

Application for Direct Purchase Insurance

Statement under Section 25(5) of the Insurance Act, Cap. 142 (or any future amendments to it)
You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for.
Otherwise, the insurance policy may not be valid.

For official use

Adviser's name	Adviser's code	Source code	Delivered by <input type="checkbox"/> Mail <input type="checkbox"/> Hand
----------------	----------------	-------------	---

Details of proposer

Name (as shown in NRIC)		NRIC number or FIN	Date of birth (dd/mm/yyyy)	
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others, please specify _____		Country of birth		
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Height (metres)	Weight (kilograms)
Name of company or school		Occupation		Yearly income (S\$)
Home address			Exact nature of work	
Contact number (Office) (House) (Hand phone)		Email		
Language spoken <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____		Language written <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____		Highest educational level attained <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> GCE 'O'/'N' level <input type="checkbox"/> Pre-U/JC <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Post graduate
If your contact particulars (i.e. address, contact number and email) indicated in this form are different from your existing records with us, we will update all your existing policies with the new contact particulars. But if you do <u>NOT</u> want us to update the address for any of your policy, please indicate the policy number. Address will not be updated for policy number(s):				

Details of plan

Basic plan (please give plan code)	Sum assured (S\$)	Premium due (S\$)
Riders (please give plan codes)		

Payment method

Premium payment frequency for regular premium plan <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	
Method for paying first or one-time premium <input type="checkbox"/> Cash <input type="checkbox"/> Cheque number _____ (payable to NTUC Income) <input type="checkbox"/> GIRO (please fill in and attach a GIRO application form) <input type="checkbox"/> Credit Card (only for regular premium plan)	Method for paying renewal premiums <input type="checkbox"/> GIRO (please fill in and attach a GIRO application form) <input type="checkbox"/> Cash
For credit card payment method, if you do not give the below details, or you give an invalid account or details, we will default to cash payment.	
Credit card authorisation I authorise you to take the first premium amount from my credit-card account for this insurance application.	
Name of cardholder	Credit-card number (VISA or MasterCard) [][][][] - [][][][] - [][][][] - [][][][]
	Card expiry date (mm/yy) [][] / [][]
Relationship to proposer (if different from proposer)	Signature of cardholder (as shown on the credit card)

Information and replacement of existing policies

	Insured
1 Do you have any existing policies or proposals pending approval? If you answered yes, please give details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insured

Name of insurer	Year issued or pending	Sum assured			Accident and hospitalisation	Others
		Death	Critical illness	Total and permanent disability		

2 Is the insurance you are applying for to replace any existing policy with Income or other insurers? Warning: We would not advise you to replace an existing policy with a new one. Some of the disadvantages are: a the insurance may not be granted on standard terms; b you may have to pay a higher premium as you are now older; and c you will lose financial benefits built up over the years. Please consult your present insurer before making a final decision. Make a careful comparison so that you can be sure that you are making a decision that is in your best interest. (1k)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If you answered yes, please give details below.

Insured

Details	

Details on previous and concurrent applications and claims

	Insured
1 Has any application for a life or critical illness or disability, or accident or hospital insurance policy ever been refused, postponed or accepted at special rates with Income or any other insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Are you making or have you made any claims, including hospitalisation claims on any policy with Income or any other insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to questions 1 to 2 above, please give details below.

Insured

Question number	Details

Lifestyle

	Insured
1 Do you drink alcohol or take any other stimulants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Have you smoked cigarettes in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Do you plan to live abroad for more than three months other than for holidays or studies? If you answered yes, please give details below including the country, for how long and the reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Do you take part in or do you plan to take part in military or private flying other than as a passenger on a regular airline or any other dangerous occupation or pursuits such as scuba diving, mountain or rock climbing, free-fall parachuting, sky diving or motor racing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Have you been taking any drugs which can become addictive or have you ever been treated for drug or alcohol addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the questions above, please give details below.

