

APPLICATION FORM



IMPORTANT: Please attach the following documents to your application:

- Copy of Identity document and supporting documents.
Please visit www.aviva.com.sg for the list of acceptable documents required.
- Signed Cover Page, Policy Illustration, Product Summary, Bundled Product Disclosure (if applicable) and My Direct Purchase Products Checklist.

Backdated to (DD/MM/YY):

For Official Use Only

Contract No.:

WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP.142), YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

This policy is underwritten by Aviva Ltd and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.

Please complete in capital letters and tick boxes as appropriate.

SECTION A: PARTICULARS OF ASSURED/LIFE ASSURED

Full Name as shown in Identity Card/Passport: Salutation: Mr Mrs Mdm Miss Dr
 Family Name: Given Name:
 Gender: Male Female Marital Status: Single Married Widowed Divorced Others _____
 Identity Card/Passport No.: Race: Chinese Malay Indian Others _____
 Date of Birth (DD/MM/YY): Country of Birth: City & Country of Residence: Nationality: (Please list your nationalities)
 Singapore
 Contact No.: (HP) (O) (H) Email Address:
 (Please provide at least mobile number)

Residential Address Block/Street No.: Street Name:
 Unit No.: Building Name: Postal/Zip Code: Country:

Correspondence Address (if different from residential address): Block/Street No.: Street Name:
 Unit No.: Building Name: Postal/Zip Code: Country:

Language Proficiency: Proficient in spoken English Not proficient in spoken English Proficient in written English Not proficient in written English

What is your highest educational qualification?

No Formal Education PSLE GCE 'N'/'O' Level GCE 'A' Level/Diploma Degree/Professional

For existing policyholder with Aviva Ltd:
(Not applicable to MINDEF/MHA/POGIS)

If the correspondence address differs from our existing records, do you wish to update the correspondence address for all your life and health policy(ies)? Yes No

Employment Status: Employed Self-employed Unemployed Retired

Occupation: Exact Duties:

Name of Employer:

Address of Employer:

Nature of Business: Accounting/Finance Casino/Other types of gaming/gambling operations Consulting Engineering
 Executive/Management Government/Military Involved in production/distribution of military products
 Money Service Business Professional Services Research & Development Sales/Marketing/Advertising
 Others, please specify:

SECTION B: DECLARATION

1. Declaration of US Indicia

Do you have one or more United States of America (US) Indicia*? Yes No

*Indicia means Residency, Citizenship, Place of Birth, Taxpayer ID Number, Mailing or Residential Address or Contact Number.

If 'Yes', please complete the **United States of America (US) Person Declaration Form** (available at <http://www.aviva.com.sg/fatca.html>).

2. Declaration of Common Reporting Standard (CRS)

Tax regulations require us to collect certain information about each policyholder's tax status. Tax residency will usually be where you are liable to pay income taxes. Special circumstances may cause you to be a resident elsewhere or a resident in more than one country/jurisdiction at the same time (dual residency). We may be legally obliged to give the Inland Revenue Authority of Singapore (IRAS) this information, along with information relating to your accounts/policies, which may be shared between different countries' tax authorities.

If you have any questions on how to determine your tax residency status, please contact a professional tax adviser as we are not allowed to give tax advice.

Tick where applicable: CRS Declaration of Tax Residency (please note you can tick more than one)

I am a tax resident in Singapore. I am tax resident of other jurisdictions*.

*Please provide below the list of **all** countries in which you are a resident for tax purposes and the associated Tax Identification Numbers ("TINs").

ASSURED/LIFE ASSURED		
Country of Tax Residence	TIN	If TIN is not available, please select one of the reasons [^] below.

[^] Reasons why TIN is not available:

Reason A – The country does not issue TINs to its residents.

Reason B – Unable to obtain TIN or equivalent number.

Please provide explanation on reason which you are not able to obtain TIN or equivalent number:

Reason C – TIN is not required.

(Note: To be selected only if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction.)

