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Abridged Fact Find form for Investment-Linked Policy

Important notice to policyholder or assignee

You would have provided your Income advisor information about yourself in relation to your financial goals, financial situation and your particular needs before the purchase of the insurance product(s).

It is recommended that you seek advice from your Income advisor if you wish to transact in investment-linked policies (ILPs) or make changes to your insurance policies.

Policyholder's or assignee's particulars

Name of policyholder or assignee[1] (as shown in NRIC)	NRIC/passport no.	Are you 62 years old and above?
[1] Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.		☐ Yes ☐ No

Proficient in both spoken and written English

☐ Yes

☐ No, please indicate language below

Language spoken	Language written
☐ English ☐ Mandarin ☐ Malay	☐ English ☐ Mandarin ☐ Malay
☐ Tamil ☐ Others	☐ Tamil ☐ Others

Highest educational level attained

☐ Primary ☐ Secondary ☐ GCE 'O'/'N' level

☐ Pre-U/JC ☐ Diploma ☐ Degree

☐ Post graduate

Policyholder's or assignee's accompaniment

Note: It is recommended for you to be accompanied by a Trusted Individual if you belong to any <u>two</u> of the following profiles:

- 62 years of age or older
- Below GCE 'O' level or 'N' level certifications, or equivalent academic qualifications
- Not proficient in spoken or written English

Would you like to be accompanied by a Trusted Individual?

☐ No ☐ Yes (If 'Yes', please provide details below)

Name of Trusted Individual _____

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

Note: A "Trusted Individual" is a person who is/has: (i) At least aged 18; (ii) At least GCE 'N' or 'O' Level Certificate, or Equivalent Academic Qualification; (iii) Proficient in spoken and written English; (iv) A person who has the trust of the Client.
Representative or Supervisor is not allowed to be the Trusted Individual for client.

Please note that you will be receiving a call from the company to confirm your understanding of the products recommended by your representative (if you have purchased a product from us).

Policyholder's or assignee's transaction request(s)

^ For policyholder/assignee who wishes to proceed with <u>one time top-up/recurring single premium/fund switch/change in fund percentage</u> ILP post-purchase transactions and do not want any advice from Income, you must complete SECTION A, SECTION B & SECTION C. This is only available if policyholder/assignee is assessed in SECTION B to have relevant experience and/or knowledge in ILPs.

☐ ^One time or ^recurring single premium ☐ ^Fund switch or ^change in fund percentage ☐ Increase in regular premium or sum assured ☐ Increase rider cover term ☐ RevoSave ILP Account ☐ Add rider	This Abridged Fact Find form is used for the recommendation of the following policies: 1. _____ 2. _____ 3. _____ 4. _____

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

It is important to recommend suitable products that reflect your risk preferences. People make investment decisions based on time, performance of an investment and the risk they are prepared to accept. You should consider that short-term capital losses might be a consequence of aiming for higher, longer-term returns. As a general rule, the higher the potential return, the higher the risk that capital may not be returned.

This risk profile questionnaire helps to assess your risk tolerance level. Please answer each question accordingly.

Question	Myself
1. Investment Time Horizon • This is assuming that you have already made plans to meet your short term financial goals and to handle emergencies. • How long would you keep your money invested before you would need to assess it?	_____ years (Please indicate from 0-100)
2. Your current Age • What is your current age (Last Birthday)?	_____ years (Please indicate from 0-100)
3. Percentage of Assets to be set aside for Investments • What percentage of your total assets would you like to set aside for investments (existing plus intended amount)?	_____ % (Please indicate from 0-100)
4. Market Decline Tolerance Level • In an extreme market downturn, what is the maximum decline you can tolerate? • "0" means you cannot tolerate any decline.	_____ % (Please indicate from 0-100)
5. Investment Decline Response (a) • Following your response to question 4, if your investment declines by this much, would you be able to sleep peacefully at night and function properly at work?	☐ Yes ☐ No
6. Investment Decline Response (b) • Following your response to question 4, if your investment declines by this much, what would you do? Sell, buy more or hold and do nothing? (Please indicate 1 answer)	☐ Sell ☐ Buy ☐ Hold
7. Percentage to sell or buy based on Initial Investment Value • Following your response to question 6, please indicate how much (in percentage) would you sell or buy based on your initial investment value? • If you decide to hold and do nothing, please indicate "0"	_____ % (Please indicate from 0-100)
Suitability criteria	
Does your answers above fall under any of the categories below (Please indicate 'yes' or 'no'): Question 1: Time horizon is stated as 1 year or less Question 3: Percentage of your total assets you would like to set aside for investments is 0% Question 4: Maximum decline you can tolerate is less than 6% **Important Note:** The suitability criteria is to assess if you are suitable to buy into an ILP. If you have been assessed to be not suitable for the purchasing of ILP products (at least 1 box is 'checked' as yes), it is recommended for you not to purchase an ILP.	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Please scan the QR code (or use the link below) and input your answers to generate your Risk Profile https://www.income.com.sg/crp_questionnaire	

My Risk Profile (Please indicate your risk profile)

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

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

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

Section B: Policyholder's or assignee's investment knowledge

This questionnaire, also known as the Customer Knowledge Assessment, helps to assess if you have any relevant knowledge or investment experience to understand the risks and features of unlisted "Specified Investment Products", which includes investment-linked policies ("ILPs") or similar products. Any inaccurate or incomplete information provided by you may affect the suitability of the recommendation.

