

Application Form for WellSense



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 APPLICANT

Full Name as shown on NRIC/Passport

Salutation Mr Mrs Mdm Miss Dr

Surname

Given Name

Sex Male Female

Marital Status Single Married Widowed Divorced

Residential Address

Postal Code

Email Address

Contact No. (H) (O) (HP)

Nationality NRIC/Passport* No.
(Please submit a copy of NRIC/Passport)

Date of Birth (DD/MM/YY) Age Next Birthday

Employment Status Employed Unemployed Self-employed

Name & Address of Employer

Position Held

Exact Nature of Duties Involved

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

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) CHOICE OF COVERAGE

Monthly Premium[#] at Age Next Birthday

Coverage	18-29 years		30-39 years		40-49 years		50-59 years		60-65 years	
	M	F	M	F	M	F	M	F	M	F
S\$50,000	<input type="checkbox"/> S\$18	<input type="checkbox"/> S\$20	<input type="checkbox"/> S\$22	<input type="checkbox"/> S\$26	<input type="checkbox"/> S\$36	<input type="checkbox"/> S\$58	<input type="checkbox"/> S\$76	<input type="checkbox"/> S\$92	<input type="checkbox"/> S\$146	<input type="checkbox"/> S\$114
S\$100,000	<input type="checkbox"/> S\$22	<input type="checkbox"/> S\$24	<input type="checkbox"/> S\$28	<input type="checkbox"/> S\$34	<input type="checkbox"/> S\$58	<input type="checkbox"/> S\$86	<input type="checkbox"/> S\$134	<input type="checkbox"/> S\$146	<input type="checkbox"/> S\$274	<input type="checkbox"/> S\$188
S\$150,000	<input type="checkbox"/> S\$28	<input type="checkbox"/> S\$30	<input type="checkbox"/> S\$36	<input type="checkbox"/> S\$46	<input type="checkbox"/> S\$80	<input type="checkbox"/> S\$116	<input type="checkbox"/> S\$194	<input type="checkbox"/> S\$202	<input type="checkbox"/> S\$398	<input type="checkbox"/> S\$268

[#] Premiums will increase accordingly as the applicant enters into each age band.

* Please delete accordingly

D) CHOICE OF PAYMENT

Interbank GIRO
(Please complete attached GIRO form. Please note that the initial premium collection is 2 months and subsequent collections are monthly.)

Visa / Mastercard#

Visa / Mastercard Authorisation

I authorise Aviva Ltd to charge the initial premium of 2 months and subsequent monthly premiums due to my credit card account. The authorisation is to remain in effect until I cancel it by written notification to Aviva Ltd at least 30 days in advance of the intended date of cancellation.

Name of Cardholder Visa Mastercard
 Card No. Bank Expiry Date
 Cardholder Security Value (CSV) No. Signature Date
(last 3-digit number at the back of your credit card)

E) HEALTH DECLARATION

Please answer all the following questions by ticking the 'Yes' or 'No' boxes accordingly.

Height: _____ m	Weight: _____ kg	
1. (a) Have you been admitted to any hospital for an accident, injury, surgery or undergone any diagnostic tests such as ultrasound, CT Scan, biopsy, etc (If 'Yes', state reason and results)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Are you currently receiving medical treatment or consultation (other than minor ailments like common cold, flu, etc) or considering seeking medical advice from a doctor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had or been told to have or been treated for cancer, tumour, growth, lump, cyst, diabetes, fits, asthma, raised cholesterol, hypertension, heart attack, hepatitis, lupus, thyroid disorder, mental disorder, stroke, and/or any other diseases or disorders of the heart, the blood, the liver, the respiratory system, the nervous system, the eye, ear, nose or throat, the gastrointestinal system, HIV infection, sexually transmitted disease or any other illness/physical deformity/symptom not listed above?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a history of cancer, heart attack/disease, stroke, hypertension, diabetes or kidney disease in your family (parents or siblings) which first occurred before age 60.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been accepted at other than normal terms or rejected for any life, accident, critical illness or health insurance policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you participate in any hazardous pursuits (such as diving, climbing, aerial activity) or any form of aviation other than as a regular fare-paying passenger?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If your answer is 'Yes' to any of the questions above, please provide as many details as possible (including actual conditions, details of diagnosis, last treatment) to help us assess your application fully.		

F) DECLARATION ON REPLACEMENT OF EXISTING POLICY(IES)

1. Do you 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.

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 Applicant

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: 20%;" type="text"/>

* Please tick accordingly

APPLICATION FORM FOR INTERBANK GIRO

Please mail completed form to: **Aviva Ltd**, 4 Shenton Way #01-01 SGX Centre 2, Singapore 068807

PART 1: FOR APPLICANT'S COMPLETION

Date (dd/mm/yyyy): _____	Name of Billing Organisation ("BO"): Aviva Ltd																				
To: Name of Financial Institution: _____	Name of Policyowner: _____																				
Branch: _____	Life Insurance Policy Number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
<p>(a) I/We hereby instruct you to process the BO's instruction to debit my/our account.</p> <p>(b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose the charges accordingly.</p> <p>(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 the BO.</p>																					
My/Our Name(s): _____	My/Our NRIC Number(s): _____																				
Mr/Mdm/Ms/Dr: _____	_____																				
Mr/Mdm/Ms/Dr: _____	_____																				
My/Our Account Number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					My/Our Contact Number(s): _____
My/Our Signature(s)/Thumbprint(s)*: _____	Office Tel No.: _____																				
_____	Home Tel No.: _____																				
* If your account is operated by thumbprint, please go to your bank for identification.																					

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank 7171	Branch 027	Billing Organisation's Account Number 0270007597	Billing Organisation's Customer Reference Number: _____																																																
Bank	Branch	Account Number to be Debited	Life Insurance Policy Number:																																																
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PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation		
This Application is hereby rejected for the following reason(s) (please tick):		#Please delete where applicable
<input type="checkbox"/> Signature / Thumbprint# differs from Financial Institution'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 _____	
_____	_____	_____
Name of Approving Officer	Authorised Signature	Date

PAYMENT THROUGH INTERBANK GIRO

- When completing the application form, please provide all relevant information in full to avoid unnecessary delay in the processing of your application.
- Upon receipt of your application form, we will send it to your bank for verification.
- When your GIRO application has been approved, we will inform you of the commencement date of the premium deduction in writing. Before you receive our notification, please continue to pay your premiums in the usual manner.

ADDITIONAL INFORMATION ON GIRO PAYMENT

- If your premium is due between 1st and 14th of the month, your account will be debited on the 12th of the same month.
- If the premium deduction is unsuccessful on the 12th, we will make another attempt on the 27th of the same month. However, if the second attempt still fail, the GIRO service will be temporarily deactivated and the policy will subject to the "General Provisions" of the policy upon expiry of the grace period.
- If your premium is due between 15th and end of the month, your account will be debited on the 27th of the same month.
- If the premium deduction is unsuccessful on the 27th, we will make another attempt on the 12th of the following month. However, if the second attempt still fail, the GIRO service will be temporarily deactivated and the policy will subject to the "General Provisions" of the policy upon expiry of the grace period.
- If the deduction date falls on weekend or Public Holiday, the deduction shall take place on the next working day.
- Please note that for every unsuccessful debit due to "insufficient fund", your bank may impose a service charge of S\$5.00 or more.