



APPLICATION FORM FOR PLATINUM SERIES LIFE INSURANCE

Unit Code 1, Unit Name 1, Unit Code 2, Unit Name 2, FSC/IR's Code 1, FSC/IR's Code 2, FSC/IR's Name 1, FSC/IR's Name 2, FSC/IR's RNF Code 1, FSC/IR's RNF Code 2

Policy No., Corporate ID: WM, Master Policy No. (For Worksite Marketing Only), Medical, Non-Medical

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.

1 DETAILS OF APPLICANT/OWNER

Name (shown on NRIC/FIN/Passport):, Date of Birth: dd mm yyyy, Gender: Male Female, Marital Status: Single Married Widowed / Divorced / Separated, Residency Status: Singapore Singapore PR Pass Holders Others, NRIC/FIN/Passport No., Country of Residence, Current Residence Address, Mailing Address, Occupation, Company Name, Exact Duties, Contact Details, Citizenship, Nature of Business, Place of Birth, Company Address, Foreign Permanent Residence Address, Annual Income

Please provide the reason if: 1. Your "Current Residence Address" is different from your identity documents or 2. Your "Mailing Address" is different from your "Current Residence Address" Note: Please provide separate reasons if all the addresses do not match.



HNW0001 (04/2018 07/2018 09/2018)

| 1a DETAILS OF CONTINGENT OWNER (IF INSURED IS JUVENILE) | |
|---|------------------------|
| Name of Contingent Owner (Other than the Original Owner): | |
| Date of Birth: dd mm yyyy | NRIC/FIN/Passport No.: |
| Relationship to Proposed Insured: <input type="radio"/> Estate <input type="radio"/> Parent | |
| NOTE: NOT APPLICABLE FOR POLICIES OWNED BY TRUSTEE(S) | |

| 1b DETAILS OF APPLICANT/OWNER (IF ENTITY, E.G. PARTNERSHIP, CORPORATION, TRUSTEE, ETC.) | |
|--|--|
| Full Legal Name of Entity | |
| (Note: If Applicant/Owner is a Trustee, please complete Verification of Trust Form.) | |
| Registered Address: | Mailing Address - if different from registered address <i>The mailing address will apply to this application only. If you wish to change your mailing address for your existing policy(ies), please submit a separate written request. Use of P.O. Box is not allowed</i> |
| Postal Code: | Postal Code: |
| Office Tel: Country Code / Area Code / Office Number | Ext: Fax No.: |
| Business Registration No. / Unique Entity No.: | |
| Country of Corporation: | Country of Domicile: |
| Relationship of Entity to Life to be Assured: | |
| <p><i>Please provide the reason if:</i></p> <p><i>1. Your "Mailing Address" is different from your "Registered Address"</i></p> <p><i>Note: Please provide separate reasons if all the addresses do not match.</i></p> | |

| 2 DETAILS OF PROPOSED INSURED (if different from Applicant/Owner) | |
|---|--|
| Name (shown on NRIC/FIN/Passport): | |
| Date of Birth: dd mm yyyy | Gender: <input type="radio"/> Male <input type="radio"/> Female |
| Marital Status: | Residency Status: |
| <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed / Divorced / Separated | <input type="radio"/> Singapore <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others |
| NRIC/FIN/Passport No.: | Country of Residence: |
| Occupation: | Contact Details |
| Company Name: | |
| Exact Duties (please provide in details): | |
| Nature of Business: | |
| Home: _____ - _____ - _____ Country Code Area Code Home Number | |
| Mobile: _____ - _____ - _____ Country Code Area Code Mobile Number | |
| Office: _____ - _____ - _____ Country Code Area Code Office Number | |
| Email: | |
| Company Address: | Citizenship: |
| Postal Code: | Place of Birth: |
| Relationship of Applicant/Owner to Proposed Insured: | Foreign Permanent Residence Address - Please provide the full address in English. Compulsory for non-Singaporeans (including Singapore PR). Please indicate "Nil or NA" if not applicable. Do not leave this blank. Please explain the reason(s) in writing if "Nil or NA" is indicated. <i>For Passers-by, please submit copy of passport or foreign identification card that shows proof of this address. If the address on the document(s) differs from this address, please explain the reason(s) in writing.</i> |
| <input type="radio"/> Spouse <input type="radio"/> Parent NOTE: APPLICABLE FOR NON-ENTITY APPLICATION. | Postal Code: |
| Annual Income <input type="checkbox"/> US\$ <input type="checkbox"/> 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 | |

