

Application Form for Annuity Plan



Particulars of Adviser

Name
Source Code
Name of Firm

For Official Use Only

Contract No.
Client 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.
Please complete in capital letters and tick boxes as appropriate.

A) PARTICULARS OF ANNUITANT (ASSURED)

Full Name as shown on NRIC/Passport Email Address
Salutation Mr Mrs Mdm Miss Dr Contact No. (H) (O) (HP)
Surname Nationality NRIC/Passport* No.
Given Name
Gender Male Female Please submit a copy of NRIC/Passport. If address is not available in the NRIC/Passport, please also submit a copy of phone, utility, tax bill or any documents issued by a local government.
Marital Status Single Married Widowed Divorced Date of Birth (DD/MM/YY) Age Next Birthday
Residential Address Employment Status Employed Unemployed Self-employed
 Name & Address of Employer
 Postal Code
For existing policyholder with Aviva Ltd: If your residential address differs from our records, do you wish to update the above address in all your other policy(ies)? Yes No Position Held
Exact Nature of Duties Involved

B) DECLARATION OF BENEFICIAL OWNERSHIP

If there is any Beneficial Owner(s) in relation to the policy, we are required by regulation to request the details of such Beneficial Owner(s). Please provide the details such as Name and Identity Card/Passport No. of the Beneficial Owner(s) and your personal relationship(s) with them and submit a copy of their Identity Card/Passport to us.

Please provide relevant details here:

"Beneficial Owner" as defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism means the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporate.

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

C) DETAILS OF ANNUITY PLAN APPLIED FOR

ANNUITY TYPE: Please tick (✓) one box only

- Retirees' Plan (using CPF Minimum Sum)
 Retirees' Plan (using cash)
 Retirees' Plan (using SRS)
 Retirees' Plan Plus (using CPF funds in excess of CPF Minimum Sum)
(Please complete the Application for withdrawal under Central Provident Fund (Minimum Sum Scheme) regulations.)
 Others (please specify)

Purchase Price S\$
Annuity Amount S\$ per month
Payment Type Deferred to age 65
 Others (Please specify)
SRS Operator
SRS Account No.

D) ACCRUED INTEREST SETTLEMENT

Please fill in the section below if annuitant is applying for Retirees' Plan using CPF minimum sum scheme

- Please refund the accrued interest (if any) to me.
 Please include the accrued interest (if any) into the purchase price amount and adjust the monthly annuity payment accordingly.

Accrued Interest = Interest CPF Minimum Sum earns from last retirement Account Statement to the date fund is transferred to Aviva Ltd.

E) DECLARATION ON REPLACEMENT OF EXISTING POLICY(IES)

1. Do you, the Policy Owner, have any existing life insurance policy(ies)? If 'Yes', please state the name of insurer, sum assured, year issued and type of policy(ies) on the space provided. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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? If 'Yes', please state the name of insurer, sum assured, year issued and type of policy(ies) on the space provided. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Warning:

If you are replacing your existing life insurance policy with this new application, some of the disadvantages of replacing your existing plan may be:

- i) you may not be insurable on standard terms
- ii) you may have to pay a different premium in view of older age
- iii) you may lose the financial benefit accumulated over the years
- iv) the terms and conditions may be different

If you are replacing your existing investment-linked insurance policy or unit trust with this application, you should find out whether you are entitled to free switching within your existing plan, as some of

the disadvantages may be:

- i) you may incur transaction costs without gaining any real benefit
- ii) the new 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
- iii) you may incur penalties for terminating the policy
- iv) the new policy may be less suitable for you

In your own interest, we would advise that you consult your present financial adviser before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest.

F) PARTICULARS OF ANNUITANT'S BANK ACCOUNT (Not applicable to Retirees' Plan using SRS)

Please fill in your Personal Banking Account particulars so that the annuity payments can be made to your bank account directly. Please note that annuity payments for Retirees' Plan using SRS will be credited back to your SRS account accordingly.

Name of Account Holder	_____
Type of Account	_____
Name of Bank	_____
Bank Branch	_____
Bank Account Number	_____

Your annuity payments will be credited to the above account as given. Please inform Aviva Ltd immediately in the event of a change of any of the above particular.

