

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

For staff use only
Staff code <input type="text"/>
Staff name <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 16.



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.

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. 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

City (if residential address is in a foreign country)

Mailing address (If different from residential address)

Postal code Country

City (if mailing address is in a foreign 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 Tax Residency Declaration



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 1947 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

3

Beneficial Ownership Declaration — *This is NOT a nomination of beneficiaries for this policy*

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

- 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
- 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.

4 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.

5 Policy Information

5.1 Plan Details

Please state the name of the plan and/or rider(s) for this application.

Details	Basic plan	Rider
Name		

Total premium due

5.2 Premium discount benefit



Important Notes: This section is only applicable if you have a valid invitation code to qualify for the premium discount benefit.

Invitation code

6 Premium Payment Information



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.

6.1 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 "Income Insurance Limited"	
Renewal	<input type="radio"/> Cash	<input type="radio"/> GIRO		

6.2 Payor Details

You do not need to complete Section 6.2 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)	<input type="text"/>
NRIC/Passport number/FIN	<input type="text"/>
Occupation	<input type="text"/>
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	<input type="text"/>

6.3 Source Of Funds

You do not need to complete Section 6.3 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

6.4 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
 Business or trade income
 Inheritance and gifts
 Investments (shares, bonds, unit trusts, etc.)
 Sale of property, company, or other assets
 Others

6.5 Payment Authorisation — Please complete all the relevant sections

6.5.1 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 Income Insurance 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"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Card expiration date (mm/yy)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
Issuing bank		<div style="border: 1px solid orange; padding: 5px;"> <p>Signature of cardholder</p> <div style="text-align: right; margin-top: 10px;"> </div> </div> <div style="border: 1px solid orange; padding: 5px; margin-top: 5px;"> <p>Signed in Singapore on (dd/mm/yyyy)</p> </div>
Relationship to Proposer <i>If not Proposer</i>		

1. Do you have any existing in-force insurance policies and/or are you currently applying for insurance with Income or other insurance company? 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:

- Yes No

	Policy	Policy	Policy
Insurance company			
Policy details <i>Please provide policy number and policy type</i>			
Reason(s) for replacing policy			

8.1 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, accident, hospitalisation)? If yes, please provide details below:

Yes No

	Policy	Policy
Insurance company		
Nature of claim		
Year of claim		
Reasons		

8.2 Build

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

Height m Weight kg

8.3 Family History

Have any of your biological parents or siblings been diagnosed with or passed away as a result of: Alzheimer's disease, cancer, carcinoma-in-situ, mental disorder, diabetes, polycystic kidney disease, stroke, high blood pressure, heart disease, or any other hereditary disease or disorder? If yes, please provide details below:

Yes No

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

8.4 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 consume alcohol? If yes, please state the quantity of alcohol you drink per year.

Yes No

cans of beer glasses of spirit glasses of wine
(per 330ml) (per 30ml) (per 125ml)

3a. Have you ever been advised by a health care professional or a counsellor to reduce your alcohol intake, see a specialist, or to attend a support group because of your alcohol intake? If yes, please provide details below and answer Question 3b.

Yes No

Name of doctor/support group	
Address of doctor/support group	

b. Have you completed your treatment or been discharged from medical follow-up? If yes, please provide details below:

Yes No

Date of last follow-up	
------------------------	--

4a. Are you taking or have taken addictive drugs or substances (for example: narcotics or glue sniffing)? If yes, please provide details below and answer Question 4b.

Yes No

Addictive drug or substance taken	
-----------------------------------	--

b. Have you ever been treated or counselled for the use of addictive drugs or substances? If yes, please provide details below and answer Question 4c.

Yes No

Name of doctor/support group	
Address of doctor/support group	

c. Have you completed treatment or counselling for addictive drugs or substances? If yes, please provide details below:

Yes No

Date of last follow-up	
------------------------	--

5. Do you take part in or do you plan to take part in military or private flying other than as a passenger on a regular airline? If yes, please complete Military Questionnaire (military flying) or Aviation Questionnaire (private flying).

