation
AIA	%	%
AIA	%	%
AIA	%	%
AIA	%	%
AIA	%	%
<b>For Premium Allocation to Pro Optimiser or Fund</b> <input type="checkbox"/> Automatic Fund Re-balancing (quarterly basis according to above allocation, minimum 2 funds), or <input type="checkbox"/> Automatic Fund Switch (from AIA S\$ Money Market Fund. The minimum initial balance in this fund must be S\$1,000.)		
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Amount to switch periodically	\$	\$
Fund switch to:	Allocation	Allocation
AIA	%	%
AIA	%	%
AIA	%	%
AIA	%	%
AIA	%	%

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



**AIA Singapore Private Limited (Reg. No. 201106386R)**  
 AIA Customer Service Centre, 1 Finlayson Green, Singapore 049246  
 Monday – Friday: 8.45am – 5.30pm  
 AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG

Policy 1 Policy 2 **4 CREDIT CARD AUTHORISATION**

I authorise AIA Singapore to charge to my credit card and issuer of the card the initial premium and all subsequent premiums including additional premiums levied (if any) payable to AIA Singapore. Should payment not be successfully effected pursuant to this authorisation for any reason, AIA Singapore shall under no circumstances be held responsible or liable for any non-inception, lapse or termination of the policy due to late or non-payment of premiums. This authorisation shall be binding and remain valid, notwithstanding death of the cardholder, irrespective of whether or not this application is accepted by AIA Singapore.

Name of Cardholder (as shown on Credit Card):  Contact No.(HP):  Credit Card No.:   Visa  Mastercard

Card Expiry Date (MM/YY):  /  Relationship of Cardholder to the Policyowner:  Name of Issuing Bank:  Country of Issuing Bank:

Recurring Payment:  Yes - applicable to monthly, quarterly and semi-annually modes for the FIRST YEAR'S premium only  
 No

Cardholder's Signature (as per Credit Card) Date (DD/MM/YYYY) **Important Notes**

1. Credit Card payments for renewal premium and single premium policies will NOT be accepted.
2. Credit Card deduction will be processed upon receipt of this authorisation by AIA Singapore. The deduction does not constitute approval of the application.
3. For applications on monthly mode, premiums for the first two months will be deducted for initial premium.
4. Recurring Credit Card Payment is not applicable to AIA Healthshield Gold Max Plans.

**5 DETAILS OF PREVIOUS & CONCURRENT INSURANCE APPLICATIONS AND PURSUITS OF PROPOSED INSURED**

5.1 Do the Applicant/ Owner and the Proposed Insured(s) have any in-force Insurance policy(ies) or pending insurance application(s)?

No  Yes – Please give details:

	Applicant/Owner		Proposed Insured	
Insurance Company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Death	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total & Permanent Disability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Critical Illness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Accident	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability Income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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.

5.2 Is this proposal to replace or intended to replace in full or in part any insurance policy or investment products with AIA Singapore or any other financial adviser or institution?

No  Yes – Please give details:

5.3 Is any application for or reinstatement of your life, critical illness, accidental, medical, disability or health-related insurance policy pending or has it ever been declined, postponed, rated or modified in any way?

No  Yes – Please indicate Company and give details:

5.4 Are you now a member of a military force (except NS men), are you contemplating or have you, in the last 5 years engaged in any private flying or hazardous sports or races or flying other than as a fare paying passenger on a regular scheduled airline?

