

AIA SINGAPORE SURRENDER / WITHDRAWAL - PLATINUM LEGACY SERIES

Particulars of Insured and Policy Owner/Trustee/Assignee					
Nan	ne of Insured	N	IRIC/Passport/FIN No.		
Name of Policy Owner/Trustee/Assignee			IRIC/Passport/FIN/Entity Registration No.		
Name of Trustee (if any)			IRIC/Passport/FIN No.		
Pol	icy Number	_			
A. What You Should Know About Early Surrender Of Your Insurance Policy					
IMPORTANT NOTICE					
	What you should know about early surrender of your	Insura	nce Policy		
1.	An insurance policy is intended to meet your long-term financial needs. The surrender a policy before its maturity date. Some disadvantages are:	efore, i	t may be disadvantageous for you to		
	 You are losing valuable benefits from the policy: You are losing the insurance protection offered by your policy; You may not be able to achieve your intended financial objective; This may result in losing the financial benefit accumulated over the years. 				
	 It may not be possible for you to obtain a similar level of protection on the same You may not be insurable on standard terms; You may have to pay a higher premium in view of higher age; Surrendering your insurance policy for another policy could result in higher due to changes in age or health. 				
2.	Additional Charges/Fees If you surrender your policy and then buy a new policy or other investment proinclude:	oduct yo	ou will incur new charges. These may		
	<u>Distribution Fee</u> Commission is paid to Agents/Financial Advisers on all new insurance policies	/ investi	ment products.		
	 <u>Policy Fee</u> A policy fee is usually incurred for each policy. 				
3.	Other Options If your policy has acquired a cash value, you may choose to: • Apply for a cash loan to meet short term financial needs.				
4.	Seek Advice From Your Financial Services Consultant (FSC)/Insurance Represe Therefore, it is important to seek advice from your FSC/IR before early surrender on your options other than withdrawing the policy, explain the implications of each recommendations to you, taking into account your investment objectives, financial	of your option	policy. Your FSC/IR can advise you and provide appropriate		
B. Policy Owner/Trustee/Assignee's Acknowledgement					
Were you advised by a AIA Financial Services Consultant (FSC)/Insurance Representative (IR) to withdraw this policy?					
]	Yes (If "yes", FSC/IR to complete Section C "FSC's/IR's ACKNOWLEDG No	EMENT	".)		
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(06/2014 12/2014 06/2015)



additional charges and I may not be able to secure similar terms and conditions.

C. FSC/Insurance Representative's Acknowledgement
I have explained to the above Policy Owner/Trustee/Assignee the alternative options available and the implications of early
surrender of this insurance policy. I have recommended the surrender of this policy for the following reasons:
Signature of FSC/IR
Date
D. Full Surrender Request (Full Withdrawal)
I/We hereby request for full withdrawal of the Cash Surrender Value based on the terms and conditions as set out in the
PARTIAL WITHDRAWAL AND SURRENDER PROVISIONS in the policy contract, in full discharge of the AIA Singapore's
liability under the policy. (Note: Please also complete Section F)
industry and a no policy. (Note: 1 loads and somplete seedis.)
I/We, the Policyowner/Trustee(s)/Assignee(s) of the above policy hereby agree and accept that AIA Singapore Private Limited
(AIA Singapore) shall be fully and completely discharged of any liability under this policy, upon the payment of the surrender
proceeds less any amount(s) owing to AIA Singapore.
I/We declare that this policy has not been assigned to any person(s) other than the assignee(s) named above. I am/we are no
undischarged bankrupt and to my/our knowledge, there are no current, pending or threatened bankruptcy proceedings agains
me/us.
Please tick one of the boxes below:
I/We hereby return the original policy contract for cancellation.
I/We hereby declare that the original policy contract have been lost/misplaced and cannot be found and I/we request
AIA Singapore to pay the amounts due under the policy without the physical surrender of the original policy contract.
I/We will not hold AIA Singapore liable and shall jointly and severally indemnify, defend and hold harmless AIA
Singapore from and against any and all liabilities, losses, demands, claims, costs and expenses arising out of or in
connection with the said policies that AIA Singapore may incur by paying the amounts due under the policies without receiving the original policy contract.
E. Partial Withdrawal Request
— 100/s would like to assume the most of with decouple for a citizen subject to assume the A10 City and
I/We would like to request for partial withdrawal of my policy, subject to approval of AIA Singapore. (Note: Please also complete Section F)
(Note: 1 lease also complete Section 1)
Amount to be withdrawn
Amount to be withdrawn
F. Method of Payout
Pay me faster!
Please direct credit to my/our designated bank account – Only applicable for policies in Singapore Dollars
(Please submit a copy of your Bank passbook/statement bearing the following information: Name of Bank, Bank Branch
(Please submit a copy of your Bank passbook/statement bearing the following information: Name of Bank, Bank Branch
(Please submit a copy of your Bank passbook/statement bearing the following information: Name of Bank, Bank Branch Name of Bank Account Holder(s) and Bank Account No.)
(Please submit a copy of your Bank passbook/statement bearing the following information: Name of Bank, Bank Branch Name of Bank Account Holder(s) and Bank Account No.)

Decl	aration on U.S. Person Status		
	I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that AIA Singapore, believing this statement to be true, will rely on it and act on it. In the event this statement is false, AIA Singapore reserves the right and shall be entitled to cancel or terminate this Policy/Policies and pay reasonable compensation to me/us in consideration of such cancellation or termination as may be required under Singapore laws.		
	I/We agree to notify AIA Singapore within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify AIA Singapore in respect of any false or misleading information regarding my/our "U.S. person" status for U.S. federal income tax purposes.		
	I/We hereby declare and agree that I am/we are a "U.S. person" for U.S. federal income tax purposes.		
	I/We agree to notify AIA Singapore within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify AIA Singapore in respect of any false or misleading information regarding my/our "U.S. person" status for U.S. federal income tax purposes.		
	Note: Please submit W-9 form to us.		
Decl	laration and Authorisation		
2. Ith that a second and a second a second and a second a	I have read and understood PART A and confirm the withdrawal request as stated in PART D and E for my policy. I understand and agree that the full surrender of the policy shall take effect as of the date of this form. Thereafter, the liability of the AIA Singapore in connection with the policy is as of the date of this form, limited to its Cash Surrender Value, if any, and upon payment, shall be completely discharged. I understand and agree that my application is subject to the terms and conditions as stated in the policy contract. I understand and agree that for partial withdrawal/surrender of the policy, a Partial Withdrawal/Surrender Charge may be levied on the policy via a deduction from the Accumulated Value as per the policy contract. This charge is calculated by multiplying the reduction in Current Insured Amount by the factors listed in the policy contract. I confirm that, this policy has not been assigned, except as indicated below by the signature of the assignee, if any, nor have any proceedings in bankruptcy been instituted by or against me. I understand and agree that the application of the Contracts (Rights of Third Parties) Act (Cap.53B) and any subsequent revision or replacement thereof is expressly excluded insofar as my policy is concerned		
Signa	ature of Policyowner/Trustee/Assignee Signature of Trustee (if any)		
Date	Date		

FSC/IR's Code

FSC/IR Unit Name



FSC/IR's Name

Mobile No.

