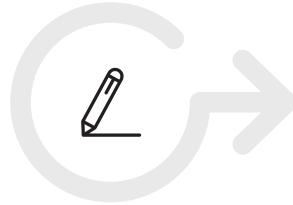


The Application Form Process



Personal Information

Details about the Proposer, Insured and other individuals, if applicable.



Policy Information

Details about the selected plan and its riders, if applicable.



Underwriting

Other critical information needed to process your application.



Declarations

Everything to take note of before you sign.

Submission Checklist

Please check that you have included all the necessary documents. Any omissions may result in a delay of the processing of your application.

- Photocopy of NRIC or FIN or other relevant identity documents, if applicable
- Proof of address documentation, if applicable
- Tax residency certification for FATCA and/or CRS, if applicable
- All relevant underwriting forms
- Copy of medical reports or test results, if applicable

For official use only
<p>Receipt number</p> <input type="text"/>
<p>Payment received date (dd/mm/yyyy)</p> <input type="text"/>
<p>Source code</p> <input type="text"/>

For staff use only
<p>Staff code</p> <input type="text"/>
<p>Staff name</p> <input type="text"/>

PLEASE USE BLOCK LETTERS TO COMPLETE THIS FORM.

If you require additional space for your answer, please state the question number and answer clearly on page 13.



WARNING: Under Section 25(5) of the Insurance Act, Cap. 142 (or any other 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.

1

Proposer Details (Policyholder)

1.1 Personal Particulars

Full name
(as in NRIC/Passport/
Long-Term Pass)

NRIC/Passport number/FIN

Date of birth
(dd/mm/yyyy) / /

Gender Male Female

Nationality Singaporean Singapore PR (Nationality)

Others

Country of birth

Marital status Single Married Widowed Divorced

1.2 Work Details

Occupation Nature of work

Name of organisation Annual income (S\$)

1.3 Language And Education Level

Language spoken English Mandarin Malay Tamil Others

Language written English Mandarin Malay Tamil Others

Highest education level
attained Primary Secondary GCE 'O'/'N' level Pre-U/JC Diploma
 Degree Post graduate

1.4 Contact Information



Important Notes: Mobile number and email address are mandatory for this application. If your mobile number or email address is different from our records, we will use what you have provided in this form to process your application.

Contact number Mobile Home Work

Email address

Residential address

Postal code Country

Mailing address
*If different from
residential address*

Postal code Country

Application and policy issuance

Correspondences for this application and your policy documents will be sent to you electronically.

If you are aged 65 years or older, you can choose to receive your policy documents in hardcopy.

Tick (✓) here if you want to receive your policy documents in hardcopy.

Servicing letters

You will receive servicing letters for all your policies electronically unless you have opted for hardcopy. If an electronic document is not available, you will receive the hardcopy by mail. If your year of birth is 1955 or earlier, we will send you hardcopy documents by mail.

Note: You can change your preference to receive electronic copy or hardcopy documents anytime by submitting a request via www.income.com.sg/enquiry



Important Notes: For existing Income policyholders, if your contact information on this form is different from those in our records, we will automatically update all your existing policies with the new information. If you **DO NOT** want us to update your mailing address for specific policies, please state the policy number(s) here:

Residential address verification

For Singapore Citizen/Permanent Resident – If the residential address stated in the application form is different from the address in your identity document, please provide billing proof.

For non-Singapore Citizen – Please provide a valid identity document or passport with your residential address indicated, or billing proof.

Examples of billing proof – utility bills, bank statements and letters issued by statutory or government bodies (dated within past 6 months) with letterhead, name, address and date clearly shown.

2

Insured Details (Person To Be Covered) — Required if Insured is not Proposer

2.1 Personal Particulars

Relationship to Proposer Child (below age 18) Spouse Others

Full name (as in NRIC/Passport/Long-Term Pass)

NRIC/BC/Passport number/FIN

Date of birth (dd/mm/yyyy) /

Gender Male Female

Nationality Singaporean Singapore PR (Nationality)
 Others

Country of birth

Marital status Single Married Widowed Divorced

Residential address

Postal code Country

2.2 Work Details

Occupation Nature of work

Name of organisation Annual income (S\$)

**Important Notes:**

- If you are required to self-certify on behalf of any Entity Account Holder, please complete and submit a FATCA and CRS self-certification form for Entity Account Holder. You do not need to complete this section.
- If you are a Controlling Person of any Entity, please complete and submit a FATCA and CRS self-certification form for Controlling Person. You do not need to complete this section.
- If there are multiple Account Holders, please submit a separate form for each Account Holder.
- If you require further details, please consult your tax/legal advisor or local tax authority. It is important for you to provide us with complete and accurate information in this form, as these are pursuant to requirements under Singapore Income Tax Act (Chapter 134) and its subsidiary legislation.
- If any information should change in the future, please notify us promptly.