Outcome of Customer Knowledge Assessment

- If you have indicated a "Yes" in at least one of the below questions, you are assessed to have the relevant experience and/or knowledge in ILPs.
- If you have indicated a "NO" in all the below questions, you are assessed NOT to have the relevant experience and/or knowledge in ILPs. We would need you to seek advice from your Income advisor before transacting in your ILP(s).

Educational Qualifications	Q1. Do you hold any Diploma or higher qualification in the finance-related disciplines as below? • Accountancy • Actuarial Science • Business/Business Administration • Business Management/ Business Studies • Capital Markets • Computational Finance • Economics • Finance/Commerce • Finance Engineering • Financial Planning • Insurance	If "Yes" to any questions, provide details below ☐ Yes ☐ No
	Q2. Do you have any other professional finance-related qualifications? Eg: Chartered Financial Analyst (CFA)/Association of Chartered Certified Accountants (ACCA)	☐ Yes ☐ No
Investment Experience	Q3. Have you made at least 6 transactions in collective investment schemes ("CIS") (example: unit trusts) or ILPs in the last 3 years? Transactions that would NOT qualify: • Subsequent investments into a regular premium ILP, recurring single premium ILP or instalment savings plan of Unit Trust after the first premium/instalment. • Shares listed in the Stock Exchange	☐ Yes ☐ No
Work Experience	Q4. Do you have a minimum of 3 consecutive years of working experience in the past 10 years in the development of, structuring of, management of, sale of, trading of, research on and analysis of investment products or the provision of training in investment products? Note: Work experience in accountancy, actuarial science, treasury or financial risk management activities will also be considered relevant experience.	☐ Yes ☐ No

Section C: Policyholder's or assignee's declaration (to be completed if you do not wish to seek advice from Income)

This section is only available to policyholder or assignee who is assessed to have the relevant experience and/or knowledge in ILPs in Section B and wishes to transact in one of the following post-purchase transactions to ILP(s) without seeking advice from Income.

• One time top-up • Recurring single premium • Fund switch • Change in fund percentage

Important notice to policyholder or assignee:

If you are unsure whether the intended transaction is suitable for your circumstances, you are encouraged to seek advice from a qualified Income advisor who will be able to advise you on a suitable product or transaction to your existing policy.

Please read the following declaration together with the Product Highlight Sheet(s), Fund Report(s) or Monthly Fund Fact Sheet(s) available from www.income.com.sg carefully before submission of this form.

As the policyholder or assignee,

1. I acknowledge that I have the option to complete "My Financial Portfolio" (fact find form) with my advisor but I wish to receive factual information only.
2. I am aware the outcome of my completed Customer Knowledge Assessment under Section B where I am assessed to have relevant knowledge and/or experience in ILPs.
3. I am aware of my risk profile, completed under Section A.
4. I am advised to read and understand the corresponding Product Highlight Sheet(s), Fund Report(s) or Monthly Fund Fact Sheet(s) available from www.income.com.sg with respect to the relevant investment fund(s) before deciding whether to invest or transact in such fund(s). Where appropriate, I understand that I can cease to proceed with this transaction at any time before the submission of this form and seek financial advice from a qualified Income advisor, or seek independent legal, tax and/or other professional advice.
5. All investment decisions are made independently by me, as the policyholder or assignee, after duly considering and understanding the investment fund(s), benefits and risks. I understand that the information contained herein is not intended as financial advice and shall not be relied on as such by me. I am responsible to ensure the suitability of the fund(s) selected.
6. I am aware of my responsibility to ensure the suitability of the ILP transaction(s) and will waive the right to receive any advice as to whether the product or fund(s) is suitable under the Financial Advisers Act.

Name of policyholder or assignee[2] _____ NRIC number or FIN _____

Signature _____ Date _____ (dd/mm/yyyy)

[2] Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.

Please proceed to complete the transaction request in the appending form.

Section D: Policyholder's or assignee's summary of needs (to be completed by Income advisor)

Your Income advisor must have sufficient information before making a suitable recommendation. The information that you provide on your financial goals, budget and your particular needs will be the basis on which financial advice and recommendation will be given.

Alternatively, you may request your Income advisor for a comprehensive review of your financial needs by completing the "My Financial Portfolio" (fact find form).

Policyholder's or assignee's financial goals

Basic Protection	Priority level				Savings and Investment	Priority level			
	High	Med	Low	N.A.		High	Med	Low	N.A.
Income protection (death)	☐	☐	☐	☐	Saving for children's educational needs Dependant _____	☐	☐	☐	☐
Income protection (disability)	☐	☐	☐	☐	Saving for retirement needs	☐	☐	☐	☐
Critical illness	☐	☐	☐	☐	Enhancement to existing wealth accumulation plan	☐	☐	☐	☐
Medical and hospitalisation costs	☐	☐	☐	☐	Others _____	☐	☐	☐	☐
Personal accident	☐	☐	☐	☐	_____	☐	☐	☐	☐
Long-term care	☐	☐	☐	☐	**When fund is needed (Time Horizon)**				
Others _____	☐	☐	☐	☐					
_____	☐	☐	☐	☐					

Policyholder's or assignee's budget for planning

Cash

Regular amount $ _____ (☐ A / ☐ H / ☐ Q / ☐ M)

Single amount $ _____ (SP)

Other source of funds

CPF - Ordinary Account $ _____ SRS Account $ _____

CPF - Special Account $ _____ Retirement Account $ _____

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

☐ No ☐ Yes

Advisor's recommendation

Advisor's recommendation (continued)

Policy number	ILP fund(s) selected	Fund percentage	Risk classification of fund(s) according to policyholder's or assignee's risk profile	Remarks
			☐ Below ☐ Match ☐ Above	
			☐ Below ☐ Match ☐ Above	
			☐ Below ☐ Match ☐ Above	

Replacement of policy

Policyholder's or assignee's declaration on policy replacement

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

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

Is the replacement of policy advised by the representative?