No  Yes – Please give details:

Policy 1

Policy 2

**6 DETAILS OF ALL FAMILY MEMBERS AND ANY INSURANCE (IN-FORCE OR APPLIED) ON EACH LIFE**

Relationship to Proposed Insured	Age	Insuring Company	Amount of Insurance
Father			
Mother			
Sibling(s)			
Payor if other than a family member (legal guardian)			

**6.1** Do all brothers and sisters have similar existing cover or are currently being proposed for cover?

Yes  No – please state reason:

**7 HEALTH DETAILS OF PROPOSED INSURED – To be completed for non-medical application, or where the medical examination was done more than one month ago.**

<b>7.1 a.</b> Height (metres):	<b>c.</b> Was there any weight change in the past year? If yes, how much and state the reason: <input type="radio"/> Yes <input type="radio"/> No
<b>b.</b> Weight (kilograms):	
<b>d.</b> Name and Address of the Proposed Insured's doctor:	Give date, reason and result of last consultation:

**7.2** Is the child contemplating a trip or had been outside Singapore for a total of more than 90 days in a year, other than for leisure or social purposes?  Yes  No

If yes, please give details.

Country & Cities visited	Frequency per year	Duration per trip mth(s)

**7.3** Has the child received medical advice, counselling or treatment in connection with AIDS, AIDS Related Complex or any other AIDS related condition, been told the child has any of these; or that the child had HIV testing done OR in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions?  Yes  No

**7.4** To the best of your knowledge and belief, has any member of the child's immediate family ever had tuberculosis, diabetes, cancer, cardiomyopathy, polycystic disease, mental disease or any AIDS related condition?  Yes  No

Relationship	Age at Onset	Current Age	Illness/Age at Death (if deceased)

**7.5** Has the child ever had, or have been told or been treated for:

<b>a.</b> any respiratory disease, prolonged cough, bronchitis, asthma, heart problems, fits, epilepsy or disorder affecting the nervous system?	<input type="radio"/> Yes <input type="radio"/> No
<b>b.</b> any heart disorder, blood disorder, diabetes, endocrine disorder, liver disease or any gastrointestinal disorder, kidney problems, nephritis or abnormality of the genitourinary system?	<input type="radio"/> Yes <input type="radio"/> No
<b>c.</b> condition affecting the sight, hearing or speech, physical or developmental defects, abnormal or premature birth or any cancer, growth, tumor?	<input type="radio"/> Yes <input type="radio"/> No
<b>d.</b> any developmental abnormalities such as attention-deficit hyperactivity disorder (ADHD), autistic disorder and/or dyslexia?	<input type="radio"/> Yes <input type="radio"/> No

**7.6** In the past 5 years, has the child had any (other than for immunisation or vaccination)

**a.** of the following tests done? If yes, please give details as indicated below.  Yes  No

Test	Date	Reason	Results	Test	Date	Reason	Results
a. Blood Test				g. Liver Function Tests			
b. Biopsy				h. PAP Smear			
c. Chest X-Ray				i. Ultrasound			
d. CT Scan				j. Urine			
e. ECGs				k. Others. Please specify			
f. Cholesterol				_____			

**b.** illness, operation, medical advice, investigations or hospital treatment not mentioned above?  Yes  No



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<b>8 LIFESTYLE DETAILS OF APPLICANT/OWNER - where PB/PBC is applied</b>				
8.1 Have you smoked any cigarettes in the past 12 months? <input type="radio"/> No <input type="radio"/> Yes - How many cigarettes per day:				
8.2 Do you drink? <input type="radio"/> No <input type="radio"/> Yes	How many glasses of alcohol do you consume every week?	Beer cans (330ml)	Wine glasses (100ml)	Spirits tots (30ml)
8.3 Are you contemplating a trip or had been 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.				
<input type="radio"/> No <input type="radio"/> Yes	Country & Cities visited	Frequency per year	Duration per trip mth(s)	

