

Income Insurance Limited | UEN: 202135698W Income Centre 75 Bras Basah Road Singapore 189557

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Request for change relating to cash benefit/regular payment

Please read the below submission requirements carefully and provide the relevant documentations along with this completed Change Request Form for our processing. We will only process your request when we receive all the required documentations.

Identity document(s) required for Withdraw Deposited Cash Benefits (Section B) and/or Change of Payout Period/Payout Frequency (Section C) request(s)

Nationality	Required documentations	Additional information
For Singapore Citizen or Singapore Permanent Resident	A copy of NRIC (front and back)	-
For Foreigner	A copy of Singapore-issued identity document with all following information: Full Name Passport Number Photograph Nationality Date of Birth A documentary proof of address with the following specified: Full name Residential Address Date of letter/statement	Acceptable identity documents with a minimum 6-month validity from change request date: Singapore Employment Pass S Pass Dependant's Pass Work Permit Student Pass Submitted proof of address must be dated within the last 6 months from the change request date. Acceptable proof of address: Utility bill, bank statement or letters issued by government bodies

For policies owned by an Entity or Organisation, please also provide the below documentations:

- · Accounting and Corporate Regulatory Authority (ACRA) business profile or Registry of Societies (ROS) annual return
 - Documents must reflect details of the organisation and their key personnel
 - For ROS, it must be dated within the last 3 months from the change request date
- An Authorisation Letter with the following only if this Change Request form is not signed off by the key personnel in the said organisation
 - NRIC and Full Name (as appeared on the identity document) of the organisation's key personnel
 - NRIC and Full Name (as appeared on the identity document) of authorised representative
 - Endorsement by the organisation's key personnel and endorsement date
- Copy of the identity document(s) of the key personnel and/or representative authorised to sign on behalf for the organisation
 - Please refer to the above table for the required documentation
- Tax residency certification for FATCA and/or CRS for entity account holder (or for Controlling Person) where applicable

For Overseas application, please have this completed Change Request Application officially witnessed by a Notary Public in the country.

Alternatively, you are encouraged to submit the following request(s) via our customer portal at https://me.income.com.sg/

- Change of Cash Benefit / Change of Regular Payment Option
- Withdraw Deposited Cash Benefits

	Type of	request		
Please tick where applicable and complete the rele	evant Section(s) in Page 2	For Official References		
Change of Cash Benefit/Regular Payment Option		CS Type – Change of Coupon Option		
Change of Payout Period		• CS Type – Change of Payout Period		
Change of Payout Frequency		CS Type – Change of Payout Frequency		
Withdraw Deposited Cash Benefits		• ICM – Withdraw Deposited Cash Benefits		
Details of policyholder/assignee/trustee				
Policy number	Plan		Cash benefit/coupon due date	
Full name (as in NRIC/Passport/Long-Term Pass/ACF	RA Business Profile)		NRIC/Passport number/FIN/UEN	
Email address			Contact number	

Please note that the information provided in this section will not be updated in our records. Hence, please update your personal particulars online via our customer portal at https://me.income.com.sg/ or submit the Change of Personal Particulars Form.

