



# APPLICATION FORM

**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. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.**

**IMPORTANT:** Please attach the following documents to your application:

- Copy of Identity Card or Passport (for non-Singaporeans)
- If address is not available in the Identity Card/Passport, copy of a fixed line telephone, utility, tax bill or any documents issued by a local government body.

**Particulars of Financial Adviser Representative**

Name:

Source Code:

Name of Firm:

Contact No.:  (HP)  (O)

Email Address:

**Select the plan(s) applied for:**

MyLongTermCare:

MyLongTermCare Plus:

**For Official Use Only**  
Contract No.:

**For Financial Adviser Representative Use Only**

Backdated to (DD/MM/YYYY):  Referral ID:

We wish to highlight that the maximum withdrawal limit for ElderShield/CareShield Life Supplement plans' MediSave deduction is S\$600 per Life Assured per calendar year only. In the event that the policy is backdated (eg: due to age factor), 2 deductions of premium in the same calendar year may be required. As a result, the total premiums deducted for the same calendar year may exceed the maximum withdrawal limit of S\$600. If the premium for the 2<sup>nd</sup> year exceeds the maximum withdrawal limit, the premium amount in excess has to be paid in cash/cheque.

Please complete in capital letters and tick boxes as appropriate.

**SECTION A: PARTICULARS OF PROPOSER (LIFE ASSURED UNDER THE POLICY)**

**Full Name as shown in Identity Card/Passport:** Salutation:  Mr  Mrs  Mdm  Miss  Dr

Family Name:  Given Name:

Gender:  Male  Female Marital Status:  Single  Married  Widowed  Divorced  Others \_\_\_\_\_

Identity Card/Passport No.:  Race:  Chinese  Malay  Indian  Others \_\_\_\_\_

Date of Birth (DD/MM/YY):  Country of Birth:  Nationality: (Please list your nationalities)

City and Country of Residence:  Smoking status:  Smoker  Non-smoker

Contact No.:  (HP)  (O)  (H) Email Address:

*(Please provide at least mobile number)*

**Residential Address** Block/Street No.:  Street Name:

Unit No.:  Building Name:  Postal/Zip Code:  Country:

**Correspondence Address** (if different from address above): Block/Street No.:  Street Name:

Unit No.:  Building Name:  Postal/Zip Code:  Country:

For existing policyholder with Aviva Ltd:  
(Not applicable to MINDEF/MHA/POGIS)  
If the correspondence address differs from our existing records, do you wish to update the correspondence address for all your life and health policy(ies)?

Yes  No

Employment Status:  Employed  Self-employed  Unemployed  Retired

Occupation:

Name of Employer:

Address of Employer:

Exact Duties:

Nature of Business:

Annual Fixed Income:  SGD

## SECTION B: PLAN DETAILS

Note:

- This Supplement can also be purchased by ElderShield (ESH) policyholders. If purchased by ESH policyholders before the transfer of ESH to Government administration, these Supplements are considered ESH Supplements regulated under the CPF (Withdrawals for ElderShield Scheme) Regulations. Otherwise, these Supplements are considered CSHL Supplements regulated under the CareShield Life and Long-Term Care Act.
- Please fill in/tick the relevant boxes as appropriate for the applicable plan. If you are purchasing both MyLongTermCare and MyLongTermCare Plus, please fill in the details for both plans.

Plan Name	Monthly Benefit <i>(The monthly benefit for MyLongTermCare/MyLongTermCare Plus is on top of the ElderShield or CareShield Life benefit. The minimum monthly benefit allowed is S\$200 per month and the maximum benefit allowed is S\$5,000 per month in multiples of S\$100.)</i>	Benefit Payout and Premium Structures <i>(Please note that the escalation rate is fixed and cannot be changed after policy inception.)</i>	Premium Term	Annual Premium (including GST) <i>(For Escalating structure, the annual premium denotes the initial premium.)</i>
<b>MyLongTermCare</b>	<b>S\$</b>	<input type="checkbox"/> Level <input type="checkbox"/> Escalating @ 2% per year <input type="checkbox"/> Escalating @ 3% per year	<input type="checkbox"/> Limited (No. of years: _____) <input type="checkbox"/> Up to 99 Age Next Birthday	<b>S\$</b>
<b>MyLongTermCare Plus</b>	<b>S\$</b>	<input type="checkbox"/> Level <input type="checkbox"/> Escalating @ 2% per year <input type="checkbox"/> Escalating @ 3% per year	<input type="checkbox"/> Limited (No. of years: _____) <input type="checkbox"/> Up to 99 Age Next Birthday	<b>S\$</b>

### Warning:

**If you are switching/replacing your existing policy with this new application, please be informed that:**

- You may incur transaction costs without gaining any real benefit from the switch/replacement.
- You may incur penalties for terminating the existing policies.
- You may not be insurable at standard terms.
- The switch/replacement 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.
- The switch/replacement policy may be less suitable and the terms and conditions may differ.
- There may be other options available besides switching/policy replacement.

**You are advised to consult your present Financial Adviser Representative and consider the possible disadvantages of switching/policy replacement such as fees and charges and the changes in level of benefits before making a final decision.**

## SECTION C: PREMIUM PAYMENT DETAILS

Note:

- For payment by Interbank GIRO, please complete the attached Application for Interbank GIRO form. For initial premium via GIRO, **the bank account must be a DBS or POSB account**, a single or joint/or account, not a trust/minor account, belongs to the payer of the policy (who is also the policyholder) and the payer's identification number (e.g. NRIC) in our record must be the same as the bank's record.
- For payment by Credit Card, please complete the section on Visa/Mastercard Authorisation.

