



Investment-Linked Alteration Form

CUSTOMER KNOWLEDGE ASSESSMENT

Client's Name

NRIC/Passport Number

Contact Details

Home:

Mobile:

Office:

Policy Number

Email Address

Note: Mobile number and email address provided will replace our records accordingly.

It is important to find out if you have the knowledge or investment experience to understand the risks and features of unlisted "Specified Investment Products" (SIP) which include unit trusts or Investment-Linked Policy and/or Funds ("investment product"). This assessment is known as Customer Knowledge Assessment.

I understand that any inaccurate or incomplete information provided by me may affect the suitability of the recommendations made.

PART 1: KNOWLEDGE ACQUIRED

Educational Qualifications

1. Do you have a diploma or higher qualification in any of the following fields?

If yes, please indicate as applicable:

Yes No

- | | | |
|--|--|--|
| <input type="checkbox"/> Accountancy | <input type="checkbox"/> Actuarial Science | <input type="checkbox"/> Business / Business Admin |
| <input type="checkbox"/> Capital Markets | <input type="checkbox"/> Commerce | <input type="checkbox"/> Economics |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Financial Engineering | <input type="checkbox"/> Financial Planning |
| <input type="checkbox"/> Computational Finance | <input type="checkbox"/> Insurance | |

2. Do you possess any other professional finance-related qualifications?

(e.g. Chartered Financial Analyst Examination conducted by the CFA Institute, USA and the Association of Chartered Certified Accountants (ACCA) Qualifications)

Yes No

If yes, please specify:

Investment Experience

3. Have you made **at least 6 transactions** in the following unlisted "Specified Investment Products" in the **past 3 years**?

Please tick the type of investment traded*:

- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Collective Investment Schemes (CIS) (e.g. Unit Trusts) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Investment-Linked Policies (ILP) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* You may tick more than one box.

Work Experience

4. Do you have a minimum of **3 continuous years** of working experience* in the **preceding 10 years** involving the following fields?

Yes No

If yes, please indicate as applicable:

- Development/ Structuring/ Management/ Sale/ Trading/ Research/ Analysis of Investment Products
- Provision of training on Investment Products
- Accountancy, Actuarial Science, Treasury, Financial Risk Management and Legal work in financial areas

*Provision of general support functions in the above mentioned areas such as operations, HR, corporate services and IT is not considered as relevant experience.

PART 2: OUTCOME OF CKA (from Part 1)

Based on guidelines prescribed by the Monetary Authority of Singapore (MAS), if any of the above response is 'Yes', you are deemed to have the relevant investment knowledge.

I am assessed:

- TO HAVE** the relevant knowledge and/or experience to understand and purchase/transact in specified investment products.
- NOT TO HAVE** the relevant knowledge and/or experience to understand and purchase/transact in specified investment products.

PART 3: CLIENT ACKNOWLEDGEMENT OF CKA OUTCOME

I acknowledge that

- I have been given a clear explanation of the objectives for the Customer Knowledge Assessment (CKA);
- I have answered all the relevant questions to the best of my knowledge;
- I understand and agree with the outcome of the Client Knowledge Assessment.

Please **TICK** and **ACKNOWLEDGE** as appropriate:

PASS CKA

1. I understand that I have **PASSED** the CKA assessment and I **DO NOT WISH** to receive any advice offered by my Financial Adviser Representative. I understand that by choosing not to receive any advice, I will not be able to rely on section 27 of the Financial Advisers Act (FAA) to file a civil claim in the event of a loss.
2. I understand that I have **PASSED** the CKA assessment and **WISH** to receive advice offered to me by my Financial Adviser Representative.

Based on assessment of the suitability of the investment product, I have been advised that:

- The investment product/s that I intend to invest/transact in is/are **SUITABLE** for me, and I would like to **PROCEED** with the investment/transaction.
- The investment product/s that I intend to invest/transact in is/are **NOT SUITABLE** for me, and I would like to **PROCEED** with the investment/transaction.

DID NOT PASS CKA

3. I understand that I **DID NOT PASS** the CKA assessment and **WISH TO PROCEED** with my investment. I understand that I will need to receive advice from my Financial Adviser Representative, who will assess and advise me on the suitability of the investment product for my investment.