Section A: Change of cash benefits/regular payment option					
Please tick (✓) only ONE of the options below:					
Deposit with Income to earn an interest. We may change the interest rate at any time by giving you 30 days' notice. ¹					
PayNow NRIC/FIN (Kindly note this will be your preferred payment mode for future policy payouts as well. For more information, you can visit www.income.com.sg/paynow.) ^{1,2,3}					
Credit to a different personal bank account from my PayNow NRIC/FIN account (Please submit a copy of your bank book or a recent statement for account verification. If your statement shows multiple bank accounts, kindly circle your preferred account as an indication.) ^{1,2}					
Buy units into a Special Investment-Linked Policy (this option is only available for RevoSave – ANE) ^{2.} Please select <u>a maximum of 2 funds and indicate the allocations</u> . Do ensure the specified allocations add up to 100%. Abridged Fact Find Form for Investment-Linked Policy is to be completed and submitted together with this request.					
Asian Equity Fund% Global Technology Fund%					
Asia Managed Fund Takaful Fund %					
Global Bond Fund					
Global Diverse Series – Adventurous Fund %					
Global Diverse Series – Balanced Fund %					
Global Diverse Series – Managed Fund%					
Global Equity Fund					
 Note: 1 For "Anticipation" policy, change of cash benefit mode applies to current year's cash benefit only. 2 When the premiums have been outstanding for more than a month or the policy's cash value cannot support an existing policy loan, Income will deduct from the cash benefit. Policyholder would be informed in details of such deduction closer to the due date. 3 Do ensure that your NRIC/FIN is registered with your preferred bank. If the PayNow transactions are unsuccessful after 2 attempts, a cheque will be sent to you instead. Kindly note that the waiting time will be extended in this case. 					
Section B: Withdraw deposited cash benefits					
I understood the following conditions and would like to proceed with the below-selected cash benefits withdrawal which have been deposited with Income. I would not be able to re-deposit the cash benefits once I have withdrawn the amount. The minimum partial withdrawal amount is \$100. The minimum balance amount after the partial withdrawal must be \$100. Full withdrawal Partial withdrawal: \$					
Payment instructions (Please tick ONE of the following)					
PayNow NRIC/FIN (Kindly note this will be your preferred payment mode for future policy payout as well. For more information, you can visit www.income. com.sg/paynow.)¹					
Credit to a different personal bank account from my PayNow NRIC/FIN account (Please submit a copy of your bank book or your recent bank statement for account verification purposes. If your statement shows multiple bank accounts, kindly circle your preferred account as an indication.)					
Use it to pay premiums for my policy number ² Please indicate the policy number in the field.					
Use it to repay loan for my policy number ² Please indicate the policy number in the field.					
Note: 1 Do ensure that your NRIC/FIN is registered with your preferred bank. For PayNow NRIC/FIN, you will receive your withdrawal amount within the next 4 working days after the request is processed. If the PayNow transactions are unsuccessful after 2 attempts, a cheque will be sent to you instead. Kindly note that the waiting time will be extended in this case. 2 You can only make a request to use the withdrawn cash benefits to pay premiums or repay loans for your own policies.					
Section C: Change of payout period/payout frequency					
Change of Payout Period ^{1,2,4} Please choose the revised Payout Period					
10 years 20 years 30 years					
☐ Change of Payout Frequency ^{1,3,5} Please choose the revised Payout Frequency ☐ Yearly ☐ Quarterly ☐ Monthly					
Note:					
1 Your request must be submitted at least 30 days before the first regular payment is due. 2 Change of payout period is only applicable to FlexRetire (FRR), RevoRetire (FRG), Gro Retire Ease (FRXE) and Gro Retire Flex (GRJE).					
 Change of payout period is only applicable to PiexRetire (PRR), Revoketire (PRG), Gro Retire Ease (PRXE) and Gro Retire Fiex (GRIE). Change of payout frequency is only applicable to VivoCash Premium (VCGL), Gro Prime Saver (VCXW), Gro Cash Harvest (GSXW), Gro Cash Flex (GCJE), Gro Retire Wise (SLXE), SP SAIL (SLR), RP SAIL (RSU) and RS SAIL (RSR). 					
4 Premium alteration is not allowed when there is a claim for Disability Care benefit.					
5 If the monthly payout is selected, the regular payment option has to be either PayNow NRIC/FIN or Direct Credit. Please complete Section A if you need to change the regular payment option.					

Address verification					
If your residential 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 via our customer portal at https://me.income.com.sg/.					
Box A \[\] I am maintaining a different address for correspondence purposes. The reason why I require a different address for correspondence is because					
(specify reason). The owner of the correspondence address is (specify name).					
My relationship with this owner is that of a	(specify relationship to owner of the correspondence address).				
Box B The address in my identity document is not updated yet. The address with you is the updated one.					
Box C 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 residential 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.					
Personal data use statement					
By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance 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 consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/ or to provide you with their respective products/services, 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 th					
Declaration an	d authorisation				
 I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect. I confirm that I understand that Income will follow this option I have selected for the later cash benefits/coupons, unless I give another written instruction at least 21 days before the next cash benefit/coupon is due. Otherwise, Income will only apply my selected option to the subsequent cash benefits/coupons. I confirm that I understand that there are some possible disadvantages if I proceed with the deposit withdrawal application. I may be losing valuable benefits and may not be able to achieve my intended financial objective. It may not be possible for me to obtain a similar level of protection on the same terms in the future. Buying another policy in the future could result in higher premiums and loss of specific policy features due to changes in age or health. 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 (a) that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS); and (b) on the representation and warranty made in the PDUS. 					
Signature of Policyholder/Assignee/Trustee	Date (dd/mm/yyyy):				