G) DECLARATION

I declare that I have been given a copy of the Benefit Illustration, Product Summary, Fact Find, Your Guide to Life Insurance and Your Guide to Health Insurance (if applicable) and that the contents of these documents have been explained to my satisfaction.

I declare that no material fact, 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 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 full insurance coverage is provided by Aviva Ltd to me.

I agree and authorise Aviva Ltd to disclose any information relating to the details and status of my policy(ies) to any third party insurer, whether required by law or otherwise. 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.

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 that 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.

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

_____	_____
Signature of Annuitant	Date

_____	_____	_____	_____
Signature of Witness	Name	NRIC No.	Date



ADVISER'S CONFIDENTIAL REPORT

Name of the Assured	<input style="width: 95%;" type="text"/>	NRIC / Passport No.	<input style="width: 95%;" type="text"/>
Name of the Life Assured <i>(if other than the Assured)</i>	<input style="width: 95%;" type="text"/>	NRIC / Passport / BC No.	<input style="width: 95%;" type="text"/>

A) INFORMATION OF THE ASSURED / LIFE ASSURED

	Yes / No*	Details
1. Does the Assured / Life Assured look ill in any way or appear to have any physical defect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you aware that at any time, the Assured has been sued, declared bankrupt, assaulted, in serious conflict with anybody or has any criminal record?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. (a) What do you estimate the Assured's ANNUAL INCOME to be?	<input type="checkbox"/> below \$10,000 <input type="checkbox"/> up to \$15,000 <input type="checkbox"/> up to \$30,000 <input type="checkbox"/> up to \$50,000 <input type="checkbox"/> up to \$75,000 <input type="checkbox"/> above \$75,000	
(b) What do you estimate the Assured's Net Worth to be?	<input type="checkbox"/> below \$100,000 <input type="checkbox"/> up to \$250,000 <input type="checkbox"/> up to \$500,000 <input type="checkbox"/> up to \$750,000 <input type="checkbox"/> above \$1,000,000	
(c) Is the financial position of the Assured / Life Assured such as to warrant his/her applying for a policy of the amount proposed? If no, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(d) For premium that are not paid by the Assured, please state the payor / cheque drawer / account holder's name, NRIC, relationship between the payor / cheque drawer / account holder and the Assured, reason(s) for making the payment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. For premium above \$20,000, please state the source of premium. For e.g., past savings, bonuses, business profits, gratuities, retrenchment / retirement benefits, CPF withdrawals, inheritances, being a beneficiary of the death / disability compensations, proceeds / profits from sale of property, windfall, etc.		
5. Are you related to the Assured by blood or marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Does the correspondence address stated in the application form belong to the Assured? If no, who does the correspondence address belong to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

B) UNEMPLOYED INDIVIDUALS (WHERE THE ASSURED / LIFE ASSURED IS UNEMPLOYED)

1. For the unemployed, housewives, retirees, students and those with short working history, please provide more information, such as, the original source of wealth, source of funds, previous employment and who they depend on for support.	
2. How much is the person(s) insured for?	

INSURANCE ADVISER'S DECLARATION ON REPLACEMENT OF POLICY

I hereby declare that this application IS IS NOT* intended to replace an existing policy.

INSURANCE ADVISER'S DECLARATION

I hereby certify that I have personally seen the Assured / Life Assured and explained the terms of the Insurance Plan to the Assured and I have not given any statement to the Assured contrary to the provisions as contained in the company's standard policy.

I declare that all the answers provided to me by the Assured / Life Assured are declared in the application. I have not withheld any other information which may influence the acceptance of this application by the company.

I have sighted the customer's original copy of NRIC / Passport and taken a copy. I undertake to provide a copy of NRIC / Passport when required.

Adviser's Signature	<input style="width: 95%;" type="text"/>	
Adviser's Name	<input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>
Tel. No. <input style="width: 20%;" type="text"/> (O) <input style="width: 20%;" type="text"/> (HP)	Source Code	<input style="width: 95%;" type="text"/>

* Please tick accordingly