

APPLICATION FOR VIVOLINK 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.

For Office Use

Adviser's Name	Adviser's Code	Source Code	Delivery Mode <input type="checkbox"/> Mail <input type="checkbox"/> Hand
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Particulars of Proposer/Insured

Name (as shown in NRIC)			NRIC No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (dd/mm/yyyy)	Height (m)	Weight (kg)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Residential Address				Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (Please specify) _____
Contact No. (O) _____ (H) _____ (Hp) _____			Email	
Name of Company/School		Occupation/Position		Exact Nature of Work

Particulars of Insured (If different from Proposer)

Relationship with Proposer <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____ (Please specify)				NRIC No.
Name (as shown in NRIC)				Nationality
Date of Birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Height (m)	Weight (kg)	Occupation/Position
Name of Company/School				Exact Nature of Work

Details of Plan

<input type="checkbox"/> Own Life <input type="checkbox"/> Third Party	Product code: VL1	Policy No.	Amount of Regular Premium
Please specify fund allocation		Reinvestment of distribution for Aim Now fund The default option is to reinvest the distribution from Aim Now fund into the fund. Please select the option below only if you have selected Aim Now fund and wish to encash future distribution when they are available. <input type="checkbox"/> I wish to encash all future distribution from Aim Now fund when they are available.	

Payment Method and Mode

Premium Payment Mode <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	Payment Method <input type="checkbox"/> GIRO <input type="checkbox"/> Cash/Cheque No.	Receipt No.
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GIRO Arrangement

<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Third Party (Note: For new GIRO application, GIRO form must be submitted)			
Name of Account Holder	NRIC No. of Account Holder	Name of Bank/Branch	Bank Account No.

Family History

Has any of your natural parents or siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease? If "Yes", please provide details of age(s) at onset, relationship and cause of death or condition(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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LJ/1001/Life/03/2011

Regular Single Premium Top-up

Amount of Premium	Premium Payment Mode <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	Period From year _____ to year _____
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Health Questions on Life Insured

If the answer is "Yes", please provide details including dates, diagnosis, duration, name and address of attending physicians and medical institutions.

1. Have you suffered from or received treatment for any of the following? i. Cancer ii. Heart and/or Heart Valve Conditions iii. Chronic Kidney Disease iv. Stroke and/or Transient Ischaemic Attacks v. Liver Cirrhosis and/or End Stage Liver Failure vi. Systemic Lupus Erythematosus vii. Terminal Illness viii. Severance or total loss of use of one or both limbs OR total loss of use of one or both eyes ix. Chronic Obstructive Lung Disease and/or End Stage Lung Disease x. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If the answer is "Yes", the benefit payable for Death, Total & Permanent Disability, Dread Disease or Accidental Death shall be the cash value of the policy.

2) Have you ever had or been told to have or been treated for i. Hypertension ii. High Cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes", please furnish the date of diagnosis, type of medications given, type of the investigations done (e.g. BP readings, ECG etc) and state the blood test results (if any).

3. Have you suffered from physical or mental impairment or deformity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Have you had or been advised or planned to go for any appointment for surgery or any investigation or tests such as X-ray, ultrasound, CT scan, biopsy, electrocardiogram (ECG), blood or urine tests, etc or have you had or been advised for any hospital admissions? If "Yes", please give details of condition(s) and any abnormalities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Do you smoke cigarettes, cigar, etc? If "Yes", please indicate quantity per day.	_____ sticks	<input type="checkbox"/> Yes <input type="checkbox"/> No
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For Females Only

6. (a) Have you had or are you aware of any breast lumps or any other disorders of your breasts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(b) Have you had irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(c) Have you had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(d) Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations? If "Yes", please state type, reason, date of test done and results of test (copy to be submitted if available).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Declaration on Replacement of Policy(ies) by Proposer

Warning: It is disadvantageous to replace an existing life insurance policy with a new one. Some of the disadvantages are:

1. Insurance may not be granted on standard terms;
2. A higher premium may have to be paid in view of increased age;
3. The financial benefits accumulated over the years may be lost.

In your own interest, we would advise that you consult your present insurer (s) before making a final decision. Do hear out both sides and make a careful comparison so that you can be sure that you are making a decision that is in your best interest.

Is the assurance now applied for intended to replace any existing policy? Yes No

If "Yes", please provide details: _____

Declaration of Beneficial Ownership

If you are not the beneficial owner*, please provide the details such as Name and NRIC/Passport No. of the beneficial owner(s) and your personal relationship(s) with them and submit a copy of their NRIC/Passport to us.

Please provide relevant details here : _____

* "Beneficial Owner" as defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism means the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporate.

For the avoidance of doubt, completion of this section is not a nomination of beneficiary(ies) under the policy.

Declaration and Authorisation

I/We agree to inform NTUC Income as soon as possible if there is any change in the state of my health and/or the life to be insured's health or if I and/or the life to be insured plan to seek any medical consultation, investigation or treatment between the date of this application and before the date the policy is issued by NTUC Income. I/We understand that NTUC Income may impose special terms according to the information provided by me/us.

I/We declare and warrant that the answers given in this application are true, correct and complete and I/We accept full responsibility for them, whether written by me/us or by anyone else on my/our behalf. I/We have not withheld any information. I/We agree that this application and other written answers, statements, information or declarations made by me/us or on my/our behalf shall form the basis of the contract of insurance between me/us and NTUC Income and if anything untrue, incorrect or incomplete is stated, the insurance policy issued shall not be valid.

I/We agree that there shall be no liability upon NTUC Income until a policy has been issued and delivered to me and the first premium paid in full. And I/We agree and authorise:

- (a) Any medical source, insurance office, or organisation to release to NTUC Income, and
- (b) NTUC Income to release to any medical source or insurance office,

any relevant information concerning me/us at the time, irrespective of whether the proposal is accepted by NTUC Income or not. A photocopy is valid as an original copy.

I/We understand that it is usually disadvantageous to replace an existing investment product e.g. unit trust, with a new investment product, whether from the same/different financial institution.

I/We agree that the policy will be entered in the Register of the Singapore Policies.

I/We have been given the following documents, the contents of which were explained to my satisfaction:

- (a) Your Guide to Life Insurance, (b) Products Summary, and (c) Benefit Illustration.

I/We also wish to apply for admission as a member of NTUC Income and if accepted, I/We agree to be bound by the By-Laws of NTUC Income.

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the adviser but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

Signed in Singapore on the _____ day of _____ 20____

Signature of Proposer

Signature of Witness

Signature of Insured

Name & NRIC No. of Witness

Adviser's Declaration

1. I declare that all the answers given to me by the Proposer/Insured are declared in the proposal. I have not withheld any other information which may influence the acceptance of this proposal by NTUC Income.
2. I am aware that NTUC Income takes a serious view of non-disclosure and action will be taken against me if I am deemed a party to the non-disclosure.
3. I have personally SEEN the Proposer/Life Insured and have explained the terms of the policy to the Proposer.
4. I have seen the original identification documents and attached a photocopy herewith. I confirm that the attached is a copy of the original.

Signature of Adviser

Date

5. Is the life assurance intended to replace an existing policy? If "Yes", please give details.

Yes No