

Telegraphic Transfer (TT) Payment Instruction

Important notes

- All fields in the form must be completed.
- The proceeds are payable only to policyholder/assignee/trustee(s)/beneficiary(s).
- Please submit a copy of your bank book or recent statement for account verification. You need to circle the account for crediting if your statement shows more than 1 bank account)
- NTUC Income Insurance Co-operative will try its best to transfer the proceeds according to the instructions given. In the event of a rejection by the bank or currency control issues, please provide a fresh instruction.

Policy Information

Name (as shown in NRIC)	NRIC number or FIN
Policy number	Amount (US\$)

Telegraphic Transfer (TT) details

Name of account holder	Bank account number	SWIFT code
Name of bank	Address of bank	Country of bank

Personal data use statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative Limited, its representative, agents (collectively "Income"), relevant third parties, referred to in Income's Privacy Policy which can be found at <http://www.income.com.sg/privacy-policy> and /or appointed distribution partners to collect, use, and disclose my/our personal data and information (including any updates and existing personal data that I have/had given to Income) (collectively "personal data") for the purposes of processing and administering the insurance application or transaction, providing me with financial advice and/or recommendation on products and services, managing my relationship and policies with Income including sending me corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in the Income's Privacy Policy.

Where personal data of a third party (for example personal data of my spouse, child, ward, parent or employee) is provided by me/us, I/we represent and warrant that I/we have obtained the consent of the third party to provide Income with their personal data for this application or transaction.

For the purpose of this application and any claim in connection with my/our policy(ies) with Income, I/we also authorize, agree and consent to (whether this application or transaction is accepted or refused) the following:

- The medical source, insurance office, reinsurer, or organization to release to Income any medical or relevant information to do with me or the insured
- Income to collect from and/or disclose to any medical source, insurance office, reinsurer, or organization any medical or relevant information to do with me or the insured;
- 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 health status or condition in relation to this application and any claim in connection with my/our policy(ies) with Income.

When submitting a claim for an insurance policy, the personal data will also include any subsequent information Income collects on health or any information that is necessary for Income to decide whether to pay the claim, such as test results, medical examination results, and health records from medical practitioners.

I/we authorize, consent and agree to NTUC Income Insurance Co-operative Limited disclosing my/our personal data to the Government of Singapore and statutory boards and organizations 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.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

Declaration and authorisation

- I have read and agreed to the important notes.
- I authorise NTUC Income Insurance Co-operative Ltd to credit the payment due to me to the above bank account.
- I confirm that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has no made against me.
- 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.

Signature of policyholder/assignee

Date

