

Abridged Fact Find form for Investment-Linked Policy

Important notice to policyholder or assignee

You would have provided your Income advisor 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 advisor 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/passport no.	Are you 62 years old and above? <input type="checkbox"/> Yes <input type="checkbox"/> No						
¹ Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.									
Proficient in both spoken and written English <input type="checkbox"/> Yes <input type="checkbox"/> No, please indicate language below <table border="0"> <tr> <td>Language spoken</td> <td>Language written</td> </tr> <tr> <td><input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay</td> <td><input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay</td> </tr> <tr> <td><input type="checkbox"/> Tamil <input type="checkbox"/> Others</td> <td><input type="checkbox"/> Tamil <input type="checkbox"/> Others</td> </tr> </table>		Language spoken	Language written	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay	<input type="checkbox"/> Tamil <input type="checkbox"/> Others	<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	
Language spoken	Language written								
<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay								
<input type="checkbox"/> Tamil <input type="checkbox"/> Others	<input type="checkbox"/> Tamil <input type="checkbox"/> Others								

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 no. _____ (last 4 characters)
E.g. use "567A" if the NRIC number is S1234567A.

Note: A "Trusted Individual" is a person who is/has: (i) At least aged 18; (ii) At least GCE 'N' or 'O' Level Certificate, or Equivalent Academic Qualification; (iii) Proficient in spoken and written English; (iv) A person who has the trust of the Client.

Representative or Supervisor is not allowed to be the Trusted Individual for client.

Please note that you will be receiving a call from the company to confirm your understanding of the products recommended by your representative (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 percentage 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 percentage <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. _____
--	--

Section A: Policyholder's or assignee's Risk Profile

It is important to recommend suitable products that reflect your risk preferences. People make investment decisions based on time, performance of an investment and the risk they are prepared to accept. You should consider that short-term capital losses might be a consequence of aiming for higher, longer-term returns. 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 level. Please answer each question accordingly.

Question	Myself
1. Investment Time Horizon <ul style="list-style-type: none"> This is assuming that you have already made plans to meet your short term financial goals and to handle emergencies. How long would you keep your money invested before you would need to assess it? 	_____ years (Please indicate from 0-100)
2. Your current Age <ul style="list-style-type: none"> What is your current age (Last Birthday)? 	_____ years (Please indicate from 0-100)
3. Percentage of Assets to be set aside for Investments <ul style="list-style-type: none"> What percentage of your total assets would you like to set aside for investments (existing plus intended amount)? 	_____ % (Please indicate from 0-100)
4. Market Decline Tolerance Level <ul style="list-style-type: none"> In an extreme market downturn, what is the maximum decline you can tolerate? "0" means you cannot tolerate any decline. 	_____ % (Please indicate from 0-100)
5. Investment Decline Response (a) <ul style="list-style-type: none"> Following your response to <u>question 4</u>, if your investment declines by this much, would you be able to sleep peacefully at night and function properly at work? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Investment Decline Response (b) <ul style="list-style-type: none"> Following your response to <u>question 4</u>, if your investment declines by this much, what would you do? Sell, buy more or hold and do nothing? (Please indicate 1 answer)	<input type="checkbox"/> Sell <input type="checkbox"/> Buy <input type="checkbox"/> Hold
7. Percentage to sell or buy based on Initial Investment Value <ul style="list-style-type: none"> Following your response to <u>question 6</u>, please indicate how much (in percentage) would you sell or buy based on your initial investment value? If you decide to hold and do nothing, please indicate "0" 	_____ % (Please indicate from 0-100)
Suitability criteria	
Does your answers above fall under any of the categories below (Please indicate 'yes' or 'no'): Question 1: Time horizon is stated as 1 year or less Question 3: Percentage of your total assets you would like to set aside for investments is 0% Question 4: Maximum decline you can tolerate is less than 6% Important Note: The suitability criteria is to assess if you are suitable to buy into an ILP. If you have been assessed to be not suitable for the purchasing of ILP products (at least 1 box is 'checked' as yes), it is recommended for you not to purchase an ILP.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Please scan the QR code (or use the link below) and input your answers to generate your Risk Profile https://www.income.com.sg/crp_questionnaire	