<b>9 HEALTH DETAILS OF APPLICANT/OWNER - where PB/PBC is applied (To be completed for non-medical application, or where the medical examination was done more than one month ago).</b>	
9.1 a. Height (metres):	c. Was there any weight change in the past year? <input type="radio"/> Yes <input type="radio"/> No If yes, how much and state the reason:
b. Weight (kilograms):	
d. Name and Address of the Payor's doctor:	Give date, reason and result of last consultation:
9.2 Have you ever used any habit forming drugs or narcotics or been treated for drug habits or consumed alcohol excessively or been treated for alcoholism? <input type="radio"/> Yes <input type="radio"/> No	
9.3 Have you ever had or been told to have or been treated for:	
a. epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous/mental disorders?	<input type="radio"/> Yes <input type="radio"/> No
b. diabetes, thyroid disorders or any other endocrine disorders?	<input type="radio"/> Yes <input type="radio"/> No
c. ear discharge, nose bleeds, double vision, impaired sight, hearing, or speech or any other disorders of ear, eye, nose or throat?	<input type="radio"/> Yes <input type="radio"/> No
d. asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/ discomfort or any other lung disorders?	<input type="radio"/> Yes <input type="radio"/> No
e. raised cholesterol, high blood pressure, heart attack, heart murmur, cardiomyopathy, mitral valve prolapse or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorders of the heart or blood vessels?	<input type="radio"/> Yes <input type="radio"/> No
f. gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?	<input type="radio"/> Yes <input type="radio"/> No
g. jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?	<input type="radio"/> Yes <input type="radio"/> No
h. blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?	<input type="radio"/> Yes <input type="radio"/> No
i. slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury?	<input type="radio"/> Yes <input type="radio"/> No
j. cancer, tumours, cysts or growths of any kind?	<input type="radio"/> Yes <input type="radio"/> No
k. anaemia, any other disorders of the blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?	<input type="radio"/> Yes <input type="radio"/> No
l. any other illness, disorder, operation, physical disability or accident not mentioned above?	<input type="radio"/> Yes <input type="radio"/> No
9.4 Have you or your spouse been told to have, received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition? <input type="radio"/> Yes <input type="radio"/> No	
9.5 a. Have you ever had HIV testing done? <input type="radio"/> Yes <input type="radio"/> No	
If yes, please state reason, date and results: <input type="text"/>	
b. In the last 3 months have you had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions? <input type="radio"/> Yes <input type="radio"/> No	
If yes, please state reason, date and results: <input type="text"/>	

Policy 1

Policy 2

**9.6** In the past 5 years, have you had any (other than for immunisation or vaccination)

a. of the following tests done? If yes, please give details as indicated below

Yes  No

Test	Date	Reason	Results	Test	Date	Reason	Results
a. Blood Test				g. Liver Function Tests			
b. Biopsy				h. PAP Smear			
c. Chest X-Ray				i. Ultrasound			
d. CT Scan				j. Urine			
e. ECGs				k. Others. Please specify			
f. Cholesterol							

b. illness, operation, medical advice, hospital treatment not mentioned above?

Yes  No

**9.7** Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, cardiomyopathy, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease? If yes, please provide details below.

Yes  No

Relationship	Age at Onset	Current Age	Illness/Age at Death (if deceased)

**9.8 FEMALE ONLY**

a. Have you suffered from or are you aware of any breast lumps or any other disorders of your breasts?

Yes  No

b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs?

Yes  No

c. Have you ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months?

Yes  No

d. Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations? If yes, please state type, reason, date of test done and results of test (copy to be submitted if available).

Yes  No

e. Are you now pregnant? If yes, please indicate:

Yes  No

i) Expected delivery date: dd mm yyyy ii) When was the last time you visited the doctor: dd mm yyyy

iii) Has there been any complication(s) relating to this and/or previous pregnancies? Please tick:

No complication  Gestational diabetes  Caesarian section  Eclampsia  Hypertension  
 Diabetes  Thrombosis  Miscarriage  Others (please specify):

**10 REMARKS** In connection with insurance applied for, if any answer to question 7, 9 is "Yes", give details below, quoting the relevant question number(s).



Policy 1 Policy 2 **11****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="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?

A.2 Are you currently residing in Singapore?

**B. For Singapore Permanent Resident & employment pass, work permit, dependant pass or other work pass holders**

Have you resided in Singapore for a total of less than 183 days in the 12 months preceding the date of application?

**C. For student pass or long term visit pass holders**

C.1 Does your pass have a duration of less than 90 days?

C.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of application?

