



**SIMPLIFIED APPLICATION FORM (PARTNERSHIP DISTRIBUTION)**

Insurance Adviser's Unit Code: <input type="text"/>	Referral's Unit Code: <input type="text"/>
Insurance Adviser's Code: <input type="text"/>	Referral's Code: <input type="text"/>
Insurance Adviser's Name: <input type="text"/>	Referral's Name: <input type="text"/>

**WARNING:** In accordance with Section 25(5) of the Insurance Act Cap. 142, as may be amended from time to time, you are to fully and faithfully disclose in this Application Form all facts which you know, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void. If a foreign currency policy is applied for, the equivalent of returns in Singapore-dollars will depend on the prevailing exchange rate (as determined by AIA Singapore), which may be highly volatile.

**1 DETAILS OF APPLICANT/OWNER (Please tick the circles as appropriate)**

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.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>	Country of Residence:
Place of Birth: <input type="radio"/> United States of America <input type="radio"/> Others (Country): _____	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed / Divorced / Separated
Residency Status: <input type="radio"/> Singapore Citizen <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others	
Annual Income (S\$): <input type="radio"/> ≤ 30,000 <input type="radio"/> 30,001 – 50,000 <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	Citizenship: <i>if not Singaporean</i> Foreign Permanent Residence Address - Please provide the <b>full</b> address in English. <i>(Compulsory for non-Singaporeans)</i> <i>For Passers-by, please submit copy of passport or foreign identification card that shows proof of this address.</i> <i>If the address on the document(s) differs from this address, please explain the reason(s) in writing.</i>
Current Residence Address <i>Please submit the following document(s) to show proof of this address.</i> <i>(i) For Singaporeans and PRs residing in Singapore- Copy of NRIC</i> <i>(ii) For Singaporeans and PRs residing overseas and Pass holders - Letters from government or banks, or utility or telephone bills (dated within the last 6 months)</i>	Postal Code: <input type="text"/>
Relationship of Applicant/Owner to the Proposed Insured: <input type="radio"/> Parent <input type="radio"/> Legal Guardian <input type="radio"/> Spouse <input type="radio"/> Company	
Mailing Address (Use of P.O. Box is not allowed): <i>For Singaporeans, PRs and Pass holders - if different from Current Residence Address. Only Singapore Mailing address is allowed.</i> <i>For Passers-by - if different from Foreign Permanent Residence Address.</i>	Contact Details Home: <input type="text"/> Country Code - Phone No. Office: <input type="text"/> Country Code - Phone No. Mobile: <input type="text"/> Country Code - Phone No. Email: <input type="text"/>
Postal Code: <input type="text"/>	
Please provide the reason if: 1. Your "Current Residence Address" is different from your identity documents and/or 2. Your Foreign Permanent Address is different from your identity documents and/or 3. Your "Mailing Address" is different from your "Current Residence Address" Note: Please provide separate reasons if all the addresses do not match.	
Occupation:	Business Address:       Postal Code: <input type="text"/>
Company Name:	
Exact Duties:	
Nature of Business:	



PART0001 (11/2019 06/2020 08/2020)

Applicable only for Juvenile Application			
Name of Contingent Owner (Other than the Original Owner):			
NRIC/FIN/Passport No.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>			
Date of Birth:	dd	mm	yyyy
Relationship:		<input type="radio"/> Estate	<input type="radio"/> Parent of the Proposed Insured

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.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>		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 Citizen <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 <b>full</b> 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:	
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:

2A APPOINTMENT OF SECONDARY INSURED (For AIA Smart Wealth Builder via Cash Option only)			
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.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>		Country of Residence:	
Citizenship: <i>If not Singaporean</i>		Relationship of Applicant/Owner to the Secondary Insured:	
		<input type="radio"/> Spouse <input type="radio"/> Child (below age 16) <input type="radio"/> Self	
Notes: 1) Please submit photocopy of Secondary Insured's Identity Card or Birth Certificate (where applicable). 2) The age of Secondary Insured must not exceed (i) 70 years (Single Premium); (ii) 65 years (5 year-pay); (iii) 60 years (other pay term) at the time of appointment above.			

