

Abridged Fact Find form for Investment-Linked Policy

Important notice to policyholder or assignee

You would have provided your Income adviser information about yourself in relation to your financial goals, financial situation and your particular needs before the purchase of the insurance product(s).

It is recommended that you seek advice from your Income adviser if you wish to transact in investment-linked policies (ILPs) or make changes to your insurance policies.

Policyholder's or assignee's particulars

Name of policyholder or assignee ¹ (as shown in NRIC)		NRIC number or FIN	Are you 62 years old and above? <input type="checkbox"/> Yes <input type="checkbox"/> No
<small>¹ Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.</small>			
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	

Policyholder's or assignee's accompaniment

Note: It is recommended for you to be accompanied by a Trusted Individual if you belong to any two of the following profiles:

- 62 years of age or older
- Below GCE 'O' level or 'N' level certifications, or equivalent academic qualifications
- Not proficient in spoken or written English

Would you like to be accompanied by a Trusted Individual?

No Yes (If 'Yes', please provide details below)

Name of Trusted Individual _____

Relationship to client _____ NRIC number or FIN _____

Please note that you will be receiving a call from the company to confirm your understanding of the products recommended by your adviser (if you have purchased a product from us).

Policyholder's or assignee's transaction request(s)

[^] For policyholder/assignee who wishes to proceed with one time top-up/recurring single premium/fund switch/change in fund allocation ILP post-purchase transactions and do not want any advice from Income, you must complete SECTION A, SECTION B & SECTION C. This is only available if policyholder/assignee is assessed in SECTION B to have relevant experience and/or knowledge in ILPs.

<input type="checkbox"/> ^One time or ^recurring single premium <input type="checkbox"/> ^Fund switch or ^change in fund allocation <input type="checkbox"/> Increase in regular premium or sum assured <input type="checkbox"/> Increase rider cover term <input type="checkbox"/> RevoSave ILP Account <input type="checkbox"/> Add rider	This Abridged Fact Find form is used for the recommendation of the following policies: 1. _____ 2. _____ 3. _____ 4. _____
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Section A: Policyholder's or assignee's risk profile

It is important to select suitable products that reflect your risk preferences. As a general rule, the higher the potential return, the higher the risk that capital may not be returned. This Risk Profile questionnaire helps to assess your risk tolerance.

Please select one of the options for each question and circle the score accordingly.

(Circle Score)		Q1. Investment Objective	<ul style="list-style-type: none"> • Capital preservation is my priority. • I like my portfolio to provide steady and regular returns over the long term. I am concerned about fluctuations in returns. • I like to see an overall growth in my portfolio and am less concerned about fluctuations in returns. • My primary objective is to maximize growth over long term. I am least concerned about fluctuations in returns.
1			
2			
3			
4			
(Circle Score)		Q2. Investment Time Frame	<p>Assuming that I have made plans to meet short-term financial goals and to handle emergencies, how long would I keep my money invested before I would need to access it?</p> <ul style="list-style-type: none"> • less than 5 years • 5 to less than 10 years • 10 to less than 15 years • 15 years and above
1			
2			
3			
4			
(Circle Score)		Q3. Investment Return Expectation	<ul style="list-style-type: none"> • 0 to less than 3% • 3% to less than 5% • 5% to less than 8% • 8% and above
1			
2			
3			
4			
(Circle Score)		Q4. If my investment portfolio suffers a short-term decline, what is my reaction?	<ul style="list-style-type: none"> • I would sell my investments and keep cash. • I would stay invested and if the decline is more than 10% in value, I would liquidate my investments. • I would liquidate my investments if the decline is more than 25% in value. • I would ride the lows and am willing to invest more money for greater growth opportunities.
1			
2			
3			
4			
(Circle Score)		Q5. In an extreme downturn event, what is the maximum decline I can tolerate?	<ul style="list-style-type: none"> • I would be uncomfortable with any loss. • 10% decline is all I can tolerate. • I would not tolerate more than 50% decline. • I would be able to tolerate a significant decline of more than 50%.
1			
2			
3			
4			
(Circle Score)		Q6. My investment mix preference where Portfolio A refers to fixed income instrument, bond, capital guaranteed product, Portfolio B refers to equity instrument, property and commodity.	<ul style="list-style-type: none"> • 100% in Portfolio A • 70% in Portfolio A and 30% in Portfolio B • 30% in Portfolio A and 70% in Portfolio B • 100% in Portfolio B
1			
2			
3			
4			