3 DETAILS OF PLAN APPLIED FOR

| | | |
|--|--|--|
| Basic Plan Name | <input type="radio"/> AIA Platinum Legacy (IX) (US\$) | <input type="radio"/> AIA Platinum Heritage Premier (S\$) |
| | <input type="radio"/> AIA Platinum Heritage Wealth (US\$) | <input type="radio"/> AIA Platinum Heritage (II) Limited Pay (S\$) |
| | <input type="radio"/> Others (Please write in full including currency of plan): _____ | |
| Premium Payment Term* | | |
| Backdated <i>(Applicable for Platinum Heritage Series Only)</i> | <input type="radio"/> Yes <input type="radio"/> No | |
| Sum Assured (US\$/S\$) | \$ | |
| Premium (US\$/S\$) | \$ | |
| Regular Premium Payment Frequency <i>(Applicable for Platinum Heritage (II) Limited Pay only)</i> | <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually | |
| Premium Payment Method <i>(include hyphenation if any)</i> | <input type="radio"/> Cash | <input type="radio"/> Telegraphic Transfer |
| | <input type="radio"/> Premium Financing (Financing Bank: _____) | |
| | <input type="radio"/> Cheque - Bank/Cheque No.: Name of Drawer: _____ | |
| | <input type="radio"/> Cashier's Order - Bank/ Cashier's order No.: _____ | |
| Source of Wealth Where your wealth is derived from. You may tick more than 1 option | <input type="radio"/> Employment/Trade Income <input type="radio"/> Investment Income <input type="radio"/> Rental Income | |
| | <input type="radio"/> Others, please specify: _____ | |
| Source of Funds# Origin of the funds used to pay premiums. You may tick more than 1 option | <input type="radio"/> Employment/Trade Income <input type="radio"/> Sales of Property <input type="radio"/> Savings | |
| | <input type="radio"/> Maturity proceeds from AIA policies (Please complete Maturity Benefit Transfer Authorisation Form) | |
| | <input type="radio"/> Maturity or Surrender of Policy or Sale of Investments | |
| | <input type="radio"/> Others, please specify: _____ | |

Relationship of Payor to Applicant/Owner (if different from Applicant/Owner) :

If payor is different from Applicant/Owner/Proposed Insured, please complete AIA Platinum Series Large Amount Questionnaire.
 * **Disclaimer:** For administrative purposes, please indicate the number of years that you plan to fund the premiums. We reserve the right to refund, reject or limit the amount of additional premiums at any time at our sole discretion. We are not responsible for any loss arising from or attributable to our decision to refund, reject or limit the amount of additional premiums.

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.

4 DETAILS OF BENEFICIAL OWNERSHIP

Is there a beneficial ownership arrangement? Yes No
 If Yes, please provide their particulars below and submit a copy of their NRIC/Passport No./FIN that contain a clear photograph.

In relation to customers, "**Beneficial Owner**" as defined in 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, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

For the avoidance of doubt, this is NOT a nomination of beneficiary(ies) under the policy.
 If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.

| Name (shown on NRIC/FIN/Passport) | NRIC/FIN/ Passport No. | Date of birth (DD/MM/YY) | Relationship to the Policyholder | Gender (M/F) | Residency Status (Singaporean/ Singapore PR/ Pass Holder/Other) | Citizenship (if not Singaporean) |
|--------------------------------------|---------------------------|-----------------------------|-------------------------------------|-----------------|--|-------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



5 DETAILS OF POLITICALLY EXPOSED PERSON

Are you a Politically Exposed Person (PEP) or related to a PEP? Yes No
 If Yes, please complete 5a to 5e.

- a. What is the name of the Politically Exposed Person?
- b. What is your relationship to the Politically Exposed Person?
- c. What official position does the Politically Exposed Person hold?
- d. In which country is/was the position held?
- e. During what time period was the position held? Starting Year _____ Ending Year _____

* 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.