☐ No ☐ Yes

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

☐ No ☐ Yes

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

Advisor's declaration on policy replacement

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

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

_____

_____

_____

Advisor's declaration

I have provided the policyholder or assignee with a reasonable recommendation(s) based on the information and assumptions he or she has provided in this form.

I declare that the information provided to me is strictly confidential and is only to be used in the process of recommending suitable insurance products and shall not be used for any other purposes.

Name of advisor _____ Advisor's code _____

Signature _____ Date _____ (dd/mm/yyyy)

Policyholder's or assignee's acknowledgement

1. I understand that the recommendation(s) is/are based on information and assumptions that I have provided in this form. Any inaccurate and incomplete information may affect the suitability of the recommendation(s).
2. I understand that I can request for a comprehensive financial review of my existing insurance policy(ies) before I proceed with this transaction(s).
3. My advisor has used a copy of the Abridged Fact Find form, Benefit/Policy Illustration, Product Summary and Product Highlight Sheet where applicable, as a basis to explain the information relating to this transaction(s). The Product Highlight Sheet is also available for download at www.income.com.sg.

☐ I agree with the proposed recommendation(s).

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

Comments

_____

_____

_____

4. Location where the client was prospected.

I was prospected at:

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

*Please specify location: _____

Policyholder's or assignee's acknowledgement (continued)

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

The sale was closed at:

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

*Please specify location: _____

To be completed if policyholder or assignee is assessed NOT to have knowledge or experience in ILP, and selects a fund that is higher than his or her risk profile.

☐ My advisor has confirmed and informed me of the following:
- I am aware that it is my responsibility to ensure the suitability of the ILP fund(s) chosen.
- I understand that Income may be contacting me to confirm this transaction.
- I understand that this application is subject to approval by Income.

Name of policyholder or assignee[3] _____ NRIC number or FIN _____

Signature _____ Date _____ (dd/mm/yyyy)

[3] Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.

Supervisor's validation

To be completed if call back is required

Call back is required for ☐ 'Selected client' ☐ 'Selected representative'

I have made the call to customer and confirmed that customer understands all material facts necessary to make an informed decision including the product features, risks of the product, policy and premium term, and the applicable fees and charges.

Date of call: _____ (dd/mm/yyyy) Phone number used for the call back: _____

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

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

_____

_____

To be completed for ILP transaction(s)

Please complete client's investment profile:
Fulfils customer knowledge assessment criteria: ☐ Yes ☐ No
Client's final risk profile: ☐ Conservative ☐ Moderately conservative ☐ Moderately aggressive ☐ Aggressive

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

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

Senior management's confirmation ('SMC') is required when client is assessed NOT to have relevant knowledge and/or experience in ILP and/or wishes to purchase an ILP against recommendation or when the risk of the sub-fund(s) selected is higher than client's risk profile.

I have reviewed the ILP application and noted that:
☐ SMC is not required. ☐ SMC is required. (Please submit SMC Form together with the application.)

Based on the information provided and the policyholder's or assignee's choice,
☐ I agree with the recommendation made by my advisor. ☐ I disagree with the recommendations made by my advisor.

Comments:

_____

_____

I had accompanied the representative for the sales advisory session.
☐ Yes ☐ No

Name of supervisor _____ Supervisor's code _____

Signature _____ Date _____ (dd/mm/yyyy)

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Alteration form for investment-linked policy

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

Important Notes:
For Singaporeans/PRs, submit a Clear copy of your NRIC/Passport/Long-Term Pass

For foreigners, submit a CLEAR copy of an identification (front & back) (e.g. employment pass, passport) and a CLEAR copy of documentary proof of the address, such as copies of utility bills, bank statements or letters issued by statutory or government bodies (dated within past 6 months) with letterhead, name, address and date clearly shown.

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

Residential address verification:
For Singapore Citizen/Permanent Resident – If the residential address stated in this form is different from the address in your identity document, please provide billing proof.

For non-Singapore Citizen – Please provide a valid identity document or passport with your residential address indicated, or billing proof.

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

For official use

For official use only – Scan to archive
1 Please update ICM under "ILP Processing Request (Form)" and attach a copy of the form.

Full name of Advisor (as in NRIC)	Advisor's code

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

Details of policyholder or assignee

Full name (as in NRIC/Passport/Long-Term Pass/Company Registration)	NRIC/Passport/FIN/Unique Entity Number (UEN)	Policy number

Nationality	Country of residence	City of residence
☐ Singaporean ☐ Singapore PR (nationality) _____ ☐ Others (please give details) _____		
Name of organisation	Place of incorporation	Business activity/Sector
Occupation	Nature of work	Annual income (S$)

Details of insured (if different from policyholder or assignee)

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

Nationality	Country of Residence	City of residence
☐ Singaporean ☐ Singapore PR (nationality) _____ ☐ Others (please give details) _____		

