

Spouse Name (as shown in NRIC/work pass/long-term pass)		NRIC number/FIN
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	Country of residence	Height (metres)
		Weight (kilograms)
Email address		
Name of company		Occupation
Type of plan	Sum assured	
<input type="checkbox"/> HomeTeamNS Insurance Scheme		
<input type="checkbox"/> HomeTeamNS Living Policy		
Child 1 Name (as shown in NRIC/BC/long-term pass)		NRIC/BC number/FIN
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	Country of residence	Height (metres)
		Weight (kilograms)
Email address		
Type of plan	Sum assured	
<input type="checkbox"/> HomeTeamNS Insurance Scheme		
<input type="checkbox"/> HomeTeamNS Living Policy		
Child 2 Name (as shown in NRIC/BC/long-term pass)		NRIC/BC number/FIN
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	Country of residence	Height (metres)
		Weight (kilograms)
Email address		
Type of plan	Sum assured	
<input type="checkbox"/> HomeTeamNS Insurance Scheme		
<input type="checkbox"/> HomeTeamNS Living Policy		

Child 3 Name (as shown in NRIC/BC/long-term pass)		NRIC/BC number/FIN
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	Country of residence	Height (metres) Weight (kilograms)
Email address		
Type of plan	Sum assured	
<input type="checkbox"/> HomeTeamNS Insurance Scheme		
<input type="checkbox"/> HomeTeamNS Living Policy		

Questionnaire for the lives insured

	HomeTeamNS ordinary/ associate member	Spouse	Child 1	Child 2	Child 3
1. Have you ever taken addictive drugs, narcotics or been treated for drug addiction in the past five years? If 'Yes', please state the name of the drugs, how much you took, how often you took them, for how long as well as the date of your last treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently undergoing or have been advised to have any form of medical treatment, medication or follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had or have been advised by a doctor to have surgery or any tests such as X-rays, ultrasound, CT scan, MRI scan, electrocardiograms, blood and urine tests, biopsy, mammogram or pap smear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had, or been told (by a doctor) to have treatment or been treated for, asthma, cancers, tumours, lumps, nodules, polyps, cysts, diseases or disorders of the heart (including high blood pressure, heart attack, heart murmur, heart valve disorder, chest pain), diabetes, epilepsy, fits, hepatitis, liver disease, raised cholesterol, kidney or urinary disorders (including protein or blood in urine), stroke, blood disorders, mental disorders, respiratory disorders, thyroid disorders, autoimmune diseases (for example, lupus), diseases and disorders of the eye, ear, nose or throat, musculo-skeletal disorders, gastro-intestinal disorders, HIV infection, sexually transmitted diseases, any recurring symptoms or illnesses or physical deformities not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you made any other application with us in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please continue with the section below if you are applying for HomeTeamNS Living Policy.

6. Have any of your natural parents or brothers or sisters ever been treated for cancers, heart diseases, stroke, high blood pressure, diabetes, kidney diseases, mental disorders or any diseases which they were born with or passed down from parents? If 'Yes', please name the conditions, age it began and relationship of the person to you.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you take part in any form of flying other than as a fare-paying passenger on a regular scheduled passenger flight of a commercial aircraft or any other dangerous work (for example, a commercial diver, military pilot) or sports or pursuits (for example, motor racing, rock climbing)? If 'Yes', please name the activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a. Have you had any application for life, accident or health insurance policy rejected, postponed or accepted at other than normal terms by us or any other insurer? If 'Yes', please tell us the reason and the medical condition, if any.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8b. Have you made any claim under any life, health or accident policies, whether individual or group plans, with us or any other insurer within the last 12 months? If 'Yes', please provide the details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you smoke? How many cigarettes or cigars do you smoke each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

If you have answered 'Yes' to any of the questions, please provide details. For questions 2 to 4 and 6, please provide the name of condition or conditions, date it began, investigations and results, treatment and current status. Please include the relevant question numbers and name of insured for your answer. Please use extra paper if you need to.

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 research and data analytics, and in the manner and for other purposes described in Income’s Privacy Policy.

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

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

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.