My Risk Profile (Please indicate your risk profile)		
Client risk profile	Description	To be completed ONLY if you disagree with your risk profile
Conservative	Objective is to preserve capital. Prefers high liquidity and reduced risk of capital loss.	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: _____
Moderately Conservative	Objective is to obtain dependable regular stream of income from investment. Willing to accept some risks of capital loss.	
Moderately Aggressive	Objective is to strike a balance between fixed income and equity investment for growth opportunities.	
Aggressive	Objective is to achieve above average growth over time and current income concerns will be minimal. Willing to take substantial risks in investment.	

Important note: If you disagree with your predicted risk profile, the minimum of your predicted risk profile and stated risk profile will be used as a basis of recommendation.

- Predicted Risk Profile is the Risk profile generated for the Client
- Stated Risk Profile is the Client's preferred Risk Profile if Client disagrees with their Predicted Risk Profile

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 advisor 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> <div style="display: flex; justify-content: space-between;"> <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 </div>	<p>If "Yes" to any questions, provide details below</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Q2. Do you have any other professional finance-related qualifications? Eg: Chartered Financial Analyst (CFA)/Association of Chartered Certified Accountants (ACCA)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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 percentage

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 advisor 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,

- I acknowledge that I have the option to complete "My Financial Portfolio" (fact find form) with my advisor but I wish to receive factual information only.
- 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.
- I am aware of my risk profile, completed under Section A.
- 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 advisor, or seek independent legal, tax and/or other professional advice.
- 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.
- 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 advisor)

Your Income advisor 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 advisor 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saving for children's educational needs Dependant _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income protection (disability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saving for retirement needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enhancement to existing wealth accumulation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical and hospitalisation costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When fund is needed (Time Horizon)				
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Policyholder's or assignee's budget for planning

Cash Regular amount \$ _____ (<input type="checkbox"/> A / <input type="checkbox"/> H / <input type="checkbox"/> Q / <input type="checkbox"/> M) Single amount \$ _____ (SP)	Other source of funds CPF - Ordinary Account \$ _____ SRS Account \$ _____ CPF - Special Account \$ _____ Retirement Account \$ _____
---	--

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

☐ No ☐ Yes

Advisor's recommendation

Advisor's recommendation (continued)

Policy number	ILP fund(s) selected	Fund percentage	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	

Replacement of policy

Policyholder's or assignee's declaration on policy replacement

Do you intend to purchase a policy to replace in part or full any existing or recently terminated insurance policy or investment product from any insurer or other financial institution?

☐ No ☐ Yes (If 'yes', please complete the sections below.)

Is the replacement of policy advised by the representative?

☐ No ☐ Yes

My representative has explained the following to my satisfaction in the event a replacement of policy should take place.

☐ No ☐ Yes

- a. I may incur transaction costs without gaining any real benefit from the replacement.
- b. I may incur penalties for terminating any of my existing policies.
- c. I may not be insurable at standard terms.
- d. The replacement plan may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at a higher cost.
- e. The replacement plan may be less suitable and the terms and conditions may differ.
- f. There may be other options available besides policy replacement (e.g. free switching facilities for investment policy).
- g. Upon Income's acceptance of your IncomeShield/Enhanced IncomeShield application, any MediShield-approved Integrated Shield Plan with another Private Medical Insurance scheme (PMIS) will be automatically terminated.

Advisor's declaration on policy replacement

I have explained to the client the possible disadvantages of policy replacement and where applicable, informed him/her of other options available besides policy replacement.

I have also explained the basis for policy replacement and why the replacement of policy is suitable for the client below:

Advisor'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 advisor _____ Advisor'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. My advisor has used a copy of the Abridged Fact Find form, Benefit/Policy Illustration, Product Summary and Product Highlight Sheet where applicable, as a basis to explain the information relating to this transaction(s). The Product Highlight Sheet is also available for download at www.income.com.sg.

☐ I agree with the proposed recommendation(s).