1. Are you solely a tax resident of Singapore?

- Yes, I am solely a tax resident of Singapore and do not have a foreign tax residency. My Singapore TIN is my NRIC or FIN.

If your TIN is not your NRIC or FIN, please state it here:

- No, I am currently a tax resident in the following list of country(ies)/jurisdiction(s) (include Singapore, if applicable and provide details below).

If you are a United States (U.S.) citizen or U.S. tax resident, please complete and submit the Form W-8 or W-9.

No.	Country(ies) or jurisdiction(s) of tax residence	Tax Identification Number (TIN)	If TIN is not available, please tick (✓) the reason code (refer to Table 1 below)	If reason B is selected, please indicate why TIN is not available
1			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
2			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
3			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	

Table 1

Reason code	Description
A	The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents.
B	The Account Holder is otherwise unable to obtain a TIN or equivalent number. (Please explain why you are unable to obtain a TIN if you have selected this reason).
C	No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

Please refer to the OECD website for more information on tax residency:

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>

2. If your residential address, mailing address or contact number does not correspond with your declared country(ies)/jurisdiction(s) of tax residence, please select a reason that applies:

Tick (✓) ONE only and submit relevant supporting documents:

- Student at an education institution in the country of residence.
- Working in the country of residence for less than 6 months.
- On an educational or cultural exchange visitor program in the country of residence for less than 6 months.
- Regular travel between jurisdictions for work and home.
- Others, please specify

A Beneficial Owner is defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism as an individual who ultimately owns or controls the customer or the individual on whose behalf business relations are established.

If there is a Beneficial Ownership arrangement, please

1. Submit a copy of their NRIC or passport and a completed copy of the FATCA and CRS self-certification form for Individual Account Holder, Entity Account Holder or Controlling Person available here: www.income.com.sg/Policy-downloads-and-forms; and
2. Provide details below:

	Beneficial Owner 1	Beneficial Owner 2	Beneficial Owner 3
Full name of Beneficial Owner (as in NRIC/BC/Passport/Long-Term Pass)			
NRIC/BC/Passport number/ FIN			
Date of birth (dd/mm/yyyy)			
Relationship to Proposer			
Gender	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Country of residence			
Nationality	<input type="radio"/> Singaporean <input type="radio"/> Singapore PR (Nationality) <input type="text"/> <input type="radio"/> Others <input type="text"/>	<input type="radio"/> Singaporean <input type="radio"/> Singapore PR (Nationality) <input type="text"/> <input type="radio"/> Others <input type="text"/>	<input type="radio"/> Singaporean <input type="radio"/> Singapore PR (Nationality) <input type="text"/> <input type="radio"/> Others <input type="text"/>

Please submit Supplementary Application Form if there are more Beneficial Owners.

Politically Exposed Person (PEP) Declaration

A 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.

If you, or the Beneficial Owner, are a PEP or related[^] to a PEP, you must disclose this information.

[^] An individual closely connected to a PEP either socially or professionally, such as a parent, stepparent, child, stepchild, adopted child, spouse, sibling, step-sibling, or adopted sibling.

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

Please submit Supplementary Application Form if there are more PEPs.

Name of plan	Total premium due
Family Protect	

You may backdate your policy only if ALL the conditions are met:

1. You are backdating a traditional life insurance policy. Backdating for investment-linked policy and annuity policy is not allowed;
2. The backdating results in a lower premium or better protection value/policy payouts due to lower entry age; and
3. The policy is backdated to a date:
 - a. one day before the Insured's last birthday;
 - b. within 6 months from date of receipt of this application by us; and
 - c. not earlier than the official launch date of the main plan or rider, if applicable.

Note:

For backdating of single premium policy (if allowed), you are required to pay interest charges at our prevailing policy loan rate if the backdating is more than 1 month or if the single premium is more than S\$1 million. The interest payable will be from one day before the Insured's last birthday to the date of receipt of this application by us and based on the single premium.

Tick (✓) here to backdate your policy.



Important Notes:

- A temporary e-receipt must be issued by your advisor if you are paying using cash, cheque, cashier order or money order. Your advisor is not allowed to collect cash of more than S\$2,000 per policy and we will be sending you an SMS acknowledgement or official receipt once we have processed your application.
- For payment by GIRO, please complete and submit GIRO form. Please note that we will default to cash payment if we do not receive the form.
- For payment by cashier's order, please submit a copy of the cashier's order application form or debit advice with Payor's details.

