



SURRENDER / WITHDRAWAL FORM FOR INVESTMENT - LINKED POLICY (ILP)

POLICY NUMBER:

IMPORTANT NOTICE

Part 1: What you should know about early full/partial withdrawal of your investment-linked policy.

1. An insurance policy is intended to meet your long-term financial needs. Therefore, it may be disadvantageous for you to fully or partially withdraw a policy before its maturity date. Some disadvantages are:

- 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 terms in the future.
 - You may not be insurable on standard terms;
 - You may have to pay a higher premium in view of higher age;
 - Withdrawing your insurance policy for another policy could result in loss of specific policy features due to changes in age or health.

2. Additional Charges/Fees

If you withdraw your investment-linked policy, fully or partially and then buy a new investment-linked policy or other investment product, or top up your existing investment-linked policy or other investment product, you will incur new charges. These may include:

- Distribution Fee
Commission is paid to Agents/Financial Adviser Representatives on all new insurance policies / investment products.
- Administration Charge
There could be some sales charge/withdrawal fee that is charged for each new policy / investment product.
- Policy Fee
A policy fee is usually incurred for each policy.

3. Fund Switching Facility

When the fund you have bought is not meeting your initial or current investment objective, you may switch to other fund(s) offered by the Company at its bid price without incurring any charges (subject to changes at Aviva Ltd's discretion).

4. Other Options

You may also enquire or discuss with your Financial Adviser Representative whether there are other options available under your policy to meet your short term financial needs. Some options are:

- Opt for a premium holiday if your policy has accumulated cash value. This allows you to temporarily stop paying premiums; and
- Reduce the policy regular premiums (applicable only to regular premiums policies). This allows you to reduce your ongoing financial commitment to the policy.



5. Seeking Advice From Your Financial Adviser Representative

Therefore, it is important to seek advice from your Financial Adviser Representative before early full/partial withdrawal of your investment-linked policy or other investment product. Your Financial Adviser Representative can advise you on your options other than withdrawing the policy, explain the implications of each option and provide appropriate recommendations to you, taking into account your investment objectives, financial situation and particular needs.

Policyowner/Trustee/Assignee/Beneficiary's Acknowledgement (This portion needs to be completed)

Were you advised by a Financial Adviser Representative to withdraw this policy (fully or partially)?

Yes No

If "yes", please ask your Financial Adviser Representative to complete the "Financial Adviser Representative's ("FAR") acknowledgement" below.

Financial Adviser Representative's ("FAR") Acknowledgement

I have explained to the above Policyowner/Trustee/Assignee/Beneficiary the alternative options available and the implications of early withdrawal of this investment-linked policy. I have recommended the surrender/partial withdrawal of this policy for the following reasons:

Signature of FAR

FAR's Code

Name of FAR

Date



Part 2: Partial Withdrawal Request

I authorise and request Aviva Ltd to withdraw as shown below based on the next available price.

Name of Fund	Units	or	Amount

Notes:

1. Please read through Part 6: IMPORTANT NOTES in Page 8.
2. Please enclose the following documents with this Surrender / Withdrawal Form.
 - a) A photocopy of the Trustee(s)/Beneficiary(ies)/Assignee(s) Birth Certificate, NRIC or Passport. (if your policy is under Trust or Assignment)
 - b) United States of America (U.S) Person Declaration Form (if you have one or more U.S. Indicia*)
**US Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / Contact Number/US "in-care-of" or "hold mail" address*
 - c) CRS Self-Certification Form for Individual/Entity/Controlling Person (if there is a change in your tax residency information)
3. The minimum withdrawal for each fund is \$500 and remaining value of units in total must not fall below \$1,000.
4. Please note that payment will be made by cheque.

I authorise and request Aviva Ltd to fully surrender all existing units of all Funds based on the next available price.