Insured

Question number	Details
1	Quantity per week: Beer _____ cans Wine _____ glasses Spirits _____ tots 1 standard alcoholic drink equates to a 330ml can of beer, a 125ml glass of wine or a 30ml tot of spirits Other stimulants (please state type and quantity) _____
2	Number of years smoked _____ Number of cigarettes per day _____

Family history

	Insured
Have either of your natural parents or any of your brothers or sisters died or suffered from cancer including carcinoma in situ, heart disease, stroke, high blood pressure, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease? If you answered yes, please give details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insured

Relationship to insured	Age	Medical condition	Age when it began	Age at death	Cause of death and details

Details of doctor (part 1)

	Insured						
Do you have a regular doctor? If you answered yes, please give details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;">Insured</td> </tr> <tr> <td>Name of doctor</td> <td> </td> </tr> <tr> <td>Address</td> <td> </td> </tr> </table>		Insured	Name of doctor		Address		
	Insured						
Name of doctor							
Address							

Details of doctor (part 2)

	Insured												
Have you consulted any doctor in the last 5 years for conditions other than common cough and flu? If you answered yes, please give details below. To clarify, you can indicate the same doctor as the regular doctor you have given above.	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;">Insured</td> </tr> <tr> <td>Name of doctor</td> <td> </td> </tr> <tr> <td>Address</td> <td> </td> </tr> <tr> <td>Date last consult</td> <td> </td> </tr> <tr> <td>Reason for consultation</td> <td> </td> </tr> <tr> <td>Result of last consultation</td> <td> </td> </tr> </table>		Insured	Name of doctor		Address		Date last consult		Reason for consultation		Result of last consultation		
	Insured												
Name of doctor													
Address													
Date last consult													
Reason for consultation													
Result of last consultation													

Questions on health

	Insured
1 Have you ever had, been told to have, been treated for, been told to get treatment for or suffered symptoms of any of the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a epilepsy, fits, stroke, paralysis, weakness of limbs, persistent headache, unconsciousness, nervous breakdown, depression or any other nervous or mental disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b diabetes, thyroid disorders or any other endocrine disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c double vision, impaired sight, hearing or speech, ear discharge, nosebleeds or any other disorders of the eye, ear, nose or throat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d asthma or a persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints or discomfort or any other lung diseases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e raised cholesterol, high blood pressure, heart attack, heart murmur, prolapsed mitral valve or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorder of the heart or blood vessels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g jaundice, being a hepatitis-B carrier or any other form of hepatitis, liver disorder or gall bladder disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j cancer, tumour, cyst or growth of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k anaemia, any other disorders of the blood, or had been told not to donate blood or received a blood transfusion or blood products for haemophilia or any other reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions on health (continued)

	Insured
1 any other illness, disorder, operation, physical disability or accident not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Have you or your husband or wife received any medical advice, counselling or treatment in connection with sexually transmitted diseases, AIDS, AIDS-related complex or any other AIDS-related conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Have you had a HIV test done (please give the reason and results), or in the last three months had any of the following symptoms for more than one week continuously? Feeling tired, weight loss, diarrhoea, enlarged lymph nodes or unusual skin lesions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 In the past five years, have you had any test done such as an X-ray, ultrasound, CT scan, biopsy, pap smear, electrocardiogram (ECG), blood or urine test? If you answered yes, please give details of date, type of test, reason for undergoing such test and the test result.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Have you had any gain or loss in weight of more than 5kg in the last 12 months? If you answered yes, please give reasons in the space below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health questions for females only (age 10 and above)

6 a Have you had or received any treatment for or plan to be treated for any disease or disorder of the breast including breast lump, breast cyst, fibroadenoma of the breast, fibrocystic disease, nipple changes or discharge, mammary dysplasia, Paget's disease of the nipple or breast, carcinoma in situ of the breast, cancer or growth of the breast?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Have you had or received any treatment for or plan to be treated for any disease or disorder of the cervix uteri, uterus or ovaries including ovarian cysts, abnormal uterine or vaginal bleeding, uterine fibroids, abnormal enlargement of the abdomen, carcinoma in situ or cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c Have you had an abnormal mammogram, PAP smear, pelvis ultrasound, breast ultrasound, cone biopsy, colposcopy, or other gynaecological test; or have you ever been advised for further follow-up on (or to repeat) any one of these tests within 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d Have you had any complications during your pregnancy or as a result of your pregnancy (for example, an ectopic pregnancy, diabetes, high blood pressure or protein in the urine)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e Has any of your children suffered from hereditary disorders (for example, Spina bifida or Down's syndrome)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f Has any of your children suffered from congenital disorders (for example, club foot, a hole in the heart or cleft lip or palate)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g Are you now pregnant? If you answered yes, how many weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the questions above, please give details below.