7.1 Payment Method And Frequency

For Regular Premium Payment				
Frequency	<input type="radio"/> Monthly	<input type="radio"/> Quarterly	<input type="radio"/> Half-yearly	<input type="radio"/> Yearly
First Premium	<input type="radio"/> Cash	<input type="radio"/> GIRO	<input type="radio"/> Credit Card	
	<input type="radio"/> Cashier's order/Cheque (Number) <input type="text"/>	payable to "NTUC Income"		
Renewal	<input type="radio"/> Cash	<input type="radio"/> GIRO		

7.2 Payor Details

You do not need to complete Section 7.2 if you are using CPF or SRS funds to pay premium. The Payor refers to the person making the premium payment. Is the Proposer the Payor?

Yes No, please disclose Payor details.

Full name of Payor (as in NRIC/Passport/Long-Term Pass)	
NRIC/Passport number/FIN	
Occupation	
Relationship to Proposer	<input type="radio"/> Parent <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Others <input type="text"/>
Please state reason for paying the premiums on behalf of Proposer	

7.3 Source Of Funds

You do not need to complete Section 7.3 if you are using CPF funds to pay premium.

1. Who is funding the insurance premium for this application?

Proposer/Payor Others, please provide details below:

Full name of person funding the policy (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN	Relationship to Proposer	Occupation and organisation

2. What is the source of funds used to pay the premiums?

- Salary or commission
- Inheritance
- Personal savings, if currently not employed, please provide details below (for example: previous employment, allowance from family members)
- Sale of assets
- Proceeds from a policy, please provide details below
- Others, please provide details below

Details for "Personal savings/Proceeds from a policy/Others"

7.4 Source Of Wealth

How did you accumulate your wealth (i.e. your total assets)? You may choose more than one option.

- Salary or commission from current and/or past employment
- Inheritance and gifts
- Sale of property, company, or other assets
- Business or trade income
- Investments (shares, bonds, unit trusts, etc.)
- Others

7.5 Payment Authorisation — Please complete all the relevant sections

7.5.1 Credit Card



Important Notes:

- We will default to cash payment if the credit card number or details are invalid.
- Credit card payment is allowed for payment of first premium only. It is not allowed for payment of renewal premiums.

I authorise NTUC Income Insurance Co-operative Limited (“Income”) to deduct the first premium amount from my credit card account provided below for this insurance application.

I understand that any refund will be made to the Proposer.

Cardholder name			
Credit card number <i>Visa/Mastercard only</i>	<input type="text"/>	- <input type="text"/>	- <input type="text"/>
Card expiration date (mm/yy)	<input type="text"/>	/	<input type="text"/>
Issuing bank			
Relationship to Proposer <i>If not Proposer</i>			
		<div style="border: 1px solid orange; padding: 5px;"> <p>Signature of cardholder</p> <div style="text-align: right;"></div> </div>	
		<div style="border: 1px solid orange; padding: 5px;"> <p>Signed in Singapore on (dd/mm/yyyy)</p> </div>	

1. Does the Insured have any existing policies or proposal pending approval? If yes, please provide details below:

Yes No

	Policy/Proposal	Policy/Proposal	Policy/Proposal
Insurance company			
Year of issue or application			
Death coverage amount (S\$)			
Total and permanent disability coverage amount (S\$)			
Critical illness coverage amount (S\$)			
Personal accident coverage amount (S\$)			
Disability income coverage amount (S\$)			
Others <i>Please specify type and coverage</i>			



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.

2. Is the insurance you are applying for to replace or intended to replace in full or in part, any policy with Income or other insurers? If yes, what is it replacing? Please provide details below:

Proposer

Yes No

Insured

Yes No

	Policy <input type="radio"/> Proposer <input type="radio"/> Insured	Policy <input type="radio"/> Proposer <input type="radio"/> Insured	Policy <input type="radio"/> Proposer <input type="radio"/> Insured
Insurance company			
Policy details <i>Please provide policy number and policy type</i>			
Reason(s) for replacing policy			

9.1 Insurance History

1. Has any application or reinstatement for a life, or critical illness, or disability, or accident, or hospital insurance policy ever been refused, postponed or accepted at special terms by any insurer? If yes, please provide details below:

Yes No

	Policy	Policy
Insurance company		
Type of policy		
Reasons		

2. Have you ever made any claims or are you intending to make any claims, on any policy with any insurer (for example: critical illness, disability, terminal illness)? If yes, please provide details below:

Yes No

	Policy	Policy
Insurance company		
Nature of claim		
Year of claim		
Reasons		

9.2 Build

What is your height (metres) and weight (kilograms)?

Height m Weight kg

9.3 Family History

Have any of your biological parents or siblings been diagnosed with or passed away as a result of: cancer, diabetes, stroke, heart attack, heart disease before age 60 or any other hereditary disease or disorder? If yes, please provide details below:

Yes No

	Family Member 1	Family Member 2
Relationship to Insured		
Medical condition or cause of death		
Age at which it began		
Age at death (if applicable)		

9.4 Lifestyle Information

1. Have you smoked cigarettes or cigars in the last 12 months? If yes, please provide details below:

Yes No

years of smoking sticks of cigarettes
(per day) sticks of cigars
(per day)

2. Do you take part in or plan to take part in other dangerous occupations or pursuits such as diving, mountaineering, motor racing, flying (other than as a fare-paying passenger on a commercial airline), working at heights, underground or using explosives?