### MyLongTermCare Plan Premium

**CPF MediSave with other payment method**

- a. CPF MediSave Account S\$  (Please complete Section E)

We will attempt to deduct your *full premiums* from the designated CPF MediSave Account. If you wish to deduct a different premium amount, please indicate the amount above. The maximum MediSave deduction limit is S\$600 per life assured per calendar year.

- b. Other payment method: The balance premiums amount or any insufficient fund in the CPF MediSave Account will be paid by your selected method below. Please tick ONE option.

Initial Premium	Subsequent Premium
<input type="checkbox"/> Credit Card	GIRO
<input type="checkbox"/> GIRO	GIRO

(Note: if no option is selected, the default payment method is by Cash/Cheque mode)

**Interbank GIRO**  
Full premium amount will be deducted from GIRO.

**Cash/Cheque**  
Full premium amount will be paid by Cash/Cheque.

**SECTION C: PREMIUM PAYMENT DETAILS** *(continued)***MyLongTermCare Plus Plan Premium** **CPF MediSave with other payment method**

a. CPF MediSave Account S\$  (Please complete Section E)

We will attempt to deduct your *full premiums* from the designated CPF MediSave Account. If you wish to deduct a different premium amount, please indicate the amount above. The maximum MediSave deduction limit is S\$600 per life assured per calendar year.

b. Other payment method: The balance premiums amount or any insufficient fund in the CPF MediSave Account will be paid by your selected method below. Please tick ONE option.

Initial Premium	Subsequent Premium
<input type="checkbox"/> Credit Card	GIRO
<input type="checkbox"/> GIRO	GIRO

(Note: if no option is selected, the default payment method is by Cash/Cheque mode)

 **Interbank GIRO**

Full premium amount will be deducted from GIRO.

 **Cash/Cheque**

Full premium amount will be paid by Cash/Cheque.

**VISA/MASTERCARD AUTHORISATION**

I authorise Aviva Ltd to charge the initial premium(s) to my credit card account for this insurance policy.

Name of Cardholder (as shown in Identity Card/Passport):

Identity Card/Passport No.:

Card Number:

Card Expiry Date (MM/YY):

Signature of Cardholder:

Visa  Mastercard

Issuing Bank:

Relationship to Proposer (if different from Proposer):

**SECTION D: SOURCE OF FUNDS**

Source of Funds (*Origin of the funds used to pay premiums*)

Employment/Trade Income

Sales of Property

Savings

Maturity or Surrender of Policy

Others, please specify:

Name of Payer (*if you are not the Payer*):

Identity Card/Passport No.\*:

Payer's Relationship to you:

Please provide reason for paying for this policy:

\*Please provide a copy of Identity Card/Passport (whichever applicable)

**SECTION E: AUTHORISATION BY CPF ACCOUNT HOLDER(S) (FOR PAYMENT USING CPF MEDISAVE ACCOUNT ONLY)**

1. I authorise the Central Provident Fund Board to deduct premium(s) due from the Policyholder to be covered under this Policy from my MediSave Account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), the CareShield Life and Long-Term Care Act 2019 and regulations made under them and as amended from time to time and subject to all terms and conditions as may be imposed from time to time.
2. I authorise the Central Provident Fund Board to deduct the available amount in my MediSave Account in the event that the balance in my MediSave Account is not sufficient to pay for any amount up to the premium due.
3. I authorise the Central Provident Fund Board to disclose/seek information on a confidential basis to/from any insurer(s) such information relating to the deduction from my MediSave Account as Central Provident Fund Board shall reasonably consider appropriate.
4. I understand that for ElderShield/CareShield Life Supplement plans, the maximum MediSave deduction is S\$600 per life assured per calendar year only. Any excess over this limit has to be paid in cash.

**MyLongTermCare Plan** - For payment through own/spouse's/children's/grandchildren's/parent's/sibling's CPF MediSave Account, please complete the following:

MYLONGTERMCARE PLAN					
CPF Account Holder's Name	Date of Birth (DD/MM/YYYY)	CPF Account No.	Relationship to Applicant	% of Premium <sup>+</sup>	Signature of Account Holder & Date

**MyLongTermCare Plus Plan** - For payment through own/spouse's/children's/grandchildren's/parent's/sibling's CPF MediSave Account, please complete the following:  
If payment details are the same as MyLongTermCare Plan, please tick here

MYLONGTERMCARE PLUS PLAN					
CPF Account Holder's Name	Date of Birth (DD/MM/YYYY)	CPF Account No.	Relationship to Applicant	% of Premium <sup>+</sup>	Signature of Account Holder & Date

<sup>+</sup> Total CPF contribution must add up to 100% for each plan applied. If there is no indication, the percentage of premium will be distributed equally among the CPF account holder and the total contribution will be taken. The percentage will be applied accordingly to both Level and Escalating Premium Structures.

## SECTION F: AVIVA'S DISABILITY SUPPORT PROGRAMME

### This section is applicable only if:

- You are a member of Aviva's Disability Support Programme (the "Programme"); and
- This application is for MyLongTermCare Plan, up to a Monthly Benefit of S\$1,000 (If you are applying for MyLongTermCare Plan more than S\$1,000 or MyLongTermCare Plus Plan, please complete Section G); and
- This is your first CareShield Life Supplement from Aviva; and
- You have not made any claims from the Programme.

### Please confirm your underwriting option:

I wish to submit a new health declaration.

Please check this box and complete Section G if:

- you are applying for MyLongTermCare Plus Plan; or
- if MyLongTermCare monthly benefit you are applying for is more than S\$1,000; or
- you need to amend the health declaration previously provided on membership registration date.