☐ I do not agree with the proposed recommendation. I am aware that it is my responsibility to ensure the suitability of the product(s) selected and wish to make the following amendment(s). I am also aware that for Investment-linked plan(s), I will not be able to rely on Section 27 of the Financial Advisers Act to file a civil claim in the event of a loss.

Comments

4. Location where the client was prospected.

I was prospected at:

- | | |
|---|--|
| <input type="checkbox"/> Income's premises (for events held in Income's premises, select "Close Door Event" option) | <input type="checkbox"/> Roadshow* |
| <input type="checkbox"/> Representative/agency's premises (e.g. home, rented office) | <input type="checkbox"/> Internet/social media |
| <input type="checkbox"/> Client's premises (e.g. home, place of work, family/friend's premises) | <input type="checkbox"/> Unable to recall |
| <input type="checkbox"/> Retailer (tie-up arrangements with Income)* | <input type="checkbox"/> Others* |
| <input type="checkbox"/> Close Door Event (e.g. Worksite/Seminar etc) | |
| <input type="checkbox"/> Street canvassing <input type="checkbox"/> Referral | |
| <input type="checkbox"/> Over the phone <input type="checkbox"/> Over video conference | |
| <input type="checkbox"/> Not applicable (if no advice was sought from Income) | |

*Please specify location: _____

Policyholder's or assignee's acknowledgement (continued)

5. Location where the sale was closed.

Please note that the sale cannot be closed over the phone for MediSave-Approved Plans and/or Selected Clients.

The sale was closed at:

- ☐ Income's premises (for events held in Income's premises, select "Close Door Event" option)
☐ Representative/agency's premises (e.g. home, rented office)
☐ Client's premises (e.g. home, place of work, family/friend's premises)
☐ Retailer (tie-up arrangements with Income)*
☐ Retailer (no tie-up arrangements with Income. E.g. at a restaurant/café)*
☐ Close Door Event (e.g. Worksite/Seminar etc) ☐ Roadshow*
☐ Over the phone ☐ Over video conference
☐ Not applicable (if no advice was sought from Income) ☐ Others*

*Please specify location: _____

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 advisor 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: _____

Time of call: _____ (am/pm) Policyholder's or assignee's phone number: _____

Comments on the sales process and quality of advice provided by the representative after the call back:

To be completed for ILP transaction(s)

Please complete client's investment profile:

Fulfills customer knowledge assessment criteria: ☐ Yes ☐ No
 Client's final risk profile: ☐ Conservative ☐ Moderately conservative ☐ Moderately aggressive ☐ Aggressive

Note: If there is a deviation, a lower of the two risk profiles will be selected for the purpose of recommendation.

Risk of the sub-fund(s) selected is higher than client's risk profile: ☐ Yes ☐ No

Senior management's confirmation ('SMC') is required when client is assessed NOT to have relevant knowledge and/or experience in ILP and/or 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 advisor. ☐ I disagree with the recommendations made by my advisor.

Comments:

I had accompanied the representative for the sales advisory session.

☐ Yes ☐ No

Name of supervisor _____ Supervisor's code _____

Signature _____  Date _____ (dd/mm/yyyy)

Fund switch and top-up form for investment-linked policy

WARNING: Under Section 23(5) of the Insurance Act 1966 (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.

Important Notes:

For Singaporeans/PRs, submit a CLEAR copy of your NRIC/Passport/Long-Term Pass.

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.

Electronic Documents: All application and policy correspondence will be sent to you electronically, unless any of these are not available electronically, in which case you will receive the hardcopy by mail.

Alternatively, if you have been assessed to have the relevant experience and/or knowledge in ILPs under Customer Knowledge Assessment, you are encouraged to submit fund switch and/or one time top-up via our customer portal at <https://me.income.com.sg>

For official use

For official use only – Scan to archive

1 Please update ICM under “ILP Processing Request (Form)” and attach a copy of the form.

Full name of Advisor (as in NRIC)

Advisor’s code

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

Details of policyholder or assignee

Full name (as in NRIC/Passport/Long-Term Pass/Company Registration)	NRIC/Passport/FIN/Unique Entity Number (UEN)	Policy number
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (nationality) _____ <input type="checkbox"/> Others (please give details) _____	Country of residence	City of residence
Name of organisation	Place of incorporation	Business activity/Sector
Occupation	Nature of work	Annual income (S\$)