Yes No

9.5 Medical Information

1. Have you ever had or been told that you have or been treated or under investigation for a heart, lung, kidney or circulatory disorder, cancer/cyst/any growth, high blood pressure, stroke, diabetes, blood disorders, brain/nervous system disorder, liver disorder, hepatitis B or C, HIV infection or AIDS?
 Yes No

2. In the last 12 months have you been hospitalised for more than 7 days or have you consulted or do you intend to consult a medical practitioner or specialist for investigations, medical referrals, surgical operation or treatment on any medical condition^?
 Yes No

^ Common cold or flu, uncomplicated pregnancy and caesarean section, contraception, inoculation or injuries/fractures from which you have fully recovered.

 **Important Notes:**
 Questions 3 and 4 are only applicable for Singapore Citizens, Permanent Residents of Singapore and Residents with an Employment Pass/Work Permit¹/Pass Permit²:

- You need to disclose the result of a diagnostic genetic test done (i.e. test to confirm or rule out a diagnosis when you have symptoms).
- You do not need to disclose the result of a:
 - ✓ predictive genetic test (test done when you have no symptoms of a genetic disorder) such as Huntington’s disease (HTT), BRCA1 and BRCA2 unless your total coverage for a specific benefit exceeds the limits as set out in questions 3a and 4a.
 - ✓ genetic test obtained from Biomedical Research or Direct-to-Consumer (genetic test provided to consumer directly by manufacturer or supplier of the test).
- If a genetic test result is negative, we may take it into account to consider better underwriting terms.

¹ It should not be less than a total of 183 days in the 12 months before the insurance application date.
² It should not be less than a total of 90 days in the 12 months before the insurance application date.

3a. Is your total Death coverage or Total and Permanent Disability coverage with Income and other insurers more than S\$2,000,000? If yes, please answer Question 3b.
 Yes No

b. Have you undergone a genetic test for Huntington’s disease? If yes, please provide details below:
 Yes No

Reasons for test	
Date of test	
Test results	

4a. If you are applying for Critical Illness coverage, is your total Critical Illness coverage with Income and other insurers more than S\$500,000? If yes, please answer Question 4b.
 (You may select ‘No’ if you are not applying for Critical Illness coverage)
 Yes No

b. Have you undergone a genetic test for breast cancer (BRCA 1 or BRCA 2) or Huntington’s disease?
 If yes, please provide details below:
 Yes No

Reasons for test	
Date of test	
Test results	



Important Notes: Question 5 is only applicable if you are a non-resident of Singapore.

5. Have you undergone any genetic test, e.g. Huntington’s disease, breast cancer (BRCA 1 or BRCA 2) or others?
If yes, please provide details of test below:

Yes No

Reasons for test	
Date of test	
Test results	

If you answered “Yes” to any of the above questions in Section 9.5, please provide the details in the space 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.
- Please submit a copy of the test result, if any.



Question No.	Insured

If you require additional space for your answer to any of the questions, please write the question number and answer below:

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative Limited (“Income”), its representatives, agents, relevant third parties (referred to in Income’s Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income’s appointed insurance intermediaries and their respective third party service providers and representatives (collectively “Income Parties”) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively “personal data”) for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting research and data analytics, and in the manner and for other purposes described in Income’s Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Marketing Consent

We at Income value our customers and would love to share exclusive offers (such as rewards, privileges, events and discounts) and information about products and services (“Marketing and Promotional messages”) offered by Income, our business partners and NTUC Enterprise group of social enterprises (“NE Group”) that may be useful to you and your family.

If you would like to hear from us, please provide your consent by selecting your preference(s) in receiving Marketing and Promotional messages from Income, our representatives, agents, appointed service providers, business partners, insurance intermediaries and NE Group (collectively “Income Partners”):

Postal mail Email Phone call Phone messages*

* Phone messages include text, picture, video and audio message that are sent to your telephone number via SMS, MMS or messaging apps such as WhatsApp, Telegram or WeChat.

By indicating your preference(s) above, your consent to receive Marketing and Promotional messages:

- includes allowing Income Partners to collect, use and disclose your contact details to send you Marketing and Promotional messages;
- is regardless of your policy status and whether this application or transaction is accepted or refused by Income; and
- is in addition to any previous marketing consent which you may have provided to Income.

