



Application for Fund Switch / Premium Redirection

Policy No. :

Important Notes:

- Pursuant to Section 25(5) of the Insurance Act (Cap. 142), you are to disclose in this application form fully and faithfully, all the facts which you know or ought to know, otherwise, this Policy may be void.
- Please read the Useful & Important Information on Page 2 before completing this form.

Fund Switch

Amount in \$ or %	From (name of Fund)	To (name of Fund)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Premium Redirection for Future Renewal Premiums – Applicable for redirection of premiums for Investment-Linked Funds only

Premium Redirection for future renewal premiums	Amount in \$ or %
_____ Fund	_____
_____ Fund	_____
_____ Fund	_____
_____ Fund	_____
_____ Fund	_____
TOTAL =	\$ (Instalment Premium) / 100%

Declaration

I declare that no material facts, that is, facts likely to influence the assessment and acceptance of this application have been withheld and to the best of my knowledge and belief the information furnished herein is true and complete and in the case of a life of another assurance the information furnished herein shall be the basis of the contract of assurance.

I authorise any medical source, insurance office or organisation to release to Aviva Ltd and similarly Aviva Ltd to release to any of the prior mentioned organisations, relevant information concerning me at any time, regardless of whether the application is accepted by Aviva Ltd. A photographic copy of this authorization shall be as valid as the original.

I understand that any payment made at the time of signing this application or thereafter (if any) shall be held as a deposit placed with Aviva Ltd until acceptance of this application by Aviva Ltd, subject to the terms and conditions contained in the receipt issued in respect of the said payment. I agree to pay to Aviva Ltd the medical fees incurred in assessing the risk under this application (if any) should I decide not to proceed at the standard rates or revised terms offered by Aviva Ltd. Should Aviva Ltd decline the application, then I shall be entitled to a full refund of the amount tendered (if any) for this application. I further understand that the assurance granted shall be subject to the conditions in and endorsed on the Policy issued.

I am aware that buying a life insurance policy is a long term commitment and I am aware that I can seek advice from my Financial Adviser and obtain the latest Product Summary, Fund Summary and Fund Prospectus from Aviva Ltd or my Financial Adviser before I sign on this application. Should I choose not to, I take sole responsibility to ensure that this application is appropriate for my financial condition and meets my financial needs and objectives.

I further declare I am not undischarged bankrupt(s) and that I have committed no act of bankruptcy within the last twelve months and that no receiving order or adjudication order has been made against me during that period.

If a material fact is not disclosed in this application, 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 Financial Adviser but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Name & Signature of Assured / Date

Name & Signature of Assignee / Trustee(s) / Date

Useful & Important Information

1. The application will be processed upon receipt of this request and such other documentation or written information as Aviva Ltd may require (including the delivery of the Policy if required) and will not be effective until the application has been accepted in writing by Aviva Ltd.
2. Please complete ONE application form per Policy.
3. Signature of Trustee(s) will be required if Policy is written under Section 73 of the Conveyancing and Law of Property Act (CPLA), or under trust.
4. Please note that the signatures of Assured/Assignee/Trustee must be consistent with our record. Please come personally to Aviva if you are unable to sign the previous signature

Fund Switch

1. Fund Switch is only limited to Investment-Linked Funds.
2. All Fund Switch requests received at Aviva Ltd by 12pm on each business day will qualify for the next business day's pricing.
3. Partial switching is allowed. The minimum amount per switch for each fund is the lower of \$1,000 or total value.
No switching from Investment-Linked Funds to Asset Plan Regular is allowed.

Premium Redirection of Future Renewal Premium

1. Premium redirection will be effected from the next premium due date.
2. Redirection of premiums from / to Asset Plan Regular is NOT allowed.
3. Only redirection of premiums among Investment-Linked Funds is allowed.