















**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="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
<b>A. For Singapore Citizen</b>				
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>B. For Singapore Permanent Resident &amp; employment pass, work permit, dependant pass or other work pass holders</b>				
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"/>
<b>C. For student pass or long term visit pass holders</b>				
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"/>
<b>D. If you do not belong to any of the above categories, please tick here</b>	<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](http://www.aia.com.sg), or [www.lia.org.sg](http://www.lia.org.sg)
- I have been informed and I request to be given a hardcopy of “Your Guide to Life Insurance”.



**12**

**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.
- **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.

12.1 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).

12.2 If any of these information fields (Citizenship, Place of Birth, Current Residence Address, 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).

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 Numbers ( 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:
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:

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

<input type="radio"/>	<p>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.</p> <p>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.</p>
<input type="radio"/>	<p>I/We hereby declare and agree that I am/we are a "U.S. person" for U.S federal income tax purposes.</p> <p>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.</p> <p>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.</p>
<p><b>Note:</b> Please submit W-9 form and FATCA Declaration form together with this application.</p>	
<input type="radio"/> Done	

**12.4 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.

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.

**(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.

13

**DECLARATION AND AUTHORISATION FOR APPOINTMENT OF SECONDARY INSURED - For AIA Smart Wealth Builder via Cash**

Option only.

13.1 I hereby request that the person identified above be appointed the Secondary Insured under my Basic Policy. I hereby declare and accept that:

- a) I am appointing the person named above as Secondary Insured in his lifetime and good health and such appointment is made during the current Insured's lifetime;
- b) The details furnished on this form (including but not limited to those concerning the proposed Secondary Insured) are full, complete and accurate;
- c) There is no coverage on the life of the Secondary Insured until upon the death of the Insured, where
  - i. AIA Singapore will determine whether or not the Secondary Insured will become the new Insured in accordance with our prevailing rules and guidelines, and if such change is approved and effected by AIA Singapore, no death benefit shall be payable and the Basic Policy shall continue to be in force and provide cover on the life of the Secondary Insured; and
  - ii. if AIA Singapore does not approve the change in insured persons (i.e. Secondary Insured becomes the new Insured), the Policy shall terminate as of the death of the Insured and the death benefit will be paid in accordance with the Policy;
- d) My proposed appointment of the above named Secondary Insured is subject to your approval and the terms and conditions of the Policy; and
- e) The appointment of a Secondary Insured (and in the event that the Secondary Insured becomes the Insured, as the case may be) does not result in a change or transfer of policy ownership in any way.

13.2 Declaration (to be signed by proposed Secondary Insured)

I declare that:

- a) I agree with the appointment as a Secondary Insured by the Applicant/Owner
- b) I acknowledge that I will not be notified in the event that this appointment is revoked or when the coverage under the policy may be effected on my life upon the death of the Insured.

SIGNATURE OF SECONDARY INSURED *APPLICABLE IF INSURED IS AGE 16 AND ABOVE

14

**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 first 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 and (2) Product Summary, (3) "Your Guide to Life Insurance" and (4) "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/our health status in relation to this application and any resulting claim; and



d. AIA Singapore, its associated persons/organisation, 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. Deemed Delivery**

I/We understand that the policy document and all other documents from AIA Singapore are considered delivered and received (i) if made available electronically via My AIA, upon receipt of the relevant SMS and/or email notification informing me that the document is accessible on My AIA; and (ii) if posted, 7 days after the date of posting to the last known address notified to AIA Singapore.

**10. Electronic Receipt of Policy Documents and Correspondences**

I/We acknowledge and accept that if I/we had opted to receive my/our Policy Document and/or correspondences relating to my/our Policy (“Correspondences”) electronically, my/our Policy Documents and/or Correspondences will be made available in my/our My AIA. My AIA is AIA Singapore’s secure customer internet portal available on AIA Singapore’s corporate website.

I/We understand and agree to be notified via email and/or SMS to retrieve my/our Policy Document and/or Correspondences in My AIA once my/our application has been officially approved by AIA Singapore and/or Correspondences are available for viewing. If I/we had opted to receive Policy Documents and Correspondences electronically, I/we acknowledge that the terms and conditions governing the upload, access and viewing of electronic documents in AIA Singapore’s customer portal, (a copy of which is available upon request) have been explained to me/us and I/we agree to be bound by them.

I/We understand that not all of the Correspondences are currently available via electronic statements.

I/We consent to AIA Singapore providing me/us with hard copies of Correspondences that are currently unavailable electronically. I also understand and accept that AIA Singapore may cease providing hardcopies when the electronic copies become available in future.

I/We agree and accept that AIA (Singapore) will not be responsible for any consequences arising from my/our failure to (i) provide AIA Singapore with a true, complete and accurate email address and mobile number and/or (ii) notify AIA Singapore of any change(s) to my/our email address and mobile number. I/We acknowledge and accept that my/our Policy Document and/or Correspondences will be delivered via post if my/our email address and mobile number are not provided in this proposal.

**Document Delivery Preference**

	Policy Contract (Hardcopy version not available for applicant/Owner below the age of 60)	All other correspondences
Policy 1	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 2	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 3	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 4	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy

Note: Only one option to be selected (either electronic OR hardcopy).

11. Marketing Consent

I want to know the latest promotions and customer benefits and consent to receiving marketing, advertising and promotional material from, and the conducting of consumer, marketing-related and other similar research and analysis by, AIA Persons<sup>[1]</sup> and to each of them collecting, using, disclosing, storing, retaining and processing all my personal data in accordance with the terms in this form and the AIA Personal Data Policy (Singapore). I also consent to AIA Persons disclosing my personal data to independent third parties and their representatives and for them to process my personal data, for such purposes.

Contact me by<sup>[2]</sup>:

- Post
- Electronic transmission to or through my email addresses and social media accounts
- Voice call
- Text message (e.g. SMS/MMS)

I understand that the consent provided by me in this form is in addition to and does not supersede any consent that given previously for the above purposes.

I may withdraw one or more consents that I have given, at any time via AIA Customer Care Hotline at 1800-248-8000, My AIA SG or by completing and submitting the relevant forms.

<sup>1</sup> "AIA Persons" refers to AIA Singapore Private Limited, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore.

<sup>2</sup> According to the postal and email addresses and all telephone numbers (of which I confirm that I am the user and/or subscriber) in AIA Persons' records.

12. 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.

13. 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 <b>SINGAPORE</b> on	Day:	Month:	Year:
SIGNATURE OF PROPOSED INSURED	SIGNATURE OF APPLICANT/OWNER	<b>WITNESSED BY</b>  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.**



This page is intentionally left blank

This page is intentionally left blank

This page is intentionally left blank