- The name of the condition and the date of diagnosis.
- The name and address of each doctor and hospital.
- How long the illness or injury lasted and the date of recovery.
- The nature of the tests done, dates, results and reasons for the tests.
- A copy of the above tests, if any.

Mandatory declarations

1 Tax residency declaration

Are you a tax resident of any country other than Singapore?

Yes No

If yes, please fill in all the countries in which you are a resident of tax purposes and the corresponding Taxpayer Identification Numbers (TIN). If you are a United States (U.S.) citizen or U.S. resident for tax purposes, you are required to complete and submit Form W-9.

Country of tax residence	TIN
1	
2	

You must provide a TIN. If you are unable to provide a TIN, please provide the reason below.

Please note that any false, misleading or fraudulent information regarding your resident status for tax purposes may result in certain penalties.

2 Beneficial owner¹

If you are not the beneficial owner, please give details of the beneficial owner(s) below. Please also give a copy of their NRIC or passport.

Name of beneficial owner	
Identification number of beneficial owner	Relationship of beneficial owner to proposer

¹ Beneficial owner is defined as 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 unincorporated.

If you fill in this section, it does not mean you are choosing a beneficiary under the plan.

Mandatory declarations (continued)

3 Politically Exposed Person (PEP)²

If you, the insured, or the beneficial owner is a PEP, or related³ to a PEP, please give details below.

Name of PEP	Title of PEP
Name of person related to PEP	Relationship of related person to PEP

² Politically Exposed Person (PEP) is an individual who is or has been entrusted with prominent public functions whether in Singapore, a foreign country or an international organisation. Prominent public function includes the roles held by head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

³ By "related", we mean an individual who is closely connected to a PEP either socially or professionally. Examples of related persons include parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling.

4 Source of funds and wealth (we may request for additional information or supporting documents, if necessary)

i Source of funds

- a Who is paying the insurance premium for this application? Proposer or self Others

If your answer is others, please provide details below.

Name of the payor	Identification number of payor (NRIC or Passport or FIN number)
Relationship to proposer	Contact number

b What is the source of funds used to finance the premiums?

- | | |
|---|---|
| <input type="checkbox"/> Salary or commission | <input type="checkbox"/> Proceeds from a policy (please give details below) |
| <input type="checkbox"/> Personal savings | <input type="checkbox"/> Inheritance (please give details below) |
| <input type="checkbox"/> Sale of assets (please give details below) | <input type="checkbox"/> Other (please give details below) |

Details _____

ii Source of wealth⁴ (to be declared on the party who is paying the insurance premium for this application. Otherwise, it is to be declared on the proposer or beneficial owner)

a What is your source of wealth?

- | | |
|--|--|
| <input type="checkbox"/> Salary or employment income | <input type="checkbox"/> Business or trade income |
| <input type="checkbox"/> Cash and savings | <input type="checkbox"/> Investments (shares, bonds, unit trusts, and so on) |
| <input type="checkbox"/> Inheritance and gift | <input type="checkbox"/> Sale of property or company or other assets |
| <input type="checkbox"/> Withdrawal of CPF money | <input type="checkbox"/> Others, please specify _____ |

⁴ Source of wealth refer to the origin of the proposer's, payor's and beneficial owner's entire body of wealth (i.e. total assets).

5 Address verification

If your address stated in the proposal form is different from the address in your identity document (e.g. NRIC), please select Box A or B and complete the blanks.

Box A

I am maintaining a different address for correspondence purposes. The reason why I require a different address for correspondence is because _____ (specify reason).

The owner of the correspondence address is _____ (specify name).

My relationship with this owner is that of a _____ (specify relationship to owner of the correspondence address).

Box B

The address in my identity document is not updated yet. The address I provided in the proposal form is the updated one.

If you have selected Box B, please give documentary proof of the address stated in the proposal form, such as copies of utility bills, bank statements or letters issued by statutory or government bodies (dated within past 6 months) with letterhead, name, address and date clearly shown.

