

Alteration form for life policy (Simplified)

WARNING: Under Section 23(5) of the Insurance Act 1966 (or any other future amendments to it), you must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

Important notes:

1 Residential address verification

For Singaporean/Permanent Resident – Please provide a clear copy of your NRIC (front and back). If the residential address in our existing records is different from the address in your identity document, please provide billing proof or update your residential address via our online portal <https://me.income.com.sg>.

For non Singapore Citizen/Non-Permanent Resident – Please provide a valid identity document or passport with your residential address indicated, or billing proof (if residential address is not shown on the identity document).

Examples of billing proof – utility bills, bank statements and letters issued by a statutory or government bodies (dated within past 6 months) with letterhead, name, address, date clearly shown.

2 If you have used the policy to be exempted from the CPF Board’s Home Protection Scheme (HPS), the policy must remain in force so that you and your family are protected from losing your HDB flat in the event of death, terminal illness or total permanent disability. If there are changes to the policy, your exemption would be voided and you would be required to reapply for exemption from HPS by purchasing other private policies or apply to be insured under HPS. Otherwise, if you are using CPF monies to service the monthly instalment, CPF Board may automatically extend HPS coverage to you, based on the declared percentage that you are exempted for, subject to you being in good health.

Details of policyholder or assignee

Full name (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN	Policy number
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Others (please give details) _____	Country of residence	
Name of organisation	Occupation	Nature of work

Type of request

Request	Details	For official use					
<input type="checkbox"/> Decrease sum assured or premium <small>Refer to Notes</small>	From _____ to _____	Decrease sum assured					
<input type="checkbox"/> Remove riders	Please indicate the riders to remove.	Precontract terminating rider					
<input type="checkbox"/> Convert policy to paid-up		Paidup					
<input type="checkbox"/> Free look Policy type (please select one): <input type="checkbox"/> Non-ILP <input type="checkbox"/> ILP		Cooling period withdrawal (For ILP, franking of form is required)					
<input type="checkbox"/> Change premium due option from Automatic Premium Loan (APL) to paid-up		Premium overdue option alteration					
<input type="checkbox"/> Cancel existing Automatic Premium Loan (APL) arrangement		Cancel automatic premium loan					
<input type="checkbox"/> Reprint of policy document (\$10 for each policy document)		Policy reissue					
<input type="checkbox"/> Update of beneficial ownership – 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. i Please submit a copy of the Beneficial Owner’s NRIC or passport and a completed copy of the FATCA and CRS self-certification form for Individual Account Holder, Entity Account Holder or Controlling Person available here: www.income.com.sg/Policy-downloads-and-forms . ii Please provide details of the Beneficial Owner(s):		Customer Due Dilligence Update					
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 Policyholder	Gender	Country of Residence	Nationality (Singaporean/Singapore PR/ Others)

Type of request (continued)

Other request:

Modify extra mortality

Notes:

- 1 For policies with cash values, please request and complete a partial discharge voucher for decrease of sum assured or premium.
- 2 For policies incepted within 1 year and has not acquired a cash value, please approach your advisor and submit a revised Policy Illustration with this form.
- 3 Premium alteration is not allowed if there is a claim for Disability Care benefit.

Personal data use statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income Insurance"), its representatives, agents, relevant third parties (referred to in Income Insurance's Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income Insurance's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Insurance 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 Insurance 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 Insurance, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income Insurance, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income Insurance, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/or to provide me/us with their respective products/services, and in the manner and for other purposes described in Income Insurance's Privacy Policy.

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

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf

for the purposes as set out in this Personal Data Use Statement.

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

Please refer to Income Insurance's Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

I/we agree and understand that Income Insurance's Privacy Policy available on its website may be amended, supplemented and/or substituted by Income Insurance from time to time.

Declaration and authorisation

- 1 I declare that all details provided in this form are true, accurate and complete.
- 2 I understand that there are some possible disadvantages if I proceed with this application. I may be losing valuable benefits and may not be able to achieve my intended financial objective. It may not be possible for me to obtain a similar level of protection on the same terms in the future. Buying another policy in the future could result in higher premium and loss of specific policy features due to changes in age or health.
- 3 I confirm that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.
- 4 I confirm (a) that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS); and (b) on the representation and warranty made in the PDUS.

Signature of policyholder or assignee¹

Signed in Singapore on (dd/mm/yyyy):

¹ For policies that are assigned, the assignee needs to sign this form.