**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"/> 15 years <input type="radio"/> 20 years <input type="radio"/> Till Age 50 <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 Wealth Builder Premium Payment Period: <input type="radio"/> 5 years <input type="radio"/> 10 years <input type="radio"/> 15 years <input type="radio"/> 20 years <input type="radio"/> Single Payment
	<input type="radio"/> AIA Smart Pro Saver (US\$)
	<input type="radio"/> AIA Smart Flexi 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
	<input type="radio"/> AIA Critical Illness Guard
	<input type="radio"/> AIA Platinum Retirement Elite
	<input type="radio"/> Others (Please write in full including currency of plan):

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
	<b>Policy 1</b>
	<b>Policy 2</b>
*Ad Hoc Top-Up (minimum \$1,000) for:	
<input type="radio"/> Regular Premium Plan	\$
<input type="radio"/> Single Premium Plan (for AIA Platinum Retirement Elite Only)	\$

**Note:**  
 a. Top-Up premium allocation percentage to funds will follow that indicated under Funds Details  
 b. For any Top-Up after Policy Year 1, please approach Policy Servicing Department to submit the request

Premium Payment Method (include hyphenation if any)	<input type="radio"/> <b>Supplementary Retirement Savings (SRS)</b> 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 (Please complete section on Credit Card Authorisation)

**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**

<b>Source of Wealth</b> 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: _____
<b>Source of Funds</b> 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) :**



<b>5</b>	<b>Fund Details:</b>	<b>Policy 1</b>	<b>Policy 2</b>
	<b>Premium Allocation to Guided Portfolio</b>	<input type="radio"/> <b>Pro Adventurous</b>	<input type="radio"/> <b>Pro Adventurous</b>
		<input type="radio"/> <b>Pro Balanced</b>	<input type="radio"/> <b>Pro Balanced</b>
		<input type="radio"/> <b>Pro Cautious</b>	<input type="radio"/> <b>Pro Cautious</b>
		<input type="radio"/> <b>Pro Optimiser</b>	<input type="radio"/> <b>Pro Optimiser</b>
		<b>You may select more than one option below</b>	
	<input type="radio"/> Automatic Fund Re-balancing ( <i>quarterly basis according to portfolio selected above</i> )		
	<input type="radio"/> Standing instruction for annual update of Pro Portfolio ( <i>based on portfolio selected above</i> ) By selecting this option, you are instructing AIA to apply the latest portfolio to your future premium allocation within 31 days from its update. This will also be applied to Automatic Fund Re-balancing if it has also been selected. We reserve the right to discontinue or make revision to this standing Instruction.		
	NOTE: You will be notified whenever the latest portfolio is applied to your policy's allocation. You may also refer to the Annual Fund Report for revision to the portfolio.		
	<b>Premium allocation to:</b>	<input type="radio"/> <b>Fund</b> ( <i>Please complete the following fund details</i> )	<input type="radio"/> <b>Fund</b> ( <i>Please complete the following fund details</i> )
	<b>Full name of Fund</b>	<b>Allocation</b>	<b>Allocation</b>
	<b>AIA</b>	%	%
	<b>AIA</b>	%	%
	<b>AIA</b>	%	%
	<b>AIA</b>	%	%
<b>AIA</b>	%	%	
<b>For Premium Allocation to Fund</b> ( <i>Not applicable for AIA Platinum Retirement Elite</i> )			
<input type="radio"/> Automatic Fund Re-balancing ( <i>quarterly basis according to above allocation, minimum 2 funds</i> ), or			
<input type="radio"/> Automatic Fund Switch ( <i>from AIA S\$ Money Market Fund. The minimum initial balance in this fund must be S\$1,000.</i> )			
<b>Frequency</b>	<input type="radio"/> <b>Monthly</b> <input type="radio"/> <b>Quarterly</b>	<input type="radio"/> <b>Monthly</b> <input type="radio"/> <b>Quarterly</b>	
<b>Amount to switch periodically</b>	\$	\$	
<b>Fund switch to:</b>	<b>Allocation</b>	<b>Allocation</b>	
<b>AIA</b>	%	%	
<b>AIA</b>	%	%	
<b>AIA</b>	%	%	
<b>AIA</b>	%	%	
<b>AIA</b>	%	%	

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 subject to a sales charge. Other charges may also apply.

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.

