



**Application for Change of Financial Adviser’s Representative (“FAR”) Form (Life and Health)**

Unless defined herein or the context otherwise requires, capitalised terms used in this form have the same meanings ascribed to them in the contract(s) of insurance entered into with Aviva Ltd (the “Policy” or “Policies”).

Once completed, please send this form to Aviva Ltd, attention to Policy Servicing Dept, 4 Shenton Way, #01-01 SGX Centre 2, Singapore, 068807. Your request will only be processed when this **completed original** form is received, verified and processed by us. **Please use One (1) Application Form for One (1) Policyholder.**

In completing and submitting this form to Aviva Ltd (“Aviva”), the Policyholder(s) or Authorised Person (as the case may be) named herein is/are deemed to have applied for a change of FAR in respect of the Policy or Policies stated in Section II below, in the absence of any written instructions or notification to the contrary.

Name of Policyholder/Company’s Authorised Person: \_\_\_\_\_

NRIC/Passport No./Company Reg. No. : \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name of Joint Policyholder (if applicable): \_\_\_\_\_

NRIC/Passport No. : \_\_\_\_\_

**SECTION I: Details of new Financial Adviser’s Representative**

Please fill up details of your **new** FAR below:

Name of FAR: \_\_\_\_\_

Name of FA Firm: \_\_\_\_\_

Aviva Life Code: \_\_\_\_\_

**SECTION II: Policy(ies) to be Affected by the Change of FAR**

You may tick in both of the following sections:

**Section A: Life Policies**

Please select 1 of the following 3 options:

i )  All Existing Life Policies ; **OR**

ii)  All Existing Life Policies under ; **OR**

Name of existing FAR:

\_\_\_\_\_

Name of existing FA Firm:

\_\_\_\_\_

iii)  List of Life Policies number:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Section B: Health policies**

Please select 1 of the following 3 options:

i )  All Existing Health Policies ; **OR**

ii)  All Existing Health Policies under ; **OR**

Name of existing FAR:

\_\_\_\_\_

Name of existing FA Firm:

\_\_\_\_\_

iii)  List of Health Policies number:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_



**SECTION III: Reason for request for change of Financial Adviser's Representative**

- My current FAR has left his/her company
- I am not satisfied with the service/advice provided by my current FAR:
- Others (please specify): \_\_\_\_\_

**SECTION IV: Declaration and Signature**

I/We:

- have received, read and agreed to comply with and be bound by the Policy(ies) and any other terms and conditions that Aviva may issue from time to time, and acknowledge that this application/instruction is subject to the same;
- (in the case of individual subscriber(s)) confirm that I/we am/are not an undischarged bankrupt(s), have not committed any act of bankruptcy within the last 12 months and no bankruptcy order has been made against me/us during that period, and I/we am/are not subject to any order made under the Mental Disorders and Treatment Act (Cap. 178 of Singapore);
- (in the case of a corporate subscriber) confirm that we are not insolvent and that no order has been made nor a resolution has been passed for our winding up, judicial management or other similar action;
- represent that all information given to Aviva herein is true and correct;
- consent to the disclosure to or by Aviva of any information in relation to my/our Policy(ies) by or to any of its affiliates (including any medical professionals engaged by Aviva) or any person or entity required to facilitate the operation of the Policy(ies), and/or to comply with all applicable laws, regulations, notices and/or guidelines.
- acknowledge that Aviva may reject any of my/our instructions including, but not limited to, those that, in Aviva's sole and absolute discretion, are deemed incomplete, unclear or ambiguous, or if my/our signature(s) differ(s) from what was originally provided as a specimen to Aviva, and Aviva will not be responsible for any losses that may be suffered by me/us due to such rejection of any of my/our instructions.
- agree that any communication from Aviva (including notices, confirmations and policy statements) may be sent to me/us via secured electronic mail or via such other methods as may be determined by Aviva from time to time at its sole and absolute discretion; and
- agree that the processing of any transactions (including, but not limited to, transactions in relation to investment linked policies) accompanying this request for a change in Financial Adviser's Representative may be deferred by Aviva, without any explanation or prior consent or notice, until such time when the request for change has been finally processed or rejected, as the case may be.

\_\_\_\_\_  
Signature of Policyholder /  
Company Authorised Signatory & Stamp

\_\_\_\_\_  
Signature of Joint Policyholder (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**SECTION V: Acknowledgement by New FAR**

I, \_\_\_\_\_ of NRIC/Passport No. \_\_\_\_\_ hereby agree to be responsible for the above mentioned Policy(ies) from the effective date of change.

\_\_\_\_\_  
Signature of FAR

\_\_\_\_\_  
Aviva Life Code

\_\_\_\_\_  
Name of FA Firm

\_\_\_\_\_  
Date