AIA Syariah

QUESTIONNAIRE FOR FOREIGNER

(To be fulfilled by the foreign Proposed The Insured / Policy Holder)

Apps. No. / Syariah Policy No.

Name of Policy Holder / Proposed The Insured

Date of Birth ___ / ___ / ___ (date / month / year)

1. What is your nationality ?
   (For US Citizen, please fill in W-9 Form)
2. How long have you been staying in Indonesia? ___ Year(s) ___ Month(s)
3. a. Please state name and address of your employer in Indonesia

   b. Type of industry your employer is involved in

   c. Current position

   d. Please elaborate your responsibility(es)
4. Do you have multiple jobs? ☐ Yes ☐ No
   If yes, please state:
   a. Name and address of your other employer(s)

   b. Type of industry your employer(s) is involved in

   c. Current position

   d. Please elaborate your responsibility(es)
5. How long are you planning to stay in Indonesia? ___ Year(s) ___ Month(s)
6. Have you ever stayed or have plan to stay in other country instead of Indonesia for duration of 1 month or longer in the coming 12 months ? ☐ Yes ☐ No
7. If your answer is yes on #6, please state:

Countries	Years	Duration	Purpose

DECLARATION

I declare that all information and answers above are complete and true. I agree that if any of the statements above is not true, Operator has the right to the cancel the life insurence contract and is not liable to refund the Contribution paid or pay any Claim Benefits or any other losses.

By purchasing this Syariah Policy and signing, I represent that I am not a U.S. person for purposes of U.S. federal income tax and that I am not acting for, or on behalf of, a U.S. person.

* A False statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law. If yor tax status changes and you become a U.S. citizen, you must notify us within 30 days. (United States citizens or residents must strike out this clause and initial the change at the left side)

I agree to indemnity the Company in respect of any flase or misleading information regarding my U.S.A. tax status. I agree that all information given in this additional form or any amendments attached whit this Syariah Policy will become part of the insurance contract as long as it is relevant to this Syariah Policy.

Date : ___ / ___ / ___ (date / month / year)

Name and Signature