Changes to coverage/premium/riders

Request	Details	Notes
☐ Fund allocation	Name of fund _____ Allocation (%) (no decimal) _____ _____ _____ Total 100%	Please refer to Terms point 29. This form is to be submitted together with "Abridged Fact Find" form.
☐ Add riders	Please indicate rider name, sum assured and cover term.	Please refer to Terms points 14. To 27. This form is to be submitted together with "Abridged Fact Find", "Illustration", "Product Summary" and "Declaration of Continued Insurability" forms (where applicable). VA1 only: For Life event, please refer to Terms point 22.
☐ Increase regular premium	From _____ to _____	
☐ Increase sum assured (for IP1/IP2/VA1/VA2 policies only)	From _____ to _____	

Changes to coverage/premium/riders (continued)

☐ Decrease regular premium	From _____ to _____	Please refer to Terms points 14. To 27. To submit this form only.
☐ Decrease sum assured (for IP1/IP2/VA1/VA2 policies only)	From _____ to _____	This will be processed upon next anniversary date VA1 and VA2 only: This form is to be submitted together with "Illustration" and "Product Summary" forms.
☐ Remove riders (Please indicate the rider name to remove) ☐ Riders - Decrease Sum Assured	Type of Riders _____ From _____ to _____	
☐ Cessation of Recurring Single Premium request	N.A.	Please refer to Terms point 28. To submit this form only.

Change distribution payout option

Name of fund	Reinvestment	Encashment - Direct Credit	
☐ Asian Income Fund			Please refer to Terms points 31 to 32. To submit this form only. Please select and tick only one distribution option for each fund. Your submission must reach us at least 30 days before the next declaration date and the new option will be effective from the next payout. If you have selected "Encashment - Direct Credit", please submit a copy of your Singapore bank book/statement for verification (Note: you can only have one direct credit account per policy).
☐ Global Income Fund			
☐ Asia Dynamic Return Fund			
☐ Income Global Sustainable Fund			

Premium holiday

☐ Premium holiday up to now	☐ I wish to pay for my premiums using a new GIRO account, I need to submit a new interbank GIRO form and you will extend my premium holidays by 2 months.	To submit this form only. To submit a new interbank GIRO form (if applicable). If the premiums for your policy were outstanding, and you wish to resume premium payment starting from now.
☐ Premium holiday from now, for (maximum of six months)	☐ One month ☐ Two months ☐ Three months ☐ Four months ☐ Five months ☐ Six months ☐ Twelve months (if you are paying your premiums yearly) ☐ Invest Flex (VS1): _____ months	To submit this form only. Your premium holiday will start from the next premium due date.
☐ Cessation of premium holiday	☐ I wish to pay for my premiums using a new GIRO account, I need to submit a new interbank GIRO form and you will extend my premium holidays by 2 months.	To submit this form only. To submit a new interbank GIRO form (if applicable). This will be effective from the next premium due date.

Terms for premium holiday

For all regular premium plans except VivaLink (VA1) and AstraLink (VA2)

1 All regular premiums due for the first twelve (12) months and any subsequent increase of premium must be fully paid before any request for premium holiday is allowed.
2 For policies that are on GIRO, the process of deduction takes place between 21st of the month to 8th of the next month. During this period, no changes to your premium can be made. If the form is received during this period, your request will be handled after the GIRO deduction process is completed
3 For policies that are on GIRO, deduction will automatically resume once the premium holiday period ends, unless you apply for another premium holiday before the period ends.
4 We will only consider your application for premium holiday if the value of the fund(s) in your policy is positive.
5 All policy charges will continue to be chargeable (e.g. policy fee, mortality charges, advisory fee and rider charges) during the premium holiday period

For VivaLink (VA1) plan

6 If premium holiday is applied within the first ten (10) years from the policy entry date, the 'No lapse guarantee (NLG)' benefit will end and we will not reinstate it.
7 If there is 'Premium paying rider (PPR)' attached, we will terminate the riders and apply premium holiday. Once premium holiday is applied, term 6 will apply.
8 All regular premiums due for the first twelve (12) months and any subsequent increase of premium must be fully paid before any request for premium holiday is allowed. Once premium holiday is applied, term 6 will apply. In addition, you cannot make any One-time and Recurring single premium top-ups when your policy is on premium holiday.
9 For policies that are on GIRO, the process of deduction takes place between 21st of the month to 8th of the next month. During this period, no changes to your premium can be made. If the form is received during this period, your request will be handled after the GIRO deduction process is completed.
10 For policies that are on GIRO, deduction will automatically resume once the premium holiday period ends, unless you apply for another premium holiday before the period ends.
11 All policy charges will continue to be chargeable (e.g. policy fee, mortality charges, advisory fee and rider charges) during the premium holiday period.

For AstraLink (VA2) plan

12 The premium holiday charge applies if you did not pay any premiums from the 2nd anniversary to the end of the minimum investment period. Charges will continue to apply during premium holiday. No top-ups and recurring single premium top-ups can be made during premium holiday. Premium holiday ceases once the regular premium payment resumes.
If there is non-payment of regular premium (during the first 2 policy years), the policy will end with no cash-in value.
13 Increase or decrease in regular premium can be made after second policy anniversary, provided the policy remains in force and is not on premium holiday.

Terms for premium holiday (continued)

For Invest Flex (VS1) plan

14 From the 6th policy year, you may apply for premium holiday up to the following period in the table without charge.

MIP	Premium holiday period without premium holiday charge
5 years	0 months
10 years	60 months
15 years	60 months
20 years	120 months

Else, premium holiday charge applies on a monthly basis 30 days from the premium due date if:

- You stop paying premiums; or
- You request for a premium holiday during the MIP.

