



## IncomeShield policy alteration form

**Warning:** Under Section 25(5) of the Insurance Act, Cap. 142 (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.

**Instructions on how to fill in this form.**

1. Section A, B and C: Please fill in all the details.
2. Section B: Give details of the people (dependants, including policyholder) that you want to apply the changes to.
3. If you have more than one policy and the change you want to make is not the same for all policies, please fill in a separate form for each policy.



**Important notes**

1. This form does not apply to changing your advisor.
2. To change the payer or payment method, please fill in the 'Payment alteration form'.
3. You must fill in and send us the signed form at least 30 days before renewal. If we do not receive the form on time, the change may not be reflected in the renewal.
4. For any changes, we will issue an endorsement letter.
5. All pages of this application form need to be submitted.

### Section A: Policyholder's details (You must fill this in.)



**Important notes**

1. You may update your contact details and access your policy information via our online portal at [www.income.com.sg](http://www.income.com.sg). If your contact details are not updated prior to the submission of this application, any correspondences will be sent to your address, contact number and/or email address in our records.
2. **Electronic Documents:** All application and policy correspondence will be sent to you electronically, unless any of these are not available electronically, in which case you will receive the hardcopy by mail.

**Notes:**

- a. If your year of birth is 1955 or earlier, we will send you hardcopy documents by mail as a default.
- b. You can change your preference to receive electronic copy or hardcopy documents anytime by submitting a request via [www.income.com.sg/enquiry](http://www.income.com.sg/enquiry).

Full name (as in NRIC/Long-Term Pass)	NRIC number/FIN	Date of birth (dd/mm/yyyy)
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### Section B: Details of people (including policyholder or dependants) affected by this change (You must fill this in.)

Policy Number	Full name of insured (as in NRIC/BC/Long-Term Pass)	NRIC/BC number/FIN	Relationship to policyholder

### Section C: Changes to the policies mentioned under Section B (You must fill this in.)

Termination (Please tick.)

- Main Plan                     
  Plus/Assist/Deluxe Care/Classic Care rider                     
  Daily Cash rider                     
  Child Illness rider

(Note: If your main plan ends, any riders in the policy will also end.)

We will inform you the date that the main plan and/or rider(s) will end. However, if you wish to terminate the cover(s) upon its renewal date, please tick the below box.

- Terminate the above selected cover(s) from renewal date. This request must reach us within 30 days from renewal date.

(Note: if this option is selected, we will terminate the respective cover from renewal date even if renewal premiums had been deducted/paid.)

## Section D: Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative 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.

## Section E: Declarations

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

I want to change the above policy according to my requests as shown in Section C of this form. I have read and agreed to the important notes and declaration.

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.

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.

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

I declare that the information stated by me in this form is true, correct and complete.

I understand and agree that:

- a. the above request has to be approved by you; and
- b. if the above request is approved, you will tell me in writing when the change will take place and the endorsement for the change is sent to me.

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.

I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS) above. I further confirm on the representation and warranty made in the PDUS.

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.

Signature of policyholder

Date (dd/mm/yyyy)