Yes No



6. Do you take part in, or plan to take part in other dangerous occupations or pursuits as listed below?

If yes, please tick (✓) the relevant activities:

Yes No

<input type="checkbox"/> Scuba or skin diving	<input type="checkbox"/> Mountain or rock climbing	<input type="checkbox"/> Free fall parachuting	<input type="checkbox"/> Motor racing
<input type="checkbox"/> Others <input type="text"/>			
For scuba or skin diving , please complete the following:			
a. Are you a certified diver? If yes, please specify certification(s) <input type="text"/>			
b. Are you an instructor? <input type="radio"/> Yes <input type="radio"/> No			
c. Do you usually dive alone and unaccompanied? <input type="radio"/> Yes <input type="radio"/> No			
d. Do you participate in specialised forms of diving (for example: cave, pothole, wreck, search and rescue diving) or use underwater explosives? If yes, please provide details and frequency per year. <input type="radio"/> Yes <input type="radio"/> No Frequency per year <input type="text"/>			
e. Dive history in the last 12 months:			
Total no. of dives	<input type="text"/>	Maximum depth(m)	<input type="text"/>
Average depth(m)	<input type="text"/>	Dive sites	<input type="text"/>



Important Notes: For mountaineering or rock climbing, please complete the Mountaineering and Rock Climbing Questionnaire. For other hazardous activities or pursuits, please complete the Hazardous Pursuits Questionnaire.

7. Do you plan to live abroad for more than 3 months other than for holidays or studies? If yes, please provide details below. If there is more than one country, please provide details for each country.

Yes No

Name of countries and cities	<input type="text"/>
Duration of each stay	<input type="text"/>
Frequency of travel	<input type="text"/>
Purpose of each travel	<input type="text"/>

8.5 Medical Information

8.5.1 Questions For All Ages

1. Do you have a doctor whom you consult for medical reasons other than minor illness such as common cold or flu?

If yes, please provide details below:

Yes No

Date of last consultation (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>
Reason for last consultation	<input type="text"/>	<input type="text"/>
Name of doctor	<input type="text"/>	<input type="text"/>
Name and address of clinic	<input type="text"/>	<input type="text"/>

2. In the last 5 years, have you had, or been advised to undergo any medical tests or investigations? Or do you intend to have or awaiting for any tests or investigations in the coming year? (For example: blood test, urine test, X-ray, ECG, ultrasound, imaging scan, biopsy, mammogram, Pap smear, prostate check). If yes, please provide details below and submit a copy of the results, if any:

Yes No

	Test/Investigation 1	Test/Investigation 2
Type of test/investigation		
Date of test/investigation		
Reasons for test/investigation		
Test/investigation result		
Name and address of clinic		

3. Have you or your spouse received any medical advice, counselling or treatment in connection with any of the condition below?

- HIV
- Sexually transmitted diseases
- AIDS, AIDS-related complex or any other AIDS-related conditions

If yes, please provide details below and submit a copy of all results, if available.

Yes No

Party involved	<input type="radio"/> Self <input type="radio"/> Spouse
Reason for test/medical advice/counselling	
Exact diagnosis/condition/concern	
Date of test/medical advice/counselling (dd/mm/yyyy)	
Type of test done and results (if any)	
Medical advice/counselling given by doctor (if any)	
Name and address of the clinic/hospital	



Important Notes:

Questions 4 and 5 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 4a and 5a.
 - ✓ 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.

4a. 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 4b.

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	

5a. 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 5b.

(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 6 is only applicable if you are a non-resident of Singapore.

6. 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	

8.5.2 Additional Questions To Be Completed for Age 16 to Age 50



Important Notes: If you answered “Yes” to any of the questions in Section 8.5.2 to Section 8.5.4, please provide details on page 15.