Total Score	Score Range	Policyholder's Risk Profile	Portfolio Mix	To be completed ONLY if you disagree with your Risk Profile
(Fill in Score)	6 - 10	Conservative	Objective is to preserve capital. Prefers high liquidity and reduced risk of capital loss. (e.g. Money Market fund and traditional policies)	Please indicate the Risk Profile deemed more suitable: <input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Aggressive Comments: <hr/> <hr/>
	11 - 15	Moderately Conservative	Objective is to obtain dependable regular stream of income from investment. Willing to accept some risks of principle loss. (e.g. Bond Funds)	
	16 - 20	Moderately Aggressive	Objective is to strike a balance between fixed income and equity investment for growth opportunities. (e.g. Balanced Funds)	
	21 - 24	Aggressive	Objective is to achieve above average growth over time and current income concerns will be minimal. Willing to take substantial risks in investment. (e.g. Equity Funds)	

Section B: Policyholder's or assignee's investment knowledge

This questionnaire, also known as the Customer Knowledge Assessment, helps to assess if you have any relevant knowledge or investment experience to understand the risks and features of unlisted "Specified Investment Products", which includes investment-linked policies ("ILPs") or similar products. Any inaccurate or incomplete information provided by you may affect the suitability of the recommendation.

Outcome of Customer Knowledge Assessment

- If you have indicated a "Yes" in at least one of the below questions, you are assessed to have the relevant experience and/or knowledge in ILPs.
- If you have indicated a "NO" in all the below questions, you are assessed NOT to have the relevant experience and/or knowledge in ILPs. We would need you to seek advice from your Income adviser before transacting in your ILP(s).

Educational Qualifications	<p>Q1. Do you hold any Diploma or higher qualification in the finance-related disciplines as below?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> Accountancy Actuarial Science Business/Business Administration Business Management/ Business Studies Capital Markets </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> Computational Finance Economics Finance/Commerce Finance Engineering Financial Planning Insurance </td> </tr> </table>	<ul style="list-style-type: none"> Accountancy Actuarial Science Business/Business Administration Business Management/ Business Studies Capital Markets 	<ul style="list-style-type: none"> Computational Finance Economics Finance/Commerce Finance Engineering Financial Planning Insurance 	<p>If "Yes" to any questions, provide details below</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>
<ul style="list-style-type: none"> Accountancy Actuarial Science Business/Business Administration Business Management/ Business Studies Capital Markets 	<ul style="list-style-type: none"> Computational Finance Economics Finance/Commerce Finance Engineering Financial Planning Insurance 			
	<p>Q2. Do you have any other professional finance-related qualifications? Eg: Chartered Financial Analyst (CFA)/Association of Chartered Certified Accountants (ACCA)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>		
Investment Experience	<p>Q3. Have you made at least 6 transactions in collective investment schemes ("CIS") (example: unit trusts) or ILPs in the last 3 years?</p> <p><u>Transactions that would NOT qualify:</u></p> <ul style="list-style-type: none"> Subsequent investments into a regular premium ILP, recurring single premium ILP or instalment savings plan of Unit Trust after the first premium/instalment. Shares listed in the Stock Exchange 	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>		
Work Experience	<p>Q4. Do you have a minimum of 3 consecutive years of working experience in the past 10 years in the development of, structuring of, management of, sale of, trading of, research on and analysis of investment products or the provision of training in investment products?</p> <p>Note: Work experience in accountancy, actuarial science, treasury or financial risk management activities will also be considered relevant experience.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>		

Section C: Policyholder's or assignee's declaration (to be completed if you do not wish to seek advice from Income)

This section is only available to policyholder or assignee who is assessed to have the relevant experience and/or knowledge in ILPs in Section B and wishes to transact in one of the following post-purchase transactions to ILP(s) without seeking advice from Income.