All consent in receiving Marketing and Promotional messages shall remain valid until it is withdrawn and notified to Income. You may withdraw your consent at any time by submitting your request at <https://www.income.com.sg/enquiry>. Income will process your request within 10 days, and you will stop receiving Marketing and Promotional messages after 21 days only for the mode(s) of communications indicated in your request.



Important Notes: Please refer to Income’s Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

1. I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
2. I understand that I may receive correspondences for this application and my policy documents electronically (collectively “policy e-document”). I agree that Income can notify me by email or SMS to retrieve and read my policy e-documents via secure online access.
3. I agree that Income will not be responsible to me (or any other person) if I fail to:
 - a. provide Income my correct email address or mobile number;
 - b. inform Income of any update or change to my email address or mobile number; or
 - c. keep the password to access the policy e-documents confidential.
4. I understand that the policy e-documents are considered delivered and received, upon my receipt of Income’s SMS or email notification on the availability of the policy e-documents via secure online access.
5. I declare that the answers given 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. If it is discovered later that I or the insured suffer from a medical condition that is not disclosed in this form, I will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income. I agree that this application and other written answers, statements, information or declarations I have made or which have been made on my behalf will form the basis of the contract of insurance between the policyholder and Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.
6. I am aware that I can refer to the specimen of the standard terms, conditions and exclusions of this plan to be issued at www.income.com.sg.
7. I confirm that there has been no change in my health or the Insured’s health since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the state of my health or the Insured’s health, or if I or the Insured plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income of any change in the state of my health or the Insured’s health. This applies if I am applying for a non-guaranteed issue basic plan or for any non-guaranteed issue riders.
8. I agree that Income’s legal responsibility will only begin when Income accepts this application and I have paid the first premium.
9. I have confirmed that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.
10. I confirm that the entire marketing and selling process for my proposed insurance application has been carried out in Singapore.
11. I agree that the policy is issued as a Singapore Policy and agree that the policy will be entered in the Register of the Singapore policies.
12. I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the “Personal Data Use Statement” above. I further confirm on the above preference(s) where I have indicated my consent (if any) to receive Marketing and Promotional messages.
13. For the purpose of this application, I authorise, consent and agree to:
 - a. the medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with me or the Insured whether Income accepts this application or not;
 - b. Income and its relevant third parties stated in Income’s Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the Insured; and
 - c. Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to underwrite and evaluate me or the Insured’s health status or condition in relation to this application.I agree that a copy of this authorisation is valid and binding as an original copy.
14. Where applicable, I further authorise, consent and agree to Income disclosing my personal data to the Government of Singapore and statutory boards and organisations approved by the Government of Singapore, for the purpose of determining my suitability and eligibility for public schemes (including, without limitation, schemes relating to healthcare, aged care, disability, social assistance, financial assistance, retirement, savings, insurance and/or disability insurance) when required.

15. I agree and expressly consent that Income shall have the right to provide my personal data and information to any governmental authorities, regulatory bodies and/or any other person(s) to fulfil its obligations under applicable tax regulations, including Singapore Income Tax Act (Chapter 134), the Foreign Account Tax Compliance Act ("FATCA") and the OECD Common Reporting Standard for Common Exchange of Financial Account Information ("CRS"). I understand that such disclosures may:
 - a. Involve cross border transfer of personal data and information outside the jurisdiction;
 - b. Be in respect to personal data and information provided in this form, or in any document provided, or to be provided to Income by me or from other sources; and
 - c. Relate to personal data of the Account Holder and any information about relevant policy or policies.
16. I understand that Income will not be able to sell or administer any insurance product or provide any services to me if I refuse to give this expressed consent.
17. I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all accounts to which this form relates.
18. I declare that all statements made in this form are correct and complete. I undertake to inform Income within 30 days if there is a change in circumstances that affects the tax residency status of the Account Holder or causes the information in this form to be incorrect or incomplete. I shall provide Income with an updated FATCA and CRS self-certification form within 90 days of such change in circumstances. I understand any false, misleading, or fraudulent information regarding my resident status for tax purposes may result in certain penalties.
19. 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 insurance may not be granted on standard terms;
 - b. I may have to pay a higher premium as the Insured or I am now older; and
 - c. I will lose financial benefits built up over the years.
20. I have read and understood the following:
 - a. Cover Page, Policy Illustration, Product Summary and Bundled Product Disclosure Document (if applicable); and
 - b. Family Protect Fact Sheet and Checklist
21. I am aware that I can ask for a copy of Your Guide to Life Insurance and/or Your Guide to Health Insurance from my advisor. Or I can download them from: www.income.com.sg.
22. I also want to apply for membership of Income and if accepted, I agree to keep to Income's by-laws.
23. If I purchase any Solitaire series of products, I will become a member of the Solitaires Club and will receive and be informed of exclusive rewards and privileges via mail or email.
24. I acknowledge that I am responsible for making sure that I am allowed to buy this plan under the laws and regulations that apply to my nationality, my citizenship and the countries that I reside in. I understand that Income cannot accept liability for any legal consequences under the laws of any other country or any tax effects that may arise in connection with the purchase of this plan. I declare that any funds and assets I place with Income, and any profits generated from them, comply with the tax laws of my nationality, my citizenship and the countries where I am a resident of, and a citizen of. I am aware that Income is not a licensed insurer and its appointed insurance intermediary is not an approved insurance broker/financial advisor outside Singapore. I further agree that this application and any policy issued are governed by the laws of Singapore without regard to the conflict of law principles and the courts of Singapore shall have exclusive jurisdiction.
25. I agree that if I or any #Relevant Person is found to be a *Prohibited Person:
 - a. Income is entitled not to accept this application; and
 - b. if any policy is issued, Income is entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. You will not refund any unutilised premium when this policy is ended.

