



**AMERICAN INTERNATIONAL ASSURANCE COMPANY, LIMITED
CHANGE OF ADDRESS & CONTACT INFORMATION FORM**



AIG A Member of American International Group, Inc.

TO: POLICY SERVICES DEPARTMENT / CUSTOMER SERVICE

KINDLY NOTE THAT FAX COPY WILL NOT BE ACCEPTED. REFER TO IMPORTANT NOTES BEHIND

Date <input type="text"/> / <input type="text"/> / <input type="text"/> <small>MTH (e.g. Jan, Feb) D D Y Y</small>	Name of Policyowner/Trustee/Assignee* _____	NRIC/Passport Number <input type="text"/>
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Please update my mailing address for the following policy(ies):

1. Life Policy(ies) Including Investment Linked Policy

All Specific Policy Number(s) only

2. Accident & Health Policy(ies)

All Specific Policy Number(s) only

3. Personal Lines Policy(ies):

All Specific Policy Number(s) only

For the policy(ies) stated above, kindly change the address for:

Location of Risk & Mailing Address
 Location of Risk Only
 Mailing Address Only

New Address:

<input type="text"/> # <input type="text"/> - <input type="text"/>	<input type="text"/>
<small>Blk/House No.</small>	<small>Unit Number</small>
<input type="text"/>	<input type="text"/>
<small>Postal Code</small>	<small>Street Name / Building Name / Country (for foreign address)</small>

Other Contact Details:

Phone (Res) (HP) (Off)
 E-Mail

This change of address request is notified by :

Policyowner/Trustee/Assignee* stated above
 Signature of Policyowner/Trustee/Assignee* _____
 Financial Services Consultant (FSC)

<small>Name of FSC</small> _____	<small>Signature</small> _____
<small>NRIC/Passport No.</small> <input type="text"/>	<small>FSC Code:</small> <input type="text"/> <small>FSC Tel No:</small> _____
<small>Unit Name:</small> _____	<small>Unit Code:</small> <input type="text"/> <small>Unit Location:</small> _____

(*Delete as appropriate)

Alternatively, Policyowners may call our Customer Care Consultants at 1800-2488 000 Or logon to eCare at www.aia.com.sg



IMPORTANT NOTES

- 1) Change to P.O. Box / Vbox address or Financial Services Consultant's address is strictly not allowed.
- 2) Foreigners will need to maintain both the foreign and local address.
- 3) For Foreigners, please use the same Passport Number as provided as per your application of the policy(ies).
- 4) For BFP (Balanced Financial Package), please indicate all linked policy numbers if intention is to change the address for all policies under the same package.

**This form is printed from Agent Internet Access/eCARE.
Kindly print this form in colour.**