

# Application Form for Global Savings Account

This application form is to be used for policies sold **outside Singapore**.



## Important: Please attach the following documents:

For Individual

- Copy of Identity Card or Passport (for non-Singapore residents); or
- If address is not available in the Identity Card/Passport, copy of phone, utility, tax bill or any documents issued by a local government body.

### Particulars of Adviser

Name	<input type="text"/>
Source Code	<input type="text"/>
Name of Firm	<input type="text"/>
Contact No.	<input type="text"/> (O) <input type="text"/> (HP)
Email Address	<input type="text"/>

### For Official Use Only

Contract No.	<input type="text"/>
Client No. (Applicant)	<input type="text"/>
Client No. (Joint Applicant / Third Party Applicant)	<input type="text"/>

**WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP. 142), YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.**

**This policy is underwritten by Aviva Ltd and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.**

Please complete in capital letters and tick boxes as appropriate.

## A) PARTICULARS OF APPLICANT (OWNER)

Applicant (Owner) is to be insured under the policy

Salutation  Mr  Mrs  Mdm  Miss  Dr

Full Name as shown on Identity Card/Passport

Family Name

Given Name

Gender  Male  Female

Marital Status  Single  Married  Widowed  Divorced

Nationality

Identity Card/Passport No.

Country of Issue

Date of Birth  /  /  (DD/MM/YY)

Country of Birth

Residential Address

Postal Code

Correspondence Address (if different from Residential Address)

Postal Code

For existing policyholder with Aviva Ltd: If your correspondence address differs from our records, do you wish to update the above address in all your other policy(ies)?  Yes  No

Contact No.  (H)  (O)

(HP)  (F)

Email Address

Occupation

Name & Address of Employer

Postal Code

Annual Salary

Currency  Amount

## B) PARTICULARS OF JOINT APPLICANT (JOINT OWNER) / INSURED UNDER THIRD-PARTY APPLICANT

Joint Applicant (Joint Owner)  
For joint ownership, the lives of both applicants must be jointly insured under the policy

Relationship to Applicant

Insured under Third Party Application

Spouse  Child (Age next birthday not  $\geq 19$  years old)

Salutation  Mr  Mrs  Mdm  Miss  Dr

Full Name as shown on Identity Card/Passport

Family Name

Given Name

Gender  Male  Female

Marital Status  Single  Married  Widowed  Divorced

Nationality

Identity Card/Passport No.

Country of Issue

Date of Birth  /  /  (DD/MM/YY)

Country of Birth

Residential Address

Postal Code

Correspondence Address (if different from Residential Address)

Postal Code

For existing policyholder with Aviva Ltd: If your correspondence address differs from our records, do you wish to update the above address in all your other policy(ies)?  Yes  No

Contact No.  (H)  (O)

(HP)  (F)

Email Address

Occupation

Name & Address of Employer

Postal Code

Annual Salary

Currency  Amount

## C) DECLARATION OF BENEFICIAL OWNERSHIP

If there is any Beneficial Owner(s) in relation to the policy, we are required by regulation to request the details of such Beneficial Owner(s). Please provide the details such as Name and Identity Card/Passport No. of the Beneficial Owner(s) and your personal relationship(s) with them and submit a copy of their Identity Card/Passport to us.

Please provide relevant details here:

"Beneficial Owner" as defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism means the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporate.

For the avoidance of doubt, completion of this section is **not** a nomination of beneficiary(ies) under the policy.

## D) DETAILS OF POLICY APPLIED FOR

**Contract Currency:**  GBP  EUR  AUD  USD  HKD  SGD

**Policy Term (No. of Years):**

**Regular Premium Amount:**

**Payment Frequency:**  Monthly  Quarterly  Half-Yearly  Yearly

**Payment Mode (in Contract Currency):**

Bank Draft

Payment must be made payable to Aviva Ltd and in your chosen contract currency specified at the time of the application.

Cheque

Cheques must be drawn from a bank in the country of domicile of the cheque's currency. Payment must be made payable to Aviva Ltd and in your chosen contract currency specified at the time of the application.

Interbank GIRO

For plan account denominated in SGD currency and through a local Singapore SGD bank account only. Please complete the attached Application Form for Interbank GIRO.