Or

I confirm that the following health declaration made when applying for the Programme is valid and true as at membership registration date.

(There is no need to complete Section G if you choose this option):

- I declare that I am able to perform all Activities of Daily Living (ADL) – Washing, Dressing, Feeding, Toileting, Mobility and Transferring.
  - o Washing – The ability to wash in the bath or shower (including getting into and out of the bath or shower) or do a sponge/bed bath.
  - o Dressing – The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.
  - o Feeding – The ability to feed oneself food after it has been prepared and made available.
  - o Toileting – The ability to use the toilet or manage bowel and bladder function through the use of protective undergarments such as diapers, or surgical appliances if appropriate.
  - o Mobility – The ability to move indoors from room to room on level surfaces.
  - o Transferring – The ability to move from a bed to an upright chair or wheelchair, and vice versa.
- I do not need nor have in the past needed, any assistance of another person/mechanical aids such as a cane, wheelchair or walker in the performance of ADLs for more than one month or for more than one occasion.
- I have not stopped doing in the last year, any day-to-day activities such as housework, preparing meals, shopping, using public transport or any hobby due to health or disability reasons/conditions.
- I am currently in good health and am not currently seeking nor do I intend to seek any medical advice/treatment/consultation.
- I have never been told that I suffer, nor have I been treated for, nor advised by any medical practitioner to seek medical treatment/attention for any medical/health conditions including weight management (for obesity or underweight), drug and alcohol habits, other than for minor ailments, e.g. common cold, flu or food poisoning.
- In the past 5 years, I have not been admitted to any hospital, health care or rehabilitation centre nor have I undergone any diagnostic examination or test other than for minor ailments e.g. cold, flu or food poisoning, pregnancy related tests or routine health screening.
- I do not have any application, renewal or reinstatement for life or health insurance that has been declined, postponed or accepted on special rates or terms.
- The information furnished herein is true and complete and I have not withheld any material fact, that is, a fact likely to influence the assessment and acceptance of this application, to the best of my knowledge and belief.
- 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.

It is important that you confirm whether the health declaration made by you when you enrolled into the Programme is valid. For this application, if you confirm that your health declaration under the Programme is valid, we will rely on the Programme's health declaration made by you and any Pre-Existing Conditions or Pre-Existing Disability before the commencement of your Programme membership will not be covered.

**SECTION G: HEALTH QUESTIONS**

1. What is your height and weight? Height:  m Weight:  kg

2. Have you **ever** been **diagnosed** or been **treated** for:

- a) Cancer  Yes  No
- b) Diabetes  Yes  No
- c) Stroke  Yes  No
- d) Heart disease (cardiomyopathy, coronary artery disease, heart attack, ischaemic heart disease)  Yes  No
- e) Kidney disease (chronic kidney disease, kidney failure, kidney or ureter tumour)  Yes  No
- f) Liver disease (cirrhosis, hepatitis C, autoimmune hepatitis, liver failure, alcoholic liver disease, liver cancer, hepatoma)  Yes  No
- g) Lung disease (lung tumour, sarcoidosis, bronchiectasis or pneumoconiosis, chronic obstructive pulmonary disease)  Yes  No
- h) Dementia, Alzheimer's disease, Parkinson's disease, multiple sclerosis, motor neuron disease  Yes  No
- i) AIDS or HIV infection  Yes  No
- j) Arthritis  Yes  No
- k) Hypertension or high cholesterol  Yes  No
- l) Any other condition(s) for which you:
  - are on medication that lasted more than 14 days or
  - require medical treatment or follow up or
  - have recurring symptoms and have yet to seek medical advice? Yes  No

If any answer to questions 2(j) to 2(l) is 'Yes', please complete the following:

Name of Condition	Date of first symptoms or diagnosis	Have you made a full recovery with no further treatment, ongoing symptoms or complications?	Name and address of the doctor whom you consulted
Question ( ) Condition: <input type="text"/>	<input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more	<input type="checkbox"/> Yes How long since your full recovery? <input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more	<input type="checkbox"/> No What treatment or medication did you take? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Question ( ) Condition: <input type="text"/>	<input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more	<input type="checkbox"/> Yes How long since your full recovery? <input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more	<input type="checkbox"/> No What treatment or medication did you take? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Question ( ) Condition: <input type="text"/>	<input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more	<input type="checkbox"/> Yes How long since your full recovery? <input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more	<input type="checkbox"/> No What treatment or medication did you take? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. Do you need any **assistance** from another person or mechanical aids such as a cane, crutches, wheelchair or walker to enable you to go about your **activities of daily living\*** (washing, dressing, feeding, toileting, mobility/walking or moving around and transferring)?

Yes  No

\* Please refer to Product Summary for its definitions.

4. In the last **12 months**, has your ability to carry out your daily activities (such as housework, preparing meals, shopping, using public transport or a hobby) been **reduced** or **restricted** in any way due to your **health** or **disablement**?

Yes  No

If 'Yes', please provide details. \_\_\_\_\_

## SECTION H: PERSONAL DATA CONSENT

### Let's stay in touch!

- I agree to be contacted by Aviva (and/or Aviva group of companies or their service providers) for special marketing offers, promotions and information about Aviva's products and services which may be of interest to me. I consent to the collection, use and disclosure of my personal data by Aviva and Aviva group of companies for the above purposes.

Please tick to provide your consent:

- By Mail or E-Mail       By SMS       By Telephone Call

View your policy details anytime, anywhere. Register for MyAviva at [www.aviva.com.sg/myaviva](http://www.aviva.com.sg/myaviva).

