



# REQUEST FOR CHANGE OF INSURED/PAYOR INFORMATION

## PARTICULARS OF INSURED AND POLICY OWNER/ASSIGNEE

Name of Insured	NRIC/Passport No.
<input type="text"/>	<input type="text"/>
Name of Policy Owner/Assignee	NRIC/Passport No.
<input type="text"/>	<input type="text"/>

## POLICY NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## THE REQUEST (S) (Please check one of the boxes below)

I, hereby requested AIA Singapore Private Limited (“AIA Brunei”) to proceed with the following change request:

A. Change of personal particulars of Insured/Payor:

update the Name       update the NRIC / Passport No.       update Marital Status  
 update Date of Birth       update Gender       update Nationality

B. Change of Payor (applicable only for Juvenile policy)  
C. Update / Revoke of Vesting Rights (applicable only for Juvenile policy)  
D. Addition / Deletion of Beneficiary(ies)

**A. Change of personal particulars of Insured/Payor** *(Please provide a copy of NRIC/Passport/Birth Certificate with Insured/Policy Owner/Assignee signature affixed on it)*

update the Name:

update the NRIC / Passport No. :

update Marital Status :  *(Please indicate either single/married/widowed/divorced)*

update Date of Birth :  dd     mm     yy

update Gender from Male / Female to :  Male     Female

update Nationality to :  *(Please indicate your current Nationality)*

**B. Change of Payor – Applicable only for Juvenile Policy**

**Details of the new Payor** *(Please provide a copy of NRIC/Passport of the NEW Payor with his/her signature affixed on it)*

Name	NRIC / Passport No.
<input type="text"/>	<input type="text"/>
Date of Birth	Contact No.
<input type="text"/> dd <input type="text"/> mm <input type="text"/> yy	<input type="text"/>
Marital Status	Gender
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed/Divorced/Separated	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Relationship to Insured
	<input type="text"/>



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Permanent Residence Address (please indicate 'Nil' if not applicable)

Occupation

Exact Duties

Company Name

Nature of Business

Business Address

**Please tick Declaration A or B below:**

**Declaration A** (If PB/PBC is applied, please complete the Juvenile Health Certificate Part IB for the new payor)

I, the existing Payor hereby

1. declare that the Payor / Owner of the Policy be changed to the new Payor as provided name and above details.
2. relinquish and transfer my right to exercise all privileges, rights and options provided under this policy to the new named Payor subject to the terms and condition contained in the Policy and the Juvenile Endorsement attached.
3. delete the Payor Benefit / Payor Benefit Comprehensive coverage under this Policy.
4. instructed AIA Brunei to :  Retain  Terminate the existing recurring arrangement (if any)\*.

*\*Please refer to the "Premium Payment Method" brochure for any new recurring bill services details.*

The new Payor would like to apply for  Payor Benefit (PB)  Payor Benefit Comprehensive (PBC)

The name of the new Contingent Owner

NRIC / Passport No.

Relationship of the new Contingent Owner to Insured (Please state accordingly below)

**Declaration B** (Applicable where the existing payor has passed away. Please provide a copy of the Death Certificate and to complete the Juvenile Health Certificate Part IB for the new payor for this request)

I, the new Payor hereby declare that

1. the existing Payor had passed away on \_\_\_\_\_ (dd/mm/yyyy) as per attached Death Certificate No. \_\_\_\_\_.
2. as I am the Contingent Beneficiary as stated in the application for assurance, I will be the new Payor of the policy. I shall pay the future premiums of this policy as and when they fall due.
3. I wish to appoint Estate as the new Contingent Beneficiary.
4. I instructed AIA Brunei to :  Retain  Terminate the existing recurring arrangement (if any)\*.

*\*Please refer to the "Premium Payment Method" brochure for any new recurring bill services details.*

**C. Update / Revoke of Vesting Rights** (applicable only for Juvenile policy, please tick one of the boxes below)

**Update of Vesting Rights**

- I/We would like to continue to be the Policy Owner (retain rights) of this policy when the Insured reaches the vesting age of 21 years old. (Applicable only if Insured yet to reach age 21 years old. To submit this request at least 2 weeks working days before the insured reached age 21 years old)
- I/We would like the ownership of this policy to be transferred to the Insured when the Insured reaches the vesting age of 21 years old. (Applicable only if Insured yet to reach age 21 years old)



**C. TERMINATION FOR NON-COMPLIANCE (for persons with U.S. Indicia only)**

I/We acknowledge and agree that in the event I/We have U.S. Indicia and fail or refuse after request to provide such information, consent, and/or assistance as AIA Brunei may from time to time reasonably require to allow it to comply with its contractual, legal and/or regulatory obligations under the United States Foreign Account Tax Compliance Act, including any required reporting to the Internal Revenue Service of information relating to me/us or Beneficiaries in connection with this Policy/Policies, AIA Brunei reserves the right and shall be entitled to cancel or terminate this Policy/Policies without being liable to me/us for such cancellation or termination, subject that AIA Brunei may pay me/us the cash surrender value (if any), less all amounts due and owing to AIA Brunei, free of interest.