Income's decision in every respect of the above will be final. I will inform Income immediately if there is any change in my or any Relevant Person's identity, status or identity documents.

Relevant Person includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.


+ Prohibited Person means a person or entity who is, or who is ^Related to a person or entity:


- i. subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict you from providing insurance or carrying out any transaction under this policy, or
- ii. who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

^ Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.


26. I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g. via pdf) of an original signature.

I agree that if I do not reveal any significant facts in this application (which would have affected Income's decision to accept my application on standard terms), any policy issued may be invalid. This includes any facts I may not be sure is significant, and any information I have given to my advisor but was not included in the application.

Signature of Proposer	
Signed in Singapore on (dd/mm/yyyy)	

Signature of Insured <i>If different from Proposer and age 16 and above</i>	
Signed in Singapore on (dd/mm/yyyy)	

Full name of Trusted Individual (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN


Signature of Trusted Individual	
Signed in Singapore on (dd/mm/yyyy)	

13 Additional Declaration — *To be completed by Proposer before he/she completes the application*

I am aware and informed by you of the following:

- i. the Family Protect is not a savings account or deposit;
- ii. I may not get back the premiums paid (partially or in full) if I terminate or surrender the policy early;
- iii. some benefits of the Family Protect are not guaranteed (only if applicable); and
- iv. there is a 14-day free-look period.

Full name of Proposer (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN

Signature of Proposer	
Signed in Singapore on (dd/mm/yyyy)	

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 Family Protect 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 Family Protect bought within the free-look period.
2. Reinforce the following key information:
 - i. Name of Family Protect
 - ii. Name of rider, if applicable
 - iii. Sum assured
 - iv. Policy term
 - v. Premium payment term
 - 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 Family Protect, <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 Family Protect 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.

Full name of Centre Manager (as in NRIC)

Signature of Centre Manager

Signed in Singapore on (dd/mm/yyyy)

Part 1 - Fact sheet

What is Family Protect?

Family Protect is a non-participating, regular premium plan that you can buy directly from Income without paying any commissions. You do not need to pay commissions because Family Protect is sold without any financial advice. Please read this fact sheet together with the cover page, policy illustration, product summary, bundled product disclosure document (if applicable), and policy contract¹ and product brochures (if available) carefully before buying Family Protect. A checklist is also provided to help you in your purchase of Family Protect.

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: <https://www.moneysense.gov.sg/financial-tools/budget-calculator> to check if the premium is affordable based on your current income and expenditure.

What do I need to disclose in my Family Protect application?

You should disclose all information requested in the proposal form (including any pre-existing medical conditions) fully and truthfully. If material information² is not disclosed, or is falsely disclosed, you or your dependants may not be able to claim the benefits under Family Protect. 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 Family Protect 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 whether to buy Family Protect and how much coverage I need. What should I do?

If you are unsure whether Family Protect is suitable for you or how much coverage to buy as no financial advice is provided during the purchase process, you are encouraged to seek advice from a financial advisor representative who will be able to advise you on a suitable product.

Useful resources and tools:

1. Web Aggregator (for life insurance products): <http://www.comparefirst.sg>
2. MoneySENSE Budget Calculator: <https://www.moneysense.gov.sg/financial-tools/budget-calculator>
3. CPF Board Insurance Estimator: <https://www.cpf.gov.sg/eSvc/Web/Schemes/InsuranceEstimator/InsuranceEstimator>

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

² 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 Family Protect.