Notes:

1. Please read through Part 6: IMPORTANT NOTES in Page 8.
2. Please enclose the following documents with this Surrender / Withdrawal Form.
 - a) A photocopy of the Trustee(s)/Beneficiary(ies)/Assignee(s) Birth Certificate, NRIC or Passport. (if your policy is under Trust or Assignment)
 - b) United States of America (U.S) Person Declaration Form (if you have one or more U.S. Indicia*)
**US Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / Contact Number/US "in-care-of" or "hold mail" address*
 - c) CRS Self-Certification Form for Individual/Entity/Controlling Person (if there is a change in your tax residency information)
3. Please note that payment will be made by cheque.



Part 3: Full Surrender Request

I authorise and request Aviva Ltd to surrender the whole Policy based on the next available price.

Notes:

1. Please read through Part 6: IMPORTANT NOTES in Page 8.
2. Please enclose the following documents with this Surrender / Withdrawal Form.
 - a) A photocopy of the Trustee(s)/Beneficiary(ies)/Assignee(s) Birth Certificate, NRIC or Passport. (if your policy is under Trust or Assignment)
 - b) United States of America (U.S) Person Declaration Form (if you have one or more U.S. Indicia*)
**US Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / Contact Number/US "in-care-of" or "hold mail" address*
 - c) CRS Self-Certification Form for Individual/Entity/Controlling Person (if there is a change in your tax residency information)
3. Please note that payment will be made by cheque.

Please note that a surrender charge will be deducted upon withdrawal depending on the plan type(s).

Part 4: Authorisation for Cheque to be issued to another Trustee (Only applicable to policy written under Section 73 of the Conveyancing and Law of Property Act; and Section 49L of the Insurance Act)

We, the Trustees of the above Policy authorise Aviva Ltd to pay to the following payee:

Name of payee: _____ NRIC No.: _____

Notes:

1. For Section 73, the payee must be any trustee.
2. For Section 49L, the payee must be any trustee other than the Assured himself/herself.
3. Please enclose the following documents with this Surrender / Withdrawal Form.
 - a) A photocopy of the payee's NRIC.
4. Please note that payment will be made by cheque.



Part 5: Declaration & Authorisation
(This section needs to be completed. Otherwise it may cause delay to your request)

Section A: Declaration of US Indicia

	Assured / Assignee	Joint Assured	Trustee / Beneficiary	Trustee / Beneficiary
	Name: _____ _____	Name: _____ _____	Name: _____ _____	Name: _____ _____
Do you have one or more US Indicia*?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give standing instructions to transfer funds to an account maintained in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give effective power of attorney or signatory granted to a person with a US address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have ticked 'Yes', please complete the United States of America (US) Person Declaration form that is available at http://www.aviva.com.sg/fatca/resources-downloads.html and return to Aviva. <i>*US Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / Contact Number/US "in-care-of" or "hold mail" address</i>				

Section B: Declaration of Tax Residency under the Common Reporting Standard (CRS)

	Assured / Assignee	Joint Assured	Trustee / Beneficiary	Trustee / Beneficiary
	Name: _____ _____	Name: _____ _____	Name: _____ _____	Name: _____ _____
Is there any change in the information that you have provided to Aviva Ltd that would result in a change in your tax residency status (for e.g. change in your residence/ mailing/ in-care of address, telephone number)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have ticked 'Yes', please complete the CRS Self-Certification Form for Individual/Entity/Controlling Person (whichever is applicable) that is available at http://www.aviva.com.sg/CRS/resources-downloads.html and return to Aviva.				



Section C: Declaration on Beneficial Owner

I/We declare that:

- there is no beneficial owner under this Policy
- there is/are beneficial owner(s) under this Policy. (If you tick this box, please complete the table below*.)

*The following person(s) is/are the beneficial owner(s). A copy of each of the identity card(s)/passport(s) of the beneficial owner(s) is enclosed.

