GIRO application form

For completion by applicant

1. Please fill in **ALL** fields in ink and in BLOCK letters.
2. Please send the original form to us. If you make any changes, the bank account holder must sign next to them. Do not use correction fluid or tape.
3. This application will be rejected if any of the policy information provided below is incorrect.

Date (DD/MM/YYYY): ☐☐ / ☐☐ / ☐☐☐☐	To: Name of Bank ('Bank')	Name of Insurance Company: **INCOME INSURANCE LIMITED**

Policy Number For ILP policies please select Premium or Top Up^		Name of Proposer/Insured/Assignee as per policy record	ID of Proposer/Insured/ Assignee as per policy record (Last 4 characters only)	Relationship to Accountholder
1.	☐ Premium ☐ Top up			
2.	☐ Premium ☐ Top up			
3.	☐ Premium ☐ Top up			
4.	☐ Premium ☐ Top up			
5.	☐ Premium ☐ Top up			

^ Top up refers to recurring top up. It is applicable for Investment-linked policy only.

Authorisation by Accountholder
1. I/We hereby instruct the Bank to process the above Insurance Company's instruction to debit my/our account.
2. The Bank is entitled to reject the Insurance Company's instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
3. This authorisation will remain in force until the Bank's written notice sent to my/our address last known to the Bank; or upon the Bank's receipt of my/our written revocation.
4. I acknowledge and agree that Income may deduct the above Premium and Top Up for the above policies from my/our account and such deduction may be made by Income before the payment due date.

Bank Accountholder's Name:	Signature/Thumbprint*/Company Stamp
Bank Accountholder's ID:	
Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	
Telephone Number (Mobile): (Work): (Home) :	(As in Bank's record) * For thumbprint, please go to any branches of your Bank with identification document for verification

Note:
1. Please provide all information/bank account details as per the bank's record correctly to avoid delay in approval.
2. If your premium/service fee should alter due to changes in policy/service contract, the amount deducted will be changed accordingly.

For Income Insurance Limited's completion

SWIFT BIC	Income Insurance Limited Bank Account Number		Income Insurance Limited Customer's Billing Reference
D B S S S G S G X X X	0 0 1 0 0 1 1 2 1 9	1	
		2	
SWIFT BIC	Account Number Be Debited	3	
		4	
		5	

For financial institution's completion

To: INCOME INSURANCE LIMITED
75 Bras Basah Road, Income Centre, Singapore 189557

This application is hereby REJECTED (please tick) for the following reason(s):

☐ Signature/Thumbprint# differs from financial institution's records   ☐ Wrong account number
☐ Signature/Thumbprint# incomplete/unclear#   ☐ Amendment not countersigned by customer
☐ Account operated by signature/thumbprint#   ☐ Others: _____

Name of Bank Officer	Signature of Bank Officer	Date (dd/mm/yyyy)

Please delete where inapplicable