Terms for all other alterations

For all regular premium plans except VivaLink (VA1) and AstraLink (VA2)

15 For VivoLink (VL1) policies, the minimum regular premium is $150/monthly. For decrease/increase of regular premium, it will be subjected to the respective allocation rates as set out in the policy contract. The new premium after any increase is capped at $500/monthly per life.

16 For Ideal (ID2) policies, the minimum regular premium is $50/monthly. For increase of regular premium, a 45% advisory fee will be deducted upfront for the annualised portion that is in excess of the highest regular premium paid before the increase.

17 For Ideal (ID5/ID6/ID7) policies, the minimum regular premium is $100/monthly.
For Ideal (ID6) policies, any increase of regular premium, you must bear a monthly advisory fee equivalent to 25% of the increased portion for a period of twelve (12) months, in addition to any prevailing advisory fee being paid by you.
For Ideal (ID7) policies, any increase of regular premium that is sold through an Insurance Advisor under your policy, you must bear a monthly advisory fee equivalent to 15% of the increased portion for a period of twelve (12) months, in addition to any prevailing advisory fee being paid by you.

For VivaLink (VA1) and AstraLink (VA2) plans

18 Please submit a revised Illustration for each request. All requests submitted are subject to review and our acceptance.

19 For increase/decrease regular premium, it may increase/decrease the sum assured for the plan and the rider(s) of the life assured. The 'Insurance Cover Charge' for the plan and the rider(s) will be deducted accordingly. For premium paying riders, we might request for pro-rate premium before the request is approved.

20 For increase/decrease in sum assured, it may increase/decrease the premium for the plan and the rider(s) of the life assured. The 'Insurance Cover Charge' for the plan and the rider(s) will be deducted accordingly. For premium paying riders, we might request for pro-rate premium before the request is approved.

21 The new sum assured will take effect from the next monthiversary date regardless of the policy payment frequency.

22 If your policy is on premium holiday, we may not accept your request submitted.

23 * If there is an occurrence of a life event as defined under your policy (VA1) and you intend to increase your sum assured or regular premium, you will need to indicate the name of the life event and to provide the supporting documents.
* Life event is not applicable to AstraLink (VA2)

Applies to all regular and/or single premium plans

24 The increase/decrease in regular premium if accepted by us is usually effected from the next premium due date unless we notify you otherwise.

25 All regular premiums due for the first twelve (12) months and any subsequent increase of premium must be fully paid before any decrease in premium amount is allowed.

26 After the premium change has been approved and completed, kindly pay the new premium in full. Partial payments are not allowed.

27 For cash payment, the offer price will be based on the date that Income receives the new premium by **3:00pm**. Any submission after **3:00pm** will be considered as the next business day's pricing.

28 For policies that are on GIRO, the process of deduction takes place between 21st of the month to 8th of the next month. During this period, no changes to your premium can be made. If the form is received during this period, your request will be handled after the GIRO deduction process is completed.

29 For policies with GIRO payments, the cessation of recurring single premium request will take effect from the next deduction date.

30 The new distribution option selected will supersede your previous option (if any).

31 Any distributions below $50 (or such other sums as may be determined by Income) will be reinvested and encashment is not allowed.

32 For CPF/SRS policies (if applicable), the distribution option shall be reinvestment only.

Mandatory declarations

1 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 Owner arrangement, please

i Submit a copy of the Beneficial Owner's NRIC or passport and a completed copy of the FATCA and CRS self-certification form for Individual Account Holder, Entity Account Holder or Controlling Person available here: www.income.com.sg/Policy-downloads-and-forms; and

ii Please provide details of the Beneficial Owner(s):

Full name of Beneficial Owner (as in NRIC/BC/Passport/Long-Term pass)	NRIC/BC/Passport number/FIN	Date of birth (dd/mm/yyyy)	Nationality	Country of Residence	Gender	Relationship with Policyholder/Assignee

Mandatory declarations (continued)

2 Politically Exposed Person (PEP)

A Politically Exposed Person (PEP) is an individual who is, or has been entrusted with prominent public functions whether in Singapore, a foreign country or an international organization.

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

3 Source of funds and wealth (To complete for add riders, increase of regular premium and/or sum assured)

i Source of funds

a Who is funding the insurance premium for this application?

☐ Policyholder/Assignee ☐ Others, please provide details below:

Full name of payor (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN/Unique Entity Number (UEN)
Relationship to policyholder or assignee	Occupation and organisation

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

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

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

_____

ii Source of wealth

a How did you accumulate your wealth (i.e. your total assets)? You may choose more than one option.

☐ Salary or commission from current and/or past employment
☐ Inheritance and gift
☐ Sale of property, company, or other assets
☐ Business or trade income
☐ Investments (shares, bonds, unit trusts, etc)
☐ Others _____

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 communications 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/payer 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/our name 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

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

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

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

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

I/We understand that I/we may receive correspondences for this application and my/our policy documents electronically (collectively "policy e-document"). I/We agree that Income can notify me/us by email or SMS to retrieve and read my/our policy e-documents via secure online access.

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

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

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

I/We agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

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

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

I/We understand and agree that the changes:

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

I/We have read and understand the corresponding Product Highlight Sheet(s), Fund Report(s) or Monthly Fund Fact Sheet(s) available from www.income.com.sg with respect to the relevant investment fund(s) before deciding whether to invest or transact in such fund(s). Where appropriate, I/we understand that I/we can cease to proceed with this application at any time before the submission of this form and seek financial advice from a qualified Income advisor, or seek independent legal, tax and/or other professional advice.