<b>6</b>	<b>Regular Top-Up</b>		
	<i>Note:</i>		
	<i>a. Top-Up premium allocation percentage to Funds will follow that indicated under Funds Details</i>		
	<i>b. For any Regular Top-Up which does not start from year 1, please approach Policy Servicing Department to submit the request</i>		
	<b>Fund Details:</b>	<b>Policy 1</b>	<b>Policy 2</b>
	<b>Top-up Amount</b>	\$	\$
	<b>No of Years</b>		
	<b>Frequency</b>	<input type="radio"/> <b>Monthly</b>	<input type="radio"/> <b>Monthly</b>
		<input type="radio"/> <b>Quarterly</b>	<input type="radio"/> <b>Quarterly</b>
		<input type="radio"/> <b>Semi-annually</b>	<input type="radio"/> <b>Semi-annually</b>
<input type="radio"/> <b>Annually</b>		<input type="radio"/> <b>Annually</b>	

**7 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 Applicant/Owner:  Name of Issuing Bank:  Country of Issuing Bank:

- a. Payment using Singapore issued VISA card only :  FIRST year's premium  
 b. Payment using Singapore issued MASTER card only :  FIRST year's premium  Recurring arrangement for renewal premium

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

**Important Notes**  
 1. Credit Card payment for recurring arrangement for renewal premium will be accepted for Mastercard only.  
 2. Credit Card payment for single premium policies will NOT be accepted.  
 3. Credit Card deduction will be processed upon receipt of this authorisation by AIA Singapore. The deduction does not constitute approval of the application.  
 4. For applications where the premium payment is on monthly mode, premiums for the first two months will be deducted for initial premium.

**8 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.

**9 LIFESTYLE DETAILS OF PROPOSED INSURED**

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

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

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

**FOR AIA DIABETES CARE**

10.2 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

10.3 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.

10.4 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)**

10.5 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

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

10.7 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

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



**FOR AIA PRIME SECURE**

**10.9** 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

**10.10** 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

**10.11** 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?  No  Yes  
 ii) In the last 5 years did you require hospitalization?  No  Yes  
 iii) Have you seen a psychiatrist in the last 12 months?  No  Yes

**10.12** 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)

**10.13** 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**

**10.14** 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

**FOR AIA CRITICAL ILLNESS GUARD**

**10.15** Have you ever had cancer or carcinoma-in-situ (non-invasive cancer), heart diseases, stroke, transient ischemic attack, kidney diseases, pre-diabetes, diabetes, Alzheimer's Disease/Severe Dementia or Parkinson's Disease?  No  Yes

**10.16** Are you awaiting any medical investigation results, pending medical consultation or surgery, due to conditions which are not accidental in nature?  No  Yes

**10.17** Have you ever had your Life or Critical Illness insurance application declined, postponed, rated or modified in any way?  No  Yes

**FOR AIA MULTISTAGE CANCER COVER**

**10.18** Have you ever had:

a. Cancer, malignant growth / lump, leukaemia, bone marrow disease, carcinoma in situ or precancerous conditions\*  No  Yes  
 \*Precancerous, or premalignant conditions, are medical conditions  
 Which could develop into cancer if left untreated. Examples are liver cirrhosis, atrophic gastritis, colon polyposis, prostate intraepithelial neoplasia, cervical intraepithelial neoplasia (CIN), cervical dysplasia and atypical changes of breast.

b. Non-malignant / benign growth or lump or polyp  No  Yes  
**If Yes, please answer the following:**

i) Has it been removed?  No  Yes  
 ii) Has there been any recurrence?  No  Yes

**10.19** In the past 2 years, have you undergone any pap smear, mammogram, breast ultrasound, tumor marker test, endoscopy and/or prostate examination where results are pending, abnormal or not within the normal range?  No  Yes

**10.20** In the past 3 months, have you experienced unexplained weight loss of 5 kg or more, blood in urine (other than caused by kidney stones), persistent coughing, bleeding from the bowels or in the stools (other than piles / haemorrhoids), diarrhea or constipation for 30 days or more?  No  Yes



**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.

- A. For Singapore Citizen**  
 A.1 Have you resided outside of Singapore continuously for at least 5 years preceding the date of application?  
 A.2 Are you currently residing in Singapore?
- 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?
- C. For student pass or long term visit pass holders**  
 C.1 Does your pass have a duration of less than 90 days?  
 C.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of application?
- D. If you do not belong to any of the above categories, please tick here**

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



**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.

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). (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:

**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/fiance/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>

**Note:** Please submit W-9 form and FATCA Declaration form together with this application.  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.

**(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.



**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.

<p>SIGNATURE OF SECONDARY INSURED *APPLICABLE IF INSURED IS AGE 16 AND ABOVE</p>
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**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, and (3) "Your Guide to Life Insurance", the contents of which have been explained to me/us to my/our satisfaction.
6. 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.
7. 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/had 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.

**8. Marketing Consent**

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.

**9. 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).



**10. 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 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.

11. 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.

12. 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.**

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