Mandatory declarations (continued)

6 Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which includes the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

i Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) communicate on purposes relating to an application or policy;
- (c) decide whether to insure or continue to insure you and your insured persons;
- (d) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (e) provide financial advice for product recommendation based on your financial needs analysis;
- (f) provide ongoing services and respond to your inquiries or instructions;
- (g) make or obtain payments;
- (h) investigate and settle claims;
- (i) recover any debt owed to us;
- (j) detect and prevent fraud, unlawful or improper activities;
- (k) conduct research and statistical analysis;
- (l) coach employees and monitor for quality assurance;
- (m) reinsure risks and for reinsurance administration;
- (n) comply with all applicable laws, including reporting to regulatory and industry entities; and
- (o) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

If you give your consent under Section v, we may also collect and use your personal data to contact you on our marketing or promotional materials relating to our financial products or services via telephone calls, text messages, faxes, mails, or emails.

ii Disclosure of personal data

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section i above to these parties:

- (a) your financial advisers;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

iii Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

iv Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

v Marketing material option

Please indicate if you wish to receive marketing or promotional materials on our financial products, and related services, programmes and events, via telephone calls, text messages, faxes, mails, or emails.

Yes No

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

We will use the contact particulars, including any update, you have given to us to contact you.

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: DPO@income.com.sg

vi Income's rewards programme

Please indicate if you wish to be a member of Income's rewards programme.

Yes No

If you would like to receive updates on the rewards programme, please also select "Yes" under the marketing material option.

For more information on Income's rewards programme, please visit www.income.com.sg/rewards

Declaration and authorisation

I will tell you as soon as possible if there is any change in the state of my health or the insured's health or if I or they plan to get any medical consultation, investigation or treatment between the date of this application and before the date you issue this policy. You may add special terms to the policy according to the information provided. This applies if I am applying for a non-guaranteed issue basic plan or for any non-guaranteed issue riders.

The answers in this application are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information. I agree that this application and other written answers, statements, information or declarations made by me or on my behalf will form the basis of the contract of insurance between me and you. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that I understand and agree to the 'Personal data collection statement'.

I agree that your legal responsibility will only begin when you accept this application and I have paid the first premium. I agree and authorise:

- a any medical source, insurance office or organisation to release to you; and
- b you to release to any medical source or insurance office;
any relevant information to do with me or the insured whether you accept my application or not. A photocopy is valid as an original copy.

I understand that it is usually not a good idea for me to replace an existing investment product (for example life policy/ investment-linked policy/ unit trust) with a new investment product, whether from the same or a different financial institution. I further understand that some of the disadvantages of replacement are:

- a the insured or I may not be able to obtain a similar level of protection on the same terms;
- b the insured or I may not be insurable on standard terms;
- c I may have to pay a higher premium in view of a higher age; and
- d I will lose financial benefits built up over the years.

I have read and understood the following:

- a Product Summary and Benefit Illustration; and
- b Direct Purchase Insurance Fact Sheet and Checklist

I am aware that a copy of 'Your Guide to Life Insurance' or 'Your Guide to Health Insurance' (or both) is available for download at www.income.com.sg or can be requested from Income.

I confirm that the entire marketing and selling process for my proposed insurance application has been carried out in Singapore.

I agree that the policy will be entered in the Register of the Singapore policies.

I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.

I also want to apply for membership of Income and if accepted, I agree to keep to your by-laws.

I agree that if I do not reveal any significant fact (which would have affected your decision to accept my application on standard terms) in this application, any policy issued may not be valid. This includes any fact I may not be sure is significant, and also any information I have given to the adviser but was not included in the application.

Signature of proposer	Signature of trusted individual	Signature of witness
Signed in Singapore on (dd/mm/yyyy):	Signed in Singapore on (dd/mm/yyyy):	Signed in Singapore on (dd/mm/yyyy):
	Name and NRIC number of trusted individual	Name and NRIC number of witness

Centre Manager's Declaration

To be completed by centre manager if selected client did not have a trusted individual or if the trusted individual is unfamiliar with life insurance products.

Call-back/SMS date: _____

Call-back/SMS time: _____

Phone number used: _____

I have spoken to the client via call-back to:

- 1 Remind the client:
 - i that the DPI is bought without financial advice;
 - ii that there is a 14-day free-look period; and
 - iii to check with a trusted individual on the DPI bought within the free-look period.
- 2 Reinforce the following key information:

i Name of DPI	iv Policy term
ii Name of rider, if applicable	v Premium payment term
iii Sum assured	vi Premium amount and payment frequency
- 3 Obtain the client's confirmation for us to proceed with the application.