- One time top-up
- Recurring single premium
- Fund switch
- Change in fund allocation

Important notice to policyholder or assignee:

If you are unsure whether the intended transaction is suitable for your circumstances, you are encouraged to seek advice from a qualified Income adviser who will be able to advise you on a suitable product or transaction to your existing policy.

Please read the following declaration together with the Product Highlight Sheet(s), Fund Report(s) or Monthly Fund Fact Sheet(s) available from www.income.com.sg carefully before submission of this form.

As the policyholder or assignee,

1. I acknowledge that I have the option to complete "My Financial Portfolio" (fact find form) with my adviser but I wish to receive factual information only.
2. I am aware the outcome of my completed Customer Knowledge Assessment under Section B where I am assessed to have relevant knowledge and/or experience in ILPs.
3. I am aware of my risk profile, completed under Section A.
4. I am advised to read and understand the corresponding Product Highlight Sheet(s), Fund Report(s) or Monthly Fund Fact Sheet(s) available from www.income.com.sg with respect to the relevant investment fund(s) before deciding whether to invest or transact in such fund(s). Where appropriate, I understand that I can cease to proceed with this transaction at any time before the submission of this form and seek financial advice from a qualified Income adviser, or seek independent legal, tax and/or other professional advice.
5. All investment decisions are made independently by me, as the policyholder or assignee, after duly considering and understanding the investment fund(s), benefits and risks. I understand that the information contained herein is not intended as financial advice and shall not be relied on as such by me. I am responsible to ensure the suitability of the fund(s) selected.
6. I am aware of my responsibility to ensure the suitability of the ILP transaction(s) and will waive the right to receive any advice as to whether the product or fund(s) is suitable under the Financial Advisers Act.

Name of policyholder or assignee² _____ NRIC number or FIN _____

Signature _____ Date _____ (dd/mm/yyyy)

² Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.

Please proceed to complete the transaction request in the appending form.

Section D: Policyholder's or assignee's summary of needs (to be completed by Income adviser)

Your Income adviser must have sufficient information before making a suitable recommendation. The information that you provide on your financial goals, budget and your particular needs will be the basis on which financial advice and recommendation will be given. Alternatively, you may request your Income adviser for a comprehensive review of your financial needs by completing the "My Financial Portfolio" (fact find form).

Policyholder's or assignee's financial goals

Basic Protection	Priority level				Savings and Investment	Priority level			
	High	Med	Low	N.A.		High	Med	Low	N.A.
Income protection (death)					Saving for children's educational needs Dependant _____				
Income protection (disability)					Saving for retirement needs				
Critical illness					Enhancement to existing wealth accumulation plan				
Medical and hospitalisation costs					Others _____				
Personal accident					_____				
Long-term care					When fund is needed (Time Horizon)				
Others _____									

Policyholder's or assignee's budget for planning

Cash	Other source of funds
Regular amount \$ _____ (A / H / Q / M)	CPF - Ordinary Account \$ _____ SRS Account \$ _____
Single amount \$ _____ (SP)	CPF - Special Account \$ _____ Retirement Account \$ _____

Is the budget you set aside more than 50% of your assets or surplus?