Marketing Consent

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

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

Postal mail Email Phone call Phone messages*

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

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

- (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.

You 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.

Declaration and authorisation

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 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:
 - provide Income my correct email address or mobile number;
 - inform Income of any update or change to my email address or mobile number; or
 - 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 email notification on the availability of the policy e-documents via secure online access.
5. 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.
6. 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.
7. 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.
8. 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.
9. I agree that Income’s legal responsibility will only begin when Income accepts this application and I have paid the first premium in full and cover will apply from the start date in the insurance policy issued to me.
10. I understand that I can ask for advice from an advisor before I sign this application. I will make sure that this product is appropriate to my financial needs and insurance aims.
11. I confirm that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.
12. I confirm that the entire marketing and selling process for my proposed insurance application has been carried out in Singapore.
13. 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.
14. 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.
15. I authorise, consent and agree to the following:
 - Income Parties to collect from and/or disclose to the group policyholder, the personal data for all the relevant purposes listed above and in Income’s Privacy Policy including to respond to enquiries from the group policyholder for the purposes of this application and policy servicing matters, including confirmation of eligibility for the cover; and
 - The group policyholder to disclose the personal data to Income Parties for all the relevant purposes listed above and in Income’s Privacy Policy.

16. For the purpose of this application, I authorise, consent and agree to:

- 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;
- 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
- 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.

17. 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.

18. 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 insured or I may not be able to obtain a similar level of protection on the same terms;
- b) the insured or I may not be insurable on standard terms;
- c) I may have to pay a higher premium in view of a higher age; and
- d) I will lose financial benefits built up over the years.

19. I confirm that I have fully read through and understand (i) the content of the product summary, including any coverage exclusion, which is found on www.income.com.sg; and (ii) Your Guide to Life Insurance and/or Your Guide to Health Insurance (if this applies) found on www.lia.org.sg.

20. 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 adviser 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.

21. I am aware that the policy will end if I am no longer a registered member with HomeTeamNS.

22. I agree that if I or any #Relevant Person is found to be a +Prohibited Person:

- you are entitled not to accept this application; and
- if any policy is issued, you are 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.

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

I will inform you 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:

- 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
- 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.

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.

Your signature

Signature of your spouse (if to be insured)

Date (dd/mm/yyyy)

Mandatory documents

MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism

You are required to provide the following documents for the insured person (or people) named in this application and who are covered under this plan:

a) Singaporean or Singapore Permanent Resident

- i. **Proposer and spouse of proposer:** a clear photocopy (front and back) of the National Registration Identity Card (NRIC)
- ii. **Child(ren) of proposer:** a clear photocopy of the birth certificate and NRIC (front and back), if available

b) Others

- i. **Proposer:** a clear photocopy (front and back) of the work pass or permit and identity card
- ii. **Spouse of proposer:** a clear photocopy (front and back) of the work pass or permit or dependant's pass or long-term visit pass (whichever is applicable)
- iii. **Child(ren) of proposer:** a clear photocopy of the birth certificate and dependant's pass or long-term visit pass (front and back) (whichever is applicable) Group Business – Affinity Schemes

For official use

Campaign code

Remarks

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 style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	To: Name of Bank ('Bank')	Name of Insurance Company: INCOME INSURANCE LIMITED
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Policy Number Group Business – Affinity Schemes 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 Accountholder

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.
4. I acknowledge and agree that Income may deduct the above Premium and Top Up for the above policies from my/our account and such deduction may be made by Income before the payment due date.

Bank Accountholder's Name:	Signature/Thumbprint*/Company Stamp
Bank Accountholder's ID:	
Bank Account Number <input style="width: 100%; height: 20px;" type="text"/>	
Telephone Number (Mobile): _____ (Work): _____ (Home) : _____	

(As in Bank's record)
 * For thumbprint, please go to any branches of your Bank with identification document for verification

Note:

1. Please provide all information/bank account details as per the bank's record correctly to avoid delay in approval.
2. If your premium/service fee should alter due to changes in policy/service contract, the amount deducted will be changed accordingly.

For 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)
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Please delete where inapplicable