I could not reach the client after at least 3 call-backs. Hence, I have sent an SMS to the client. SMS content is as follows:

Dear <Proposer>, we have tried contacting you to confirm your purchase of <plan type & name>, <your sum assured \$xxx,xxx>, <coverage term>, <premium amount payable annually/monthly>.

As we have been unsuccessful in contacting you, we will proceed to process your DPI application. However, please note that you still have a free-look period of 14 days from the date you receive the policy contract. Within this period, you can choose to cancel the policy contract should you wish to.

Name of centre manager

Signature

Date

Direct purchase insurance

Part 1 - Fact sheet

What are Direct Purchase Insurance (DPI)?

DPI are life insurance products that you can buy directly from insurance companies, without paying any commissions. You do not need to pay commissions because these products are sold without any financial advice. Please read this fact sheet together with the benefit illustration, product summary, and policy contract¹ and product brochures (if available) carefully before buying any DPI. A checklist is also provided to help you in your purchase of a DPI.

What are the types of DPI offered?

There are two main types of DPI available:

- (a) Term life with Total and Permanent Disability (TPD) cover and an optional Critical Illness (CI) rider
- (b) Whole life with TPD cover and an optional CI rider

TPD is the complete inability to engage in any business/occupation, or total and irrecoverable physical loss, due to accident or sickness.

What is the difference between a term life DPI and a whole life DPI?

A term life DPI provides insurance protection for a fixed period of time and may be suitable if you wish to provide for your financial dependants until they become self-reliant. There will be a payout if you pass away, or suffer a terminal illness during the coverage period. Terminal illness is the conclusive diagnosis of an illness that is expected to result in death within 12 months. In comparison, a whole life DPI generally provides life-long insurance protection.

As term life DPI are pure protection policies with no savings or investment feature, they are generally cheaper than whole life products. However, this also means that a term life DPI has no cash value when the policy expires, or if you end the policy early.

Whole life DPI are typically more expensive than term life DPI as their premiums are invested to build up cash value in addition to paying for insurance coverage. If you end a whole life DPI early, there may be a cash value (known as surrender value). However, there may be no cash value if you end the policy in the first few years as most of the premiums you have paid would have been used to pay for the initial administrative expenses incurred by the insurers for setting up the policy. For more information, visit <http://www.moneysense.gov.sg/dpi>.

Should I buy a critical illness rider for my DPI?

Once you have chosen a term or whole life DPI, you may choose to add a CI rider. The CI rider pays out the full coverage amount of a term or whole life DPI in a lump sum either when you are first diagnosed with a CI or after you have undergone surgery covered under the rider (except for Angioplasty²). This payout may ease your financial burden as your treatments and medication can be costly. Your income may also be affected as you may not be able to work due to the CI. It is important to note that the term or whole life DPI, together with the CI rider, will be terminated once the coverage amount is paid out under the CI rider.

There is a total of 30 CIs covered under the CI rider. For more information on the CIs covered, please refer to <http://www.moneysense.gov.sg/dpi>. You should also refer to the policy contract for detailed definition of each CI as you will receive a payout under the CI rider only if the illness falls within the definition stated in the contract.

¹ As life insurers only provide policy contracts upon request, you may wish to request for a copy of the DPI policy contract to find out more details about the policy, such as the exclusion clauses and other terms and conditions of the policy.

² The CI rider will only pay out 10% of the coverage amount of the main policy or \$25,000 whichever is lower, for Angioplasty and other invasive treatment for coronary artery. After the insurance company pays out the above, the remaining coverage amount for the main policy and CI rider continues to be in effect.

How much insurance coverage do I need?

You should consider your financial commitments (e.g. loans, family expenses and children's educational needs) and existing insurance coverage, including insurance provided by your employer, when deciding the insurance coverage that you need. You may use the Insurance Estimator at the following link: <https://www.cpf.gov.sg/eSvc/Web/Schemes/InsuranceEstimator/InsuranceEstimator> to help you decide on the amount of coverage you need.

