



Investment Transaction Service Form
For Global Savings/Investment Plans

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, nothing may be payable under the Policy.
- Please read the useful and important information on the next page before completing.

1) Fund Switch

(i) Funds to be redeemed/switched out	Fund Code		Percentage %
_____ (_____)	Fund		_____
_____ (_____)	Fund		_____
_____ (_____)	Fund		_____
_____ (_____)	Fund		_____
_____ (_____)	Fund		_____
(ii) Funds to be subscribed/switched into			Percentage %
_____ (_____)	Fund		_____
_____ (_____)	Fund		_____
_____ (_____)	Fund		_____
_____ (_____)	Fund		_____
_____ (_____)	Fund		_____
Total			100%

2) Premium Redirection for Future Renewal Premiums (For regular premium plans only)

Funds to be allocated	Fund Code		Percentage %
_____ (_____)	Fund		_____
_____ (_____)	Fund		_____
_____ (_____)	Fund		_____
_____ (_____)	Fund		_____
_____ (_____)	Fund		_____
Total			100%

3) Change of Regular Premium (For regular premium plans only)

Increase / Reduce* Premium Amount (in contract currency) from _____ to _____

* Please delete accordingly.

4) Apply for Premium Holiday (For regular premium plans only)

- Commence Premium Holiday
- Cease Premium Holiday



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Useful & Important Information

General

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. 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 sign according to the signature on the Application Form.

Fund Switch

1. Switching out is subject to the minimum switch per fund. There are 10 free switches per policy year. Subsequent switches will be charged accordingly to the policy contract provision.
2. Units will be sold and replaced based on the Bid price of the respective Funds on the next appropriate Fund Valuation Date following the date the Units are cancelled. Please note that the fund valuation date may vary with different fund houses.

Premium Redirection of Future Renewal Premium

1. Premium redirection will be effected from the next premium due date.

Change of Regular Premium

1. The increase in Regular Premium or Reduced Regular Premium must meet the minimum premium amount stated in the policy contract provision.
2. Unless specified in part (2), the current premium allocation of unit will remain unchanged.

Premium Holiday

1. Premium Holiday will commence on next premium due date.
2. For cessation of Premium Holiday, please submit payment of all outstanding Regular Premiums.

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. 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 Policyholder / Life to be Assured
Name :
Passport/ :
NRIC No.
Date :

Signature of Joint Policyholder / Joint Life to be Assured
Name :
Passport/ :
NRIC No.
Date :

Signature of Trustee/Assignee
Name :
Passport/ :
NRIC No.
Date :

Signature of Trustee
Name :
Passport/ :
NRIC No.
Date :