Details of insured (if different from policyholder or assignee)

Full name (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (nationality) _____ <input type="checkbox"/> Others (please give details) _____	Country of residence City of residence

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%

Change of fund allocation

Do you wish to change your future fund 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%

Fund switch terms

Terms:

- For Ideal (ID5) policies, you must pay a switching fee equivalent to 0.2% of the value of each switching transaction.
- 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.
- 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.
- We will change your allocation in FlexiLink (IB1/IB2/IB3/IB4/IB6)/GrowthLink (GL1)/WealthLink (GL2) policies to the target fund(s) except to Money Market Fund, when there is a full switch out from the source fund(s).
- 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.

Top-ups and fund allocation

One time top-up		Recurring single premium top-up																					
Payment method <input type="checkbox"/> Surrender Proceeds/reinvestment from Policy _____ <input type="checkbox"/> GIRO (Please submit a new Interbank GIRO form.) <input type="checkbox"/> Cash <input type="checkbox"/> SRS <input type="checkbox"/> CPFOA <input type="checkbox"/> CPFSA		Payment method <input type="checkbox"/> GIRO (Please submit a new Interbank GIRO form.) <input type="checkbox"/> Cash <input type="checkbox"/> SRS <input type="checkbox"/> CPFOA <input type="checkbox"/> CPFSA																					
One-time top-up into <table border="1"> <thead> <tr> <th>Name of fund</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr> <td>Total premium:</td> <td>_____</td> </tr> </tbody> </table>		Name of fund	Amount	_____	_____	_____	_____	_____	_____	Total premium:	_____	Fund allocation for recurring single premium ⁴ <table border="1"> <thead> <tr> <th>Name of fund</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr> <td>Total premium:</td> <td>_____</td> </tr> </tbody> </table>		Name of fund	Amount	_____	_____	_____	_____	_____	_____	Total premium:	_____
Name of fund	Amount																						
_____	_____																						
_____	_____																						
_____	_____																						
Total premium:	_____																						
Name of fund	Amount																						
_____	_____																						
_____	_____																						
_____	_____																						
Total premium:	_____																						
Fund allocation for one-time top-up for FlexiCash only <table border="1"> <thead> <tr> <th>Name of fund</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Money Market Fund</td> <td>_____</td> </tr> </tbody> </table>		Name of fund	Amount	Money Market Fund	_____	Fund allocation for recurring single premium for FlexiCash only <table border="1"> <thead> <tr> <th>Name of fund</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Money Market Fund</td> <td>_____</td> </tr> </tbody> </table>		Name of fund	Amount	Money Market Fund	_____												
Name of fund	Amount																						
Money Market Fund	_____																						
Name of fund	Amount																						
Money Market Fund	_____																						
This space is left intentionally blank		Frequency <input type="checkbox"/> Every month <input type="checkbox"/> Every six months <input type="checkbox"/> Every three months <input type="checkbox"/> Every year	Term for recurring single premium top-up: _____ years																				

Top-up terms

Terms:

- Top-ups (one-time or recurring) into Money Market fund are applicable to FlexiCash policies **ONLY** and are subjected to a minimum of **\$500** per transaction.
- For payment by cash/cheque/GIRO, the instruction to top-up will be based on the date that Income receives full payment if this application is accepted by us. The offer price will be based on the full premium received by Income provided the payment is received by us by **3:00pm** and is accepted by us. Any submission after **3:00pm** will be considered as the next business day's submission.
- For payment by CPF/SRS, the top-up instruction will be based 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.
- For recurring single premium, the top-up amount will be allocated to the investment-linked fund(s) chosen by you and will follow the ratio of your current fund allocation to your existing fund(s) if you have chosen more than one (1) fund. The commencement date would be dependent on your selected frequency and the price (offer/bid) will be based on the date the full top-up payment is received by us. In addition, the recurring single premium top up request will deemed to be automatically terminated/stopped once there is a break in the frequency of the payments.
- The price will be announced two (2) business days after the date of submission or upon the date where full payment is being received.
- For top-ups FlexiLink (IB1), the following upfront charges will apply to each and every top-up amount as follows:

Age Last Birthday at point of top-up	Charges
Up to 59	0%
60 to 64	1%
65 to 69	1.50%
70 onwards	2.50%

Questions on health for top-up

	Insured
1 Have you ever been treated for or been told to get treatment for disease of the heart or circulatory system, stroke, high blood pressure, diabetes, cancer, growth or other malignancy, kidney or bladder disorders, asthma, other respiratory disorders, liver disease such as hepatitis, epilepsy, hereditary diseases and eye disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Have you suffered from physical or mental impairment or deformity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Have you undergone or are you undergoing any medical treatment or surgical operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to questions 1 to 3, please provide details in the space below.	

Fund distribution option																																		
Funds	Distribution option																																	
	Reinvestment			Encashment - Direct Credit																														
Asia Dynamic Return Fund																																		
Income Global Sustainable Fund																																		
<p>If you have selected 'Encashment - Direct Credit', please submit a copy of your Singapore bank book/statement for verification.</p> <p>Note: You can only have one direct credit account per policy.</p>																																		
<p>Terms:</p> <p>1 Please select and tick only one distribution option for each Fund. If no selection is indicated, the default option will be reinvestment.</p> <p>2 For CPF/SRS policies (if applicable), distributions shall be reinvestment only.</p> <p>3 Any distributions below \$50 (or such other sums as may be determined by Income) will be reinvested and encashment is not allowed.</p> <p>4 The option selected will supercede your previous option (if any).</p>																																		
Mandatory declarations																																		
<p>1 Beneficial ownership declaration – This is NOT a nomination of beneficiaries for this policy</p> <p>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.</p> <p>If there is a Beneficial Owner arrangement, please</p> <p>i Submit a copy of the Beneficial Owner's 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</p> <p>ii Please provide details of the Beneficial Owner(s):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Full name of Beneficial Owner (as in NRIC/BC/Passport/Long-Term pass)</th> <th>NRIC/BC/Passport number/FIN</th> <th>Date of birth (dd/mm/yyyy)</th> <th>Nationality</th> <th>Country of Residence</th> <th>Gender</th> <th>Relationship with Policyholder/Assignee</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							Full name of Beneficial Owner (as in NRIC/BC/Passport/Long-Term pass)	NRIC/BC/Passport number/FIN	Date of birth (dd/mm/yyyy)	Nationality	Country of Residence	Gender	Relationship with Policyholder/Assignee																					
Full name of Beneficial Owner (as in NRIC/BC/Passport/Long-Term pass)	NRIC/BC/Passport number/FIN	Date of birth (dd/mm/yyyy)	Nationality	Country of Residence	Gender	Relationship with Policyholder/Assignee																												
<p>2 Politically Exposed Person (PEP)</p> <p>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 organization.</p> <p>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.</p> <p>If you, or the Beneficial Owner, are a PEP or related^a to a PEP, you must disclose this information.</p> <p>^a 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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name of PEP</th> <th>Title of PEP</th> <th>Name of person related to PEP</th> <th>Relationship to PEP</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							Name of PEP	Title of PEP	Name of person related to PEP	Relationship to PEP																								
Name of PEP	Title of PEP	Name of person related to PEP	Relationship to PEP																															
<p>3 Source of funds and wealth (To complete for ILP top-ups ONLY)</p> <p>i Source of funds</p> <p>a Who is funding the insurance premium for this application?</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Policyholder <input type="checkbox"/> Assignee <input type="checkbox"/> Others, please provide details below: </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Full name of payor (as in NRIC/Passport/Long-Term Pass)</td> <td style="width: 50%;">NRIC/Passport number/FIN/Unique Entity Number (UEN)</td> </tr> <tr> <td>Relationship to policyholder or assignee</td> <td>Occupation and organisation</td> </tr> </table>							Full name of payor (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN/Unique Entity Number (UEN)	Relationship to policyholder or assignee	Occupation and organisation																								
Full name of payor (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN/Unique Entity Number (UEN)																																	
Relationship to policyholder or assignee	Occupation and organisation																																	

Mandatory declarations (continued)

b What is the source of funds used to pay the premiums?