For Entity and Controlling Persons, please complete the CRS Self-Certification Forms for Entity and Controlling Persons (available at <http://www.aviva.com.sg/CRS>).

3. Declaration of Beneficial Ownership

"Beneficial Owner" means the natural person who ultimately owns or controls a customer or the natural person on whose behalf a transaction is conducted or business relations are established and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

For the avoidance of doubt, completion of this section is not a nomination of beneficiary(ies) under the Policy.

Are there any beneficial owner(s) in relation to this policy? Yes No

If 'Yes', please provide details:

Name of Beneficial Owner (please complete CRS Self-Certification Forms available at http://www.aviva.com.sg/CRS)		NRIC/Passport number/FIN (a copy to be submitted together)	Related to	Relationship
Family Name	Given Name			
			<input type="checkbox"/> Assured <input type="checkbox"/> Joint Assured <input type="checkbox"/> Both	

If you wish to disclose more than 1 Beneficial Owner, please furnish name(s), identity number(s) and relationship(s) in the B90 – Additional Information to Application Form and enclose together with this application.

4. Declaration of Politically Exposed Person (PEP)

Are you or any immediate family member or Beneficial Owner previously or currently entrusted with prominent public functions* in Singapore or a foreign country; or a close associate** of one who is/was entrusted with prominent public functions in Singapore or a foreign country?

Yes No

* "Prominent public functions" includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

** "Close associate" means a natural person who is closely connected to a politically exposed person, either socially or professionally.

If 'Yes', please provide details:

Name of person previously or currently entrusted with prominent public functions:

Your relationship to the person listed above:

SECTION C: PLAN DETAILS

Please refer to the Policy Illustration for the Plan Details.

Basic Plan	Policy Term (years)/ Expiry Age	Premium Term	Sum Assured	Premium Payable
Total Premium Payable				

Supplementary Benefits	Policy Term (years)/ Expiry Age	Premium Term	Sum Assured	Premium Payable
Total Premium Payable				

SECTION D: PREMIUM PAYMENT DETAILS

Note:

- For payment by Interbank GIRO, please complete the attached Application for Interbank GIRO form.
- For payment by Credit Card, please complete the section on Visa/Mastercard Authorisation.

Contract Currency: **SGD**

Payment Frequency: Yearly Half-Yearly Quarterly Monthly *(For monthly frequency, minimum ONE month premium is required)*

Please tick ONE option for both initial and subsequent premium payments

Payment Method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Premium	Credit Card	Cash/Cheque	Cash/Cheque
Subsequent Premium	Interbank GIRO	Interbank GIRO	Cash/Cheque

VISA/MASTERCARD AUTHORISATION

I authorise Aviva Ltd to charge the initial premium(s) to my credit card account for this insurance policy.

Name of Cardholder *(as shown in Identity Card/Passport)*:

Identity Card/Passport No.:

Card Number:

Card Expiry Date (MM/YY):

Signature of Cardholder:

Visa Mastercard

Issuing Bank:

Relationship to Proposer (if different from Proposer):

SECTION E: SOURCE OF WEALTH/FUNDS

Source of Wealth *(Where your wealth is derived from)*

Employment/Trade Income Rental Income Investment Income

Others, please specify

Source of Funds *(Origin of the funds used to pay premiums)*

Employment/Trade Income Sales of property Savings Maturity or Surrender of Policy

Others, please specify

Name of Payer *(if you are not the Payer)*:

Identity Card/Passport No./Business Registration No./Unique Entity No.*:

Payer's Relationship to you:

Please provide reason for paying for this policy:

*Please provide a copy of Identity Card/Passport/Evidence of incorporation/ownership *(whichever applicable)*

SECTION F: GENERAL QUESTIONS

- What is the legal basis of your stay in the current country of residence? *(Please attach a copy of the document which shows the issue and expiry date)*

Citizen/Permanent Resident Work Visa or Permit Employment Pass Dependent Pass Others:

- What is your **annual fixed income** before tax (excluding fringe benefits such as allowance and commissions) and **annual expenses**?