No Yes

Adviser's recommendation

Policy number	ILP fund(s) selected	Percentage of allocation	Risk classification of fund(s) according to policyholder's or assignee's risk profile	Remarks
			<input type="checkbox"/> Below <input type="checkbox"/> Match <input type="checkbox"/> Above	
			<input type="checkbox"/> Below <input type="checkbox"/> Match <input type="checkbox"/> Above	
			<input type="checkbox"/> Below <input type="checkbox"/> Match <input type="checkbox"/> Above	

Adviser's declaration

I have provided the policyholder or assignee with a reasonable recommendation(s) based on the information and assumptions he or she has provided in this form. I declare that the information provided to me is strictly confidential and is only to be used in the process of recommending suitable insurance products and shall not be used for any other purposes.

Name of adviser _____ Adviser's code _____

Signature _____ Date _____ (dd/mm/yyyy)

Policyholder's or assignee's acknowledgement

1. I understand that the recommendation(s) is/are based on information and assumptions that I have provided in this form. Any inaccurate and incomplete information may affect the suitability of the recommendation(s).
2. I understand that I can request for a comprehensive financial review of my existing insurance policy(ies) before I proceed with this transaction(s).
3. I understand that a copy of the Product Highlight Sheet (if applicable) can be available for download at www.income.com.sg or can be requested from my adviser.

I agree with the proposed recommendation(s).

I disagree with the proposed recommendation(s). My comments are as indicated below.

Comments

To be completed if policyholder or assignee is assessed NOT to have knowledge or experience in ILP, and selects a fund that is higher than his or her risk profile.

My adviser has confirmed and informed me of the following:

- I am aware that it is my responsibility to ensure the suitability of the ILP fund(s) chosen.
- I understand that Income may be contacting me to confirm this transaction.
- I understand that this application is subject to approval by Income.

Name of policyholder or assignee³ _____ NRIC number or FIN _____

Signature _____ Date _____ (dd/mm/yyyy)

³ Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.

Supervisor's validation

To be completed if call back is required

Call back is required for 'Selected client' 'Selected representative'

I have made the call to customer and confirmed that customer understands all material facts necessary to make an informed decision including the product features, risks of the product, policy and premium term, and the applicable fees and charges.

Date of call: _____ (dd/mm/yyyy) Phone number used for the call back: _____ (supervisor)

Time of call: _____ (am/pm) _____ (policyholder or assignee)

Feedback (if any) is gathered on the sales process and quality of advice provided by the representative:

To be completed for ILP transaction(s)

Please complete client's investment profile:

Fulfils customer knowledge assessment criteria: Yes No

Client's risk profile: Conservative Moderately conservative Moderately aggressive Aggressive

Senior management's confirmation ('SMC') is required when client is assessed NOT to have relevant knowledge and/or experience in ILP and wishes to purchase an ILP against recommendation or when the risk of the sub-fund(s) selected is higher than client's risk profile.

I have reviewed the ILP application and noted that

SMC is not required. SMC is required. (Please submit SMC Form together with the application.)

Based on the information provided and the policyholder's or assignee's choice,

I agree with the recommendation made by my adviser. I disagree with the recommendations made by my adviser.

Comments:

Name of supervisor _____ Supervisor's code _____

Signature _____ Date _____ (dd/mm/yyyy)

Switching form for Investment-Linked Policy

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.

Important Notes:

For Singaporeans/PRs, submit a CLEAR copy of your NRIC (front & back).

For foreigners, submit a CLEAR copy of an identification (front & back) (e.g. employment pass, passport) and a CLEAR copy of documentary proof of the address, 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.

For official use

Adviser's name	For official use only – Scan to archive 1 Please update ICM under "ILP Processing Request (Form)" and attach a copy of the form.
Adviser's code	

Please complete one form per policy and ensure that all fields are completed.

Details of policyholder or assignee

Name (as shown in NRIC)	NRIC number or FIN	Policy number
Name of company or school		
Exact nature of work	Occupation	

Details of insured (if different from policyholder or assignee)

Name (as shown in NRIC)	NRIC number or FIN
Name of company or school	
Exact nature of work	Occupation

Fund Switch

Please indicate the details of the Fund(s) to be switched.

You need to indicate the percentages in terms of the current total units of the fund being switched out and adds up to 100% into the new fund(s) to be switched in.