**D. If you do not belong to any of the above categories, please tick here**

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

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

I have been informed and directed to view or download a copy of "Your Guide to Life Insurance" from [www.aia.com.sg](http://www.aia.com.sg), or [www.lia.org.sg](http://www.lia.org.sg)

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



**12**

**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.
- **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.

12.1 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**, please provide the details below, quoting the relevant question number(s).

12.2 If any of these information fields (Citizenship, Place of Birth, Current Residence Address, Singapore 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).

**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:



Citizenship ( Please tick one)	
<input type="radio"/>	My country of citizenship does not have taxation laws which define tax residence.
<input type="radio"/>	I am currently a Singapore Permanent Resident residing and/or working in Singapore. I am not a tax resident of my country of citizenship.
<input type="radio"/>	I am currently residing/working outside the country of my citizenship and am a tax resident of the country where I currently reside/work. I am not a tax resident of my country of citizenship.
<input type="radio"/>	I am currently holding a valid visit/employment pass, residing and/or working in Singapore. I am not a tax resident of my country of citizenship.
<input type="radio"/>	Others, please elaborate:
Telephone Numbers ( 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:
Singapore 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:
Place of Birth (Please tick one)	
<input type="radio"/>	I was born in the country but am not a tax resident of the country of birth.
<input type="radio"/>	I have renounced my citizenship of the country of birth. I am now a citizen of the declared country of tax residence.
<input type="radio"/>	Others, please elaborate:
12.3 Declaration on U.S. Person Status (Please tick either one).	
<input type="radio"/>	<p>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.</p> <p>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.</p>
<input type="radio"/>	<p>I/We hereby declare and agree that I am/we are a "U.S. person" for U.S federal income tax purposes.</p> <p>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.</p> <p>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.</p>
<p><b>Note:</b> Please submit W-9 form and FATCA Declaration form together with this application. <input type="radio"/> Done</p>	
12.4 Common Reporting Standard Declaration.	
<p>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 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.</p> <p>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.</p> <p>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.</p>	

Policy 1 Policy 2 

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.

**(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.

### 13 ADDITIONAL DECLARATION

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

1. No statement, information or agreement made by/to or given by/to the person soliciting/taking this application or any other persons, shall be binding on AIA Singapore Private Limited ("AIA Singapore"), unless presented in writing.
2. The statements and answers in this application together with any required questionnaire or amendments (the "Information") are full, complete, true and correct and that no information or material has been withheld. I/We understand that AIA Singapore, believing the Information to be such, will rely and act on the Information accordingly. I/We further agree that the Information shall form the basis of the contract between the parties hereto. I/We understand that if any of the Information is not full or complete or true or correct, the Policy issued hereunder may be void and I/we will receive only a refund of the premiums (without interest) less any and all medical expenses incurred in AIA Singapore's consideration of my/our application.
3. AIA Singapore shall assume no liability whatsoever, and that my/our Policy/Policies will only be effective after this application is accepted by AIA Singapore and the first premium duly paid in full to and accepted by AIA Singapore during the Insured's lifetime and good health.
4. All my/our declarations made and my/our statements or answers in this application and in any required medical examination, questionnaire or amendments together with the relevant Policy shall constitute the entire contract between the parties in so far as it may be relevant to the Policy or Policies I/we have requested.
5. I/We have received a copy of (1) Policy Illustration and/or Schedule and (2) Product Summary, (3) "Your Guide to Life Insurance" and (4) "Your Guide to Health Insurance" (applicable only to accident and health business), the contents of which have been explained to me/us to my/our satisfaction.
6. In the event of purchasing the Investment-Linked plans, I/we agree that
  - a. the number of units to be credited to the Policy in respect of the first modal premium shall be determined in accordance with AIA Singapore's usual rules by reference to the Offer Price established on the Valuation Date immediately following the Policy approval subject to AIA Singapore having received the first modal premium in full.
  - b. should I/we decide not to take up the proposal under the standard or revised terms offered by AIA Singapore or if the proposal is officially accepted by AIA Singapore and I/we decide to terminate the Policy within 14 days from the date of receipt of the Policy document, then the amount refundable to me/us shall be the premium(s) paid less any adjustment to reflect the change in market value of the underlying assets, less any costs incurred by AIA Singapore in assessing the risk under the Policy, subject to a maximum refund of the premium(s) paid.
7. I (the Applicant/Owner if other than the Proposed Insured) am not an undischarged bankrupt and no bankruptcy application (including any statutory demand) or order has been made against me/us within the last twelve months.
8. I/We hereby authorise, agree and consent to
  - a. any medical source, insurance office, or organisation to release to AIA Singapore, any relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
  - b. AIA Singapore to release to any medical source or insurance office any relevant information concerning me at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
  - c. AIA Singapore or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our health status in relation to this application and any resulting claim; and
  - d. AIA Singapore, its associated persons/organisation, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "AIA Persons") to collect, use, disclose, store, retain and/or process (collectively, "Use") all personal data and information ("Personal Data") that had/have 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") which is available on AIA Singapore's website, including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the 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 whether or not my/our application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original.