	Currency	Amount
Annual Income		
Annual Expenses		

SECTION F: GENERAL QUESTIONS (continued)

3. Do you take part in or plan to participate in any of the following activities:
Scuba diving, skydiving or parachuting, mountain or rock climbing (excluding artificial wall climbing), private flying, motor sports or other extreme or hazardous activities?

Yes No

If **'Yes'**, please provide the activities:

For **scuba diving**, please complete the following:

a) Is this an one-off participation and no plan in future? Yes No

If **'No'**, please proceed with the following questions (b) to (d).

b) Is the usual depth involved more than 40 metres? Yes No

c) Do you dive alone and unaccompanied, or participate in cave or wreck diving or other more hazardous diving activities? Yes No

If **'Yes'**, please provide details.

d) Have you ever been involved in accident or sustained injury during your involvement in this activity? Yes No

If **'Yes'**, please provide details.

4. Do you have any **other application outside of Aviva** for Life, Critical Illness, Health or Disability insurance which are **pending** or being **contemplated** currently?

Yes No

If **'Yes'**, please provide details:

Name of Company: Currency:

Sum Assured: Type of Insurance:

5. Have you travelled in the past 12 months or do you plan to travel in the next 12 months outside your current country of residence for more than 14 days (other than Australia, Canada, European Union, New Zealand, USA, UK, South Korea, Hong Kong, Taiwan, Japan, Malaysia, China, India, Indonesia and Philippines)?

Yes No

If **'Yes'**, please provide details:

Last 12 months				
Dates of Stay	Country and City of Residence	Purpose of Travel (Business or Pleasure)	Frequency (Number of Trips Per year)	Duration of Each Stay
Next 12 months				
Dates of Stay	Country and City of Residence	Purpose of Travel (Business or Pleasure)	Frequency (Number of Trips Per year)	Duration of Each Stay

SECTION G: HEALTH QUESTIONS

1. What is your height and weight?

Height: metres Weight: kg

2. Have you **smoked** tobacco or cigarettes in the **last 12 months**? Yes No

If **'Yes'**, how many sticks per day? sticks per day

3. Do you drink alcohol? Yes No

If **'Yes'**, what is the average **total number** of standard alcoholic drinks you consume **per week**?

Average number per week

1 standard alcoholic drink equates to 330ml beer, 125ml glass of wine or 30ml nip of spirits.

4. Have you ever taken or used **addictive** or **illegal drugs**, or been **treated** for **drug addiction** or **alcoholism**? Yes No

If **'Yes'**, please provide details:

Substance Used	Date When Started Taking	Date When Ceased	Treatment

SECTION G: HEALTH QUESTIONS (continued)

5. Do you have a regular doctor? Yes No

If 'Yes', please provide details:

Name:

Address:

6. Have you **ever** experienced **symptoms** or received **medical advice** or had **treatment** for any of the following conditions (**whether diagnosed or not**)?

- a) Heart attack, chest pain or discomfort, irregular heart beat, heart valve disorder, heart murmur, palpitations or any other blood vessel or heart disease or disorder? Yes No
- b) High blood pressure or high cholesterol? Yes No
- c) Cancer, tumour, cyst, lump or growth of any kind including cancer screening tests that were not normal? Yes No
- d) Diabetes, elevated or raised blood sugar, thyroid disorders or any other endocrine disease or disorder? Yes No
- e) Asthma, bronchitis, pneumonia, tuberculosis, emphysema or any other breathing or lung disease or disorder? Yes No
- f) Depression, anxiety, stress or any other mental or nervous disorder? Yes No
- g) Arthritis, gout or any other disorder, pain or injury to the muscles, bones, tendons, limbs, joints, spine (back or neck)? Yes No
- h) Stroke, epilepsy, fits, paralysis or weakness of limb, head injury or any other neurological disease or disorder? Yes No
- i) Crohn's disease, ulcerative colitis, gastritis, stomach or duodenal ulcers, blood in stools or any other bowel, stomach or intestinal disease or disorder? Yes No
- j) Hepatitis B or C, fatty liver, abnormal or elevated liver function, gallstones or any other liver or gallbladder disease or disorder? Yes No
- k) Anaemia, thalassaemia, haemophilia or any other blood disease or disorder? Yes No
- l) Kidney stones, kidney infection, urine abnormalities or any other kidney, bladder, prostate or gynaecological disease or disorder? Yes No
- m) Eye, ear, nose or throat disease or disorder (excluding sight problems corrected by prescription lenses)? Yes No
- n) Any other illness, disorder, operation, physical disability or injury not mentioned above? Yes No