7. Have you ever had diabetes, high blood pressure, high cholesterol, cardiomyopathy, heart attack, heart valve disorders, heart or blood vessels disorders (other than irregular heart rate or heart murmurs), stroke, transient ischemic attack, bipolar disorder, schizophrenia, tumour, cancer, carcinoma-in-situ, enlarged lymph nodes, unusual skin lesion, polyps, cysts, fibroids or other growths of any kind, kidney failure, HIV or AIDS?	<input type="radio"/> Yes <input type="radio"/> No
8. In the last 5 years, have you had any of the medical conditions indicated between 8a to 8j, regardless of when it was diagnosed that has required any of the following: <ul style="list-style-type: none"> • Medical leave for 2 consecutive weeks and beyond; • Medication for 2 consecutive weeks and beyond; • Hospitalisation; • Regular follow up with a medical practitioner; • On regular medications; • Use of assisting device or help from another person to carry out your daily activities 	
a. Asthma, bronchitis, breathlessness, coughing with blood, emphysema, chronic obstructive pulmonary disease (COPD) or tuberculosis	<input type="radio"/> Yes <input type="radio"/> No
b. Heart murmur, chest pain, fast or irregular heart rate	<input type="radio"/> Yes <input type="radio"/> No
c. Alzheimer’s disease, Parkinson’s disease, dementia, multiple sclerosis, motor neuron disease, epilepsy, aneurysm, paralysis, numbness, autism, attention deficit hyperactivity disease, anxiety or depression	<input type="radio"/> Yes <input type="radio"/> No
d. Stomach ulcer, colitis, Crohn’s disease, pancreatitis, gastro-intestinal bleeding, cirrhosis, hepatitis or fatty liver	<input type="radio"/> Yes <input type="radio"/> No
e. Prostate enlargement, blood or protein or sugar in urine, kidney infection, kidney stones or polycystic kidney disease	<input type="radio"/> Yes <input type="radio"/> No
f. Arthritis, gout, osteoporosis, slipped disc, rheumatism, chronic back pain or amputation of limbs (partial or full)	<input type="radio"/> Yes <input type="radio"/> No
g. Impaired vision, impaired hearing, impaired speech or nose bleeds (intermittent or continuous longer than 1 week)	<input type="radio"/> Yes <input type="radio"/> No
h. Anaemia, thalassaemia, systemic lupus erythematosus or autoimmune diseases	<input type="radio"/> Yes <input type="radio"/> No
i. Sexually transmitted diseases	<input type="radio"/> Yes <input type="radio"/> No
j. Overactive or underactive thyroid hormone secretion	<input type="radio"/> Yes <input type="radio"/> No
9. Do you have any medical condition, signs or symptoms, physical disability or injury other than those already indicated in above?	<input type="radio"/> Yes <input type="radio"/> No

8.5.3 Additional Questions To Be Completed For Female (Age 16 to Age 50)

10a. Are you now pregnant? If yes, please state the number of weeks pregnant:

Yes No

No. of weeks pregnant	
-----------------------	--

b. Have there been any complication(s) relating to this and/or previous pregnancies such as gestational diabetes, caesarean section, eclampsia, hypertension, diabetes, thrombosis, miscarriage or others?

If yes, please provide details below:

Yes No

Pregnancy	<input type="radio"/> Past pregnancy <input type="radio"/> Current pregnancy
Date of diagnosis	
Details of complications	

