



### Investment-Linked Alteration Form

**Policy No. :**

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**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 4 before completing this form.

Fund Switch		
<u>Amount in \$ or %</u>	<u>From</u> (name of Fund)	<u>To</u> (name of Fund)

Premium Redirection for Future Renewal Premiums – Applicable for redirection of premiums for Investment-Linked Funds only		
<b>Premium Redirection for future renewal premiums</b>		<b>Amount in \$ or %</b>
	Fund	
	Fund	
	Fund	
	<b>TOTAL =</b>	<b>\$ (Instalment Premium) / 100%</b>

Changes in Sum Assured / Premium – Please complete the General & Medical Questions only for Increase in Sum Assured or Premium.				
	<u>Increase</u> Sum Assured to	<u>Increase</u> Premium to	<u>Decrease</u> Sum Assured to	<u>Decrease</u> Premium to
Basic	\$	\$	\$	\$
Major Illness	\$	N.A.	\$	N.A.
Major Illness Accelerator	\$	N.A.	\$	N.A.

Top-up - Please complete the General and Medical Questions (# Please delete accordingly)		
<b>Single Premium Top-up :</b> \$ _____ (Cash / Cheque / CPF / SRS / ASPF#) <small>(Minimum amount = \$1,000 and must be in multiples of \$10)</small>		<b>Amount in \$ or %</b>
	Fund	
	Fund	
	Fund	
	<b>TOTAL =</b>	<b>\$ (Top-up Amount) / 100%</b>

General Questions		Life Assured	
		Yes	No
1.	Are you currently engaged in or have you any intention of engaging in any form of aviation other than as a passenger travelling solely for transport, or engaging in any hazardous pursuits such as scuba diving, motor racing, mountain/rock climbing, free fall parachuting, sky diving, etc? If 'Yes', please state activity and provide details.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has any application, renewal or reinstatement of a life, accident, health policy on your life been deferred, declined or accepted at special rates or terms? If 'Yes', please state the name of the company and provide details.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Please state your current occupation and exact nature of work.		

Medical Questions		Details	
1.	What is the name and address of your regular doctor?		
2.	When did you last consult a doctor and for what reason?		
3.	Please state your height and weight.	Height <input type="text"/> m	Weight <input type="text"/> kg
		<b>Life Assured</b>	
		<b>Yes</b>	<b>No</b>
4.	Have you ever had unexplained weight loss since the commencement of the Policy?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are you currently taking medication or considering seeking medical advice from a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever had or been advised to undergo surgery or any diagnostic tests such as X-ray, ultrasound, biopsy, electrocardiogram, blood or urine tests?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever had or been told to have or been treated for asthma, cancer, tumour, growth, cyst, disease or disorder of the heart (including high blood pressure, heart attack, heart murmur, heart valve disorder, chest pain), diabetes, epilepsy, fits, Hepatitis, liver disease, raised cholesterol, kidney or urinary disorder, stroke, blood disorder, mental disorder, respiratory disorder, endocrine disorder, musculo-skeletal disorder, gastrointestinal disorder, autoimmune disease, disease and disorder of the eye, ear, nose or throat, HIV infection, sexually transmitted disease or any other illness / physical deformity not listed above? If 'Yes', please give full details including name of the condition(s), date of diagnosis, investigations, result and treatment.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have any of your natural parents or siblings ever had or been treated for cancer, heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder or any hereditary disease? If 'Yes', please state condition, age of onset and relationship in the space provided below.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you smoked cigarettes in the past 12 months? If 'Yes', please state for how many years and how many sticks per day. No. of years <input type="text"/> No. of sticks per day <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you take alcohol? If 'Yes', please state type and the average daily consumption. Type <input type="text"/> Quantity <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever taken addictive drugs/narcotics or been treated for alcoholism or drug addiction?	<input type="checkbox"/>	<input type="checkbox"/>
12.	<b><u>For Female Only</u></b>		
	a. Have you suffered from or are you aware of any breast lumps or any other disorders of your breasts?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Have you had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations? If 'Yes', please state type, reason, date of test done and result of test (copy to be submitted if available).	<input type="checkbox"/>	<input type="checkbox"/>
	e. Are you now pregnant? If 'Yes', please state the number of month(s). No. of months <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension, etc?	<input type="checkbox"/>	<input type="checkbox"/>
13.	<b><u>For Child Only</u></b> Was the child born prematurely or been diagnosed to have any congenital disorder or birth defects?	<input type="checkbox"/>	<input type="checkbox"/>
14.	<b><u>For Male Only</u></b> Have you ever had or been told to have or been treated for prostate enlargement, disease or disorder of the male reproductive organs? If 'Yes', please furnish details in the space provided below.	<input type="checkbox"/>	<input type="checkbox"/>
Please furnish details here indicating the question no. if any of the answers above is "Yes".			



## 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 Life Assured / Date

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

## **Useful & Important Information**

### **General**

- 1. Please read the Frequently Asked Questions (Page 5 & 6) on the revised CPF regulations, with effect from 01 April 2008, 01 May 2009 and 01 July 2010 respectively, that would affect the CPF Investment Scheme before you proceed with any top-up or fund switch request.**
- 2. 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.**
- 3. Please complete ONE application form per Policy.**
- 4. 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.**
- 5. Please note that the signatures of Assured / Life Assured / Trustee must be consistent with our record.**

### **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.

### **Increase in Sum Assured or Premium**

1. The General and Medical questions must be completed
2. Increase in Sum Assured or Premium can only be effected from next Policy Anniversary.
3. Increase in Premium must be in multiples of \$10.
4. Increase in Premium for Asset Plan Regular is NOT allowed.