You should also consider whether you can afford to pay the premiums for the entire duration of the policy, taking into account your outstanding loans, regular expenses and your income over the long term. If you are unable to pay the premiums, your insurance policy will lapse (or end) and you will no longer be covered. You may use the Budget Calculator available on the MoneySENSE website at: <http://www.moneysense.gov.sg/financial-planning/financial-calculators/budget-calculator.aspx> to check if the premium is affordable based on your current income and expenditure.

How much insurance coverage can I buy?

You can insure yourself for up to S\$400,000 per insurer, with a cap of S\$200,000 for whole life DPI.

The following are some scenarios to illustrate how the cap of S\$400,000 for DPI and sub-limit of S\$200,000 for whole life DPI work.

Scenario 1:

If you have bought a term life DPI with sum assured of S\$300,000, you may buy an additional term life DPI or whole life DPI with sum assured of \$100,000 from the same insurer.

Scenario 2:

If you have bought a whole life DPI with sum assured of S\$150,000 from an insurer, you may buy another whole life DPI with sum assured not exceeding S\$50,000, or a term life DPI with sum assured not exceeding S\$250,000 from the same insurer.

The scenarios above are not exhaustive. Visit <http://www.moneysense.gov.sg/dpi> for more examples on the amount of DPI you can buy.

What are the different coverage periods offered for term life DPI and how do I choose among them?

You may choose from three different coverage periods for your term life DPI:

- (a) 5 year renewable
- (b) 20 years
- (c) Term up to age 65

A 5 year renewable term life DPI may be suitable if you prefer shorter coverage and the flexibility to renew your policy. The premiums may be higher at the point of renewal due to your age, but any medical conditions uncovered since the start of the term life DPI will continue to be covered after the renewal.

The other options are a term life DPI with coverage period of 20 years, and a term life DPI that covers you up to age 65. These may be suitable if you prefer longer coverage.

As your dependants will not benefit from the DPI's coverage after it expires, you should consider the age of your dependants when choosing your policy coverage period.

What are the different premium payment periods offered for whole life DPI and how do I choose between them?

You may choose to pay premiums for your whole life DPI up to age 70 or age 85.

If you choose to pay premiums until age 70, you will need to pay higher premiums every year, but the total amount paid over the entire premium payment period will be lower.

If you choose to pay premiums until age 85, you will pay lower premiums every year, but the total amount paid over the entire premium payment period will be higher.

Consider if you can afford to pay the premiums until the age you have chosen, taking into account that you may not be earning any income after you retire.

What other important points should I be aware of?

You should read and understand the policy contract and product summary which set out the terms and conditions of the policy, such as the following:

1. Coverage period (for whole life DPI)

Insurers may either set a maturity age (e.g. age 99 or 100) when all benefits would be paid out, or pay the benefits only upon your death or diagnosis of a terminal illness, even if this occurs beyond age 99 or 100.

2. Premiums for TPD coverage

The coverage for TPD lasts up to a maximum age of 65.

The premiums that you pay may change throughout the premium payment period, depending on how the insurers price the TPD coverage.

- (a) If the TPD coverage is priced separately from the main DPI, the premiums will be reduced once TPD coverage ends after age 65.
- (b) If the TPD coverage is priced as part of the main DPI and spread out equally over the entire premium payment period, the premiums will remain the same even though TPD coverage ends after age 65.

3. Exclusion clauses

Different insurers may have different exclusion clauses which state the situations when benefits under the DPI are not payable. For example, some insurers may not pay out the TPD benefit if the policyholder becomes totally and permanently disabled arising from travel on a non-commercial aircraft. Some insurers may void the policy contract if the policyholder's death arises from any criminal activity; or an act of war (whether declared or not). You should read the product summary and policy contract to find out what these exclusions are and whether the DPI meets your needs.

What do I need to disclose in my DPI application?

You should disclose all information requested in the proposal form (including any pre-existing medical conditions) fully and truthfully. If material information³ is not disclosed, or is falsely disclosed, you or your dependants may not be able to claim the benefits under the DPI. If you are unsure whether the information is material, you are advised to disclose it.

After you submit your application, the insurer will conduct its underwriting. As the terms and benefits of the DPI may change after underwriting, you should consider whether the revised terms and benefits still meet your needs when you receive the policy documents.

I am still not sure what type of DPI to buy and how much coverage I need. What should I do?