Switch out from (Please state fund name.)	Percentage to switch out	Switch in to (Please state fund name.)	Percentage to switch in

Example of a fund switch

If you wish to switch out 50% of your total unit holdings in Fund A to Fund B and Fund C equally, you may refer to the example below.

Switch out from (Please state fund name.)	Percentage to switch out	Switch in to (Please state fund name.)	Percentage to switch in
Fund A	50%	Fund B	50%
		Fund C	50%

Fund switch terms

Terms:

- 1 For Ideal (ID5) policies, you must pay a switching fee equivalent to 0.2% of the value of each switching transaction.
- 2 For Ideal (ID1/ID2/ID2S/ID6/ID7/IP1/IP2), FlexiLink (IB1/IB2/IB3/IB4/IB6) policies and Revosave ILP account (IBR1) there is no charge for the first two (2) switches within the same calendar year. For the third and subsequent switches within the same year, the switching fee is \$30 or 1% of the total switching value, whichever is higher. The switching fee must be paid in cash/NETS or cheque within seven (7) business days from the date of form submission.
- 3 The fund switch will be based on the bid price on the date that Income receives this application by **3:00pm** and is accepted by us. Any submission after **3:00pm** will be considered as the next business day's submission. The bid price will be announced after two (2) business days.
- 4 We will change your allocation in FlexiLink (IB1/IB2/IB3/IB4/IB6)/GrowthLink (GL1) policies to the target fund(s) except to Money Market Fund, when there is a full switch out from the source fund(s).
- 5 If the total number of units standing in any fund is negative, the negative units will be adjusted to zero by using the positive units standing in any fund(s) under the same policy to off-set the negative units.

Change of fund allocation

Do you wish to change your future premium allocation? If no preference is indicated, the current fund allocation will remain.
(Money market fund is not allowed to be allocated.)

- Yes, I would like to change my future renewal premiums to be invested in the funds as indicated below.
(Any change of allocation must be a whole figure and will be effected from the next premium's due date.)

Name of fund	Allocation (%) (no decimals)
Total	100%

Classification of funds

Funds	Cash / SRS	CPFOA	CPFSA	Important Notes:
Conservative				Please note that the minimum value per switching transaction is \$1,000 . Switching is not allowed if the value of the fund(s) is negative.
Money Market Fund	✓	N.A.	N.A.	
Moderately Conservative				Please be informed that you are allowed to invest up to two (2) funds per policy except GrowthLink (GL1), VivoLink (VL1) and VivaLink (VA1) policies. For more information of the fund(s) before your selection, please refer to our website www.income.com.sg on the Fund Report(s), Fund Fact Sheet(s) or Product Highlight Sheet(s). ¹ Only applicable for single premium - FlexiLink (IB4/IB6) policies. ² Only applicable for plans – GrowthLink (GL1) and VivaLink (VA1) policies.
Aim Now	✓	✓ ¹	✓ ¹	
Asian Bond Fund	✓ ²	N.A.	N.A.	
Global Bond Fund	✓	✓	✓	
Singapore Bond Fund	✓	✓	✓	
Moderately Aggressive				
Aim 2025	✓	✓ ¹	✓ ¹	
Asia Managed Fund	✓	✓	✓	
Asian Income Fund	✓ ²	N.A.	N.A.	
Balanced Fund	✓	✓	✓	
Conservative Fund	✓	✓	✓	
Global Income Fund	✓ ²	N.A.	N.A.	
Growth Fund	✓	✓	N.A.	
Prime Fund	✓	✓	✓	
Singapore Managed Fund	✓	✓	✓	
Aggressive				
Aim 2035	✓	✓ ¹	N.A.	
Aim 2045	✓	✓ ¹	N.A.	
Global Equity Fund	✓	✓	N.A.	
Global Technology Fund	✓	✓	N.A.	
Singapore Equity Fund	✓	✓	N.A.	
Takaful Fund	✓	N.A.	N.A.	