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

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

1 This application is based solely on my/our own judgement and decision. I/We may be subjected to greater investment risks and that the value of the fund(s) may be volatile and fluctuate from time to time;
2 All investment decisions are made independently by me/us, as the policyholder or assignee, after duly considering and understanding the investment fund(s), benefits and risks.
3 The information contained in this application is not intended as financial advice and shall not be relied on as such by me/us. I/We am/are responsible to ensure the suitability of the fund(s) selected.

I/We agree that if I/we or any [#]Relevant Person is found to be a [+]Prohibited Person:

- Income is entitled not to accept this application; and
- if any policy is issued, Income is entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. Income will not refund any unutilised premium when this policy is ended.

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

I/We will inform Income immediately if there is any change in my/our or any Relevant Person's identity, status or identity documents.

[#] *Relevant Person includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.*

[+] *Prohibited Person means a person or entity who is, or who is [^]Related to a person or entity:*

- *subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict Income from providing insurance or carrying out any transaction under this policy, or*
- *who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.*

[^] *Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.*

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

Applicable to Takaful Fund Only:
I/We further understand and agree that no part of my/our premium contribution shall be used for the establishment of Tabaruu or risk fund for the purpose of paying the difference between the minimum sum assured and the cash surrender value of the policy which I/we intend to subscribe. Such fund is being financed solely by the insurer's resources and if a payment is made under such circumstances, I/we shall regard this as donation from the insurer.

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

Declaration and authorisation (continued)

Signature of policyholder or assignee^	Signature of insured (For age 16 and above)
Signed in Singapore on (dd/mm/yyyy):	Signed in Singapore on (dd/mm/yyyy):

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

Parental consent

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

1 I give my permission for my child or ward for the above transaction(s) under this policy.
2 I confirm and agree to the consent given by my child/ward on the collection, use and disclosure of his/her personal data under this form.
3 I consent and agree to Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at https://www.income.com.sg/privacy-policy), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose my personal data in this form for the purposes of administering the application or transaction in this form. I understand that I may refer to Income's Privacy Policy (https://www.income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal.

Full name of parent or legal guardian (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN
Relationship to policyholder ☐ Parent (Please submit a copy of NRIC/Passport) ☐ Legal guardian (Please submit a copy of NRIC/Passport and proof of legal guardianship)	Signature of parent or legal guardian Signed in Singapore on (dd/mm/yyyy):

Income Insurance Limited | UEN: 202135698W
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6788 1777 · Fax: 6338 1500
Email: csquery@income.com.sg · Website: www.income.com.sg

Application for alteration with medical underwriting

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.

Section 1: Proposer Details (Policyholder)

Full name (as in NRIC/Passport/Long-Term Pass/Company Registration)		NRIC/Passport/FIN	
Nationality ☐ Singaporean ☐ Singapore PR (nationality) _____ ☐ Others (please give details) _____		Country of residence	City of residence
Occupation		Height (metres)	Weight (kilograms)
Name of organisation	Nature of work		Annual Income (S$)

Section 2: Details of insured (if different from policyholder)

If you need to add another insured, please use another form and submit it together with this form.

Relationship to policyholder or assignee
☐ Child (Below age 18) ☐ Husband or wife ☐ Others _____ (please give details)

Full name (as in NRIC/Passport/Long-Term Pass)		NRIC/Passport number/FIN	
Nationality ☐ Singaporean ☐ Singapore PR (nationality) _____ ☐ Others (please give details) _____		Country of residence	City of residence
Date of birth (dd/mm/yyyy)	Gender ☐ Male ☐ Female	Height (metres)	Weight (kilograms)
Occupation	Name of organisation	Nature of work	Annual Income (S$)

Section 3: Concurrent insurance applications and policies

	Policyholder	Insured
1 Do you have any existing in-force insurance policies and/or are you currently applying for insurance with another insurance company? If yes, please provide details below:	☐ Yes ☐ No	☐ Yes ☐ No

	Policy/Proposal ☐ Policyholder ☐ Insured	Policy/Proposal ☐ Policyholder ☐ Insured	Policy/Proposal ☐ Policyholder ☐ Insured
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 (please specify type and coverage)			

Section 4: Insurance history

	Policyholder	Insured
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 with any insurer? If yes, please provide details below:	☐ Yes ☐ No	☐ Yes ☐ No

	Policy ☐ Policyholder ☐ Insured	Policy ☐ Policyholder ☐ Insured
Insurance company		
Type of policy		
Reasons		

	Policyholder	Insured
2 Have you ever made any claims or are you intending to make any claims, on any policy with any insurer? If yes, please provide details below:	☐ Yes ☐ No	☐ Yes ☐ No

	Policy ☐ Policyholder ☐ Insured	Policy ☐ Policyholder ☐ Insured
Insurance company		
Nature of claim		
Year of claim		
Reasons		

Section 5: Family history

	Policyholder	Insured
1 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	☐ Yes ☐ No

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

Section 6: Lifestyle information

	Policyholder	Insured
1 Have you smoked cigarettes or cigars in the past 12 months? If yes, please provide details below:	☐ Yes ☐ No	☐ Yes ☐ No

	Policyholder	Insured
Years of smoking		
Sticks of cigarettes (per day)		
Sticks of cigars (per day)		

Section 6: Lifestyle information (continued)