Direct Debit (Applicable to RENEWAL PREMIUM only)

For plan account denominated in GBP currency and through a United Kingdom GBP bank account only. Please complete the attached Direct Debit Instruction Form.

Telegraphic Transfer

For Regular Payment via Telegraphic Transfers, please provide a copy of Standing Instruction Application for Overseas Remittance. Any charges made by the remitting bank and receiving bank in the course of submitting funds to Aviva Ltd must be borne by the applicants. Thus, it is necessary to pay an amount in excess of the premium due to cover these charges. Please indicate your name (as in this application), Identity Card/Passport Number and the Policy Number in the TT application. Please remit the amount to the currency denominated bank account of **Aviva Ltd** as shown below:

<u>Contract Currency</u>	<u>Bank</u>	<u>Bank Account No.</u>	<u>Swift Code</u>
GBP	Citibank N.A. (Singapore Branch)	0-820610-032	CITISGSG
EUR		0-820610-024	
AUD		0-820610-059	
USD		0-820610-016	
HKD		0-820610-067	
SGD		0-820610-008	

Credit Card

I authorise Aviva Ltd to charge the initial premium and/or subsequent regular premium to my credit card account for this insurance policy. This authorisation is to remain in effect until I terminate it by written notification to Aviva Ltd at least 30 days in advance of the intended date of termination.

Name of Cardholder	<input type="text"/>										
Card Number	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
Address of Credit Card Holder	<input type="text"/>										
Issuing Bank	<input type="text"/>				Card Expiry Date (MM/YY)	<input type="text"/>	/	<input type="text"/>			
Signature of Cardholder	<input type="text"/>				Date (DD/MM/YY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	

**Note:** For payment by credit card, a fee of 1% will be deducted from the premium paid.

## E) INVESTMENT FUND CHOICE

Please indicate your choice of funds by filling in the allocation percentages, fund codes and fund names (if applicable) below. Please refer to the Fund Catalogue on the website ([www.aviva.com.sg](http://www.aviva.com.sg)) for the complete list of funds available and read the fund summary and prospectus relating to each fund including details of all fees and charges prior to making any investment.

**Note:** The net amount after policy fee deduction and credit card charge (if applicable) will be allocated for investment.

Fund Code	Fund Name	Allocation (in whole numbers)
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
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<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<b>Total</b>		<b>100</b> %

**Notes:**

- (i) Please check on the accuracy of the names of funds you have listed against the Fund Catalogue.
- (ii) Payment made in currencies other than the currency in which the Fund is denominated will be converted into the currency of the Fund, at rates to be determined by Aviva Ltd.

## F) DECLARATION

I understand that this Policy shall take effect provided that Aviva Ltd ("Aviva") receives my application and full premium within 14 days from the day I sign this application.

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 is true and complete.

I declare that I have received all the documents that are required to be given by the adviser under the law of the country in which I applied for this Policy, and that the contents of these documents have been explained to my satisfaction. I am aware that the latest edition of the respective Fund Prospectuses may be found on the website ([www.aviva.com.sg](http://www.aviva.com.sg)) and I have read and understood the applicable sections of the most recent edition of the respective Fund Prospectuses in relation to the application for this Plan.

I agree that the applicable data policies, notices, and other communications to customers concerning their data from time to time issued by Aviva shall apply. I agree that all information in this application, or that is obtained from any other sources or that arises from my relationship with Aviva ("data") will be subject to such policies/or other communications (as may be varied from time to time). I agree in particular that (a) Aviva may verify, provide and collect information about me from other organisations, institutions or other persons; (b) Aviva may transfer the data within and outside Singapore; and (c) Aviva may compare any data obtained with my data, and use the results for taking of any actions including actions that may be adverse to my interest (including declining this application). Without prejudice to the foregoing, such data is provided and may be held, used and disclosed by Aviva to individuals/organisations associated with Aviva or any selected third party (within or outside of Singapore), including reinsurance and claims investigating companies and industry/federations processing of this application and the provisions of subsequent services for this and other financial products and services, direct marketing and to communicate with me for such purposes. A photographic copy of this authorisation shall be as valid as the original.

