



AIA SINGAPORE CHANGE / UPDATE OF SIGNATURE

Particulars of Insured/Policy Owner/Trustee/Assignee

Name of Insured

NRIC/Passport/FIN No.

Name of Policy Owner (if different from Insured)

NRIC/Passport/FIN No.

Name of Trustee

NRIC/Passport/FIN No.

Name of Assignee

NRIC/Passport/FIN/Entity Registration No.

Policy Number

A. Change of Signature

I/We hereby request to change the signature(s) in the record of the above policy to the NEW signature(s)/Right/Left Thumb Print as appended behind. The NEW signature(s)/Right/Left Thumb Print shall henceforth be used for all purposes and requests in connection with the above policy.

Please tick the signature to be changed and provide details accordingly

Insured's Signature

Assignee's Signature

Policy Owner's Signature

Trustee's Signature

B. Update Insured's Signature (Insured Attained Age 21)

Update Insured's signature

In accordance with the provisions of the Policy, all rights to and in the Policy shall now vest solely in me. Appended behind is my specimen signature for the purpose of identification.

Declaration on U.S. Person Status

I, the Insured hereby declare and agree that I am not a "U.S. person" for U.S. federal income tax purposes and that I am not acting for, or on behalf of a U.S. person. I 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 in consideration of such cancellation or termination as may be required under Singapore laws.

I agree to notify AIA Singapore within 30 days of any change in my status as a U.S. person for the purposes of U.S. federal income tax.

I agree to indemnify AIA Singapore in respect of any false or misleading information regarding my "U.S. person" status for U.S. federal income tax purposes.

I, the Insured hereby declare and agree that I am a "U.S. person" for U.S. federal income tax purposes.

I agree to notify AIA Singapore within 30 days of any change in my status as a U.S. person for the purposes of U.S. federal income tax.

I agree to indemnify AIA Singapore in respect of any false or misleading information regarding my "U.S. person" status for U.S. federal income tax purposes.

Note: Please submit W-9 form to us.

Address of Insured

Foreign Permanent Residence Address of Insured (please indicate 'Nil' if not applicable)



Declaration and Authorisation

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.

NEW Signature or Right/Left Thumb Print of Insured

Date

NEW Signature or Right/Left Thumb Print of Trustee

Date

Signature or Right/Left Thumb Print of Policy Owner*/Assignee

Date

** If different from Insured*

Note: This form must be witnessed by the Financial Services Consultant/Insurance Representative (FSC/IR) who sold the policy; or the Unit/District Manager from the same agency if the person who sold the policy is not available; or the appointed servicing FSC/IR. This form may also be signed in the presence of a Justice of the Peace or Notary Public; or an AIA FSC who is not an appointed FSC for the policy. If so, the person who is changing his/her signature must also submit a copy of the Identity Card/Passport with his/her signature affixed on it. On the same copy of identity document, the witness' (AIA FSC/Justice of Peace/Notary Public) details and signature must also be affixed. Otherwise the Policy Owner/Assigner/Trustee should visit our AIA Customer Service Centre with his/her Identity Card/Passport to complete the form.

Declaration and Particulars of Witness/FSC/IR

I hereby declare that:

1. I personally know/attended to abovenamed Insured/Policy Owner/Trustee/Assignee and certify that he/she is the Insured/Policy Owner/Trustee/Assignee of the aforesaid policy.
2. The abovenamed Insured/Policy Owner/Trustee/Assignee has/have requested to change the signature(s) in the record of the aforesaid policy to the NEW signature(s)/Right/Left Thumb Print as reflected on this form.
3. I personally witnessed the abovenamed Insured/Policy Owner's/Trustee's/Assignee's execution of the New Signature(s)/affixing of his/her Right/Left Thumb Print on this form.

Name of Witness

NRIC/Passport/FIN No.

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Address of Witness

Contact No.

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Signature of Witness/FSC/IR

Date

FSC/IR's Name

FSC/IR's Code

FSC/IR Unit Name

Mobile No.

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