	Policyholder	Insured
2 Do you consume alcohol? If yes, please state the quantity of alcohol you drink per week.	☐ Yes ☐ No	☐ Yes ☐ No
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	☐ Yes ☐ No
3b Have you completed treatment or been discharged from medical follow up? If yes, please provide details below:	☐ Yes ☐ No	☐ Yes ☐ No
4a Are you taking or have taken addictive drugs or substances (for example: narcotics of glue sniffing)? If yes, please provide details below and answer Question 4b.	☐ Yes ☐ No	☐ Yes ☐ No
4b 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	☐ Yes ☐ No
4c Have you completed treatment or counselling for addicituve drugs or substances? If yes, please provide details below:	☐ Yes ☐ No	☐ Yes ☐ No
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	☐ Yes ☐ No
6 Do you take part in, or plan to take part in other dangerous occupations or pursuits as listed below? Scuba or skin diving (please complete the Diving Questionnaire) Mountain or rock climbing (please complete the Mountaineering and Rock Climbing Questionnaire) Others _____ (For other hazardous activities or pursuits, please complete the Hazardous Pursuits Questionnaire)	☐ Yes ☐ No	☐ Yes ☐ No
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	☐ Yes ☐ No

	Policyholder	Insured
Cans of beer (per 330ml)		
Glasses of wine (per 125ml)		
Glasses of spirit (per 30ml)		

	Policyholder	Insured
Name of doctor/support group		
Address of doctor/support group		

	Policyholder	Insured
Date of last follow-up		

	Policyholder	Insured
Addictive drug or substance taken		

	Policyholder	Insured
Name of doctor/support group		
Address of doctor/support group		

	Policyholder	Insured
Date of last follow-up		

	Policyholder	Insured
Name of countries and cities		
Duration of each stay		
Frequency of travel		
Purpose of each travel		

Section 7: Medical information
Section 7.1: (Questions for all ages)

	Policyholder	Insured
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	☐ Yes ☐ No

	Policyholder	Insured
Date of last consultation (dd/mm/yyyy)		
Reason for last consultation		
Name of doctor		
Name and address of clinic		

	Policyholder	Insured
2 In the last 5 years, have you had, or been advised to undergo any medical tests or investigations that resulted in any of the following: • Abnormal results or findings • Inconclusive results • Additional or repeat test • Doctor referral • Close monitoring or short interval follow up • Regular surveillance test Typical examples of medical tests or investigations include blood test, urine test, x-ray, ECG, ultrasound, imaging scan, biopsy, mammogram, pap smear, prostate check. You should answer yes if your regular health screenings resulted in further follow up, repeat tests, inconclusive results or doctor referral.	☐ Yes ☐ No	☐ Yes ☐ No

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

	Policyholder	Insured
3 Have you or your spouse taken a HIV test (please give the reason and results), received any medical advice, counselling or treatment in connection with 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	☐ Yes ☐ No

	Policyholder	Insured
Party involved	☐ Self ☐ Spose	☐ Self ☐ Spose
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		

Section 7: Medical information
Section 7.1: (Questions for all ages) (continued)

Important Notes:
Questions 4 and 5 are only applicable for Singapore Citizens, Permanent Residents of Singapore and Residents with an Employment Pass/Work Permit[1]/Pass Permit[2]:

- 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.

	Policyholder	Insured
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	☐ Yes ☐ No
4b Have you undergone a genetic test for Huntington's disease? If yes, please provide details below:	☐ Yes ☐ No	☐ Yes ☐ No

	Policyholder	Insured
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	☐ Yes ☐ No
5b 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	☐ Yes ☐ No

	Policyholder	Insured
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	☐ Yes ☐ No

	Policyholder	Insured
Reasons for test		
Date of test		
Test results		

Section 7.2: Additional questions to be completed for age 16 to age 50

Important Notes: If you answered "Yes" to any of the questions in Section 7.2 to Section 7.6, please provide details on page 14.	Policyholder	Insured
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?	☐ Yes ☐ No	☐ Yes ☐ No

Section 7.2: Additional questions to be completed for age 16 to age 50 (continued)

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:
- 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

	Policyholder	Insured
a Asthma, bronchitis, breathlessness, coughing with blood, emphysema, chronic obstructive pulmonary disease (COPD) or tuberculosis	☐ Yes ☐ No	☐ Yes ☐ No
b Heart murmur, chest pain, fast or irregular heart rate	☐ Yes ☐ No	☐ Yes ☐ 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	☐ Yes ☐ No	☐ Yes ☐ No
d Stomach ulcer, colitis, Crohn's disease, pancreatitis, gastro-intestinal bleeding, cirrhosis, hepatitis or fatty liver	☐ Yes ☐ No	☐ Yes ☐ No
e Prostate enlargement, blood or protein or sugar in urine, kidney infection, kidney stones or polycystic kidney disease	☐ Yes ☐ No	☐ Yes ☐ No
f Arthritis, gout, osteoporosis, slipped disc, rheumatism, chronic back pain or amputation of limbs (partial or full)	☐ Yes ☐ No	☐ Yes ☐ No
g Impaired vision, impaired hearing, impaired speech or nose bleeds (intermittent or continuous longer than 1 week)	☐ Yes ☐ No	☐ Yes ☐ No
h Anaemia, thalassaemia, systemic lupus erythematosus or autoimmune diseases	☐ Yes ☐ No	☐ Yes ☐ No
i Sexually transmitted diseases	☐ Yes ☐ No	☐ Yes ☐ No
j Overactive or underactive thyroid hormone secretion	☐ Yes ☐ No	☐ Yes ☐ No
9 Do you have any medical condition, signs or symptoms, physical disability or injury other than those already indicated in above?	☐ Yes ☐ No	☐ Yes ☐ No

