



AIA SINGAPORE CHANGE FORM FOR PLATINUM SERIES

Particulars of Insured and Policy Owner/Trustee/Assignee

Name of Insured

NRIC/Passport/FIN No.

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

NRIC/Passport/FIN/Entity Registration No.

Name of Trustee (if any)

NRIC/Passport/FIN No.

Policy Number

Part I: Change Request

A. Payment for Unscheduled Additional Premium

Payment for unscheduled additional premium* of the following amount:

USD

No. of Unscheduled Premium ^

* A Premium Charge is applicable to unscheduled additional premium. Please refer to the Policy Contract for the applicable Premium Charge rate.
^ Any excess premium paid will be applied to the policy as additional premium.

B. Reduction Current Insured Amount (please complete Section D as well)

Reduce* Current Insured Amount to the following amount:

USD

* Withdrawal Charge may be applicable for each request for the reduction in the Current Insured Amount. Please refer to the SCHEDULE OF WITHDRAWAL/SURRENDER CHARGES in the Policy Contract for the rates.

C. Change of Personal Particulars of Insured/Policy Owner (please complete Section D & E as well)

NRIC/Passport/FIN No.

Name

Change of personal particulars of:

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

Correction/Change of Name, NRIC/Passport/FIN No., Date of Birth or Gender

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

Country of Residence

Residency Status

Singapore Singapore PR Pass Holder Others

Citizenship (if not Singaporean)

Occupation

New Occupation

Date of Change

Exact Duties

Company Name

Nature of Business



D. Declaration on U.S. Person Status

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

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

I/We hereby declare and agree that I am/we are a "U.S. person" for U.S. federal income tax purposes.

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

Note: Please submit W-9 form to us.

E. Declaration On Common Reporting Standard

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.

Have you declared your tax residency with AIA before?

No Please complete a Self-Certification Form.

Yes, but there are changes to my tax residency. I have completed the self-certification below.

Yes, but there are no changes to my tax residency.

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

F. Increase Current Insured Amount (Part II - Health Declaration must also be completed)

Increase Current Insured Amount to the following amount

USD

Note: This is not applicable for AIA Platinum Legacy Preserver Series.

G. Reinstatement/Others (Part II – Health Declaration must also be completed)

Reinstatement

Declaration of new medical condition(s)

Review medical rating and/or exclusion

Others. Please specify

Part II: Health Declaration

Applicable for Increase in Current Insured Amount

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

A. Details of Insured and Policy Owner

Occupation (Note: This will be updated on all policies for which you are a party to)

Exact duties

Company's Name

Nature of Business

Business Address

B. Details of Existing and Pending Insurance Coverage on Insured

Insurance Company				
Country of Insurance Company	<input type="checkbox"/> Singapore	<input type="checkbox"/> Singapore	<input type="checkbox"/> Singapore	<input type="checkbox"/> Singapore
	<input type="checkbox"/> Non-Singapore	<input type="checkbox"/> Non-Singapore	<input type="checkbox"/> Non-Singapore	<input type="checkbox"/> Non-Singapore
Death				
Total & Permanent Disability				
Critical Illness				
Personal Accident				
Disability Income				
Long Term Care				
Others				