If you have answered 'Yes' to any of the above Question 6(a) to 6(n), please complete the following:

Name of Condition	Date of first symptoms or diagnosis	Have you made a full recovery with no further treatment, ongoing symptoms or complications?		Name and address of the doctor who you consulted
Question () Condition: <input type="text"/>	<input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more	<input type="checkbox"/> Yes How long has it been since your full recovery ? <input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more	<input type="checkbox"/> No What treatment or medication are you taking? <input type="text"/> <input type="text"/> <input type="text"/>	Name: <input type="text"/> Address: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Question () Condition: <input type="text"/>	<input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more	<input type="checkbox"/> Yes How long has it been since your full recovery ? <input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more	<input type="checkbox"/> No What treatment or medication are you taking? <input type="text"/> <input type="text"/> <input type="text"/>	Name: <input type="text"/> Address: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Question () Condition: <input type="text"/>	<input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more	<input type="checkbox"/> Yes How long has it been since your full recovery ? <input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more	<input type="checkbox"/> No What treatment or medication are you taking? <input type="text"/> <input type="text"/> <input type="text"/>	Name: <input type="text"/> Address: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION G: HEALTH QUESTIONS (continued)

7. **Other than conditions that you have already told us about**, in the **last 5 years** have you had any **abnormal medical test result** from medical test(s) such as X-ray, ultrasound, imaging scan, biopsy, electrocardiogram (ECG), HIV test, blood or urine test, prostate check, pap smear or mammogram?

Yes No

If **'Yes'**, please provide details:

Name of medical test	Date of initial test	Have you had a follow-up test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of follow-up test	Have you been prescribed treatment or been advised to have any further test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of the doctor who you consulted?
	<input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 3 to 5 years	If 'Yes' , what was the result? <input type="checkbox"/> normal <input type="checkbox"/> abnormal <input type="checkbox"/> don't know	<input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 3 to 5 years	If 'Yes' , please provide details <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Name: <input type="text"/> Address: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

8. **Other than for conditions that you have already told us about**, are you currently experiencing **symptoms** or **considering** seeking medical advice or treatment for your health other than minor illnesses such as cold or flu? Yes No

If **'Yes'**, please provide details:

What symptoms or condition?	Date of first symptoms	Date of any planned medical consultation
	<input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 year or more	
	<input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 year or more	

9. Has any of your natural parent or sibling been diagnosed with or died from any of the following **before age 60**:

- Cancers of the bowel, colon, breast or ovary Yes No
- Diabetes mellitus Yes No
- Cardiomyopathy, coronary artery disease, heart attack, ischaemic heart disease, stroke Yes No
- Multiple sclerosis, muscular dystrophy Yes No
- Alzheimer's disease, Huntington's disease, Parkinson's disease Yes No
- Polycystic kidney disease Yes No
- any other hereditary disease or disorder requiring regular consultation? Yes No

If **'Yes'**, please provide details:

Medical condition	Relationship	Age of diagnosis	Age of death (if applicable)

10. Have **you** or **your spouse** or partner been told to have, received any **medical advice, counselling** or **treatment** in connection with sexually transmitted diseases, AIDS, AIDS Related Complex or any other AIDS related condition? Yes No

If **'Yes'**, please provide details:

11. **Female Only:**

- a) Are you currently pregnant? Yes No
- b) Do you have, or does your doctor expect you to have any complications such as high blood pressure, abnormal blood sugar, gestational diabetes?
 Yes No

i) What condition?