- I consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my personal data (whether contained in this form or obtained from other sources; existing data in Aviva's record or to be collected in future) for the following purposes:
  - to issue and administer my existing and/or new policy(ies) and/or account(s) with Aviva and such other purposes ancillary or related to the administering of the policy(ies) and/or account(s), including the processing of my personal data for underwriting purposes, payment of premiums (including, where applicable, the deduction of premiums due from the MediSave Accounts of the proposed Lives Assured) and/or claims purposes;
  - for statistical, research, compliance, audit and regulatory purposes; and
  - to provide general information on product enhancements and services relevant to my needs or policies (including increasing benefits, adding riders/supplements and/or Lives Assured) as well as to provide financial advice or product recommendations to me, where applicable.
- I also consent to Aviva (and Aviva related group of companies) disclosing and transferring my personal data to (i) Aviva related group of companies and their respective third party service providers, reinsurers, suppliers and intermediaries; (ii) the Government of Singapore; (iii) statutory boards; and (iv) organisations approved by the Government of Singapore, whether located in Singapore or elsewhere, for the above purposes and such other purposes as described in Aviva's Personal Data Protection Statement ("Statement").
- For a copy of the Statement and more information on Aviva's data protection policy and full details of the purpose of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

## SECTION I: E-DOCUMENTS

Let's work together to save the trees.

**You will receive your policy, any endorsements and communications electronically after your insurance application is approved and policy is issued.** Please provide us with your mobile number and email address, and we will inform you when e-documents are ready for viewing online at [www.aviva.com.sg/mydocuments](http://www.aviva.com.sg/mydocuments). If e-documents are not available, you will receive printed documents. This will apply to all your individual life and health policies with Aviva.

- Please tick here if you wish to continue to receive hard copies of your policy, any endorsements and communications. This will apply to all your individual life and health policies with Aviva.

## SECTION J: DECLARATION

- I understand that the insurance shall not take effect until this application is accepted, the full premium is received and the policy is issued by Aviva Ltd.
- I understand that I need to have a basic ElderShield policy or CareShield Life policy administered by Ministry of Health to qualify for MyLongTermCare or MyLongTermCare Plus application.
- If I decide to switch/replace from my existing policy, I understand that:
  - I may incur transaction costs without gaining any real benefit from the switch/replacement.
  - I may incur penalties for terminating the existing policies.
  - I may not be insurable at standard terms.
  - The switch/replacement 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.
  - The switch/replacement policy may be less suitable and the terms and conditions may differ.
  - There may be other options available besides switching/policy replacement.
- I confirm that the contents of (a) Product Summary; (b) Fact Find Form and (c) Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage" have been explained to my satisfaction. I have received a copy of (a) and (b) and been informed and directed to view or download a copy of Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage" from <http://www.aviva.com.sg>.
- I am aware that if I decide that the policy is not suitable after my purchase, I may terminate the policy in accordance with the free-look provision, if any, and you may recover from me any expense incurred in underwriting the policy.
- I declare that all the information on this Application Form is true and complete and to the best of my knowledge and understand that:
  - any misrepresentation or concealment of facts shall render the policy to be issued and any other policy which I have with Aviva Ltd to which the information applies null and void; and
  - if any information disclosed to Aviva Ltd (whether on this Application form or otherwise) disagrees with any information disclosed to Aviva Ltd on another application form or otherwise, I shall answer all questions and provide all documentation which Aviva Ltd may require; and if a Pre-Existing Condition is found, Aviva Ltd may, in its absolute discretion, impose conditions (including but not limited to permanent exclusion of the Pre-Existing Condition), void or terminate my policy or reject my application.
- I 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 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 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 am aware that the product that I am applying for is authorised for sale in Singapore and I acknowledge that I am responsible for ensuring that the laws and regulations applicable to my nationality and country of residence allows my purchase of this product. I understand that no liability can be accepted by Aviva Ltd for any legal consequences under the laws of any other country or any tax implications that may arise in connection with my purchase of this product. I am also responsible for my own tax affairs and hereby declare that I have not been convicted of any serious tax crimes.



**SECTION J: DECLARATION** (continued)

10. I declare that I have not been the subject of any proceedings of a criminal nature or have been notified of any potential proceedings or of any investigation which might lead to those proceedings, or have been convicted of a criminal offence, or is being subject to any pending proceedings which may lead to such a conviction, under any law in any jurisdiction.
11. 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 receiving order or adjudication order in bankruptcy has been made against me during that period.
12. I 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 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.
13. I understand and agree that Aviva Ltd is entitled not to accept or process this application should a person connected with the relevant Policy be found to be a Prohibited Person. A Prohibited Person means a person or entity (including any director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries, or my/our beneficial owners or beneficiaries' beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting Aviva Ltd from providing insurance coverage, transaction business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant Policy. The decision of Aviva Ltd shall be final.
14. I further agree that in the event that Aviva Ltd becomes aware subsequently that a person connected with the relevant Policy has become a Prohibited Person, Aviva Ltd may block and/or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. As an ongoing obligation, I will immediately inform Aviva Ltd if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons. If an application is accepted or processed by Aviva Ltd despite a person connected with the relevant Policy being a Prohibited Person, Aviva Ltd shall be entitled to block/or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.
15. If I opt to receive my policy, endorsements and communications electronically ("**e-docs**"), I agree that:
  - (a) my e-docs will be made available in my MyAviva account; and
  - (b) an e-doc is deemed to have been received by me upon my receipt of the SMS and/or email that it is accessible on MyAviva. The SMS or email will be sent to the last known mobile number and/or email address notified to Aviva.
16. If my policy, any endorsements or communications is mailed, I am deemed to have received it 7 days from the date of posting to the last known address notified to Aviva.
17. I represent, warrant and undertake that:
  - (a) my mobile number, address and email address notified to Aviva is correct and complete;
  - (b) I will notify Aviva immediately of any change to my mobile number, address or email address; and
  - (c) I shall indemnify Aviva for any losses, damages or other consequences arising from or in connection with any incomplete or incorrect mobile number, address and email address.

