

Application Form for Global Savings Account

This application form is to be used for policies sold in 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	For Official Use Only
Name	Contract No.
Source Code	Client No. (Applicant)
Name of Firm	Client No. (Joint Applicant / Third Party Applicant)
Contact No. (O) (HP)	
Email Address	

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 ≥ 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:

Contract Currency	Bank	Bank Account No.	Swift Code
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

Visa / Mastercard Authorisation

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

Card Number - - - Visa Mastercard

Address of Credit Card Holder

Issuing Bank Card Expiry Date (MM/YY) /

Signature of Cardholder Date (DD/MM/YY) / /

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

G) 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 a copy of the Benefit Illustration, Product Summary, Fact Find, applicable Fund Summary, Your Guide to Life Insurance, and the latest edition of the respective Fund Prospectus, 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) 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/for 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 not withstanding 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:

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 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.



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form and send to:
If you are residing in UK, Aviva Ltd PO Box 457
If you are residing outside UK, Aviva Ltd 4 Shenton Way #01-01 SGX Centre 2, Singapore 068807

Name and full postal address of your Bank or Building Society

To: The Manager _____

Bank/Building Society: _____

Address: _____

_____ Postcode

Service User Number

2	4	9	8	7	7
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Reference (For Aviva's completion)

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Instruction to your Bank or Building Society

Please pay Aviva Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with Aviva Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Name(s) of Account Holder(s)

Signature(s) _____

Date _____

Bank/Building Society Account Number

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Branch Sort Code

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Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This is not part of the Instruction to your Bank or Building Society and must be submitted to Aviva Ltd.

Address of Account Holder(s)



This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.
- The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Aviva Ltd will notify you 3 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Aviva Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