Name	NRIC/FIN/Passport No.	Relationship with Policyholder

“Beneficial owner” means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

Section D: Declaration

1. I am/We are not an undischarged bankrupt and that I/we 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/us during that period.
2. I/We have not assigned the Policy to any other party.
3. I/We agree to indemnify and hold harmless the Company from and against all claims, losses, damages (including legal costs and expenses) which the Company may incur as a result of the Company paying any amount under the policy and acting in accordance with my/our instructions.
4. I/We acknowledge that the Company may reject any of my/our instructions including, but not limited to, those that, in the Company’s sole and absolute discretion, are deemed incomplete, unclear or ambiguous, or if my/our signature(s) differ(s) from what was originally provided as a specimen to the Company, and the Company will not be responsible for any losses that may be incurred by me/us due to such rejection of any of my/our instructions.
5. I/We hereby agree that receipt by me/us of the surrender proceeds less any amount(s) owing to Aviva Ltd, shall be a full and final discharge of the liability of Aviva Ltd under the Policy.
6. I/We have read and understood the above statements in Part 1. I am/We are aware that should I/we wish to buy a similar policy in future, I/we may incur additional charges and I/we may not be able to obtain similar level of protection on the same terms in the future. I am/We are also aware of the other options available to me/us and that the withdrawal/surrender value of the cancelled units will depend on the Bid price on the Valuation Date following receipt of this document duly completed and signed by all relevant persons, including my/our Financial Adviser Representative, as applicable.

- I/We want to withdraw my/our policy (fully or partially)

Reason(s) for Surrender:

- Investment performance was below expectation
- Require funds for emergency needs
- To reduce or nullify exposure to investment risk
- Others, please specify:



Signature of Assured / Assignee / Beneficiary	Signature of Joint Assured / Trustee / Beneficiary	Signature of Trustee / Beneficiary	Signature of Trustee / Beneficiary	Date ▶ DD/MM/YY
Name ▶ <i>As in NRIC / Passport</i>	Name ▶ <i>As in NRIC / Passport</i>	Name ▶ <i>As in NRIC / Passport</i>	Name ▶ <i>As in NRIC / Passport</i>	
NRIC / Passport Number	NRIC / Passport Number	NRIC / Passport Number	NRIC / Passport Number	
Mobile Number	Mobile Number	Mobile Number	Mobile Number	
Email address	Email address	Email address	Email address	

Note: Mobile number and email address provided above will replace our records accordingly.

Part 6: Important Notes

1. The Surrender/Partial withdrawal value of the cancelled units will depend on the Bid price on the next Valuation Date following receipt of this request and all other required documents.
2. To qualify for the next available pricing, Surrender/Partial withdrawal requests must be received by our Registered Office before 12pm.
3. Please ensure the correct signatories[^] sign on the Surrender/Withdrawal form:
 - a) Assured only (if it is **NOT** a Trust policy or Assigned policy); or
 - b) Assured and all Trustees (if policy is written under Section 73 of the Conveyancing and Law of Property Act (CLPA)); or
 - c) Assured and any Trustee (if policy is written under Section 49L of the Insurance Act); or
 - d) Assured and all beneficiaries (if policy is written under Section 49L of the Insurance Act); or
 - e) Assignee (if policy is assigned)

Do note that all signature(s) must be consistent with our records. If your signature is not found in our records, kindly produce a photocopy of your Identity Card with your signature on it.

4. The surrender amount will be made payable to:
 - a) Assured only (if it is **NOT** a Trust policy or Assigned policy); or
 - b) Trustees/Beneficiaries^{^^} (if policy is written under Section 73 of the CLPA); or
 - c) Any Trustee other than the Assured (if policy is written under Section 49L of the Insurance Act); or
 - d) All beneficiaries (if policy is written under Section 49L of the Insurance Act); or
 - e) Assignee (if policy is assigned); or
 - f) Agent Bank (if policy is bought under the CPFIS-OA or ASPFIS-OA); or
 - g) CPF Board (if policy is bought under CPFIS-SA); or
 - h) SRS Operator (if policy is bought under SRS)

5. Please note that any proceeds made to the Trustees are for the sole benefit of the Beneficiaries.
6. No request is valid until this form is duly completed and received with other required documents by the Company.
7. This form can only be used for **one** policy only. Kindly submit separate form(s) for different policies.

[^] Signatories must have attained the age of 18. Otherwise, the consent from a parent or legal guardian (other than the Assured) is required.

^{^^} If the policy is written under Section 73 of the CLPA, the cheque will be payable in the names of all the trustees/beneficiaries. As such, a joint account is required for cheque clearance if there is more than one trustee/beneficiary.