6 DETAILS OF PREVIOUS, CONCURRENT INSURANCE APPLICATIONS AND PURSUITS OF PROPOSED INSURED

6.1 a. Are there any existing and/or concurrent applications?
 No Yes - Please complete Q6.1b and provide details of existing and/or concurrent applications in Q6.2.

b. Please provide the total amount of life insurance coverage that you intend to incept with all companies (including this application).
 Currency: _____ Amount: _____

6.2 Please provide details of the Proposed Insured's total inforce and concurrent life insurance policies.

| | Policy 1 | Policy 2 | Policy 3 | Policy 4 | Policy 5 |
|------------------------------|----------|----------|----------|----------|----------|
| Insurance Company | | | | | |
| Death (Sum Assured US\$/S\$) | | | | | |
| Total & Permanent Disability | | | | | |
| Disability Income | | | | | |
| Critical Illness | | | | | |
| Year Issued/Pending | | | | | |

6.3 Is this proposal to replace or intended to replace in full or in part any insurance or other designated investment products, such as unit trust or life policy, with AIA or any other financial adviser such as insurance company, bank, as well as independent financial adviser?
 No Yes – Please give details:

WARNING:

You may incur fees and charges as a result of (i) surrendering, or reducing your investment in, an existing designated investment product (such as unit trust or life policy), and accident and health insurance product **and** (ii) buying new designated investment products ("DIP(s)") or topping up other existing DIP and accident and health insurance products.

Before replacing one DIP with another, you should find out whether you are entitled to free switching with your existing DIP and consider carefully whether any fees, charges or disadvantages that may arise from a replacement will outweigh any potential benefits. Some of the disadvantages associated with replacement include the following:

- (i) you may incur transaction costs without gaining any real benefit from the replacement, e.g, duplicate sales charges;
- (ii) the new DIP may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at a higher cost, e.g, higher mortality charges;
- (iii) you may incur penalties for terminating the existing DIP, e.g, surrender charges; and
- (iv) the new DIP may be less suitable for you.

In addition, before replacing a life insurance product or an accident and health insurance product for another, you should consider carefully whether any fees, charges or disadvantages that may arise from a replacement will outweigh any potential benefits. Some of the disadvantages associated with replacement include the following:

- (i) you may not be insurable at standard terms;
- (ii) you may have to pay a different premium; and
- (iii) terms and conditions will be different.

In your interests, we would advise that you consult your present financial adviser before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interests.

6.4 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, benefit type, reason, year of submission

6.5 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:

7 LIFESTYLE QUESTIONS

7.1 Have you ever smoked any forms of tobacco?
 No Yes

If currently smoking, please state:
 Type of tobacco: Cigarettes/Cigars/Pipe/
 Others: _____
 No. of sticks per day: _____

If former smoker, please state:
 When was the last time you smoked: _____
 Type of tobacco: Cigarettes/Cigars/Pipe/
 Others: _____
 No. of sticks per day: _____

7.2 Do you drink alcohol?
 No Yes

How many glasses of alcohol do you consume every week?

| | | |
|----------------------|-------------------------|------------------------|
| Beer cans (330ml) | Wine glasses (100ml) | Spirits tots (30ml) |
|----------------------|-------------------------|------------------------|

7.3 In the last 12 months, do you travel or live outside your country of residence for more than a total of 14 days in a year? If so, please provide the following information: No Yes

| Countries/Cities | Duration of each trip | Frequency (p.a.) | Purpose of travel (Business, Residence, Emigration, others, please specify) |
|------------------|-----------------------|------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |

7.4 Do you anticipate the pattern or frequency of travel will change substantially over the next 24 months? If yes, please provide the following information: No Yes

| Countries/Cities | Duration of each trip | Frequency (p.a.) | Purpose of travel |
|------------------|-----------------------|------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

7.5 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? Yes No

If yes, please provide details below.

| Family Member | Current Age | State of Health and Nature of Condition (If cancer, please include type) | Age at Onset | Cause of Death (if applicable) | Age of Death (if applicable) |
|---------------|-------------|--|--------------|--------------------------------|------------------------------|
| Mother | | | | | |
| Father | | | | | |
| Brothers | | | | | |
| Sisters | | | | | |



7.6 In the past 5 years, have you or the child had any (other than for immunisation or vaccination) Yes No

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

| Test | Date | Reason | Results | Test | Date | Reason | Results |
|---------------------------------|------|--------|---------|---------------------------|------|--------|---------|
| a. Blood Test | | | | g. Mammogram | | | |
| b. Biopsy | | | | h. PAP Smear | | | |
| c. Chest X-Ray | | | | i. Ultrasound | | | |
| d. CT Scan / MRI | | | | j. Urine | | | |
| e. ECGs | | | | k. Others. Please specify | | | |
| f. Heart Scan (CT angiogram) | | | | _____ | | | |

b. illness, operation, medical advice, investigations or hospital treatment not mentioned above? Yes No
If yes, please provide details:

8 **DETAILS OF ALL FAMILY MEMBERS AND ANY INSURANCE (IN-FORCE OR APPLIED) ON EACH LIFE (FOR JUVENILE AND STUDENTS ONLY)**

| Relationship to Proposed Insured | Age | Insuring Company | Amount of Life Insurance Cover (US\$/S\$) |
|--|-----|------------------|---|
| Father | | | |
| Mother | | | |
| Sibling(s) | | | |
| Sibling(s) | | | |
| Sibling(s) | | | |
| Payor if other than a family member (legal guardian) | | | |

8.1 Do all brothers and sisters have similar existing cover or are currently being proposed for cover? Yes No – please state reason:

9 **HEALTH DETAILS OF PROPOSED INSURED OF AGE 15 AND BELOW – To be completed for non-medical application, or where the medical examination was done earlier than the application form signed date.**

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

b. Weight (kilograms):

d. Name and Address of the Proposed Insured's Regular Doctor:

e. When did you last consult a doctor? Please provide reason, name of clinic (if differs from 9.1.d) and result of the last consultation:

9.2 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) |
|--------------------------|--------------------|--------------------------|
| | | |

9.3 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

9.4 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) |
|--------------|--------------|-------------|------------------------------------|
| | | | |

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

a. any respiratory disease, prolonged cough, bronchitis, asthma, fits, epilepsy or disorder affecting the nervous system? Yes No

b. any heart disorder, blood disorder, diabetes, endocrine disorder, liver disease or any gastrointestinal disorder, kidney problems, nephritis or abnormality of the genitourinary system? Yes No

c. condition affecting the sight, hearing or speech, physical or developmental defects, abnormal or premature birth or any cancer, growth, tumor? Yes No

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HEALTH DETAILS OF PROPOSED INSURED – To be completed for non-medical application, or where the medical examination was done earlier than the application form signed date.

| | |
|--|--|
| <p>10.1 a. Height (metres):</p> | <p>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:</p> |
| <p>b. Weight (kilograms):</p> | |
| <p>d. Name and Address of the Proposed Insured's Regular Doctor:</p> | |
| <p>e. When did you last consult a doctor? Please provide reason, name of clinic (if differs from 10.1.d) and result of the last consultation:</p> | |
| <p>10.2 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</p> | |
| <p>10.3 Have you ever had or been told to have or been treated for:</p> <p>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</p> <p>b. diabetes, thyroid disorders or any other endocrine disorders? <input type="radio"/> Yes <input type="radio"/> No</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>g. jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder? <input type="radio"/> Yes <input type="radio"/> No</p> <p>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</p> <p>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</p> <p>j. cancer, tumours, cysts or growths of any kind? <input type="radio"/> Yes <input type="radio"/> No</p> <p>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</p> <p>l. any other illness, disorder, operation, physical disability or accident not mentioned above? <input type="radio"/> Yes <input type="radio"/> No</p> | |
| <p>10.4 Are you awaiting or intending to have any medical consultations, investigations or treatment; or experiencing any symptoms that might cause you to seek medical treatment in the near future? <input type="radio"/> Yes <input type="radio"/> No</p> | |
| <p>10.5 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</p> | |
| <p>10.6 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 style="width:100%;" type="text"/></p> <p>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 style="width:100%;" type="text"/></p> | |
| <p>10.7 FEMALE ONLY</p> <p>a. Have you suffered from or are you aware of any breast lumps or any other disorders of your breasts? <input type="radio"/> Yes <input type="radio"/> No</p> <p>b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs? <input type="radio"/> Yes <input type="radio"/> No</p> <p>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? <input type="radio"/> Yes <input type="radio"/> No</p> <p>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). <input type="radio"/> Yes <input type="radio"/> No</p> <p>e. Are you now pregnant? If yes, please indicate: <input type="radio"/> Yes <input type="radio"/> No</p> <p style="margin-left: 20px;">i) Expected delivery date: <input style="width: 30px;" type="text"/> dd <input style="width: 30px;" type="text"/> mm <input style="width: 40px;" type="text"/> yyyy</p> <p style="margin-left: 20px;">ii) When was the last time you visited the doctor: <input style="width: 30px;" type="text"/> dd <input style="width: 30px;" type="text"/> mm <input style="width: 40px;" type="text"/> yyyy</p> <p style="margin-left: 20px;">iii) Has there been any complication(s) relating to this and/or previous pregnancies? Please tick:</p> <p style="margin-left: 40px;"> <input type="radio"/> No complication <input type="radio"/> Gestational diabetes <input type="radio"/> Caesarian section <input type="radio"/> Eclampsia <input type="radio"/> Hypertension <input type="radio"/> Diabetes <input type="radio"/> Thrombosis <input type="radio"/> Miscarriage <input type="radio"/> Others (please specify): </p> | |