Based on assessment of the suitability of the investment product, I have been advised that:

- The investment product/s that I intend to invest/transact in is/are **SUITABLE** for me, and I would like to **PROCEED** with the investment/transaction.
- The investment product/s that I intend to invest/transact in is/are **NOT SUITABLE** for me, and I would like to **PROCEED** with the investment/transaction.

Signature of Assured/ Assignee/ Trustee	Date (DD/MM/YYYY)
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PART 4: FINANCIAL ADVISER REPRESENTATIVE'S ("FAR") ACKNOWLEDGEMENT

FAR Comments (If Applicable)

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Name of FAR:		FAR Code:	
Signature of FAR:		Date: (DD/MM/YYYY)	

PART 5: SECTION 27, FINANCIAL ADVISERS ACT - EXTRACT

Recommendations by licensed financial advisers

- 27.** — (1) No licensed financial adviser shall make a recommendation with respect to any investment product to a person who may reasonably be expected to rely on the recommendation if the licensee does not have a reasonable basis for making the recommendation to the person.
- (2) For the purposes of subsection (1), a licensed financial adviser does not have a reasonable basis for making a recommendation to a person unless —
- (a) he has, for the purposes of ascertaining that the recommendation is appropriate, having regard to the information possessed by him concerning the investment objectives, financial situation and particular needs of the person, given such consideration to, and conducted such investigation of, the subject-matter of the recommendation as is reasonable in all the circumstances; and
 - (b) the recommendation is based on the consideration and investigation referred to in paragraph (a).
- (3) Where —
- (a) a licensee, in making a recommendation to a person, contravenes subsection (1);
 - (b) the person, in reliance on the recommendation, does a particular act, or refrains from doing a particular act;
 - (c) it is reasonable, having regard to the recommendation and all other relevant circumstances, for the person to do that act, or to refrain from doing that act, as the case may be, in reliance on the recommendation; and
 - (d) the person suffers loss or damage as a result of doing that act, or refraining from doing that act, as the case may be,
- then, without prejudice to any other remedy available to that person, the licensed financial adviser is liable to pay damages to that person in respect of that loss or damage.
- (4) In this section, a reference to the making of a recommendation is a reference to the making of a recommendation expressly or by implication.
- (5) This section shall not apply to any licensed financial adviser or class of licensed financial advisers in such circumstances or under such conditions as may be prescribed.

[2/2005]
[SF Bill, Clause 121]

Note: If you did not pass the CKA assessment and the investment product is assessed as unsuitable for your investment/transaction, approval is required from members of the senior management of the company before the investment can be executed. The company management will have to contact you for verification. Kindly provide us with your contact number.

Investment-Linked Alteration Form

Policy Number:

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 facts which you know or ought to know, otherwise the insurance effected may be void. 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 licensed Financial Adviser Representative but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Please read the useful and important information on the last page before completing.

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)

Note: Please note that we will deduct the required premium(s) from your designated bank/credit card account if the current payment method of your policy is via GIRO/credit card. If you do not have an existing GIRO/credit card arrangement with us, please pay via cheque.

Single Premium Top-up: \$ _____ (Cash/ Cheque/ CPF/ SRS/ ASPF#)
(Minimum amount = \$1,000 and must be in multiples of \$10)

Top-up Premium Direction (Name of Fund)	Amount in \$ or %

Policyowner/ Trustee(s)/ Assignee's Acknowledgement
(This portion needs to be filled up for increase in Sum Assured/ Premium and Single Premium Top Up)
Please tick (✓) accordingly:

Were you advised by your Financial Adviser Representative (FAR) to effect any of the alterations above?

Note: You are advised to seek advice from your FAR before effecting any alteration.

- Yes. I/We have received advice and the basis of recommendation is indicated in the Fact Find Form.
- No. I/We do not wish to receive advice from my/our FAR and I/we have made my/our own decision. I/We take full responsibility that the increase in regular premium is suitable for my/our financial needs and insurance objectives. I am/We are aware that I am/we are not able to rely on section 27 of the Financial Advisors Act (Cap 110) to file a civil claim against Aviva Ltd.