I have...

a. Read and understood the Family Protect Fact Sheet
b. Read and understood the cover page, policy illustration, product summary and bundled product disclosure document (if applicable), including any coverage exclusions of Family Protect
c. Declared all pre-existing medical conditions in the Proposal Form
d. Reviewed 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 Family Protect, without seeking any advice from any financial advisory representative

ii. You are encouraged to go through the following items before buying Family Protect:

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="radio"/> Yes <input type="radio"/> No
b. Used the Budget Calculator at the following link: https://www.moneysense.gov.sg/financial-tools/budget-calculator to check if the premium that you will pay is affordable based on your current income and expenditure?	<input type="radio"/> Yes <input type="radio"/> No
c. Visited http://www.comparefirst.sg to compare the features and premiums of Direct Purchase Insurance (DPI) and other types of life policies?	<input type="radio"/> Yes <input type="radio"/> No
d. Considered the different types of DPI and other types of life policies that are available, and whether the Family Protect that you intend to purchase is suitable for your financial circumstances and needs?	<input type="radio"/> Yes <input type="radio"/> No

Acknowledgement of Receipt of Family Protect Fact Sheet

I acknowledge that:

- I have received a copy of the Family Protect Fact Sheet and have read and understood all of its contents.
- I have completed the Family Protect Checklist and have decided to purchase this plan.

Full name of Proposer (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN

Signature of Proposer

Signed in Singapore on (dd/mm/yyyy)

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 Family Protect.
3. If the Selected Client is not accompanied by a TI, the client can still choose to purchase Family Protect and the Life Insurer needs to remind the client:
 - i. that the Family Protect is bought without financial advice;
 - ii. that there is a 14-day free-look period; and
 - iii. to check with a TI on the Family Protect 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 Family Protect I have just bought within the next 14 days.

Full name of Proposer (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN


Signature of Proposer 
Signed in Singapore on (dd/mm/yyyy)

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)

Full name of Trusted Individual (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN

Signature of Trusted Individual 
Signed in Singapore on (dd/mm/yyyy)

Appendix – Defined Terms

Note: These are selected summaries of defined terms provided to assist you with the completion of a FATCA and CRS self-certification form. Further details can be found within the OECD “Common Reporting Standard for Automatic Exchange of Financial Account Information” (the “CRS”), the associated “Commentary” to the CRS, and domestic guidance. This can be found at the OECD automatic exchange of information portal.

Term	Description
Account Holder	The term “Account Holder” means the person listed or identified as the holder of a Financial Account. A person, other than a financial institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances, that other person is the Account Holder. For example, in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder. An Account Holder for purposes of this self certification may refer to a Proposer (eventually the Policyowner), Controlling Person, Beneficial Owner, Assignee, Trustee, Beneficiary under a Trust or a Trust Nominee named under section 49L of the Singapore Insurance Act (Chapter 142).
FATCA	FATCA stands for the U.S. provisions commonly known as the Foreign Account Tax Compliance Act, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. financial institutions and other non-U.S. entities.
Financial Account	A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.
Participating Jurisdiction	A Participating Jurisdiction means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard and that is identified in a published list.
Entity	The term “Entity” means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation.
Control	Control over an Entity is generally exercised by the natural person(s) who ultimately has a controlling ownership interest (typically on the basis of a certain percentage (e.g. 25%) in the Entity. Where no natural person(s) exercises control through ownership interests, the Controlling Person(s) of the Entity will be the natural person(s) who exercises control of the Entity through other means. Where no natural person or persons are identified as exercising control of the Entity through ownership interests, the Controlling Person of the Entity is deemed to be the natural person who holds the position of senior managing official.
Controlling Person(s)	Controlling Persons are the natural person(s) who exercise control over an entity. Where that entity is treated as a Passive Non-Financial Entity (“Passive NFE”) then a Financial Institution is required to determine whether or not these Controlling Persons are Reportable Persons. This definition corresponds to the term “beneficial owner” described in Recommendation 10 and the Interpretative Note on Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). In the case of a trust, the Controlling Person(s) are the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, or any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership). Under the CRS the settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, are always treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the activities of the trust. Where the settlor(s) of a trust is an Entity then the CRS requires Financial Institutions to also identify the Controlling Persons of the settlor(s) and when required report them as Controlling Persons of the trust. In the case of a legal arrangement other than a trust, “Controlling Person(s) means persons in equivalent or similar positions.
Reportable Account	The term “Reportable Account” means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.
Reportable Jurisdiction	A Reportable Jurisdiction is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.
Reportable Person	A Reportable Person is an individual (or entity) that is tax resident in a Reportable Jurisdiction under the laws of that jurisdiction. The Account Holder will normally be the “Reportable Person”; however, in the case of an Account Holder that is a Passive NFE, a Reportable Person also includes any Controlling Persons who are tax resident in a Reportable Jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.
TIN (including “functional equivalent”)	The term “TIN” means Tax Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the OECD automatic exchange of information portal. Some jurisdictions do not issue a TIN. However, these jurisdictions often utilize some other high integrity number with an equivalent level of identification (a “functional equivalent”). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.

Additional Medical Questionnaire

WARNING: Under Section 25(5) of the Insurance Act, Cap. 142 (or any other 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.