**WARNING:**

**Anyone who pays for, or is insured under MyLongTermCare/MyLongTermCare Plus is not eligible for Additional Premium Support (APS) from the Government.\***

**If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this MyLongTermCare/MyLongTermCare Plus policy, you will stop receiving APS. This applies even if you are not the person paying for this MyLongTermCare/MyLongTermCare Plus policy.**

**In addition, if you choose to be insured under this MyLongTermCare/MyLongTermCare Plus policy, the person paying for MyLongTermCare/MyLongTermCare Plus will stop receiving APS, if he or she is currently receiving APS.**

**\*APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.**

**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 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.

Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of your proposal, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

Signature of Proposer:

Signature of Financial Adviser Representative:

I confirm that I have sighted the original(s) of my customer's identification document(s) (if applicable).

Name of Proposer:

Identity Card/Passport No.:

Date (DD/MM/YYYY):

Name of Financial Adviser Representative:

Date (DD/MM/YYYY):





# PRODUCT SUMMARY

Date:  /  /  (DD/MM/YYYY)

Presented to:  Name of Financial Adviser Representative:

**(Name of Proposer)**

Signature of Proposer\*:  Signature of Financial Adviser Representative:

\* The Proposer is also the Life Assured under this Policy.

**Warning:**  
 Anyone who pays for, or is insured under MyLongTermCare/MyLongTermCare Plus is not eligible for Additional Premium Support (APS) from the Government.\*  
 If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this MyLongTermCare/MyLongTermCare Plus policy, you will stop receiving APS. This applies even if you are not the person paying for this MyLongTermCare/MyLongTermCare Plus policy.  
 In addition, if you choose to be insured under this MyLongTermCare/MyLongTermCare Plus policy, the person paying for MyLongTermCare/MyLongTermCare Plus will stop receiving APS, if he or she is currently receiving APS.  
 \*APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

## PRODUCT INFORMATION

MyLongTermCare and MyLongTermCare Plus provide policyholders of Long-Term Care Insurance Schemes (established by Ministry of Health (MOH) such as ElderShield and CareShield Life) supplemental lifetime protection against severe disability, which renders the Life Assured incapable of performing simple daily activities. They provide a monthly benefit when the Life Assured is unable to perform the minimum number of activities of daily living — washing, dressing, feeding, toileting, walking or moving around and transferring. There are other benefits payable under these two plans, which include a Lump Sum Benefit, a Dependant Care Benefit, a Caregiver Relief Benefit, a Waiver of Premium Benefit and a Death Benefit. For MyLongTermCare, there is also a Rehabilitation Benefit payable.

For both plans, you can either choose a Level Benefit Payout and Premium structure or an Escalating Benefit Payout and Premium structure increasing at 2% or 3% per year at Policy Anniversary.

## BENEFITS

### A. Severe Disability Benefit

A monthly benefit will be payable when the Life Assured suffers Severe Disability. Severe Disability or severely disabled means the inability of the Life Assured to perform the minimum number of Activities of Daily Living (ADL), out of 6 ADL. This means requiring significant assistance from another person throughout the entire activity.

The minimum number of ADL which the Life Assured is unable to perform for the 2 plans are:

MyLongTermCare	3
MyLongTermCare Plus	2

The 6 ADL are as follows:	
<b>(i) Washing</b>	The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash by other means.
<b>(ii) Dressing</b>	The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.
<b>(iii) Feeding</b>	The ability to feed oneself food after it has been prepared and made available.
<b>(iv) Toileting</b>	The ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.
<b>(v) Walking or Moving Around</b>	The ability to move indoors from room to room on level surfaces.
<b>(vi) Transferring</b>	The ability to move from a bed to an upright chair or wheelchair, and vice versa.

This benefit will be payable after the Deferment Period for a lifetime, either with a Level Benefit Payout or Escalating Benefit Payout, whichever is chosen under the Policy and as long as severe disability persists.

#### **A. Severe Disability Benefit** *(continued)*

##### **Termination of Severe Disability Benefit**

The monthly Severe Disability Benefit payments shall cease upon the earliest of:

- (a) the Life Assured ceases to suffer from the Severe Disability; or
- (b) the death of the Life Assured.

#### **B. Lump Sum Benefit**

An additional lump sum benefit will be payable when the Life Assured is severely disabled. The Lump Sum Benefit payment will amount to 3 times the first monthly benefit amount of the Severe Disability Benefit. This benefit will be payable once in the Policy term.

This benefit will be payable after the Deferment Period.

#### **C. Rehabilitation Benefit (Applicable to MyLongTermCare only)**

- (i) A monthly Rehabilitation Benefit will be payable when the Life Assured recovers from a Severe Disability but is still unable to perform 2 of the 6 ADL. This means requiring significant assistance from another person throughout the entire activity.
- (ii) If after the Life Assured has recovered and subsequently suffers a Severe Disability again, we will pay the Rehabilitation Benefit as long as the conditions under section C(i) are met.

The Rehabilitation Benefit will amount to 50% of the last paid Severe Disability Benefit.