8.5.4 Additional Questions To Be Completed For Above Age 50

11. Have you ever had diabetes, cardiomyopathy, heart attack, heart valve disorders, heart or blood vessels disorders (other than irregular heart rate or heart murmurs), stroke, transient ischemic attack, bipolar disorder, schizophrenia, tumour, cancer, carcinoma-in-situ, enlarged lymph nodes, unusual skin lesion, polyps, cysts, fibroids or other growths of any kind, kidney failure, HIV or AIDS?	<input type="radio"/> Yes <input type="radio"/> No
12. In the last 5 years, have you had any of the medical conditions indicated between 12a to 12i, regardless of when it was diagnosed that has required any of the following: <ul style="list-style-type: none"> • Medical leave for 2 consecutive weeks and beyond; • Medication for 2 consecutive weeks and beyond; • Hospitalisation; • Regular follow up with a medical practitioner; • On regular medications; • Use of assisting device or help from another person to carry out your daily activities 	
a. Asthma, bronchitis, breathlessness, coughing with blood, emphysema, chronic obstructive pulmonary disease (COPD) or tuberculosis	<input type="radio"/> Yes <input type="radio"/> No
b. High blood pressure, high cholesterol, heart murmur, chest pain, fast or irregular heart rate	<input type="radio"/> Yes <input type="radio"/> No
c. Alzheimer’s disease, Parkinson’s disease, dementia, multiple sclerosis, epilepsy, aneurysm, paralysis, numbness, anxiety or depression	<input type="radio"/> Yes <input type="radio"/> No
d. Stomach ulcer, colitis, Crohn’s disease, pancreatitis, gastro-intestinal bleeding, cirrhosis, hepatitis or fatty liver	<input type="radio"/> Yes <input type="radio"/> No
e. Prostate enlargement, blood or protein or sugar in urine, kidney infection, kidney stones or polycystic kidney disease	<input type="radio"/> Yes <input type="radio"/> No
f. Arthritis, gout, osteoporosis, slipped disc, rheumatism, chronic back pain or amputation of limbs (partial or full)	<input type="radio"/> Yes <input type="radio"/> No
g. Impaired vision, impaired hearing, impaired speech or nose bleeds (intermittent or continuous longer than 1 week)	<input type="radio"/> Yes <input type="radio"/> No
h. Anaemia, thalassaemia, systemic lupus erythematosus or autoimmune diseases	<input type="radio"/> Yes <input type="radio"/> No
i. Overactive or underactive thyroid hormone secretion	<input type="radio"/> Yes <input type="radio"/> No
13. Do you have any medical condition, signs or symptoms, physical disability or injury other than those already indicated in above?	<input type="radio"/> Yes <input type="radio"/> No

If you answered “Yes” to any of the above questions in Section 8.5.2 to Section 8.5.4, 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 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 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 affiliates, 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, affiliates, 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:

- a. includes allowing Income Partners to collect, use and disclose your contact details to send you Marketing and Promotional messages;
- b. is regardless of your policy status and whether this application or transaction is accepted or refused by Income; and
- c. 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:
 - 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);
 - b. on the representation and warranty made in the PDUS;
 - c. on the 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 1947, 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. Direct Purchase Insurance 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. 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.
23. 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.
24. 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.

25. 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)	

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)	

12 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 DPI 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 DPI 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 DPI 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 DPI bought within the free-look period.
2. Reinforce the following key information:
 - i. Name of DPI
 - 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 <plan type & name>, <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 DPI 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 are Direct Purchase Insurance (DPI)?

DPI are life insurance products that you can buy directly from insurance companies, without paying any commissions. You do not need to pay commissions because these products are 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 any DPI. A checklist is also provided to help you in your purchase of a DPI.

What are the types of DPI offered?

There are two main types of DPI available:

- a. Term life with Total and Permanent Disability (TPD) cover and an optional Critical Illness (CI) rider
- b. Whole life with TPD cover and an optional CI rider

TPD is the complete inability to engage in any business/occupation, or total and irrecoverable physical loss, due to accident or sickness.

What is the difference between a term life DPI and a whole life DPI?

A term life DPI provides insurance protection for a fixed period of time and may be suitable if you wish to provide for your financial dependants until they become self-reliant. There will be a payout if you pass away, or suffer a terminal illness during the coverage period. Terminal illness is the conclusive diagnosis of an illness that is expected to result in death within 12 months. In comparison, a whole life DPI generally provides life-long insurance protection.

As term life DPI are pure protection policies with no savings or investment feature, they are generally cheaper than whole life products. However, this also means that a term life DPI has no cash value when the policy expires, or if you end the policy early.

Whole life DPI are typically more expensive than term life DPI as their premiums are invested to build up cash value in addition to paying for insurance coverage. If you end a whole life DPI early, there may be a cash value (known as surrender value). However, there may be no cash value if you end the policy in the first few years as most of the premiums you have paid would have been used to pay for the initial administrative expenses incurred by the insurers for setting up the policy. For more information, visit <https://www.moneysense.gov.sg/articles/2018/10/buying-direct-purchase-insurance>.

Should I buy a critical illness rider for my DPI?

Once you have chosen a term or whole life DPI, you may choose to add a CI rider. The CI rider pays out the full coverage amount of a term or whole life DPI in a lump sum either when you are first diagnosed with a CI or after you have undergone surgery covered under the rider (except for Angioplasty²). This payout may ease your financial burden as your treatments and medication can be costly. Your income may also be affected as you may not be able to work due to the CI. It is important to note that the term or whole life DPI, together with the CI rider, will be terminated once the coverage amount is paid out under the CI rider.

