



AIA SINGAPORE CHANGE FORM (WITHOUT HEALTH DECLARATION)

For the following change requests:

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| <ul style="list-style-type: none"> A. Payment Mode B. Term Conversion C. Reduce Sum Assured/Delete Rider/Supplementary Benefit D. Delete Dependant E. Extended Term Insurance/Reduced Paid-Up Insurance F. Coupon Option G. Dividend Option H. Retirement Reward and Income Option | <ul style="list-style-type: none"> I. CYO Option J. Changes Of Particulars Of Insured/Policy Owner K. Update Of Vesting Rights L. Withdrawal of Policy Benefits M. GIRO Termination N. Termination of Policy O. Maturity Payout / Regular Coupon Payout / Regular Dividend Payout P. Other Request for Change |
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Particulars of Insured and Policy Owner/Trustee/Assignee

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

Policy Number(s)

Note: If Request is for Section J, Change of Particulars, please indicate one policy number only. Changes will be applied to all policies involving this life.

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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A. Payment Mode

Change payment frequency to:

- Annually
 Semi-annually
 Quarterly
 Monthly *(Please use GIRO for monthly mode)*

B. Term Conversion

Existing Plan/Rider to be converted :

Sum Assured to be converted : Cancel Remaining Face Amount : Yes No

New Policy Number :

C. Reduce Sum Assured/Delete Rider/Supplementary Benefit

Reduce sum assured of Basic Plan/Rider/Supplementary Benefit (please complete Section Q as well)

Basic Plan/Rider/Supplementary Benefit – Please write in full	New Sum Assured (\$)

Delete Rider/Supplementary Benefit

Rider/Supplementary Benefit – Please write in full	Sum Assured (\$)

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

PT0022325 (01/2017_07/2017_07/2018)



* G D 0 0 7 1 8 0 1 0 2 0 6 *

D. Delete Dependant

Name of Dependants	Relationship

E. Extended Term Insurance/Reduced Paid-Up Insurance (please complete Section Q as well)

Convert policy(ies) to :

- Extended Term Insurance (ETI) *wef next Premium Due Date* Reduced Paid-Up Insurance (RPU) *wef next Premium Due Date*

F. Coupon Option

Change the Coupon Option for all future coupons due on my policy(ies) above to:

- Cash Payout Coupon Accumulation (Coupon Deposit Account)

G. Dividend Option

Change the Dividends Option on my policy(ies) above with effect from the NEXT policy anniversary to:

- Cash Payout Premium Deductions Paid-up Addition
 Dividend Accumulation

H. Retirement Reward and Income Option

Change the Retirement Reward Option on my policy(ies) above to:

- Cash Payout Accumulation

Change the Retirement Income Option for all future Retirement Income on my policy(ies) above to:

- Cash Payout Accumulation

I. CYO Option

Change of Premium Payment from Option 1 (Cash) to Option 2 (Dividends)

- (Applicable for Financial Guardian (FG) Policies incepted before 1 May 1994 only)**

Note: Selecting this option means that I wish to utilize accumulated dividends and interests available for this policy to pay for future annual premiums starting from the next Policy Anniversary. I understand that once my accumulated dividends and interests are fully utilized, I may have to resume paying premiums using cash.

- Change of Premium Payment from Option 2 (Dividends) to Option 1 (Cash)

Note: Selecting this option means that I wish to resume cash premium payment starting from next Policy Anniversary and to accumulate my future dividends.

J. Change Of Particulars (please complete Section Q & R as well)

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

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

Change of personal particulars of: NRIC/Passport/FIN No. Name

Nationality

Singaporean Singapore PR Others- Please specify:

Please submit photocopy of documentary evidence – Identity Card, Passport or Citizenship Certificate.

Occupation

New Occupation Date of Change

Exact Duties

Company Name Nature of Business

Business Address

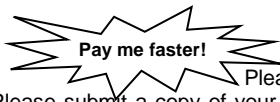
K. Update Of Vesting Rights

- I/We would like to continue to be the Policy Owner of this policy when the Insured reaches the vesting age of 21 years old.
- I/We would like the ownership of this policy to be transferred to the Insured when the Insured reaches the vesting age of 21 years old.