##### **Termination of Rehabilitation Benefit**

The monthly Rehabilitation Benefit payments shall cease upon the earliest of:

- (a) the Life Assured no longer meets the requirement for the Rehabilitation Benefit; or
- (b) the death of the Life Assured.

#### **D. Dependant Care Benefit**

A monthly Dependant Care Benefit of 20% of the Severe Disability Benefit will be payable up to 36 months when either the Severe Disability Benefit or the Rehabilitation Benefit is payable and the Life Assured has a child 22 Age Next Birthday (ANB) or below at the point of claim.

If after the Life Assured has recovered, the Severe Disability Benefit or Rehabilitation Benefit becomes payable again, the Dependant Care Benefit will also be payable subject to the maximum period of 36 months during the Policy term.

This benefit will be payable after the Deferment Period.

##### **Termination of Dependant Care Benefit**

The monthly Dependant Care Benefit payments shall cease upon the earliest of:

- (a) the cessation of the Severe Disability Benefit or the Rehabilitation Benefit, as applicable;
- (b) the death of the Life Assured; or
- (c) the expiry of this Benefit Payout Duration.

#### **E. Caregiver Relief Benefit**

A monthly Caregiver Relief Benefit of 60% of the Severe Disability Benefit will be payable up to 12 months when either the Severe Disability Benefit or the Rehabilitation Benefit is payable.

If after the Life Assured has recovered, the Severe Disability Benefit or Rehabilitation Benefit becomes payable again, the Caregiver Relief Benefit will also be payable subject to the maximum period of 12 months during the Policy term.

This benefit will be payable after the Deferment Period.

##### **Termination of Caregiver Relief Benefit**

The monthly Caregiver Relief Benefit payments shall cease upon the earliest of:

- (a) the cessation of the Severe Disability Benefit or the Rehabilitation Benefit, as applicable;
- (b) the death of the Life Assured; or
- (c) the expiry of this Benefit Payout Duration.

#### **F. Waiver of Premium**

The premium will be waived after the deferment period when the Life Assured is unable to perform at least 1 of the 6 ADL. This means requiring significant assistance from another person throughout the entire activity. Premium payment will resume when the Life Assured no longer suffers from disability.

For Escalating Premium structure, the premiums will stop increasing when the first successful claim is made. The premium waived will be based on the last escalated premium and it will remain the same from here thereafter.

#### **G. Death Benefit**

A lump sum benefit will be payable if the Life Assured dies due to any accident or sickness while receiving either the Severe Disability Benefit or the Rehabilitation Benefit. The Death Benefit will amount to 3 times of the last paid Severe Disability Benefit or the Rehabilitation Benefit, whichever is applicable.

The Policy will terminate upon the death of the Life Assured.

## H. Guaranteed Issuance Option (GIO) – For Life Stage Events

You have the option to increase the monthly benefit without further evidence of health at any of the following life stage events when the Life Assured:

1. purchases a property;
2. marries, divorces or is widowed;
3. becomes a parent by having a new born child, or legally adopted a child below 19 ANB;
4. salary increases by 50% or more from application;
5. completes a skills development course of at least 6 months;
6. purchases a new Individual Life insurance policy or a Supplementary Benefit from Aviva Ltd with full underwriting at standard terms; or
7. spouse suffers a severe disability (with the inability to perform at least 3 of the 6 ADL) or dies.

You can exercise this option once during the lifetime of the Life Assured, regardless of the number of Supplement Policies to any Long-Term Care Insurance Schemes (such as ElderShield and CareShield Life), you may have with Aviva Ltd which offers such similar option, subject to the following:

- (a) this option is an increase in the Policy's monthly benefit and will follow:
  - i) the Policy's monthly benefit structure – Level or Escalating at 2% or 3% per year; and
  - ii) the Policy's premium term – Limited or Up to 99 ANB;
- (b) the Policy must be fully underwritten and accepted at standard terms without sub-standard premium loadings, exclusions or counter offers;
- (c) the life stage event must occur before the Policy Anniversary immediately following 65 ANB of the Life Assured;
- (d) the application must be submitted within 90 calendar days following the occurrence of the life stage event;
- (e) must be exercised on the same Life Assured as the Policy;
- (f) there are no previous admitted claims or current applications for a claim on this Policy or all Supplement Policies with Aviva Ltd that are attachable to any Long-Term Care Insurance Schemes (such as ElderShield and CareShield Life);
- (g) the total monthly benefit that can be increased under this option is limited to 50% of the Policy initial monthly benefit as agreed at policy inception or at the date this option is exercised, whichever is lower;
- (h) shall not exceed the prevailing maximum limit of S\$5,000 that is applicable on the aggregate benefit of all Supplement Policies to any Long-Term Care Insurance Schemes (such as ElderShield and CareShield Life), if you have more than one such Supplement Policy with Aviva Ltd;
- (i) the aggregated limit is based on the total initial monthly benefit irrespective of the benefit payout structure; or the prevailing reduced monthly benefit, whichever is lower;
- (j) the increased portion of the monthly benefit during the occurrence of a life stage event will take effect on the next Policy Anniversary immediately after the approval of your application to increase the monthly benefit; and
- (k) the premiums payable for the increased portion of the monthly benefit for the remaining term of the Policy will be calculated based on the Policy's premium rate and the Life Assured's age next birthday at next Policy Anniversary.

## KEY PRODUCT PROVISIONS

### 1. Severe Disability Benefit

You have the option to select a monthly benefit from S\$200 to S\$5,000, in increments of S\$100. The prevailing maximum monthly benefit limit per Life Assured is applicable on the aggregate payouts of all Supplement Policies with Aviva Ltd that are attachable to any Long-Term Care Insurance Schemes (such as ElderShield and CareShield Life).