Details of proposer and insured

Full name (as in NRIC/BC/Passport/Long-Term Pass)	NRIC/BC/Passport number/FIN	Proposal number(s)
Proposer:	Proposer:	
Insured:	Insured:	

Questions for proposer and insured

	Proposer	Insured								
<p>1. In the last 3 months, have you:</p> <p>a. tested positive for COVID-19, or</p> <p>b. self-isolated with symptoms on medical advice?</p> <p>If yes to Question 1a and/or 1b, when was it?</p> <p>Proposer:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p>Insured:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Question	Date (dd/mm/yyyy)			Question	Date (dd/mm/yyyy)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Question	Date (dd/mm/yyyy)									
Question	Date (dd/mm/yyyy)									
<p>2. In the last 1 month, have you or any of your housemates or family members who stay with you:</p> <p>a. been ordered to self-isolate, received a Quarantine Order (QO) or Stay-Home Notice (SHN) due to COVID-19, or</p> <p>b. had a persistent cough, sore throat, fever, raised temperature or breathlessness, or been in contact with an individual suspected or confirmed to have COVID-19?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No								
<p>3. If yes to Question 1 and/or 2, have you made a full recovery and/or returned to normal activities?</p> <p>If yes, when did you fully recover and/or return to normal activities?</p> <p>Proposer:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p>Insured:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p>If no, please provide full details.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	Question	Date (dd/mm/yyyy)			Question	Date (dd/mm/yyyy)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Question	Date (dd/mm/yyyy)									
Question	Date (dd/mm/yyyy)									



Declaration by the proposer and insured

I cannot alter any of the wordings in this form. Any attempt to do so will have no effect.

I declare that the answers given in this form 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. If it is discovered later that I or the Insured suffer from a medical condition that is not disclosed in this form, I will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income. I agree that this form and other written answers, statements, information or declarations I have made or which have been made on my behalf will form the basis of the contract of insurance between the policyholder and Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that there has been no change in my health or the Insured's health since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the state of my health or the Insured's health, or if I or the Insured plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income of any change in the state of my health or the Insured's health.

I acknowledge and agree that this form will constitute part of my application for life or health insurance, and will form the basis of the contract of insurance. I confirm that I understand and agree to the 'Personal Data Use Statement' and declaration set out in my policy application form which I have submitted to Income. I understand that I can refer to Income's [Privacy Policy](#) for more information, including access and correction of my personal data and consent withdrawal. I agree that if I do not reveal any significant fact (which would have affected Income's decision to accept my application on standard terms), any policy issued may be invalid. This includes any facts I may not be sure is significant, and any information I have given to my advisor but was not included in this form.

Signature of proposer	Signature of insured (for age 16 and above)
	
Date (dd/mm/yyyy):	Date (dd/mm/yyyy):

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GIRO application form

For completion by applicant

Please fill in all details in ink and in BLOCK letters. Please send the original form to us. We will not process your form if it is not complete or it is a photocopy, faxed or emailed form. Do not use correction fluid or tape. If you make any changes, the bank account holder must sign next to them. This application will be rejected if any of the policy information provided below is incorrect.

Date (DD/MM/YYYY): <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	To: Name of Bank ('Bank')	Name of Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
---	---------------------------	---

Policy Number For ILP policies please select Premium or Top Up [^] * This column is not applicable to Customer ^{^^}	Name of Proposer/Insured as per policy record or Customer ^{^^}	ID of Proposer/Insured as per policy record or ID of Customer ^{^^} (Last 4 characters only)	Relationship to Accountholder
1. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
2. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
3. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
4. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
5. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			

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

^{^^} Customer refers to the customer who engages a service provider through the referral services offered by Insurance Company.

Authorisation by Proposer/Insured/Customer^{^^}

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; or upon the Bank's receipt of the notice of expiry from the Insurance Company.
4. I acknowledge and agree that Income may deduct the above Premium and Top Up under my policy 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 <input style="width: 100%; height: 20px;" type="text"/>	
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 NTUC Income Insurance Co-operative Limited's completion

SWIFT BIC	NTUC Income Insurance Co-operative Limited Bank Account Number	NTUC Income Insurance Co-operative 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
		3
		4
		5
SWIFT BIC	Account Number To Be Debited	

For financial institution's completion

To: NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
 75 Bras Basah Road, Income Centre, Singapore 189557

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

<input type="checkbox"/> Signature/Thumbprint# differs from financial institution's records	<input type="checkbox"/> Wrong account number
<input type="checkbox"/> Signature/Thumbprint# incomplete/unclear#	<input type="checkbox"/> Amendment not countersigned by customer
<input type="checkbox"/> Account operated by signature/thumbprint#	<input type="checkbox"/> Others: _____

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

Please delete where inapplicable

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