ii) How many months pregnant are you? months

SECTION H: DECLARATION / REPLACEMENT OF EXISTING POLICY(IES)

1. Are you a first time buyer of Life Insurance with Aviva Ltd?

Yes No

2. Do you have any existing life insurance policy(ies) **outside of Aviva Ltd**?

Yes No

If **'Yes'**, please provide details:

Name of Company	Please complete the Sum Assured in contract currency					Year Issued
	Life	Total & Permanent Disability	Critical Illness	Disability Income	Others	

3. Is this application to replace or intended to replace any life insurance policy(ies) or unit trust(s), with Aviva Ltd or any other insurance company, bank, or financial adviser? Yes No

If **'Yes'**, please provide details:

Name of Company	Type of Policy	Sum Assured	Year Issued

Warning:

If you are switching/replacing your existing policy with this new application, please be informed that:

- You may incur transaction costs without gaining any real benefit from the switch/replacement.
- You may incur penalties for terminating the existing policies.
- You may not be insurable at standard terms.
- The switch/replacement policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at a higher cost.
- The switch/replacement policy may be less suitable and the terms and conditions may differ.
- There may be other options available besides switching/policy replacement.

You are advised to consult your present Financial Adviser Representative and consider the possible disadvantages of switching/policy replacement such as fees and charges and the changes in level of benefits before making a final decision.

SECTION I: PERSONAL DATA CONSENT

Let's stay in touch!

- I agree to be contacted by Aviva (and/or Aviva group of companies or their service providers) for special marketing offers, promotions and information about Aviva's products and services which may be of interest to me. I consent to the collection, use and disclosure of my personal data by Aviva and Aviva group of companies for the above purposes.

Please tick to provide your consent:

By Mail or E-Mail By SMS By Telephone Call

View your policy details anytime, anywhere. Register for MyAviva at www.aviva.com.sg/myaviva.

- I consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my personal data (whether contained in this form or obtained from other sources; existing data in Aviva's record or to be collected in future) for the following purposes:
 - to issue and administer my existing and/or new policy(ies) and/or account(s) with Aviva and such other purposes ancillary or related to the administering of the policy(ies) and/or account(s), including the processing of my personal data for underwriting purposes, payment of premiums (including, where applicable, the deduction of premiums due from the Medisave accounts of the proposed Lives Assured) and/or claims purposes;
 - for statistical, research, compliance, audit and regulatory purposes; and
 - to provide general information on product enhancements and services relevant to my needs or policies (including increasing benefits, adding riders/supplements and/or Lives Assured) as well as to provide financial advice or product recommendations to me, where applicable.
- I also consent to Aviva (and Aviva related group of companies) disclosing and transferring my personal data to Aviva related group of companies and their respective third party service providers, reinsurers, suppliers and intermediaries, whether located in Singapore or elsewhere, for the above purposes.
- For more information on Aviva's data protection policy and full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

SECTION J: E-DOCUMENTS

Let's work together to save the trees.

You will receive your policy, any endorsements and communications electronically after your insurance application is approved and policy is issued.

Please provide us with your mobile number and email address, and we will inform you when e-documents are ready for viewing online at www.aviva.com.sg/mydocuments. If e-documents are not available, you will receive printed documents. This will apply to all your individual life and health policies with Aviva.

Please tick here if you wish to continue to receive hard copies of your policy, any endorsements and communications. This will apply to all your individual life and health policies with Aviva.