### 2. Benefit Payout Duration

Lifetime

### 3. Lifetime Coverage

Your Policy term is for a lifetime. Aviva Ltd undertakes not to terminate the cover under this Policy for any reason unless earlier terminated as provided under the Policy.

### 4. Premium Term

(a) Limited

Entry Age (ANB)	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	≥49
Premium Term	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20

You will pay premiums up to the policy anniversary after you turn 68 ANB or if you are 49 ANB and above, you will pay premiums for 20 years from your entry age.

(b) Up to 99 ANB

You will pay premiums up to the policy anniversary after you turn 98 ANB.

## 5. Benefit Payout and Premium Structures

You may select one of the following:

(a) Level Benefit Payout and Premium Structure

The monthly benefit and premium will remain the same throughout the Policy term.

(b) Escalating Benefit Payout and Premium Structure

You can select your monthly benefit and premium to increase at a fixed escalation rate of 2% or 3% per year at Policy Anniversary.

The monthly benefit and premium will stop increasing on the earlier of when the first successful claim (including Waiver of Premium benefit) is made or at the end of the premium term. Your monthly benefit will remain the same thereafter and you will continue to receive the last prevailing monthly benefit throughout the Policy term.

## 6. Premiums

Premiums are payable by Medisave or cash. You may withdraw up to S\$600 per calendar year per Life Assured, from your or any other allowed Medisave account to pay the premiums. Any premium in excess of S\$600 has to be paid by cash. This S\$600 limit is applicable on the aggregate premiums of all Supplement Policies that are attachable to any Long-Term Care Insurance Schemes (such as ElderShield and CareShield Life).

The premiums for this plan are not guaranteed and these rates may be adjusted, by giving you 30 days advance notice, based on future experience.

Premiums are subjected to GST at the prevailing GST rate.

The total distribution cost of MyLongTermCare and MyLongTermCare Plus is as follow:

Policy Year	Premium Structure		
	Level	Escalating at 2%	Escalating at 3%
1	109%	109%	109%
2	30%	45%	55%
3	10%	20%	30%
4		15%	25%
5		10%	15%
6		10%	15%

## 7. Guaranteed Renewability

This Policy is guaranteed to be renewable annually as long as premium is paid, unless terminated as provided under the Policy.

## 8. Deferment Period

This is a period of 90 days from the Claim Date (inclusive).

The Deferment Period shall be waived if the Life Assured again suffers from a Severe Disability arising from the same cause within 180 days from ceasing to suffer from the Severe Disability.

## 9. Exclusions

There are certain conditions whereby benefits under this plan will not be payable. These are stated as exclusions in the contract. You are advised to read the policy contract for the full list of exclusions.

Benefits under the Policy are not payable in the event of any one of the following occurrences in whole or in part:

- (a) intentionally self-inflicted injury, or attempted suicide whether the Life Assured is sane or insane;
- (b) war, whether declared or undeclared;
- (c) alcoholism; or
- (d) drug addiction.

No benefit payments shall be made for a Pre-Existing Disability or a disability arising from Pre-Existing Conditions.

“Pre-existing disability” means a severe disability suffered by the Life Assured before the Policy Commencement Date.

“Pre-existing condition” means any condition or illness which existed or was existing or the cause or symptoms of which existed or were existing or evident, or any condition or illness which the Life Assured suffered or was suffering from, prior to the Policy Issue Date, Benefit Commencement Date or the date of the last reinstatement of this Policy, whichever is later, unless the condition or illness had been declared and accepted by us.

## 10. Paid-Up

After a minimum number of premium payments have been made, this Policy shall not terminate due to non-payment of premiums. Instead, this Policy will become paid-up with a reduced monthly Severe Disability Benefit. The other benefits under this Policy, where applicable, shall be reduced accordingly, based on the reduced monthly Severe Disability Benefit.

For Escalating Benefit Payout Structure, the reduced monthly Severe Disability Benefit will stop increasing and you will receive the same reduced monthly Severe Disability Benefit thereafter.

## 11. Long-Term Care Insurance Scheme

You need to have a Long-Term Care Insurance Scheme (such as ElderShield or CareShield Life) before purchasing this Policy.

This Policy will continue to remain in force on the following events:

- (a) if the premium has already been paid for this Policy before your ElderShield Policy lapses due to non-payment of premiums or before your request to terminate your ElderShield Policy, this Policy shall terminate only at the next premium due date and cover under this Policy will continue till then;
- (b) notwithstanding section 11(a) above, if a claim for the Severe Disability Benefit or the Rehabilitation Benefit is still being paid at the time your ElderShield Policy lapses due to non-payment of premiums or is terminated by you, this Policy will not terminate and the claim will continue to be payable. When the claim payout subsequently ceases under this Policy and your ElderShield Policy is no longer in force, this Policy shall terminate;
- (c) your ElderShield Policy is terminated due to full payment of benefits; or
- (d) when your CareShield Life Policy is terminated due to a change in the Life Assured's nationality or permanent residency, if the Life Assured is residing in Singapore or a claim for the Severe Disability Benefit or Rehabilitation Benefit is still being paid when your CareShield Life Policy is terminated, this Policy will not terminate and the claim will continue to be payable.

## 12. Termination

This Policy shall terminate on the earliest of the following events:

- (a) expiration of the grace period with outstanding premiums remain unpaid and there is no paid-up value under this Policy;
- (b) death of the Life Assured;
- (c) revocation or cancellation of this Policy;
- (d) subject to section 11(a) and 11(b), the ElderShield Policy has lapsed due to non-payment of premiums or is terminated by you;
- (e) termination of this Policy by written request to us; or
- (f) if the Life Assured's CareShield Life Policy is terminated and the Life Assured is no longer covered under any ElderShield Policy, unless the Life Assured is still residing in Singapore, or a claim for the Severe Disability Benefit or Rehabilitation Benefit is still being paid.

