



### Investment-Linked Alteration Form

<b>Policy No. :</b>	<input type="text"/>
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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 3 before completing this form.

**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#) (Minimum amount = \$1,000 and must be in multiples of \$10)	<b>Amount in \$ or %</b>
<b>Top-up Premium Direction</b>	
_____ Fund	_____
_____ Fund	_____
_____ Fund	_____
<b>TOTAL =</b>	<b>\$ (Top-up Amount) / 100%</b>

<b>General Questions</b>		<b>Life Assured</b>	
		<b>Yes</b>	<b>No</b>
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.		

<b>Medical Questions</b>	<b>Details</b>
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>For Female Only</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>For Child Only</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>For Male Only</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		
<p><b>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.</b></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><b>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.</b></p>		
<hr/> Name & Signature of Assured / Date	<hr/> Name & Signature of Life Assured / Date	<hr/> 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 / Life Assured / Trustee must be consistent with our record. Please come personally to Aviva if you are unable to sign the previous signature.

#### **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. 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.