

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
NRIC/FIN/Passport No.:		Country of Residence:	
Place of Birth:	Marital Status:		Residency Status:
<input type="radio"/> United States of America	<input type="radio"/> Single <input type="radio"/> Married		<input type="radio"/> Singapore <input type="radio"/> Singapore PR
<input type="radio"/> Others (Country): _____	<input type="radio"/> Widowed / Divorced / Separated		<input type="radio"/> Pass Holders <input type="radio"/> Others
Annual Income (S\$):		Citizenship: <i>if not Singaporean</i>	
<input type="radio"/> ≤ 30,000	<input type="radio"/> 30,001 – 50,000	Foreign Permanent Residence Address - Please provide the full address in English. <i>(Compulsory for non-Singaporeans)</i>	
<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		
		Postal Code: <input type="text"/>	
Occupation:			
Company Name:			
Exact Duties (please provide in details):		Contact Details	Home: Country Code - Phone No.
			Office: Country Code - Phone No.
			Mobile: Country Code - Phone No.
			Email:
Nature of Business:			
Business Address:			
		Postal Code: <input type="text"/>	

Applicable only for Juvenile Application

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

3 DETAILS OF PLAN APPLIED FOR

Basic Plan Name	<input type="radio"/> AIA Retirement Saver III Premium Payment Period : <input type="radio"/> Single Payment <input type="radio"/> 5 years <input type="radio"/> 10 years <input type="radio"/> Till age 55 <input type="radio"/> Till age 60 <input type="radio"/> Till age 65 <input type="radio"/> Till age 70
	<input type="radio"/> AIA Smart Pro Saver (S\$)
	<input type="radio"/> AIA Smart Pro Saver (US\$)
	<input type="radio"/> AIA Smart Pro Rewards Premium Payment Period: <input type="radio"/> 5 years <input type="radio"/> 10 years
	<input type="radio"/> AIA Platinum Gift for Life
	<input type="radio"/> Wealth Pro Advantage
	<input type="radio"/> AIA Smart Lifetime Rewards Premium Payment Period: <input type="radio"/> 5 years <input type="radio"/> 10 years
	<input type="radio"/> AIA Diabetes Care
	<input type="radio"/> AIA Prime Secure
	<input type="radio"/> AIA Pro Achiever

Sum Assured	\$
Rider	<input type="radio"/> Cancer Cover Rider
Backdated	<input type="radio"/> Yes <input type="radio"/> No
Premium	\$
Regular Premium Payment Frequency	<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"/> Supplementary Retirement Savings (SRS) SRS A/C No.: Agent Bank/ Operator : <input type="radio"/> UOB <input type="radio"/> DBS <input type="radio"/> OCBC
	<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.:
	<input type="radio"/> Credit Card <small>(Please complete section on Credit Card Authorisation)</small>

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 SOURCE OF FUNDS AND SOURCE OF WEALTH	
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) :	



5 FUND DETAILS

Full Name of Funds	Premium Allocation to Funds %
AIA	
AIA	
AIA	
AIA	
AIA	

Automatic Fund Re-balancing (quarterly basis according to above allocation, minimum 2 funds), or
 Automatic Fund Switch (from AIA S\$ Money Market Fund. The minimum initial balance in this fund must be S\$1,000.)

Frequency	<input type="radio"/> Monthly <input type="radio"/> Quarterly
Amount to switch periodically	\$
Full Name of Funds to switch to:	Allocation %
AIA	
AIA	
AIA	
AIA	
AIA	

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

6 CREDIT CARD AUTHORISATION

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

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

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

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

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

Important Notes

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

7 QUESTION ON REPLACEMENT OF POLICIES

Is this proposal to replace or intended to replace in full or in part any insurance policy, unit trust or any other investment product with AIA Singapore or any other financial advisor or institution?

No Yes – Please give details:

Important Note:
 Before replacing one policy with another, you should find out whether you are entitled to free switching and consider carefully whether any fees, charges or disadvantages that may arise from a replacement will outweigh any potential benefits. Some of these disadvantages may include additional fees and charges, incurring penalties and the new policy may cost more or have fewer benefits at the same cost. Also, the new policy may be less or not suitable for you as you may not be insurable at standard terms and the new policy terms may be different.

