

**POLICY ALTERATION FORM (PAGE 1 OF 2)**  
(INCOMESHIELD/ENHANCED INCOMESHIELD/INCOMESHIELD M PLAN)

**STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP.142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)**

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

**Instructions on how to complete this form**

- SECTION A: Please fill in all the details.
- SECTION B: You may request for more than one change.
- SECTION C: Specify the person(s) (Dependents, including Policyholder) that you wish to apply the change(s) to.

**Important Points**

- This form is not applicable for change of representative.
- For change of payer/payment mode, please complete the "Payment Alteration Form".
- For upgrade of plan/rider, please complete the "Upgrading of plan type and/or Enhanced Incomeshield Riders Application Form".
- Form to be submitted to Group & Health department at least 30 days prior to renewal, failing which the change may not be reflected in the renewal.
- If you have more than one policy and the change requested is not the same for all policies, please fill in a separate form for each policy.
- For any Downgrade request, NTUC Income will issue a new policy. For other Alteration requests, NTUC Income will issue an endorsement letter.

**Section A – Particulars of Payer/Policyholder (Compulsory)**

Name (as shown in NRIC/FIN) Please underline surname	NRIC/FIN No.	Date of Birth (dd/mm/yyyy)
Contact No. (Update our records <input type="checkbox"/> Yes <input type="checkbox"/> No ) (Hp) (O) (H)	Email	

**Section B – Changes in Particulars of Policyholder/Insured Person**

- Change/Correction of Name/Identification Number**  
Previous \_\_\_\_\_ New \_\_\_\_\_  
(Please attach photocopy of the Birth Certificate, NRIC, FIN or Deed Poll as documentary evidence.)
- Change/Correction of Signature**  
Previous \_\_\_\_\_ New \_\_\_\_\_  
(If cannot recall, please attach photocopy of the NRIC or FIN as documentary evidence.)
- Change/Correction of Nationality to**  
 Singaporean  Singapore PR  Others (please specify)  
(Please attach photocopy of the NRIC or FIN as documentary evidence.)
- Change/Correction of Date of Birth (dd/mm/yyyy)**  
Previous \_\_\_\_\_ New \_\_\_\_\_  
(Please attach photocopy of the Birth Certificate, NRIC or FIN as documentary evidence.)
- Change/Correction of mailing address**  
\_\_\_\_\_
- Downgrade**  
**Main Plan to:**  
Enhanced Incomeshield:  Advantage Basic:  SG  PR  FR  
Incomeshield:  Plan P  Plan A Plan B:  SG  PR  
(SG - Singaporean; PR - Permanent Resident; FR - Foreigner)  
**Rider to:**  
 Assist Rider\* (Applicable for existing Plus Rider policyholders only.)  
(\* Once you switch to the new Assist Rider, you will not be allowed to revert to the Plus Rider.)
- Termination**  
 Main Plan  Plus / Assist Rider  Daily Cash Rider  Child Illness Rider

GH/G617/POLALT/09/2009

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**Section C - Persons Affected By This Change (Compulsory)**

Myself, Policy No. \_\_\_\_\_

Name	NRIC/FIN/BC No.	Policy No.	Relationship

**Declaration and Authorisation**

**Agreement**

I wish to change the above Policy according to the request(s) indicated in Section B of this form. I have read and agreed to the Important Points.

I also understand and agree that the changes

- a. are subject to NTUC Income's acceptance;
- b. if accepted, may be subject to terms, conditions and exclusions imposed by NTUC Income;
- c. will take effect only when NTUC Income accepts and approves my/our request(s) and notifies me/us in writing of the effective date of the change, provided I/we have paid the premium in full; and the Endorsement issued and delivered to me.

\_\_\_\_\_  
Signature of Payer/Policyholder

\_\_\_\_\_  
Date (dd/mm/yyyy)