☐ Salary or commission

☐ Inheritance, please provide details below

☐ Personal savings, if currently not employed, please provide details below (for example: previous employment, allowance from family members)

☐ Sale of assets, please provide details below

☐ Proceeds from a policy, please provide details below

☐ Others, please provide details below

Details for "Inheritance/Personal savings/Sales of assets/Proceeds from a policy/Others"

ii Source of wealth

a 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 gift

☐ Sale of property, company, or other assets

☐ Business or trade income

☐ Investments (shares, bonds, unit trusts, etc)

☐ Others _____

Residential address verification

For Singapore Citizen/Permanent Resident – If the residential address stated in this 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 the 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 me/us 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 this Personal Data Use Statement.

I/We agree that if my/our policy(ies) premiums are paid by third-party payor(s), I/we consent to the use and disclosure of my/insured name(s) and relevant policy(ies) information by Income to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my/our policy(ies).

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.

Declaration and authorisation

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

I/We confirm that there has been no change in the information provided about me/us since the completion of the application and all additional declarations made in connection with the application. I/We will notify Income immediately if there is any change in the information provided about me/us such as any change in the state of health, financial information, any concurrent insurance policy applications with other insurers or if I/we plan to seek medical consultation, investigation, or treatment between the date of this application and before the cover start date" for this application form. I/We am/are aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I/we fail to notify Income of any change in my/our information.

I/We declare that the answers in this application are true, correct and complete. I/We accept full responsibility for them, whether written by me/us or by anyone else on my/our behalf.

I/We have not withheld any information. If it is discovered later that I/we or the insured suffer from a medical condition that is not disclosed in this form, I/we will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with you. I/We agree that this application and other written answers, statements, information or declarations made by me/us or on my/our behalf will form the basis of the contract of insurance between me/us and you. I/We further understand that you may impose special terms according to the information given in respect of this application.

I/We understand that I/we may receive correspondences for this application and my/our policy documents electronically (collectively "policy e-document").

I/We agree that Income can notify me/us by email or SMS to retrieve and read my/our policy e-documents via secure online access.

I/We agree that Income will not be responsible to me/us (or any other person) if I/we fail to:

- a provide Income my/our correct email address or mobile number;
- b inform Income of any update or change to my/our email address or mobile number; or
- c keep the password to access the policy e-documents confidential.

I/We understand that the policy e-documents are considered delivered and received, upon my/our receipt of your SMS or email notification on the availability of the policy e-documents via secure online access.

I/We 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.

Declaration and authorisation (continued)

I/We confirm (a) that I/we understand and agree to the collection, use and disclosure of my/our personal data as stated in the “Personal Data Use Statement” (PDUS); and (b) on the representation and warranty made in the PDUS.

For the purpose of processing and/or administrating this application and any claim in connection with my/our policy(ies) with Income, I/we authorise, consent to, and agree to any medical source, insurance office, reinsurance, or organisation to release to you and you to release to any medical source, insurance office, reinsurance, or organisation any relevant information to do with me/us or the insured whether you accept my/our application or not.

I/We understand and agree that the changes:

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

I/We have 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/we understand that I/we can cease to proceed with this application at any time before the submission of this form and seek financial advice from a qualified Income advisor, or seek independent legal, tax and/or other professional advice.

Applicable to policyholder or assignee who performs a transaction without advice from Income:

As the policyholder or assignee who does not wish to seek advice from Income or refuses to follow advice sought from Income, for any of my/our proposed transactions under this application form, I/we understand and agree that:

- 1 This application is based solely on my/our own judgement and decision. I/We 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/us, 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/us. I/We am/are responsible to ensure the suitability of the fund(s) selected.

I/We agree that if I/we or any “Relevant Person” is found to be a “Prohibited Person”:

- Income is entitled not to accept this application; and
- 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. Income will not refund any unutilised premium when this policy is ended.

Income decision in every respect of the above will be final.

I/We will inform Income immediately if there is any change in my/our 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”:

- 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 Income from providing insurance or carrying out any transaction under this policy; or
- 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.