8 LIFESTYLE DETAILS OF PROPOSED INSURED

8.1 Have you smoked any cigarettes in the past 12 months? No Yes – How many cigarettes per day:

9 HEALTH DETAILS OF PROPOSED INSURED
(Please complete this section if proposing Diabetes Care or Prime Secure)

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

b. Weight (kilograms):

FOR AIA DIABETES CARE

9.2 Please indicate your condition:
 Type 2 diabetes
 Impaired Fasting Glucose
 Impaired Glucose Tolerance
 We are unable to accept the below conditions:
 Type 1 diabetes
 Do not know

9.3 Was your condition diagnosed before the age of 25? No Yes
 i. When was the condition first diagnosed (please select one):
 Less than 10 years ago
 Is your latest HbA1c reading $\leq 10.0\%$?* No Yes
 11-15 years ago
 Is your latest HbA1c reading $\leq 8.5\%$?* No Yes
 >15yrs ago
 (Please submit a copy of your latest HbA1c reading, showing $\leq 7\%$.)
** The HbA1c reading/ report must be within the last 3 months.*

9.4 Have you ever had any of the following: No Yes
 Kidney disease, retinopathy, gangrene, amputation, heart disorder or heart surgery, stroke?

FOR CANCER COVER RIDER (if proposed)

9.5 Have you ever had or are you currently under investigation for cancer, carcinoma in situ, tumour, lump, polyp or growth of any kind or liver disease? No Yes

9.6 Before the age of 50, have two or more of your natural parents, brothers or sisters had cancer? No Yes

9.7 Have you ever had any abnormal stool test, urine test (blood in urine), ultrasound, MRI or CT scan, cervical smear, mammogram, endoscopy, colonoscopy, prostate examination or blood test (tumour markers) or a biopsy done? No Yes
 If Yes, please answer the following:
 a) Was it done in the past 6 months? No Yes
 b) Are you still on any follow up with any doctor for the abnormal investigation? No Yes

9.8 Are you currently awaiting any medical investigations, scans, blood or urine tests report? No Yes

FOR AIA PRIME SECURE

9.9 Have you ever had or are you currently under investigation for:
 a. Cancer, malignant growth or tumour No Yes
If Yes, please answer the following:
 i) Was it lung cancer? No Yes
 ii) Are you currently under investigation? No Yes
 iii) Was it treated within the last 12 months? No Yes
FOR SENIOR CI RIDER (if proposed)
 iv) MALES ONLY: Was it Cancer of the prostate? No Yes
 v) Was it bladder cancer? No Yes



b. Diabetes or raised blood sugar No Yes

If Yes, please answer the following:

- i) Have you had the condition for more than 5 years? No Yes
- ii) Is it Type I diabetes? No Yes
- iii) Do you take insulin for your diabetes? No Yes
- iv) Are you currently under investigation? No Yes
- v) Have you had any abnormal investigations or any medical conditions affecting your heart or kidneys? No Yes
- vi) Has your treatment changed in the last 12 months? No Yes

c. Raised blood pressure No Yes

If Yes, please answer the following:

- i) Have you started or changed your medication for blood pressure in the last 12 months? No Yes
- ii) Was your last blood pressure reading reported as normal by a doctor or nurse? I don't know No Yes
- iii) Have you had any abnormal investigations or any medical conditions affecting your heart or kidneys? No Yes

d. Raised cholesterol No Yes

If Yes, please answer the following:

- i) Have you started or changed your medication for cholesterol in the last 12 months? No Yes
- ii) Was your last cholesterol reading reported as normal by a doctor or nurse? I don't know No Yes
- iii) Have you had any abnormal investigations or any medical conditions affecting your heart or kidneys? No Yes

e. Stroke or Transient ischemic attack No Yes

f. Multiple sclerosis No Yes

g. Parkinson's disease or motor neuron disease No Yes

h. Dementia or Alzheimer's disease No Yes

i. Any condition affecting your heart No Yes

9.10 Many people have conditions that may affect their health. In the last 5 years, which of these conditions have you had (or are you currently under investigation for):

a. Lung disease, emphysema or chronic bronchitis No Yes

If Yes, please answer the following:

- i) Was it asthma or chest / respiratory infection? No Yes
- ii) Was it emphysema or chronic bronchitis? No Yes
- iii) Are you currently under investigation? No Yes
- iv) Have you been hospitalized for the condition? No Yes
- v) Do you have any breathing difficulties or a persistent cough? No Yes

b. Any form of arthritis No Yes

If Yes, please answer the following:

- i) Is it rheumatoid arthritis? No Yes
- ii) Is any surgery planned? No Yes
- iii) Are you currently under investigation? No Yes
- iv) Does it affect your back, neck or hips? No Yes
- v) Are you able to walk unaided? (cane / stick, walker or wheelchair) No Yes

c. Any form of osteoporosis No Yes

If Yes, please answer the following:

- i) Have you had any fractured bones as a result of your osteoporosis? No Yes

d. Tremor, balance problems, recurrent falls, weakness of limbs or paralysis No Yes

e. Blindness in both eyes (that is not corrected by glasses, lenses or laser) or macular degeneration or glaucoma in either eye No Yes

If Yes, please answer the following:

- i) Are you currently under investigation? No Yes
- ii) Kindly indicate your condition(s): Macular degeneration Glaucoma Blindness

f. Deafness in both ears (that is not successfully corrected by hearing aids) No Yes

If Yes, please answer the following:

- i) Are you currently under investigation? No Yes

g. Urinary incontinence, enlarged prostate or bladder weakness that specifically requires treatment or medical intervention No Yes

If Yes, please answer the following:

- i) Are you currently under investigation? No Yes

9.11 It's normal to get stressed from time to time. Have you specifically required medical treatment, counselling or hospitalisation for any mental health disorder including anxiety and/or depression? No Yes

If Yes, please answer the following:

i) Were you told you were schizophrenic or bipolar?	<input type="radio"/> No	<input type="radio"/> Yes
ii) In the last 5 years did you require hospitalization?	<input type="radio"/> No	<input type="radio"/> Yes
iii) Have you seen a psychiatrist in the last 12 months?	<input type="radio"/> No	<input type="radio"/> Yes

9.12 Before the age of 65, have any of your natural parents, brothers or sisters, ever had heart disease, stroke, diabetes, Alzheimer's disease or Parkinson's disease? No Yes

If Yes, please give details below:

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

9.13 Do you plan to travel or reside in another country for more than 6 months? No Yes

If yes, please give details below:

Insured	Country & Cities visited

Additional Questions for Live Ages 55 & Above

9.14 As we get older, our working situations can change. Which of the following applies to your current situation?

In full time employment
 Receiving any disability income
 Retired
 Retired on medical grounds
 Living with assisted facilities / home help
 Confined to a hospital or medical facility
 On reduced working capacity due to medical condition or disability

10 DECLARATION
 For Applicant/Owner application, both the Proposed Insured and Applicant need to answer; where the Applicant is not an individual, only the Proposed Insured needs to answer.

1. Is there a beneficial ownership arrangement? Yes No
 If yes, please complete the **New Business Enhanced Due Diligence Form** and submit together with this application.

In relation to customers, "**Beneficial Owner**" as defined in the MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism means *the individual person who ultimately owns or controls the customer or the individual person on whose behalf business relations are established.*

Please note that this is NOT a nomination of beneficiary(ies) under the policies.
 If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.

2. Are you a Politically Exposed Person (PEP) or related to a PEP?
 If yes, please give details.

	Applicant/Owner		Proposed Insured	
	Yes	No	Yes	No
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PEP means an individual who is or has been entrusted with prominent public functions in Singapore, a foreign country or an international organisation, which includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

By "related", we mean that you, the insured, beneficiary or beneficial owner are closely connected to a PEP either socially or professionally, or are a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of a PEP.



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

	Applicant/Owner		Proposed Insured	
	Yes	No	Yes	No
A. For Singapore Citizen				
A.1 Have you resided outside of Singapore continuously for at least 5 years preceding the date of application?	<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.

4. YOUR GUIDE TO LIFE INSURANCE - Tick as appropriate

I have been informed and directed to view or download a copy of "Your Guide to Life Insurance" from www.aia.com.sg, or www.lia.org.sg

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

11 FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)/ COMMON REPORTING STANDARD(CRS) DECLARATION BY APPLICANT/OWNER
 Please complete this section if the proposed plan contains cash value (surrender or termination value; amount that policyholder can borrow under the contract).

Definition:

- **Tax resident** is generally an individual that pays or should be paying tax in that jurisdiction due to his/her domicile or residence. This includes any criterion of a similar nature, and not only from sources in that jurisdiction. Examples are non-citizens that hold a permanent residency card (eg U.S green Card) or depending on the type of visa that they are holding. For Entity, please seek external independent professional tax or accounting advice on the Company 's tax residency.
- **Tax Identification Number (TIN)** is issued by a jurisdiction to an individual or entity for the purpose of administering the tax. Examples are personal identification number, resident registration number and social security number.

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

In Singapore, NRIC or FIN number serve as TIN for individuals. Individuals without NRIC or FIN will be issued a Taxpayer Reference Number or Income Tax Reference Number.

	Country/Jurisdiction of Tax Residence	Tax Identification Number (TIN)	If the TIN is <u>not available</u> , please tick Reason A, B or C.		
1			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
2			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
3			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
4			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
5			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
6			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C

Note: Please submit an amendment form if there is more than 6.

