

AMERICAN INTERNATIONAL ASSURANCE COMPANY LIMITED
 INCORPORATED UNDER THE COMPANIES ORDINANCE, HONG KONG
 (A Member Company of the American International Group Inc., USA)

Re: Application/Policy No. _____ date _____
 for assurance in the amount of _____ on the life of _____

Supplementary Application to be completed where it is desired that the proposed assurance shall be under Section 73 of the Conveyancing and Law of Property Act, Chapter 26B, Singapore/Section 69(1) (f) of the Stamp Enactment Cap. 34, Brunei and Section II of the Married Woman's Property Act 1882, England.

A. I _____ being the applicant/owner of the above captioned application/policy desire the proposed assurance for the absolute benefit of:-

- *(i) My wife _____
- *(ii) My husband _____
- +*(iii) My wife/husband and child(ren) in equal shares _____
- +*(iv) My child(ren) in equal shares _____
- +*(v) My wife/husband or if he/she shall predecease me to my child(ren) in equal shares _____

(*Delete what is not required)
 (+ Please note that if you intend to have more children and include them in this policy, this must be made clear)

B. I expressly agree that the Trustees hereinbelow named may in their absolute discretion exercise any one or more of the following powers:-
 (i) Borrow on the security of the abovementioned policy and assign same to the Company.
 (ii) Convert the abovementioned policy into a paid-up policy for the reduced amount free from payment of future premiums.
 (iii) Surrender the abovementioned policy to the Company for its cash surrender value.
 (iv) Subject to the Company's rules, to change the abovementioned policy to any other plan of insurance as the Trustees think fit.
 (v) Utilize the moneys properly receivable under the abovementioned policy for the maintenance, education and advancement of any infant beneficiary entitled to the benefits under the above mentioned policy.

C. I hereby nominate the following Trustees for the policy for the purpose of receiving the policy moneys.
 (The consent of Trustees (who must not be minors) to act, should be obtained before they are appointed.)

1. Name in full _____
 I/C No. _____
 Occupation _____
 Address _____

Sex M F

I hereby consent to act as Trustee in respect of the abovementioned policy.

 Trustee's Signature

Date: _____

2. Name in full _____
 I/C No. _____
 Occupation _____
 Address _____

Sex M F

I hereby consent to act as Trustee in respect of the abovementioned policy.

 Trustee's Signature

Date: _____

D. All benefits payable to the Trustees hereunder shall be applied to the benefit of the Beneficiaries named above, and the applicant expressly agrees that the Company shall not be required to ensure the due application by the Trustees of benefits payable hereunder nor shall the company be liable for any misapplications on non-application of such benefits.

Date: _____ day of _____ 20 _____

 Witness

 Applicant's Signature

Name in full _____
 I/C No. _____

This supplementary application shall form part of and be read and construed in conjunction with the application referred to above.