SECTION K: ADDITIONAL DECLARATION

1. I confirm that I have received a copy of the Cover Page, Policy Illustration, Product Summary, Bundled Product Disclosure (if applicable) and Direct Purchase Product Factsheet and that I have read and understood their content.
2. I understand the plan's benefits and exclusions. I further acknowledge that I have received a copy of Your Guide to Life Insurance and Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage" (applicable if critical illness supplementary benefit is selected) or am aware that I can view or download a copy of Your Guide to Life Insurance and Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage" from www.aviva.com.sg and I have also read and understood the guide(s).
3. I am aware that if I decide that the policy is not suitable after my purchase, I may terminate the policy in accordance with the free-look provision, if any, and you may recover from me any expense incurred in underwriting the policy.
4. I understand that the insurance shall not take effect until this application is accepted, the full premium is received and the policy is issued by Aviva Ltd.
5. I declare that no material fact, that is, any fact likely to influence the assessment and acceptance of this application has been withheld and to the best of my knowledge and belief, the information furnished is true and complete. I agree to inform Aviva Ltd if there is any change in the state of my health or activities between the date of this application and the date the policy is issued by Aviva Ltd to me.
6. I agree that all medical examination reports done for the purpose of this application are properties of Aviva Ltd to be used solely for insurance purposes.
7. I declare that I have not been the subject of any proceedings of a criminal nature or have been notified of any potential proceedings or of any investigation which might lead to those proceedings, or have been convicted of a criminal offence, or is being subject to any pending proceedings which may lead to such a conviction, under any law in any jurisdiction.
8. I am aware that the product I am applying for is authorised for sale in Singapore and I acknowledge that I am responsible for ensuring that the laws and regulations applicable to my nationality and country of residence allow my purchase of this product. I understand that no liability can be accepted by Aviva Ltd for any legal consequences under the laws of any other country or any tax implications that may arise in connection with my purchase of this product. I am also responsible for my own tax affairs and hereby declare that I have not been convicted of any serious tax crimes.
9. I further declare that 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.
10. I authorise any medical source, insurance office or organisation to release to Aviva Ltd and similarly Aviva Ltd to release to any medical source, insurance office or organisation, to the extent permitted by law, relevant information concerning me at any time, regardless of whether the application is accepted by Aviva Ltd. A photographic or electronic copy of this authorisation shall be as valid as the original.
11. I acknowledge that I have verified my affordability and adequacy of insurance coverage, and I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.
12. I understand and agree that Aviva Ltd is entitled not to accept or process this application should a person connected with the relevant Policy be found to be a Prohibited Person. A Prohibited Person means a person or entity (including any director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my behalf, beneficiaries, or my beneficial owners or beneficiaries' beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting Aviva Ltd from providing insurance coverage, transaction business with or otherwise offering any economic benefits to me or any other beneficiaries or assignees under the relevant Policy. The decision of Aviva Ltd shall be final.
13. I further agree that in the event that Aviva Ltd becomes aware subsequently that a person connected with the relevant Policy has become a Prohibited Person, Aviva Ltd may block and/or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. As an ongoing obligation, I will immediately inform Aviva Ltd if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons. If an application is accepted or processed by Aviva Ltd despite a person connected with the relevant Policy being a Prohibited Person, Aviva Ltd shall be entitled to block/or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.
14. If I opt to receive my policy, endorsements and communications electronically ("**e-docs**"), I agree that:
 - (i) my e-docs will be made available in my MyAviva account; and
 - (ii) an e-doc is deemed to have been received by me upon my receipt of the SMS and/or email that it is accessible on MyAviva. The SMS or email will be sent to the last known mobile number and/or email address notified to Aviva.
15. If my policy, any endorsements or communications is mailed, I deemed to have received it 7 days from the date of posting to the last known address notified to Aviva.
16. I represent, warrant and undertake that:
 - (i) my mobile number, address and email address notified to Aviva is correct and complete;
 - (ii) I will notify Aviva immediately of any change to my mobile number, address or email address; and
 - (iii) I shall indemnify Aviva for any losses, damages or other consequences arising from or in connection with any incomplete or incorrect mobile number, address or email address.

