



**Notes:** Please check on the accuracy of the names of funds you have listed against the Fund Catalogue. 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.

### 3) 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 is true and complete. I authorise any medical source, insurance office, organization or the Life Insurance Association of Singapore (Coordinator of The Medical Register) 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 authorisation shall be as valid as the original. I further declare I am not an undischarged bankrupt and that I have committed no act of bankruptcy within the last twelve months and no receiving order or adjudication order in bankruptcy has been made against me during that period. I authorise Aviva Ltd 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 Ltd 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 am aware that insurance is a long term financial commitment and I am aware that I can seek advice from a licensed Financial Adviser before I sign this application. Should I choose not to, I take sole responsibility to ensure that this application is appropriate to meet my financial needs and insurance objectives

**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 Assured / Joint Assured / Assignee

Name :

NRIC No. :

Date :

\_\_\_\_\_  
Signature of Life/Joint Life to be Assured

Name :

NRIC No. :

Date :

\_\_\_\_\_  
Signature of Trustee

Name :

NRIC No. :

Date :

\_\_\_\_\_  
Signature of Trustee

Name :

NRIC No. :

Date :

### 4) Financial Adviser Details

Name of Financial Adviser : \_\_\_\_\_ Source Code : \_\_\_\_\_

Name of Firm : \_\_\_\_\_ Contact Number : \_\_\_\_\_