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

12 DECLARATION

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

| | Applicant/Owner | | Proposed Insured | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | Yes | No | Yes | No |
| A. For Singapore Citizen | | | | |
| A.1 Have you resided outside of Singapore continuously for at least 5 years preceding the date of Application? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A.2 Are you currently residing in Singapore? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. For Singapore Permanent Resident & employment pass, work permit, dependant pass or other work pass holders | | | | |
| Have you resided in Singapore for a total of less than 183 days in the 12 months preceding the date of Application? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. For student pass or long term visit pass holders | | | | |
| C.1 Does your pass have a duration of less than 90 days? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of Application? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. If you do not belong to any of the above categories, please tick here | <input type="radio"/> | | <input type="radio"/> | |

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

2. YOUR GUIDE TO LIFE/ HEALTH INSURANCE - Tick as appropriate

- I have been informed and directed to view or download a copy of (1) "Your Guide to Life Insurance" and/or (2) "Your Guide to Health Insurance" (applicable only to accident and health business) from www.aia.com.sg, or www.lia.org.sg
- I have been informed and I request to be given a hardcopy of (1) "Your Guide to Life Insurance" and/or (2) "Your Guide to Health Insurance" (applicable only to accident and health business).

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 initial 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, (2) Product Summary (applicable only to endowment and whole life business), (3) Bundled Product Disclosure (applicable only for AIA Smart Rewards Saver and AIA Prime Secure), (4) "Your Guide to Life Insurance" and (5) "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 health status in relation to this application and any resulting claim; and
 - d. 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**"), 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.



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 all personal data and information (“**Personal Data**”) that had/has 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 representative (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 Singapore.

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

(Please complete the Entity Self-Certification Form if Applicant/Owner is not an individual.)

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

Note: Please submit a “Amendment Form” if there are more than 6 country/jurisdiction of tax residences.

| Country/Jurisdiction of tax residence | Tax Identification Number (TIN) | If TIN is not available, please tick Reason A, B or C^ | | |
|---------------------------------------|---------------------------------|--|-------------------------|-------------------------|
| a. | | A <input type="radio"/> | B <input type="radio"/> | C <input type="radio"/> |
| b. | | A <input type="radio"/> | B <input type="radio"/> | C <input type="radio"/> |
| c. | | A <input type="radio"/> | B <input type="radio"/> | C <input type="radio"/> |
| d. | | A <input type="radio"/> | B <input type="radio"/> | C <input type="radio"/> |
| e. | | A <input type="radio"/> | B <input type="radio"/> | C <input type="radio"/> |
| f. | | A <input type="radio"/> | B <input type="radio"/> | C <input type="radio"/> |

** See below for definition of “resident or residence for tax purposes” and for definition of Taxpayer Identification Number (“TIN”) or functional equivalent.

** Definition of:-

“**Resident or residence for tax purposes**” Generally, an individual will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), he pays or should be paying tax therein by reason of his domicile, residence or any other criterion of a similar nature, and not only from sources in that jurisdiction. A resident of a jurisdiction also includes non-citizen individuals of a jurisdiction that hold a permanent residency card, for example, U.S. green card. An individual also may be resident of a jurisdiction based on the visa type the individual holds. For additional information on tax residence, please talk to your tax advisor.

“**TIN**” (including “**functional equivalent**”) The term “TIN” means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A 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. For additional information on TINs or functional equivalents, please talk to your tax advisor.

^If a TIN is unavailable please provide the appropriate reason A, B or C:
Reason A - This country does not issue TIN to her residents.
Reason B - I am unable to obtain a TIN or equivalent number (Note: Please explain why you are unable to obtain a TIN in the below table if you have selected this reason.)
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 the TIN issued by such jurisdiction.)

ii. If you have ticked Reason B for question (i), please explain in the following box why you are unable to obtain a TIN, quoting the relevant question number(s) and/or country/jurisdiction of tax residence.

iii. If any of these information field (Current Residence Address, Foreign Permanent Residence Address, Citizenship, Telephone Number, Mailing Address or Place of Birth) provided does/do not correspond with your declared country/jurisdiction of tax residence, please tick the reason(s).

