

Change of Financial Adviser Representative ("FAR") (Individual Life/Health)



IMPORTANT:

Unless defined herein or the context otherwise requires, capitalised terms used in this form have the same meanings ascribed to them in the contract(s) of insurance entered into with Aviva Ltd (the "Policy" or "Policies"). Your request will only be processed when this completed original form is received, verified and processed by us. The validity period of your request is 30 days from the signed date. **Please use One (1) Application Form for One (1) Policyholder.**

In completing and submitting this form to Aviva Ltd ("Aviva"), the Policyholder(s) or Authorised Person (as the case may be) named herein is/are deemed to have applied for a change of FAR in respect of the Policy or Policies stated in Section 2 below, in the absence of any written instructions or notification to the contrary.

Once completed, please send this form to Aviva Ltd, attention to Distribution Operations, 4 Shenton Way, #01-01 SGX Centre 2, Singapore 068807.

SECTION 1: POLICYHOLDER DETAILS

Main Policyholder's Name/Company Authorised Name

Joint Policyholder's Name

NRIC/Passport No./Company Reg. No./Unique Entity No.

NRIC/Passport Number

Contact Number(s)

SECTION 2: POLICY(IES) TO BE EFFECTED BY CHANGE OF FAR

Please select only 1 of the following:

i) All Existing In-Force Life and/or Health Policy(ies)

ii) List of Existing In-Force Life and/or Health Policy(ies) (please specify):

SECTION 3: ACKNOWLEDGEMENT BY NEW FAR

I, (Name of NEW FAR) of NRIC/Passport No. (NRIC of NEW FAR)

hereby agree to be responsible for the above mentioned Policy(ies) mentioned in Section 2 of this form from the effective date of change.

Aviva Agent Code

Name of Financial Adviser Firm

Signature of FAR

Date (DD/MM/YY)

SECTION 4: REASON - CHANGE OF FAR

Please specify the reason(s) for the request to change FAR:

SECTION 5: DECLARATION AND SIGNATURE

I/We:

- have received, read and agreed to comply with and be bound by the Policy(ies) and any other terms and conditions that Aviva may issue from time to time, and acknowledge that this application/instruction is subject to the same;
- (in the case of individual subscriber(s)) confirm that I/we am/are not an undischarged bankrupt(s), have not committed any act of bankruptcy within the last 12 months and no bankruptcy order has been made against me/us during that period, and I/we am/are not subject to any order made under the Mental Disorders and Treatment Act (Cap. 178 of Singapore);
- (in the case of a corporate subscriber) confirm that we are not insolvent and that no order has been made nor a resolution has been passed for our winding up, judicial management or other similar action;
- represent that all information given to Aviva herein is true and correct;
- consent to the disclosure to or by Aviva of any information in relation to my/our Policy(ies) by or to any of its affiliates (including any medical professionals engaged by Aviva) or any person or entity required to facilitate the operation of the Policy(ies), and/or to comply with all applicable laws, regulations, notices and/or guidelines;
- acknowledge that Aviva may reject any of my/our instructions including, but not limited to, those that, in Aviva’s sole and absolute discretion, are deemed incomplete, unclear or ambiguous, or if my/our signature(s) differ(s) from what was originally provided as a specimen to Aviva, and Aviva will not be responsible for any losses that may be suffered by me/us due to such rejection of any of my/our instructions;
- agree that any communication from Aviva (including notices, confirmations and policy statements) may be sent to me/us via secured electronic mail or via such other methods as may be determined by Aviva from time to time at its sole and absolute discretion;
- agree that the processing of any transactions (including, but not limited to, transactions in relation to investment linked policies) accompanying this request for a change in Financial Adviser’s Representative may be deferred by Aviva, without any explanation or prior consent or notice, until such time when the request for change has been finally processed or rejected, as the case may be;
- 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;
- 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>.

Signature of Main Policyholder /
Company Authorised Signatory

/ /

Date (DD/MM/YY)

Signature of Joint Policyholder
(where applicable)

/ /

Date (DD/MM/YY)