This application is governed by and interpreted according to the laws of the Republic of Singapore.

Applicable to Takaful Fund Only:

I/We further understand and agree that no part of my/our 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/we intend to subscribe. Such fund is being financed solely by the insurer’s resources and if a payment is made under such circumstances, I/we shall regard this as donation from the insurer.

I/We agree that if I/we do not reveal any significant fact (which would have affected Income’s decision to accept my/our application on standard terms) in this application, any legal document that is issued to effect the changes may not be valid. This includes any fact whose significance I/we am/are unsure of, and also any information I/we have given to the advisor but was not included in this application.


Signature of policyholder or assignee^ <div style="text-align: right;"></div>	Signature of insured (For age 16 and above) <div style="text-align: right;"></div>
Signed in Singapore on (dd/mm/yyyy):	Signed in Singapore on (dd/mm/yyyy):

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

Parental consent

The parent or legal guardian must fill in this section if the child or ward is the policyholder, and below the age of 21 years.

- 1 I give my permission for my child or ward for the above transaction(s) under this policy.
- 2 I confirm and agree to the consent given by my child/ward on the collection, use and disclosure of his/her personal data under this form.
- 3 I 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 my personal data in this form for the purposes of administering the application or transaction in this form. I understand that I may 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.

Full name of parent or legal guardian (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN
Relationship to policyholder <input type="checkbox"/> Parent (Please submit a copy of NRIC/Passport) <input type="checkbox"/> Legal guardian (Please submit a copy of NRIC/Passport and proof of legal guardianship)	Signature of parent or legal guardian <div style="text-align: right;"></div> Signed in Singapore on (dd/mm/yyyy):

Classification of funds				
Funds	Cash/SRS	CPFOA	CPFSA	<u>About submitting a fund switch</u> Please note that the minimum value per switching transaction is \$1,000 .
Conservative				Switching is not allowed if the value of the fund(s) is negative.
Money Market Fund	✓	N.A.	N.A.	
Moderately Conservative				<u>About submitting a top-up</u> For GrowthLink (GL1), WealthLink(GL2/GL3) and VivoLink (VL1) policies, top-ups (one-time or recurring) are subject to a minimum of \$2,500 per transaction and \$1,000 per fund.
Asian Bond Fund®	✓ ¹	✓	✓	For VivaLink (VA1), AstraLink (VA2) and Invest Flex (VS1) policies, one-time top-ups are subjected to a minimum of \$2,500 per transaction and \$1,000 per fund, and recurring single premium are subjected to a minimum of \$100 monthly and \$50 per fund.
Global Bond Fund	✓	✓	✓	
Moderately Aggressive				For Ideal (ID1/ID2/ID5/ID6/ID7/IP1/IP2) and FlexiLink (IB1/IB2/IB3/IB4/IB6) policies, top-ups are subject to a minimum of \$1,000 per transaction. For more information on the top-ups (one-time or recurring), you may refer to the terms indicated above.
Asia Managed Fund	✓	✓	✓	
Asia Dynamic Return Fund	✓ ¹	N.A.	N.A.	No cross-usage of funding is allowed from the different payment channels: Cash, SRS, CPFOA and CPFSA.
Global Diverse Series – Balanced Fund	✓	✓	✓	
Global Diverse Series – Managed Fund	✓	✓	✓	<u>For more information</u> 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).
Income Global Sustainable Fund	✓ ¹	N.A.	N.A.	
Aggressive				® Asian Bond Fund is not applicable to all existing CPFIS plans.
Asian Equity Fund	✓	✓	N.A.	
Global Equity Fund	✓	✓	N.A.	¹ Only applicable for plans - GrowthLink (GL1), WealthLink (GL2/GL3), VivaLink (VA1), AstraLink (VA2) and Invest Flex (VS1) policies.
Global Technology Fund	✓	✓	N.A.	
Global Diverse Series – Adventurous Fund	✓	✓	N.A.	
Income Global Emerging Markets Equity Fund	✓ ¹	N.A.	N.A.	
Takaful Fund	✓	N.A.	N.A.	