For the purposes of the above paragraph, a person with U.S. Indicia refers to a person who:

- (i) is a U.S. person for U.S. federal income tax purposes; or
- (ii) as a result of a change in tax status becomes a U.S. person; or
- (iii) has indicated through information provided to AIA Brunei that the person may be in fact a U.S. person for U.S. federal income tax purposes (including for example a U.S. address, a U.S. telephone number, a TIN etc).

**Note: Please submit W-8BEN/W-8BEN E (whichever is applicable) and satisfactory documentary evidence to us. Documentary evidence includes government identity document (e.g. Passport ID card), tax certificate of residence, certificate of loss nationality or ROC equivalent.**

**DECLARATION ON COMMON REPORTING STANDARD**

Please complete this section if the policy contains cash value (Surrender or termination value; amount that policyholder can borrow under the policy)

Definition:

- **Tax resident** is generally an individual that pays or should be paying tax in that jurisdiction due to his/her domicile or residence. This includes any criterion of a similar nature, and not only from sources in that jurisdiction. Examples are non-citizens that hold a permanent residency card (eg U.S green Card) or depending on the type of visa that they are holding.
- **Tax Identification Number (TIN)** is issued by a jurisdiction to an individual or entity for the purpose of administering the tax. Examples are personal identification number, resident registration number and social security number.

Please complete the below details accordingly:

Current Residence Address

Date of birth  (dd/mm/yy) Country of birth

Please provide details of all your country/jurisdiction of tax residence(s).

Country/Jurisdiction of Tax Residence	Tax Identification Number (TIN)	If the TIN is not available, please tick, Reason A, B and C.		
		A	B	C
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Please submit an amendment form if there is more than 6

**Reason A:** This country/jurisdiction where the Application/Owner is resident does not issue TINs to its residents.

**Reason B:** The Applicant/Owner is otherwise unable to obtain a TIN or equivalent number. (Please explain why Applicant/Owner is unable to obtain a TIN in the below table if this reason is selected)

**Reason C:** No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of TIN issued by such jurisdiction.)

**Important Note:**

For the selected reason (reason A, B or C), the Applicant/Owner have to check the OECD portal to confirm if TIN is issued by the country (ies) <http://www.oecd.org/tax/automatic-exchange/crs-implimentation-and-assistance/tax-identification-numbers>

If you have Reason B, please provide the details below, quoting the relevant question number(s).

If any of these information fields (Current Residence Address, Foreign Permanent Residence Address, Citizenship, Telephone Number, Mailing Address, Place of birth) provided by you does not correspond with your declared country/jurisdiction of tax residence, please tick the reason(s).

Current Residence Address (Please tick one)	
<input type="checkbox"/>	I am a foreigner and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident.
<input type="checkbox"/>	I only recently moved to the current residence address, and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident
<input type="checkbox"/>	I am temporary posted overseas for work and do not meet the minimum numbers of days to be physically present in the country of residence to be considered a tax resident.
<input type="checkbox"/>	The residence address belongs to my spouse/parents and I am only on a social visit pass
<input type="checkbox"/>	Other, please elaborate:
Foreign Permanent Residence Address (Please tick one)	
<input type="checkbox"/>	I am currently working/studying/travelling overseas and do not meet the minimum number of days to be physically present in the country of the foreign permanent residence address to be considered a tax resident.
<input type="checkbox"/>	I only recently changed my foreign permanent residence address, and do not meet the minimum number of days to be physically present in the country of the foreign permanent residence address to be considered a tax resident
<input type="checkbox"/>	Other, please elaborate:
Citizenship (Please tick one)	
<input type="checkbox"/>	My country of citizenship does not have taxation laws which define tax residence.
<input type="checkbox"/>	I am currently a Brunei Permanent Resident residing and/or working in Brunei. I am not a tax resident of my country or citizenship.
<input type="checkbox"/>	I am currently residing/working outside the country of the citizenship and am a tax resident of the country where I currently reside/work. I am not a tax of my country of citizenship.
<input type="checkbox"/>	I am currently holding a valid visit/employment pass, residing and/or working in Brunei. I am not a tax resident of my country of citizenship.
<input type="checkbox"/>	Other, please elaborate:



Telephone Number (Please tick one)	
<input type="checkbox"/>	I am currently working/studying/residing outside the country of my tax residence and have terminated my telephone number in the country of my tax residence.
<input type="checkbox"/>	Other, please elaborate:
Mailing Address (Please tick one)	
<input type="checkbox"/>	The mailing address belongs to my parents/spouse/sibling/child.
<input type="checkbox"/>	The mailing address is my business address.
<input type="checkbox"/>	I am currently working/studying overseas.
<input type="checkbox"/>	I am currently staying with my friend/spouse/fiance/fiancee.
<input type="checkbox"/>	The mailing address belongs to a rented dwelling that I am staying in.
<input type="checkbox"/>	Other, please elaborate:
Place of birth (Please tick one)	
<input type="checkbox"/>	I was born in the country but am not a tax resident of the country of birth.
<input type="checkbox"/>	I have renounced my citizenship
<input type="checkbox"/>	Other, please elaborate:

I/We acknowledge that AIA Brunei is a reporting financial institution as defined in the Tax (International Tax Compliance Agreements) (Common Reporting Standard) Regulations 2017 with reporting obligations to the Collector of Income Tax (Collector) under the Income Tax Chapter 35 (Income Tax Act™) as amended by the income TaxAct (Amendment) (No 3) Order, 2017 and its regulations. I/We warrant that the information provided in this form is true, complete and correct and understand and agree that AIA Brunei will rely on such information given by me/us in fulfilling its reporting obligations to the collector.

Where I/We have furnished information concerning a third party (including but not limited to a Controlling Person). I/We confirm that such information has been provided to me/us directly or indirectly by the third party, and I/we know or have reason to believe that such information is not false or misleading in any material particular. I/We understand and accept that should any information furnished by me/us be known to be false or misleading in any material particular. I/We may be prosecuted under the Income Tax Act for an offence which carries a penalty of a fine of up to B\$10,000 and/or imprisonment of up to two (2) years or such other penalties as may be prescribed under the Income Tax Act or its regulations, or any re-enactment or replacement thereof, at the time of commission of the offence.

*(For entities and other non-individuals)*

I/We further undertake to notify AIA Brunei within 30 days of any change to the Policyholder's or a Controlling Person's country of residence for tax purposes or TIN if any) and to complete, sign and submit to AIA Brunei the relevant particulars of the Policyholder or Controlling Person relating to such change in the format prescribed by AIA Brunei in order for it to fulfill its reporting obligations under the Income Tax Act. I/We further undertake to provide AIA Brunei any documents and information that may be reasonable required in relation to the change of the Policyholder's or Controlling Person's country of residence for tax purposes.

Note: The term "Controlling Person" has the meaning to given to it in the Common Reporting Standard in the Schedule to the Income Tax (International Compliance Agreements) (Common Reporting Standard) Regulations 2017.

I/We acknowledge and accept that AIA Brunei will rely on the self-certification relating to the Policyholder/Controlling Persons' country of tax residence contained in this Application as applicable to all policies and products issued to the same person(s), and any information in any earlier self-certification inconsistent with the information provided above will be disregarded for the purposes of fulfilling its reporting obligations to the Collector.

*(Applicable only for Policies that can be assigned)*

I/We further agree and that as a condition of any assignment of my/our Policy to a person other than a reporting financial institution, the Assignee shall provide such information as may be required by AIA Brunei in order for it to fulfill its reporting obligations under the Income Tax Act and its regulations, and make the same declarations as those above.

**DECLARATION AND AUTHORIZATION**

I/We hereby authorize, agree and consent to AIA Brunei, its associated persons/organizations, its and their third party service providers and their representatives, whether within or outside Brunei (collectively "AIA Persons") to collect, use, disclose, store, retain and/or process (collectively, "Use") all personal data and information ("Personal Data") that had/has been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy ("PD Policy"), including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/ us in relation to this Application/Policy/form and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Brunei.

Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD policy is amended from time to time by AIA Brunei in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purpose described in the PD Policy.

I/We hereby specifically waive (on our own behalf and on behalf of each such person, and I/We represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD policy. I/ We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether my/our Application/form is accepted by AIA Brunei. A photocopy of this authorisation shall be valid and effective as the original.

Signature of Insured/Policy Owner/Assignee:

Date:

Contact No.: \_\_\_\_\_ (HP)  
\_\_\_\_\_ (Home)  
\_\_\_\_\_ (Office)

I confirm that this Request for Change Insured / Payor information documents were completed and signed in my presence:

Date:

Agent/Witness's Name: \_\_\_\_\_  
NRIC/Passport No.: \_\_\_\_\_  
Agent's code/Agency: \_\_\_\_\_ / BR- \_\_\_\_\_  
Agent's Contact No.: \_\_\_\_\_

As the new Payor, I appended below my specimen of signature for the purpose of identification:

Date:

I confirm that this Request for Change Insured / Payor information documents were completed and signed in my presence:

Date:

Agent/Witness's Name: \_\_\_\_\_  
NRIC/Passport No.: \_\_\_\_\_  
Agent's code/Agency: \_\_\_\_\_ / BR- \_\_\_\_\_  
Agent's Contact No.: \_\_\_\_\_

**FOR OFFICE USE**

Date:  Signature Verified:



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