L. Withdrawal of Policy Benefits (please complete Section Q and R as well)

1. Policy benefits to be withdrawn:	Full Withdrawal	Partial Withdrawal	Please state partial withdrawal amount (\$)
Adhoc Coupon Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Adhoc Dividend Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Future Premium Deposit Fund (FPDF) <i>Please complete the POS Enhanced Due Diligence Form if amount is S\$10,000 and above</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Reversionary Bonus (RB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Retirement Reward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Retirement Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Settlement Option 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

2. Method of Payout:



Please direct credit to my/our designated bank account – Only applicable for policies in Singapore Dollars
(Please submit a copy of your Bank passbook/statement bearing the following information: Name of Bank, Bank Branch, Name of Bank Account Holder(s) and Bank Account No.)

By Cheque to be mailed directly to the Policy Owner

By CPF – Only applicable for CPF Investment Scheme policies

Pay the premium due on:

Policy Number(s)	No. of modal premium
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Pay the outstanding loans on:

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

- Notes:
- 1) Withdrawal can only be used to pay the premium/loan of the same policy or another policy belonging to the same Policy Owner.
 - 2) Minimum amount for partial withdrawal is \$1000.
 - 3) For full withdrawal, a cheque on the balance of any withdrawal will be mailed directly to the Policy Owner.

M. GIRO Termination

I wish to terminate my GIRO arrangement for this policy.

N. Termination Of Policy

To terminate this policy.



O. Maturity Payout / Regular Coupon Payout / Regular Dividend Payout

Please direct credit to my/our designated bank account in Singapore for the following request:

- Maturity Payout Regular Coupon Payout Regular Dividend Payout

Notes:

- 1) Please submit a copy of your Bank passbook/statement bearing the following information: Name of Bank, Bank Branch, Name of Bank Account Holder(s) and Bank Account No.
- 2) Only applicable to policies in Singapore Dollars.
- 3) Policy is non-CPF and it is not partial CPF and cash.
- 4) For Maturity Payout, please submit this form at least 3 weeks prior to the policy's maturity date for direct crediting to take place.
- 5) For Regular Coupon Payout / Regular Dividend Payout, if the form does not reach us in time for processing, direct credit would be made on the next available payout date.
- 6) If any of the above information or requirement is incomplete, or the form does not reach us in time for processing, a cheque will be issued and mailed to the Policy Owner.

P. Other Request For Change

Q. 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.



R. Declaration on Common Reporting Standard (Not required to complete if the change of indices is within the same country)

I/We acknowledge that AIA Singapore Private Limited (AIA Singapore) is a reporting Singaporean financial institution as defined in the Income Tax (International Tax Compliance Agreements)(Common Reporting Standard) Regulations 2016 with reporting obligations to the Comptroller of Income Tax (Comptroller) under the Income Tax Act, Chapter 134, Singapore (Income Tax Act), and its regulations. I/We warrant that the information provided in this form is true, complete and correct and understand and agree that AIA Singapore will rely on such information given by me/us in fulfilling its reporting obligations to the Comptroller.

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

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

(For individuals)

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

(For entities and other non-individuals)

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

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

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

Have you declared your tax residency with AIA before?

- No Please complete a Self-Certification Form.
- No Not required to submit Self-Certification Form (change of indices is within the same country).
- Yes, but there are changes to my tax residency. I have completed the self-certification below.
- Yes, but there are no changes to my tax residency.

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

Declaration and Authorisation

1. I hereby request that the policy(ies) stated in this form be changed in accordance with the above application.
2. I understand and agree that no application is valid until this change form is received by AIA Singapore Private Limited ("AIA Singapore") during the life time of the Insured and is finally accepted by AIA Singapore.
3. I understand and agree that application shall not be considered as effected by reason of any money paid or settlement made in payment of, or no account of any premium, until this form has been duly approved by the authorised Officer of AIA Singapore.
4. I understand and agree that my application is subject to the terms and conditions as stated in the Policy Contract and is effective only when it has been officially accepted and notified to me by AIA Singapore.
5. I understand and agree that if AIA Singapore accepts my application, the Incontestability and Suicide Provisions (if any) thereof shall have effect from the approval date of my application.
6. I understand and agree that the application of the Contracts (Rights of Third Parties) Act (Cap. 53B) and any subsequent revision or replacement thereof is expressly excluded insofar as this contract of insurance is concerned.
7. 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.

8. 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/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**"), including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application/form is accepted by AIA Singapore. A photocopy of this authorisation shall be valid and effective as the original.

Signature of Policy Owner/Trustee/Assignee

Date

Signature of Trustee (if any)

Date

FSC/IR's Name

FSC/IR's Code

FSC/IR Unit Name

Mobile No.

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