There is a total of 30 CIs covered under the CI rider. For more information on the CIs covered, please refer to <https://www.moneysense.gov.sg/articles/2018/10/buying-direct-purchase-insurance>. You should also refer to the policy contract for detailed definition of each CI as you will receive a payout under the CI rider only if the illness falls within the definition stated in the contract.

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

² The CI rider will only pay out 10% of the coverage amount of the main policy or \$25,000 whichever is lower, for Angioplasty and other invasive treatment for coronary artery. After the insurance company pays out the above, the remaining coverage amount for the main policy and CI rider continues to be in effect.

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.

How much insurance coverage can I buy?

You can insure yourself for up to S\$400,000 per insurer, with a cap of S\$200,000 for whole life DPI.

The following are some scenarios to illustrate how the cap of S\$400,000 for DPI and sub-limit of S\$200,000 for whole life DPI work.

Scenario 1:

If you have bought a term life DPI with sum assured of S\$300,000, you may buy an additional term life DPI or whole life DPI with sum assured of S\$100,000 from the same insurer.

Scenario 2:

If you have bought a whole life DPI with sum assured of S\$150,000 from an insurer, you may buy another whole life DPI with sum assured not exceeding S\$50,000, or a term life DPI with sum assured not exceeding S\$250,000 from the same insurer.

The scenarios above are not exhaustive. Visit <https://www.moneysense.gov.sg/articles/2018/10/buying-direct-purchase-insurance> for more examples on the amount of DPI you can buy.

What are the different coverage periods offered for term life DPI and how do I choose among them?

You may choose from three different coverage periods for your term life DPI:

- a. 5 year renewable
- b. 20 years
- c. Term up to age 65

A 5 year renewable term life DPI may be suitable if you prefer shorter coverage and the flexibility to renew your policy. The premiums may be higher at the point of renewal due to your age, but any medical conditions uncovered since the start of the term life DPI will continue to be covered after the renewal.

The other options are a term life DPI with coverage period of 20 years, and a term life DPI that covers you up to age 65. These may be suitable if you prefer longer coverage.

As your dependants will not benefit from the DPI's coverage after it expires, you should consider the age of your dependants when choosing your policy coverage period.

What are the different premium payment periods offered for whole life DPI and how do I choose between them?

You may choose to pay premiums for your whole life DPI up to age 70 or age 85.

If you choose to pay premiums until age 70, you will need to pay higher premiums every year, but the total amount paid over the entire premium payment period will be lower.

If you choose to pay premiums until age 85, you will pay lower premiums every year, but the total amount paid over the entire premium payment period will be higher.

Consider if you can afford to pay the premiums until the age you have chosen, taking into account that you may not be earning any income after you retire.

What other important points should I be aware of?

You should read and understand the policy contract and product summary which set out the terms and conditions of the policy, such as the following:

1. Coverage period (for whole life DPI)

Insurers may either set a maturity age (e.g. age 99 or 100) when all benefits would be paid out, or pay the benefits only upon your death or diagnosis of a terminal illness, even if this occurs beyond age 99 or 100.

2. Premiums for TPD coverage

The coverage for TPD lasts up to a maximum age of 65.

The premiums that you pay may change throughout the premium payment period, depending on how the insurers price the TPD coverage.

- a. If the TPD coverage is priced separately from the main DPI, the premiums will be reduced once TPD coverage ends after age 65.
- b. If the TPD coverage is priced as part of the main DPI and spread out equally over the entire premium payment period, the premiums will remain the same even though TPD coverage ends after age 65.

3. Exclusion clauses

Different insurers may have different exclusion clauses which state the situations when benefits under the DPI are not payable. For example, some insurers may not pay out the TPD benefit if the policyholder becomes totally and permanently disabled arising from travel on a non-commercial aircraft. Some insurers may void the policy contract if the policyholder's death arises from any criminal activity; or an act of war (whether declared or not). You should read the product summary and policy contract to find out what these exclusions are and whether the DPI meets your needs.

What do I need to disclose in my DPI application?