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



C. Health and Lifestyle Questions on Insured

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

	Yes	No
1. In the past 12 months, do you travel or live outside your country of residence for more than a total of 14 days in a year? If yes, please give details on countries and cities visited, frequency per year, duration per trip and purpose of travel.	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you intend to travel outside Singapore for a total of more than 90 days in a year, other than for leisure or social purposes? If yes, please give details on country and cities visited, frequency per year and duration per trip.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you now a member of a military force (except NS men) or are you engaged in any private flying or hazardous sports or races other than as a fare-paying passenger on a regular scheduled airline?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is any application for or reinstatement of your life, critical life, accidental, medical, disability or health related insurance policy pending or has it ever been declined, postponed, rated or modified in any way?	<input type="checkbox"/>	<input type="checkbox"/>
5. Was there any weight change of more than 5 kg in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Please provide your current height and weight (in meters and kilograms).	<input type="text"/>	m
	<input type="text"/>	kg
7. Have you smoked any forms of tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, please state type of tobacco and number of sticks per day.	Type of tobacco: <input type="text"/> Number of sticks: <input type="text"/> /day	
b. If former smoker, please state the last time you smoked, type of tobacco and number of sticks per day.	Date last smoked: <input type="text"/> Type of tobacco: <input type="text"/> Number of sticks: <input type="text"/> /day	
8. Do you drink alcohol? If yes, how many glasses of alcohol do you consume a week?	<input type="checkbox"/>	<input type="checkbox"/>
	Beer (330ml per can)	<input type="text"/> Cans
	Wine (100ml per glass)	<input type="text"/> Glasses
	Spirits (30ml per tots)	<input type="text"/> Tots
9. Have you ever used any habit forming drugs narcotics or been treated for drug habits or consumed alcohol excessively or received medical advice, counseling or treatment for alcoholism?	<input type="checkbox"/>	<input type="checkbox"/>
10. Since the date of application of the policy		
a. Have you had or been advised to have, other than for routine employment purposes, any investigation, diagnostic tests, health screening including but not limited to X-ray, ECG, ultrasound, biopsy, blood screen or urine tests?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you had, been told to have, been treated for or suffered from symptoms of any of the following:		
i. Stroke, high blood pressure, chest discomfort, heart murmur or any heart related disorder?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Pneumonia, asthma, chest or breathing complaints, tuberculosis or any other lung disorder?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Breast lumps or any other disorder of the breasts?	<input type="checkbox"/>	<input type="checkbox"/>
iv. Diabetes, raised cholesterol, or any Endocrine disorder, liver disease, Hepatitis B or any form of hepatitis or Gastrointestinal disorder?	<input type="checkbox"/>	<input type="checkbox"/>
v. Kidney disease, blood, protein or sugar in urine, or any abnormality of the genitourinary system, or blood in stools?	<input type="checkbox"/>	<input type="checkbox"/>
vi. Cancer, tumour or growths of any kind, AIDS, HIV infection or sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>
vii. Fits, epilepsy, mental disorder, disorder affecting nervous system, or any other disorders or physical disabilities/defects, impairments, deformities, and/or any conditions affecting mobility, sight and/or hearing not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

Remarks

Declaration and Authorisation

- I hereby request that the policy(ies) stated in this form be changed in accordance with the above application.
- I understand and agree that no application is valid until this Change Form is received by AIA Singapore Private Limited ("AIA Singapore") during the life time of the Insured and is finally accepted by AIA Singapore.
- I understand and agree that application shall not be considered as effected by reason of any money paid or settlement made in payment of, or on account of any premium, until this form has been duly approved by the authorised Officer of AIA Singapore.
- I understand and agree that my application is subject to the terms and conditions as stated in the Policy Contract and is effective only when it has been officially and notified to me by AIA Singapore.
- I confirm that the above answers, given by me, are full, complete and true and agree that they form part of any policy issued, reinstated or amended, where these answers are, or may be, relied upon by AIA Singapore.
- I understand and agree that the application of the Contracts (Rights of Third Parties) Act (Cap.53B) and any subsequent revision or replacement thereof is expressly excluded insofar as my policy is concerned.
- I understand and agree that if AIA Singapore accepts my application, the Incontestability and Suicide Provisions (if any) thereof shall have effect from the approval date of each layer of Current Insured Amount.
- For Increase in Current Insured Amount, I have received a copy of (a) Benefit Illustration (b) Product Summary and (c) "Your Guide to Life Insurance", the contents of which have been explained to me to my satisfaction.
- I/We hereby authorise, agree and consent to AIA Singapore, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "**AIA Persons**") to collect, use, disclose, store, retain and/or process (collectively, "**Use**") all personal data and information ("**Personal Data**") that had/has been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy ("**PD Policy**"), including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application/form is accepted by AIA Singapore. A photocopy of this authorisation shall be valid and effective as the original.



10. In relation to my application to increase the Current Insured Amount, I understand and agree that if AIA Singapore accepts my application, AIA Singapore shall have the right to impose or vary any terms and conditions of the Policy in relation to the increased portion of such Insured Amount.

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

Signature of Insured

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Date

Signature of Policyowner*/Trustee/Assignee

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Date

** If different from Insured*

Signature of Trustee (if any)

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Date

FSC/IR's Name

FSC/IR's Code

FSC/IR Unit Name

Mobile No.

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