Fund distribution option

Funds	Distribution option	
	Reinvestment	Encashment - Direct Credit
Aim Now		
Asian Bond Fund		
Asian Income Fund		
Global Income Fund		

If you have selected 'Encashment - Direct Credit', please submit a copy of your bank book/statement for verification.

Note: You can only have one direct credit account per policy.

Terms:

- 1 Please select and tick only one distribution option for each Fund. If no selection is indicated, the default option will be reinvestment.
- 2 For CPF/SRS policies (if applicable), distributions shall be reinvestment only.
- 3 Any distributions below \$50 (or such other sums as may be determined by Income) will be reinvested and encashment is not allowed.
- 4 The option selected will supercede your previous option (if any).

Switching fee

Switching fee (\$)	Method for paying switching fee <input type="checkbox"/> Cash <input type="checkbox"/> NETS <input type="checkbox"/> Cheque
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Mandatory declarations

1 Address verification

If your home address stated in our existing record is different from the address in your identity document (e.g. NRIC), please select Box A, B or C and complete the blanks accordingly. To check your address, please log on to me@income (available at www.income.com.sg).

Box A <input type="checkbox"/> 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 <input type="checkbox"/> The address in my identity document is not updated yet. The address with you is the updated one.
Box C <input type="checkbox"/> I am a foreigner residing or working in Singapore and my home address is not in my identity document.

If you have selected Box B or C, please give documentary proof of the home address stated as per our existing record, 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.

2 Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include 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.

Mandatory declarations (continued)

ii Disclosure of personal data

We may disclose personal data belonging to you or your insured persons for the purposes set out in Section 1 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.

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.

Declaration and authorisation

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

I understand and agree that the changes:

- a if accepted, may be subjected to terms, conditions and exclusions imposed by you; and
- b will take effect only when you accept and approve my request and notify me in writing of the effective date of the changes and provided that I have paid the required premiums (and interest, if applicable) in full.

As the policyholder or assignee, I understand and agree that:

- 1 This application is based solely on my own judgement and decision. I may be subjected to greater investment risks and that the value of the fund(s) may be volatile and fluctuate from time to time;
- 2 All investment decisions are made independently by me, as the policyholder or assignee, after duly considering and understanding the investment fund(s), benefits and risks.
- 3 The information contained in this application is not intended as financial advice and shall not be relied on as such by me. I am responsible to ensure the suitability of the fund(s) selected.
- 4 I have been advised to read and understand the corresponding Product Highlight Sheet(s), Fund Report(s) or Monthly Fund Fact Sheet(s) available from www.income.com.sg with respect to the relevant investment fund(s) before deciding whether to invest or transact in such fund(s). Where appropriate, I understand that I can cease to proceed with this application at any time before the submission of this form and seek financial advice from a qualified Income adviser, or seek independent legal, tax and/or other professional advice.

Applicable to Takaful Fund Only:

I further understand and agree that no part of my premium contribution shall be used for the establishment of Tabaruu or risk fund for the purpose of paying the difference between the minimum sum assured and the cash surrender value of the policy which I intend to subscribe. Such fund is being financed solely by the insurer's resources and if a payment is made under such circumstances, I shall regard this as donation from the insurer.

Signature of policyholder or assignee³

Signed in Singapore on (dd/mm/yyyy):

³ Please delete where appropriate. For policies with assignee, the assignee needs to complete and sign the form.

Parental permission

The parent or legal guardian must fill in this section if the child or ward is the proposer, and above the age of 10 years and below 16 years.

I give my permission for my child or ward to proceed with the chosen request under this policy with Income.

Name of parent or legal guardian	NRIC number or FIN
Relationship to child <input type="checkbox"/> Parent (Please send a copy of your NRIC) <input type="checkbox"/> Legal guardian (Please provide legal documents showing proof as legal guardian.)	Signature of parent or legal guardian and date Signed in Singapore on (dd/mm/yyyy):