For each information field that does not correspond with your declared country/jurisdiction of tax residence, please tick the reason that best explains why it is so.

| | | |
|---|--|-----------------------|
| Current Residence Address: | | |
| a. | 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"/> |
| b. | I only recently moved to the current residential 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"/> |
| c. | 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"/> |
| d. | The residential address belongs to my spouse/parents and I am only on a social visit pass. | <input type="radio"/> |
| e. | Others Please provide details: _____ | <input type="radio"/> |
| Foreign Permanent Residence Address: | | |
| a. | 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"/> |
| b. | 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"/> |
| c. | Others Please provide details: _____ | <input type="radio"/> |
| Citizenship: | | |
| a. | My country of citizenship does not have taxation laws which define tax residence. | <input type="radio"/> |
| b. | 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"/> |
| c. | 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"/> |
| d. | 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"/> |
| e. | Others Please provide details: _____ | <input type="radio"/> |
| Telephone Numbers: | | |
| a. | 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"/> |
| b. | Others Please provide details: _____ | <input type="radio"/> |



| | |
|--|-----------------------|
| Mailing Address: | |
| a. The mailing address belongs to my parent/spouse/sibling/child. | <input type="radio"/> |
| b. The mailing address is my business address. | <input type="radio"/> |
| c. I am currently working/studying overseas. | <input type="radio"/> |
| d. I am currently staying with my friend/spouse/fiancee/fiancee. | <input type="radio"/> |
| e. The mailing address belongs to a rented dwelling that I am staying in. | <input type="radio"/> |
| f. The mailing address is a "c/o" address to my insurance representative. | <input type="radio"/> |
| g. Others Please provide details: _____ | <input type="radio"/> |
| Place of birth: | |
| a. I am born in the country but not a tax resident of the country of birth. | <input type="radio"/> |
| b. 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"/> |
| c. Others Please provide details: _____ | <input type="radio"/> |

iv. Common Reporting Standard Declarations

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.

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

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

(For individuals)

I/We further undertake to notify AIA Singapore within 30 days of any change to my/our country of residence for tax purposes or TIN (if any), and to complete, sign and submit to AIA Singapore my/our relevant particulars in the format prescribed by AIA Singapore in order for it to fulfil its reporting obligations under the Income Tax Act. I/we further undertake to provide AIA Singapore any documents and information that may be reasonably required in relation to the change of my/our country of residence for tax purposes.

(For entities and other non-individuals)

I/We further undertake to notify AIA Singapore within 30 days of any change to the Policyholder's or a Controlling Person's country of residence for tax purposes or TIN (if any) and to complete, sign and submit to AIA Singapore the relevant particulars of the Policyholder or Controlling Person relating to such change in the format prescribed by AIA Singapore in order for it to fulfil its reporting obligations under the Income Tax Act. I/we further undertake to provide AIA Singapore any documents and information that may be reasonably required in relation to the change of the Policyholder's or Controlling Person's country of residence for tax purposes.

Note: The term "Controlling Person" has the meaning given to it in the Common Reporting Standard in the Schedule to the Income Tax Act (International Compliance Agreements) (Common Reporting Standard) Regulations 2016.

I/We acknowledge and accept that AIA Singapore will rely on the self-certification relating to the Policyholder's/Controlling Persons' country of tax residence contained in this Application as applicable to all policies and products issued to the same person(s), and any information in any earlier self-certification inconsistent with the information provided above will be disregarded for the purposes of fulfilling its reporting obligations to the Comptroller.

(Applicable only for Policies that can be assigned)

I/We further agree and that as a condition of any assignment of my/our Policy to a person other than a reporting Singaporean financial institution, the Assignee shall provide such information as may be required by AIA Singapore in order for it to fulfil its reporting obligations under the Income Tax Act and its regulations, and make the same declarations as those above.

v. Declaration on U.S. Person Status (please tick one of the boxes below)

For applicant/owner who is not a U.S Person

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.

For applicant/owner who is a U.S Person

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

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

11. 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.
12. 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 Financial Services Consultant(s)/Insurance Representative(s) but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal. Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of your proposal, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

| | | | |
|---------------------------------|------|--------|-------|
| Declared in SINGAPORE on | Day: | Month: | Year: |
|---------------------------------|------|--------|-------|

| | | |
|-------------------------------|------------------------------|---|
| | | WITNESSED BY |
| | | |
| SIGNATURE OF PROPOSED INSURED | SIGNATURE OF APPLICANT/OWNER | NAME & SIGNATURE OF INSURANCE REPRESENTATIVE(S) |

Please note: copies of the terms and conditions on which the insurance will be made, and this completed application form, will be available upon your request.



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