DPI may not be suitable for you if you are unsure about which type of DPI or how much coverage to buy as no financial advice is provided during the purchase process. In such a case, you are encouraged to seek advice from a financial advisory representative who will be able to advise you on a suitable product.

Useful resources and tools:

- (1) MoneySENSE website (including Frequently Asked Questions on DPI): <http://www.moneysense.gov.sg/dpi>
- (2) Web Aggregator (for life insurance products): <http://www.comparefirst.sg>
- (3) MoneySENSE Budget Calculator: <http://www.moneysense.gov.sg/financial-planning/financial-calculators/budget-calculator.aspx>
- (4) CPF Board Insurance Estimator: <https://www.cpf.gov.sg/eSvc/Web/Schemes/InsuranceEstimator/InsuranceEstimator>

³ Examples of material information include:

- Whether you are a smoker
- Whether you are currently on any medication or receiving any treatment
- Whether you have any pre-existing medical conditions

Part 2 - Checklist

(i) This section must be completed before you can buy a DPI.

I have

(a)	Read and understood the DPI Fact Sheet
(b)	Read and understood the benefit illustration and product summary, including any coverage exclusions of the DPI
(c)	Declared all pre-existing medical conditions in the Proposal Form
(d)	Disclosed all existing life insurance policies that I own, or am in the process of applying for in the Proposal Form
(e)	Declared my current financial situation, such as my income in the Proposal Form
(f)	Completed and disclosed fully and truthfully all the information requested in the Proposal Form and any supplementary questionnaire(s)
(g)	Decided to buy the DPI, without seeking any advice from any financial advisory representative

(ii) You are encouraged to go through the following items before buying a DPI:

Have you...

(a)	Used the Insurance Estimator at the following link: https://www.cpf.gov.sg/eSvc/Web/Schemes/InsuranceEstimator/InsuranceEstimator to calculate the amount of life insurance coverage you would need?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b)	Used the Budget Calculator at the following link: http://www.moneysense.gov.sg/financial-planning/financial-calculators/budget-calculator.aspx to check if the premium that you will pay is affordable based on your current income and expenditure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c)	Visited http://www.comparefirst.sg to compare the features and premiums of DPI and other types of life insurance products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d)	Considered the different types of DPI and other types of life insurance products that are available, and whether the DPI that you intend to purchase is suitable for your financial circumstances and needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Acknowledgement of Receipt of DPI Fact Sheet

I acknowledge that -

- (a) I have received a copy of the DPI Fact Sheet and have read and understood all of its contents.
- (b) I have completed the DPI Checklist and have decided to purchase

(Fill in the name of DPI)

Signature of proposer

Date (dd/mm/yyyy)

Name of proposer

NRIC or FIN number

Direct purchase insurance

Fact sheet supplementary form

Definitions and Requirements Relating to “Selected Client” & “Trusted Individual”

- 1) “Selected Client” is defined as any Client who meets any two of the following criteria:
 - i. 62 years of age or older;
 - ii. Not proficient in spoken or written English; or
 - iii. Has below GCE ‘O’ level or ‘N’ level certifications, or equivalent academic qualifications.
- 2) Selected Client should be accompanied by a Trusted Individual (TI) when purchasing a DPI.
- 3) If the Selected Client is not accompanied by a TI, the client can still choose to purchase a DPI and the Life Insurer needs to remind the client:
 - i. that the DPI is bought without financial advice;
 - ii. that there is a 14-day free-look period; and
 - iii. to check with a TI on the DPI bought within the free-look period.

I acknowledge that:

- i. I have been briefed on the above 3 items by the Life Insurer and understood all of them.
- ii. I will check with a Trusted Individual on the DPI I have just bought within the next 14 days.

Name: _____

NRIC/ID: _____

Date: _____

Signature: _____

- 4) “Trusted Individual” (TI) is defined as:
 - i. At least aged 18;
 - ii. Possess at least GCE ‘O’ or ‘N’ level certifications or equivalent academic qualifications;
 - iii. Be proficient in spoken or written English; and
 - iv. Be a person who has the trust of the Selected Client.

I acknowledge that:

- i. I am familiar with Investment or Life Insurance Products.
- ii. I have fulfilled the above definition and I am a Trusted Individual to (Client’s name): _____

Name: _____

NRIC/ID: _____

Date: _____

Signature: _____