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

I authorise Aviva to act upon instructions given by facsimile or by electronic means with regard to the Units subscribed for (and any further Units purchased) or any matter in connection with them or any of them without liability in respect of any transfer, payment or any other act done according to such instructions and notwithstanding that it shall be shown the same was not signed or sent by me. I agree to indemnify Aviva in respect of any loss arising in respect of acting on instructions given by facsimile or by electronic means or a decision not to act on the basis of such instructions or for any loss arising from the non-receipt of such instructions.

I consent that any communication (including but not limited to the sending of notices, confirmations, annual and semi-annual fund reports, and transaction and performance statements or reports) from Aviva may be sent to me via any form of electronic dissemination, including by electronic mail, or by ordinary mail or any other means of dissemination as Aviva may determine in its sole discretion and I understand that I may contact Aviva and request for a copy of the relevant communication.

### Important Note:

It is usually disadvantageous to replace an existing life insurance policy with a new one. In your own interest, we would advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest.

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 adviser but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Signature of Applicant

Date (DD/MM/YY)

Signature of Joint Applicant / Third Party Life Insured\*

\* As applicable

Date (DD/MM/YY)

Signature of Witness

Name of Witness

Identity Card/Passport No.

Date (DD/MM/YY)

I declare that the policy was sold outside Singapore. I have sighted the applicant(s)' original copy of Identity Card/ Passport and taken a copy.

Signature of Adviser

Name of Adviser



# Application Form for Interbank Giro



## PART 1: FOR APPLICANT'S COMPLETION

Date (dd/mm/yy):  /  /

Name of Billing Organisation ("BO"): **Aviva Ltd**

To: Name of Bank:

Name of Policyowner:

Branch:

Life Insurance Policy Number:

- (a) I/We hereby instruct you to process the BO's instruction to debit my/our account.  
 (b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.  
 (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

My/Our Name(s):

My/Our NRIC Number(s):

Mr/Mdm/Ms/Dr

Mr/Mdm/Ms/Dr

My/Our Account Number:

My/Our Contact Number(s):

My/Our Signature(s)/Thumbprint(s)\*:

Office Tel No.  Home Tel No.

\* If your account is operated by thumbprint, your thumbprint needs to be verified by the Bank's staff.

## PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank  
**7171**

Branch  
**027**

Billing Organisation's Account Number  
**0270007597**

Billing Organisation's Customer Reference Number:

Bank

Branch

Account Number to be Debited

Life Insurance Policy Number





## PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

This Application is hereby Rejected (please tick) for the following reason(s) :

- |   |   |
|---|---|
| <input type="checkbox"/> Signature / Thumbprint# differs from Financial Institution's records | <input type="checkbox"/> Wrong account number                     |
| <input type="checkbox"/> Signature / Thumbprint# is incomplete/unclear                        | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by Signature / Thumbprint#                          | <input type="checkbox"/> Others: <input type="text"/>             |

/  /

Name of Approving Officer

Authorised Signature

Date

#Please delete where applicable

### Application for Premium Payment by Interbank GIRO

#### Important Notes :

- Premium Payments through GIRO shall apply only for regular premium policies expressed in Singapore Dollars.
- When completing the application form, please provide all relevant information in full to avoid unnecessary delay in the processing of your application.
- Upon receipt of your application form, we will send it to your bank for verification.
- It would take 2 to 4 weeks for your bank to approve your application herein.
- When your GIRO application has been approved, we will inform you of the commencement date of the premium deduction in writing. Before you receive our notification, please continue to pay your premium in the usual manner.
- There will be 2 deduction attempts. If the second attempt fails, the GIRO service will be temporarily deactivated and the policy will subject to the General Provisions of the policy upon expiry of the grace period.
- If the deduction date falls on weekend or Public Holiday, the deduction shall take place on the next working day.
- Please note that for every unsuccessful debit due to insufficient fund, your bank may impose a service charge.
- No official receipts will be issued. The relevant entries in the bank's passbook/statement will be recognized as confirmation of payment.
- For termination of GIRO arrangement, please inform Aviva in writing, three (3) weeks before the premium becomes due.