General Questions		Life Assured		Joint Life Assured		Details
		Yes	No	Yes	No	
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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Please state your current occupation and exact nature of work.					
Medical Questions		Details				
1.	What is the name and address of your regular doctor?					
2.	When did you last consult a doctor and for what reason?					
3.	a. Please state your height and weight	Life Assured		Joint Life Assured/ Assured		
		Height <input type="text"/>	m	Weight <input type="text"/>	kg	
		Height <input type="text"/>	m	Weight <input type="text"/>	kg	
		Life Assured		Joint Life Assured		Details
		Yes	No	Yes	No	
	b. Have you ever had unexplained weight loss since the commencement of the Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Are you currently taking medication or considering seeking medical advice from a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Have you smoked cigarettes in the past 12 months? If 'Yes', please state for how many years and how many sticks per day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		No. of years		No. of sticks per day		
		<input type="text"/>		<input type="text"/>		
		<input type="text"/>		<input type="text"/>		

Medical Questions (Continued)		Life Assured		Joint Life Assured		Details
		Yes	No	Yes	No	
9.	Do you take alcohol? If 'Yes', please state type and the average daily consumption.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Type	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Quantity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10.	Have you ever taken addictive drugs/narcotics or been treated for alcoholism or drug addiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	<u>For Female Only</u> 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"/>	<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"/>	<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"/>	<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 gynecological 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e. Are you now pregnant? If 'Yes', please state the number of month(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of months: _____
	f. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	<u>For Child Only</u> Was the child born prematurely or been diagnosed to have any congenital disorder or birth defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	<u>For Male Only</u> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Declaration						
<p>I/We understand that the insurance shall not take effect until this application is accepted, the full premium is received and the endorsement is issued by Aviva Ltd.</p> <p>I/We 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/our knowledge and belief, the information furnished is true and complete. I/We agree to inform Aviva Ltd if there is any change in the state of my/our and/or any life assured's health or activities between the date of this application and the date the benefit(s) is issued by Aviva Ltd to me/us.</p> <p>I/We 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.</p> <p>I/We 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/us and/or any life assured 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.</p>						

Declaration (Continued)

I/We understand that any payment made at the time of signing this application or thereafter shall be held as a deposit placed with the Company until acceptance of this application by the Company, subject to the terms and conditions contained in the receipt issued in respect of the said payment. I/We agree to pay to the Company the medical fees incurred in assessing the risk under this application (if any) should I/we decide not to accept at the standard rates or revised terms offered by the Company. Should the Company decline the application, then I/we shall be entitled to a full refund of the amount tendered for this application. I/We further understand that the assurance granted shall be subject to the conditions in and endorsed on the Policy issued.

I am/We are aware that insurance is a long term commitment and I am/we are aware that I/we can seek advice from a licensed Financial Adviser Representative before I/we sign this application. Should I/we choose not to, I/we take sole responsibility to ensure that this application is appropriate to meet my/our financial needs and insurance objectives.

I/We 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/us. I/We 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 instruction or for any loss arising from the non-receipt of such instructions.

I/We acknowledge that the Company may reject any of my/our instructions including, but not limited to, those that, in the Company'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 the Company, and the Company will not be responsible for any losses that may be incurred by me/us due to such rejection of any of my/our instructions.

I/We further declared that I am/we are not an undischarged bankrupt and that I/we 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/us during that period.

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/policies, 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>.

Signature of Main Life Assured ► For age next birthday 17 years and above ► Your signature must be consistent with our record	Signature of Assured / Joint Life Assured ► Your signature must be consistent with our record	Signature of Assignee / Trustee(s)* ► Your signature must be consistent with our record	Date ► DD/MM/YYYY
Name ► As in NRIC / Passport	Name ► As in NRIC / Passport	Name ► As in NRIC / Passport	
NRIC / Passport number	NRIC / Passport number	NRIC / Passport number	
Mobile number	Mobile number	Mobile number	
Email address	Email address	Email address	

Note:

- *Signature of Trustee(s)/Assignee are required for policies under Trust/Assignment.
- Mobile number and email address provided will replace our records accordingly.
- Both the Assured and Life Assured above the age of 16 are to sign on this Application.
- The Assured will declare on behalf of the Life Assured below the age of 16.

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 document if required). It will not be effective until application has been accepted in writing by Aviva Ltd.
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. Please ensure the correct signatories[^] sign on the Investment-Linked Alteration 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. 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.