### **Decrease in Sum Assured or Premium**

1. Money Manager Plans – Minimum premium : Monthly = \$50, Quarterly = \$150, Half-yearly = \$300, Yearly = \$600.
2. Other Investment-Linked Plans – Minimum Monthly premium applies.
3. Decrease in Premium must be in multiples of \$10.
4. Decrease in Premium for Asset Plan Regular is NOT allowed.

### **Top-up**

1. Top-up is only applicable to Investment-linked Plan.
2. Top-up charge may be applicable depending on type of plan.
3. Units will only be allocated to the Policy at the Offer price prevailing on the next Valuation Date following the acceptance of this application and receipt of the top-up payment.
4. Please note that a Top-up transaction may lead to an increase in Sum Assured. The benefits of the Top-up will be based on the prevailing terms and conditions of Aviva Ltd at the point of the Top-up application. The General and Medical questions must be completed.
5. Please note that a surrender charge may be applicable upon withdrawal of units/surrender of Policy for some plans.
6. For policies bought under the CPF/SRS Investment Scheme, please also submit the "Standing Instruction – Settlement under the CPF Board (Investment Scheme) Regulations" together with this application, if the said form was not submitted previously.

## Frequently Asked Questions on revised CPF regulations that affect the CPF Investment Schemes (“CPFIS”)

1. **What are the new restrictions on the CPF Investment Schemes arising from the revised CPF regulations on 01 April 2008, 01 May 2009 and 01 July 2010 respectively ?**

From 01 April 2008, you will not be able to invest the first \$20,000 in your Ordinary Account (“OA”); and first \$30,000 in your Special Account (“SA”) with effect from 01 May 2009. The investment threshold under the CPFIS-SA has been further raised up to \$40,000 with effect from 01 July 2010. To invest under CPFIS-OA, you will have to set aside \$20,000 in your OA before the remaining savings in your OA can be used for investments. Similarly, to invest under CPFIS-SA, you will have to set aside \$40,000 in your SA before the remaining savings in your SA can be used for investments.

2. **I have made some investments using my CPF before the respective revised CPF regulations take effect and my balances in my Ordinary and Special Accounts are below the \$20,000 and \$40,000 respectively. Do I need to liquidate my CPFIS investment?**

No, you are not required to liquidate your investments under the CPFIS if you have purchased them before 01 April 2008 and 01 July 2010 respectively.

3. **Can I continue to service my insurance premiums if my balances fall short of \$20,000 in my OA or \$40,000 in my SA?**

You can continue to service your regular premium insurance policies but NOT recurring single premium insurance policies or regular savings plans for unit trusts. This is because for regular premium insurance policies, the significant maturity benefits would be forgone if payment of the premiums is stopped, hence the CPF Board has made an exception for members to continue to service their insurance premiums if their balances fall short of \$20,000 in your OA or \$40,000 in your SA.

However, this loss of benefits upon a stop in premium payment does not apply to recurring single premium plans. While the CPF Board encourages regular savings and dollar cost averaging over the long term to help build up retirement savings, on the balance, it is good to have some OA cash balance for emergency needs so that members can continue to fund housing instalments, children’s tertiary education and maintain insurance covers. You can resume paying premiums or regular savings plan after you have built up savings in excess of \$20,000 in your OA or \$40,000 in your SA.

4. **Do I need to pay cash for agent bank fees if my balances fall short of \$20,000?**

No, you can continue to service the agent bank fees with your CPF savings even if your OA balance falls below \$20,000. The agent bank fees are ongoing fees which need to be paid as long as you continue to hold on to your investment, hence CPF board has made an exception for you to continue paying the agent bank charges using your CPF. Also, the \$20,000 and \$40,000 restriction in the OA and SA is to allow members to earn additional 1% interest and they should continue to enjoy the convenience of paying the banks charges using their CPF.

5. **If I sell my investments or switch between investments, will I be able to re-invest the sale proceeds if my OA or SA balance is below \$20,000 and \$40,000 respectively?**

Switching between investments is made up of a “sell” transaction of existing investment, followed by a “buy” transaction of new investment. Any “buy” transaction will be subjected to the new restriction which is applied to the balances held with the Board.

Under CPFIS-OA, when you sell or switch your investments, the sale proceeds will be credited into your CPF Investment Account. You may reinvest the sale proceeds in your CPF Investment Account, even if your OA balance is below \$20,000. However, if the sale proceeds are refunded to your OA, you may not re-invest the balance if your OA balance is below \$20,000.

Under CPFIS-SA, when you sell or switch your investments, the sale proceeds may be credited to your SA and you may not re-invest the balance if your SA balance is below \$40,000.

**6. If I have \$X in my OA and \$Y in my CPF Investment Account, how much can I invest?**

Please see below:

- a) If \$X is less than or equal to \$20,000, you can only invest \$Y.
- b) If \$X is more than \$20,000, you can invest \$X minus \$20,000 and \$Y.
- c) If you initiate a refund of \$Y to your OA or \$Y is automatically refunded to your OA as you have no active transactions in your Investment Account for 2 consecutive months,
  - i) if \$X plus \$Y is less than or equal to \$20,000, you will not be able to invest any amount, and
  - ii) if \$X plus \$Y is more than \$20,000, you will be able to invest \$X plus \$Y minus \$20,000.

**7. Will my stock and gold limits be affected?**

There is no change in the computation of your stock and gold limits. However, if you do not have \$20,000 in your OA, you will not be able to invest in stock or gold even if you have sufficient stock and gold limits.