You should disclose all information requested in the proposal form (including any pre-existing medical conditions) fully and truthfully. If material information³ is not disclosed, or is falsely disclosed, you or your dependants may not be able to claim the benefits under the DPI. 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 the DPI 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 what type of DPI to buy and how much coverage I need. What should I do?

DPI may not be suitable for you if you are unsure about which type of DPI or how much coverage to buy as no financial advice is provided during the purchase process. In such a case, you are encouraged to seek advice from a financial advisory representative who will be able to advise you on a suitable product.

Useful resources and tools:

1. MoneySENSE website (including Frequently Asked Questions on DPI):
<https://www.moneysense.gov.sg/articles/2018/10/buying-direct-purchase-insurance>
2. Web Aggregator (for life insurance products): <http://www.comparefirst.sg>
3. MoneySENSE Budget Calculator: <https://www.moneysense.gov.sg/financial-tools/budget-calculator>
4. CPF Board Insurance Estimator: <https://www.cpf.gov.sg/eSvc/Web/Schemes/InsuranceEstimator/InsuranceEstimator>

³ 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 a DPI.

I have...

a. Read and understood the DPI 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 the DPI
c. Declared all pre-existing medical conditions in the Proposal Form
d. Disclosed 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 the DPI, without seeking any advice from any financial advisory representative

ii. You are encouraged to go through the following items before buying a DPI:

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 DPI and other types of life insurance products?	<input type="radio"/> Yes <input type="radio"/> No
d. Considered the different types of DPI and other types of life insurance products that are available, and whether the DPI 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 DPI Fact Sheet

I acknowledge that:

- a. I have received a copy of the DPI Fact Sheet and have read and understood all of its contents.
- b. I have completed the DPI Checklist and have decided to purchase.

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

(This page is intentionally left blank)

Additional Medical Questionnaire

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.

Details of insured

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

Questions for insured

1. Have you ever been tested positive or hospitalised for COVID-19?
- No
- Yes, tested positive for COVID-19 more than 1 month ago and not hospitalised (please proceed to Question 2 & 3)
- Yes, tested positive for COVID-19 less than 1 month ago and not hospitalised
- Please state the date you tested positive _____ (dd/mm/yyyy) (please proceed to Question 2 & 3)
- Yes, tested positive for COVID-19 and hospitalised (please proceed to Question 2, 3 & 4)

For applicants with history of COVID-19 infection ONLY

2. a. Do you have any of the following symptoms during or after the infection, other than fever, cough, sore throat, running nose, or loss of taste/smell?
 Please select all that apply.
- Chest pain or tightness
- Shortness of breath
- Dizziness
- Heart palpitations
- Chronic fatigue
- Others, please specify the symptoms: _____
- None of the above (please proceed to Question 3)
- Please state the date of last symptoms (if applicable) _____ (dd/mm/yyyy)
- b. Have you had or are you undergoing or awaiting referral, investigation for above condition(s)?
- Investigation done
- Awaiting referral or investigation
- Advised for investigation but do not plan to do so
- I have not been advised for further investigation

Please provide details below.

Date of tests	Type of tests	Results	Name of doctor	Name of hospital

3. Have you fully recovered, discharged from follow up and/or returned to normal physical function and activities?
- Yes
- No. Please provide details: _____

4. Hospitalisation information

Please select the applicable option:

***HDU:** High-dependency unit, **ICU:** Intensive care unit

- Admitted to General ward only without any need of mechanical ventilation
- Admitted to HDU, ICU, or equivalent ward without any need of mechanical ventilation
- Admitted to HDU, ICU, or equivalent ward with need of mechanical ventilation

Date of admission	Duration of stay	Name of hospital

Details of insured

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

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):

GIRO application form

For completion by applicant

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

Date (DD/MM/YYYY): <input type="text"/> / <input type="text"/> / <input type="text"/>	To: Name of Bank ('Bank')	Name of Insurance Company: INCOME INSURANCE LIMITED
--	---------------------------	---

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

Authorisation by Proposer/Insured/Assignee

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%;" 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 Income Insurance Limited's completion

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

For financial institution's completion

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

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

<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

(This page is intentionally left blank)