SECTION K: ADDITIONAL DECLARATION (continued)

Application for Common Reporting Standard:

1. I/We declare and confirm the following:
 - (i) that the information provided for the purposes of CRS/tax regulation is correct and complete;
 - (ii) I/We will inform Aviva within 30 days of any change in circumstances which affect my tax residency status or cause the information contained herein to become incorrect or incomplete, and to provide Aviva a suitably updated self-certification and declaration within 90 days of such change in circumstances; and
 - (iii) I/We understand that the information that will be reported to the IRAS and any other tax authorities of another country is:
 - Name, address, jurisdiction of tax residence, Tax Identification Number (TIN) and date of birth.
 - My/Our account/policy number and that the account/policy with is with Aviva Ltd.
 - The balance or value of the account/policy at the end of the calendar year or at the date the contract it was closed.
 - The gross amount of interest, dividends, proceeds from sale or redemption or other amounts paid or credited to me/us or my/our account/policy during the calendar year.

Important Notes:

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 our customer service officer but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of your proposal, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

Your Signature (Assured/Life Assured) (For age next birthday 19 years & above)

Name:

Identity Card/Passport No.: Date (DD/MM/YY):

This section is to be completed if you are accompanied by a Trusted Individual* during the application process.

Signature of Trusted Individual

Name of Trusted Individual:

Relationship to You (Assured/Life Assured):

Identity Card/Passport No.: Date (DD/MM/YY):

*A Trusted Individual must be at least 18 years or older, is proficient in spoken or written English and possesses at least GCE 'O' or 'N' Level certifications, or equivalent academic qualifications



Important Notes:

1. Please provide all information to avoid unnecessary delay in the processing of the application.
2. Amendments made on this form must be countersigned by Account Holder. The use of correction tape/fluid is not allowed.
3. Please provide relationship if Account Holder is different from Policy Owner and submit the Account Holder's identification together with the application.
4. The approval process for the GIRO application will take approximately one month by bank.
5. For POSB/DBS Account Holders, you can apply for GIRO via iBanking. Go to Pay (Bills and Card) → Add GIRO Arrangement → Select Billing Organisation as *Aviva IND HEALTH INS* (for MyShield, MyHealthPlus) or *Aviva Ltd_Life 1* (for all other products).
6. Before you receive our notification on GIRO approval, please continue to pay your premium in the usual manner.

By completing this Application Form, I/We am instructing and authorising:

- a. Aviva to debit my/our bank account to pay for my policy/policies.
- b. The Bank to reject Aviva's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at Aviva's discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- c. This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through Aviva.

Personal Data Consent

I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva.

I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

Please complete this form and return original form to Aviva Ltd ("Aviva")

Date (dd/mm/yyyy):		Billing Organisation: Aviva Ltd	
Bank Name (please tick one bank below): <input type="checkbox"/> POSB/DBS <input type="checkbox"/> OCBC <input type="checkbox"/> UOB <input type="checkbox"/> Citibank <input type="checkbox"/> Maybank <input type="checkbox"/> RHB <input type="checkbox"/> HSBC (Corporate) <input type="checkbox"/> Standard Chartered <input type="checkbox"/> HSBC (Personal) <input type="checkbox"/> Others: _____		Signature(s) / Thumbprint(s) ^ (as in Bank's Record):	
Bank Account Number:		^For thumbprint, please go to any branch of your bank with identification for verification.	
Bank Account Holder's Name(s): Mr/ Mdm/ Ms/ Dr		Account Holder's NRIC(s):	Contact Number:
Policy Number(s)*	Policy Owner's NRIC No.	Relationship to Account Holder	

*Please write the Policy Number(s) which you wish to apply for GIRO using this bank account number only

For Aviva's Completion

SWIFT BIC DBSSSGGXXX	Aviva's Bank Account No. 0270007597	SWIFT BIC DBSSSGGXXX	Aviva's Bank Account No. 0039001886
Please use above SWIFT BIC for following reference no(s).		Please use above SWIFT BIC for following reference no(s).	

For Bank's Completion

To : Aviva Ltd

This Application(s) is hereby **REJECTED** (please tick) for the following reason(s):

- | | |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint# differs/irregular# from bank's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint# is incomplete/unclear# | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by Signature/Thumbprint# | <input type="checkbox"/> Others: _____ |

please delete where applicable

Name of Approving Officer

Authorised Signature

Date