Reason A: This country/jurisdiction where the Applicant/Owner is resident does not issue TINs to its residents.

Reason B: The Applicant/Owner is otherwise unable to obtain a TIN or equivalent number. (Please explain why Applicant/Owner is unable to obtain a TIN in the below table if this reason is selected)

Reason C: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of TIN issued by such jurisdiction.)

Important Note:

For the selected reason (reason A, B or C), Insurance Adviser(s) and the Applicant / Owner have to check the OECD portal to confirm if TIN is issued by the country(ies) <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers>

If you have ticked **Reason B**, please provide the details below, quoting the relevant question number(s).

11.2 If any of these information fields (Citizenship, Place of Birth, Current Residence Address, Singapore Mailing Address, Foreign Permanent Residence Address, Telephone Number) provided by you does not correspond with your declared country/jurisdiction of tax residence, please tick the reason(s). (Not applicable if the Applicant/Owner is an entity.)

Current Residence Address (Please tick one)	
<input type="radio"/>	I am a foreigner and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident.
<input type="radio"/>	I only recently moved to the current residence address, and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident.
<input type="radio"/>	I am temporarily posted overseas for work and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident.
<input type="radio"/>	The residence address belongs to my spouse/parents and I am only on a social visit pass.
<input type="radio"/>	Others, please elaborate:
Foreign Permanent Residence Address (Please tick one)	
<input type="radio"/>	I am currently working/studying/travelling overseas and do not meet the minimum number of days to be physically present in the country of the foreign permanent residence address to be considered a tax resident.
<input type="radio"/>	I only recently changed my foreign permanent residence address, and do not meet the minimum number of days to be physically present in the country of the foreign permanent residence address to be considered a tax resident.
<input type="radio"/>	Others, please elaborate:
Citizenship (Please tick one)	
<input type="radio"/>	My country of citizenship does not have taxation laws which define tax residence.
<input type="radio"/>	I am currently a Singapore Permanent Resident residing and/or working in Singapore. I am not a tax resident of my country of citizenship.
<input type="radio"/>	I am currently residing/working outside the country of my citizenship and am a tax resident of the country where I currently reside/work. I am not a tax resident of my country of citizenship.
<input type="radio"/>	I am currently holding a valid visit/employment pass, residing and/or working in Singapore. I am not a tax resident of my country of citizenship.
<input type="radio"/>	Others, please elaborate:
Telephone Number (Please tick one)	
<input type="radio"/>	I am currently working/studying/residing outside the country of my tax residence and have terminated my telephone number in the country of my tax residence.
<input type="radio"/>	Others, please elaborate:
Singapore Mailing Address (Please tick one)	
<input type="radio"/>	The mailing address belongs to my parent/spouse/sibling/child.
<input type="radio"/>	The mailing address is my business address.
<input type="radio"/>	I am currently working/studying overseas.
<input type="radio"/>	I am currently staying with my friend/spouse/fiancee/fiancee.
<input type="radio"/>	The mailing address belongs to a rented dwelling that I am staying in.
<input type="radio"/>	The mailing address is a "c/o" address to my insurance adviser.
<input type="radio"/>	Others, please elaborate:
Place of Birth (Please tick one)	
<input type="radio"/>	I was born in the country but am not a tax resident of the country of birth.
<input type="radio"/>	I have renounced my citizenship of the country of birth. I am now a citizen of the declared country of tax residence.
<input type="radio"/>	Others, please elaborate:



11.3 Declaration on U.S. Person Status (Please tick either one).

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 the 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 and FATCA Declaration form together with this application.

 Done**11.4 Common Reporting Standard Declaration.**

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.

8. Marketing Consent

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

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

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

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

Note:

- I may withdraw one or more consents provided by me at anytime via AIA Customer Care Hotline at 1800-248-8000 or AIA e-Care (for policyholders) or my insurance adviser(s) (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.

9. 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.

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

WARNING: If a material fact is not disclosed in this proposal, any Policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Insurance Adviser(s) but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

Declared in SINGAPORE on	Day:	Month:	Year:
SIGNATURE OF PROPOSED INSURED	SIGNATURE OF APPLICANT/OWNER	WITNESSED BY	
SIGNATURE OF PROPOSED INSURED	SIGNATURE OF APPLICANT/OWNER	NAME & SIGNATURE OF INSURANCE ADVISER(S)	

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

Please sign Policy Illustration / Product Summary and Financial Health Review together with this application form.