To avoid doubt, subject to section 11, if the Life Assured is not covered under any ElderShield Policy, or not covered under any CareShield Life Policy and he is not residing in Singapore or his valid pass to reside in Singapore is cancelled or has expired, this Policy will terminate.

## 13. Free Look

Within 60 days after you have received the Policy, you may write to us to cancel your Policy. We will refund the premium(s) you paid (without interest) after deducting any expenses we incurred in assessing the risk under your Policy and in issuing the Policy, after we have received the written notification for cancellation.

If this Policy was sent to you by post or delivered or downloaded via electronic means, you are considered to have received it by 7 days after posting or we consider it delivered 7 days after we sent the Policy by electronic means or when the Policy is downloaded by you.

## 14. Point-of-Sale Documents

A copy of the following documents are given at the point-of-sale:

- (a) Product Summary;
- (b) Fact Find Form; and
- (c) Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage".

## 15. Claims

Any benefits payable under the policy are made to you, your legal representative, the hospital or such other authorised parties (as the case may be). We will not make any payment in respect of any claim incurred unless full premium has been received by us.

Please contact your Financial Adviser Representative or visit the FAQs section in <https://www.aviva.com.sg/en/make-a-claim/> and <https://www.aviva.com.sg/en/faq/> for claim procedures.

## 16. Regulations

This Policy can also be purchased as a supplement to ElderShield (ESH) by ESH policyholders. If purchased by ESH policyholders before the transfer of ESH to Government administration, this Policy is considered an ESH Supplement regulated under the CPF (Withdrawals for ElderShield Scheme) Regulations. Otherwise, this Policy is considered as a CareShield Life Supplement regulated under the CareShield Life and Long-Term Care Act.

## 17. Policy Owners' Protection Scheme

This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your Policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the LIA or SDIC web-sites ([www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

**Note:** This plan is underwritten by Aviva Ltd. This is only product information provided by Aviva Ltd. You may wish to seek advice from a Financial Adviser Representative before making a commitment to purchase the Policy. In the event that you choose not to seek advice from a Financial Adviser Representative, you should consider whether the Policy in question is suitable for you. Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. This is not a contract of insurance. Full details of the standard terms and conditions of this Policy can be found in the relevant Policy contract which will be sent to you upon acceptance by Aviva Ltd.

SAMPLE

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**Important Notes:**

1. Please provide all information to avoid unnecessary delay in the processing of the application.
2. Amendments made on this form must be countersigned by Account Holder. The use of correction tape/fluid is not allowed.
3. Please provide relationship if Account Holder is different from Policy Owner and submit the Account Holder's identification together with the application.
4. The approval process for the GIRO application will take approximately one month by bank.
5. For POSB/DBS Account Holders, you can apply for GIRO via iBanking. Go to Pay (Bills and Card) → Add GIRO Arrangement → Select Billing Organisation as *Aviva Ltd-Life 1* (for Life policy, MyCare, MyCare Plus, MyLongTermCare, MyLongTermCare Plus) or *Aviva IND HEALTH INS* (for MyShield, MyHealthPlus).
6. Before you receive our notification on GIRO approval, please continue to pay your premium in the usual manner.

**By completing this Application Form, I/we am/are instructing and authorising:**

- a. Aviva to debit my/our bank account to pay for my policy/policies.
- b. The Bank to reject Aviva's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at Aviva's discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- 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 Aviva.

**Personal Data Consent**

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(ies), 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>.

**Please complete this form and return original form to Aviva Ltd ("Aviva")**

<b>Date</b> (dd/mm/yyyy):		<b>Billing Organisation:</b> Aviva Ltd	
<b>Bank Name</b> (please tick one bank below): <input type="checkbox"/> POSB/DBS <input type="checkbox"/> OCBC <input type="checkbox"/> UOB <input type="checkbox"/> Citibank <input type="checkbox"/> Maybank <input type="checkbox"/> RHB <input type="checkbox"/> HSBC (Corporate) <input type="checkbox"/> Standard Chartered <input type="checkbox"/> HSBC (Personal) <input type="checkbox"/> <b>Others:</b> _____		<b>Signature(s) / Thumbprint(s)</b> ^ (as in Bank's Record):	
<b>Bank Account Number:</b>		^For thumbprint, please go to any branch of your bank with identification for verification.	
<b>Bank Account Holder's Name(s):</b> Mr/ Mdm/ Ms/ Dr		<b>Account Holder's NRIC(s):</b>	<b>Contact Number:</b>
<b>Policy Number(s)*</b>		<b>Policy Owner's NRIC No.</b>	<b>Relationship to Account Holder</b>

\*Please write the Policy Number(s) which you wish to apply for GIRO using this bank account number only

**For Aviva's Completion**

SWIFT BIC <b>DBSSSGSGXXX</b>	Aviva's Bank Account No. <b>0270007597</b>	SWIFT BIC <b>DBSSSGSGXXX</b>	Aviva's Bank Account No. <b>0039001886</b>
Please use above SWIFT BIC for following reference no(s).		Please use above SWIFT BIC for following reference no(s).	

**For Bank's Completion**

**To : Aviva Ltd**

This Application(s) is hereby **REJECTED** (please tick) for the following reason(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint# differs/irregular# from bank'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: _____                            |

# please delete where applicable

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date



SAMPLE

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