**AIA Singapore Private Limited (Reg. No. 201106386R)**  
 AIA Customer Service Centre, 1 Finlayson Green, Singapore 049246  
 Monday – Friday: 8.45am – 5.30pm  
 AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG

Policy 1

Policy 2

**9. Marketing Consent**

I (being the Applicant/Owner, for the purposes of this clause) consent to allow AIA Persons to collect, use, disclose, store, retain and/or process Personal Data that had/had been provided to AIA Persons and/or that AIA Persons possess about me (whether from me or a third party) for the purposes of conducting consumer, marketing related or other similar research and analysis and to provide marketing and promotional information relating to existing or future products and/or services, by the following modes of communication where I have indicated my consent below:

- (a) postal mail to my \*postal address(es);
- (b) electronic transmission to or through my \*email address(es) and/or \*social media account(s);
- (c) with respect to all my \*telephone number(s) (of which I confirm I am the user and/or subscriber), by way of:
  - (i) Phone/ Voice Call; and
  - (ii) SMS/MMS

\* which are in AIA Persons' records as may be updated from time to time by notice to AIA Persons

In relation to one or more of the above purposes, I consent to my Personal Data being disclosed to independent third parties and their representatives and such third parties processing my Personal Data.

**Note:**

- I may withdraw one or more consents provided by me at anytime via AIA Customer Care Hotline at 1800-248-8000 or AIA e-Care (for policyholders) or my insurance adviser (for policyholders and non-policyholders). I will stop receiving marketing messages via the selected modes of communication after 30 days. I will continue to receive marketing messages via other modes of communication where my consent has been given and information arising from my AIA policies or programmes.
- The consent provided by me in this form is in addition to and does not supersede, vary or nullify any consent which I may have provided previously in respect of the above purposes, unless my consent is withdrawn in the manner specified by AIA.

10. I/We understand and agree that AIA Singapore is entitled not to accept or process this application should a person connected with the relevant Policy be found to be a Prohibited Person, meaning a person or entity (including any director or direct / indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries or my/our beneficial owners or beneficiaries' beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting AIA Singapore from providing insurance coverage, transacting business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant Policy, and the decision of AIA Singapore shall be final. I/We further agree that in the event that AIA Singapore becomes aware subsequently that a person connected with the relevant Policy has become a Prohibited Person, AIA Singapore may block and/or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. 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 persons. If an application is accepted or processed by AIA Singapore despite a person connected with the relevant Policy being a Prohibited Person, AIA Singapore shall be entitled to block and/or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.

11. By signing this application below, I/we confirm that the agent/broker or any representative of AIA Singapore has solicited insurance business from me/us in the Republic of Singapore and that the signing of this application has taken place in the Republic of Singapore.

**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 <b>SINGAPORE</b> on	Day:	Month:	Year:
		<b>WITNESSED BY</b>	
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.**