

4) Declaration

I declare that no material facts, that is, any fact 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 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 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 bankruptcy order 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 / Assignee / Beneficiary
Name :
Identity / Passport No. :
Date :

Signature of Joint Assured / Assignee / Beneficiary
Name :
Identity / Passport No. :
Date :

Signature of Trustee / Beneficiary
Name :
Identity / Passport No. :
Date :

Signature of Trustee / Beneficiary
Name :
Identity / Passport No. :
Date :

5) Financial Adviser Details

Name of Financial Adviser : _____ Source Code : _____
Name of Firm : _____ Contact Number : _____

Useful & Important Information

1. The application will be processed upon receipt of this request and other documentation or written information as the Company may require (including the delivery of the Policy if required).
2. Please complete one form per Policy.
3. To qualify for the next available pricing, request must be received by our Registered Office before 12 noon.
4. Single premium top up / Easy Save Option can be done after the Policy comes into force, subject to the amounts stated in the Schedule of Minimum and Maximum Limits in the policy contract provision.
5. Please ensure the correct signatories[^] sign on the Single Premium Top Up / Easy Save Option Application Form:
 - a) Assured and/or Joint Assured only (if it is **NOT** a Trust policy or Assigned policy); or
 - b) Assured and/or Joint Assured and all Trustees (if policy is written under Section 73 of the Conveyancing and Law of Property Act (CLPA)); or
 - c) Assured and/or Joint Assured and any Trustee (if policy is written under Section 49L of the Insurance Act); or
 - d) Assured and/or Joint Assured and all beneficiaries (if policy is written under Section 49L of the Insurance Act); or
 - e) Assignee (if policy is assigned)

Do note that all signature(s) must be consistent with our records.

[^] Signatories must have attained the age of 18. Otherwise, the consent from a parent or legal guardian (other than the Assured) is required.

^{^^} If the policy is written under Section 73 of the CLPA, the cheque will be payable in the names of all the trustees/beneficiaries. As such, a joint account is required for cheque clearance if there is more than one trustee/beneficiary.