Section 7.3: Additional questions to be completed for female (age 16 to age 50)

	Policyholder	Insured
10a Are you now pregnant? If yes, please state the number of weeks pregnant:	☐ Yes ☐ No	☐ Yes ☐ No
10b 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	☐ Yes ☐ No

	Policyholder	Insured
No. of weeks pregnant		

	Policyholder	Insured
Pregnancy	☐ Past pregnancy ☐ Current pregnancy	☐ Past pregnancy ☐ Current pregnancy
Date of diagnosis		
Details of complications		

Section 7.4: Additional questions to be completed for above age 50

	Policyholder	Insured
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?	☐ Yes ☐ No	☐ Yes ☐ 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:
- 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	☐ Yes ☐ No	☐ Yes ☐ No
b High blood pressure, high cholesterol, heart murmur, chest pain, fast or irregular heart rate	☐ Yes ☐ No	☐ Yes ☐ No

Section 7.4: Additional questions to be completed for above age 50 (continued)

	Policyholder	Insured
c Alzheimer's disease, Parkinson's disease, dementia, multiple sclerosis, epilepsy, aneurysm, paralysis, numbness, anxiety or depression	☐ Yes ☐ No	☐ Yes ☐ No
d Stomach ulcer, colitis, Crohn's disease, pancreatitis, gastro-intestinal bleeding, cirrhosis, hepatitis or fatty liver	☐ Yes ☐ No	☐ Yes ☐ No
e Prostate enlargement, blood or protein or sugar in urine, kidney infection, kidney stones or polycystic kidney disease	☐ Yes ☐ No	☐ Yes ☐ No
f Arthritis, gout, osteoporosis, slipped disc, rheumatism, chronic back pain or amputation of limbs (partial or full)	☐ Yes ☐ No	☐ Yes ☐ No
g Impaired vision, impaired hearing, impaired speech or nose bleeds (intermittent or continuous longer than 1 week)	☐ Yes ☐ No	☐ Yes ☐ No
h Anaemia, thalassaemia, systemic lupus erythematosus or autoimmune diseases	☐ Yes ☐ No	☐ Yes ☐ No
i Overactive or underactive thyroid hormone secretion	☐ Yes ☐ No	☐ Yes ☐ No
13 Do you have any medical condition, signs or symptoms, physical disability or injury other than those already indicated in above?	☐ Yes ☐ No	☐ Yes ☐ No

Section 7.5: Additional questions to be completed for juvenile applications (age below 16)

	Insured
14 Please provide details below for Juvenile Applicants:	☐ Yes ☐ No
a Does either of the child's parents have equivalent cover as proposed in this application? If no, please select the reason: ☐ Ineligible due to medical reasons ☐ Pending application with other insurers ☐ Others, please provide reason and details _____	☐ Yes ☐ No
b Does the child have other siblings? If yes, do all of them have equivalent cover (including pending application with other insurers) as proposed in this application? If no, please select the reason: ☐ Ineligible due to medical reasons ☐ Others, please provide reason and details _____	☐ Yes ☐ No
c Has the child ever had, or been told that he/she has, or been told to seek treatment, or have been treated for any of the following medical conditions or symptoms?	☐ Yes ☐ No
i Diabetes, thyroid disorders or any other endocrine disorders	☐ Yes ☐ No
ii Asthma, bronchitis, pneumonia, persistent cough (longer than 4 weeks) or any other lung disease or disorder	☐ Yes ☐ No
iii Heart murmur, heart valve disorders or diseases, Kawasaki's disease, irregular or fast heart rate, or any other disease or disorder of the heart or blood vessels	☐ Yes ☐ No
iv Epilepsy, fits, weakness of limbs, unconsciousness, developmental delay or abnormality in respect of physical, neurological, cognitive, language or psychosocial aspect or any other neurological, nervous or mental disorders	☐ Yes ☐ No
v Jaundice, hepatitis, or any other disorder of the digestive system including oesophagus, stomach, intestines, colon, rectum, anus, liver, gallbladder, pancreas	☐ Yes ☐ No
vi Kidney infection, urinary tract infection, blood in urine, protein in urine or sugar in urine, or any other disease or disorder of the kidney, bladder	☐ Yes ☐ No
vii Impaired hearing, impaired sight, impaired speech, ear discharge, double vision, nose bleeds (intermittent or continuous longer than 1 week) or any other disorders of eyes, ears and nose	☐ Yes ☐ No
viii Anaemia, thalassemia, HIV infection (AIDs or any other disorders of the blood or autoimmune disease)	☐ Yes ☐ No
ix Cancer, enlarged lymph nodes, unusual skin lesions, tumours, or other growths of any kind	☐ Yes ☐ No

Section 7.6: Additional questions to be completed for juvenile life insured (age below 2)

	Insured
15 Is the child a premature baby (i.e. less than 37 weeks of gestation)? If yes, please provide details below: Gestation period (weeks) _____ Length at birth _____ cm APGAR score at 1 minute _____ Weight at birth _____ kg APGAR score at 5 minute _____ Date of discharge from hospital _____	☐ Yes ☐ No
16 Were there any significant events during pregnancy/delivery such as but not limited to birth difficulty, infection, congenital deformities, lack of mental development, respiratory distress syndrome, prolonged jaundice that lasted more than 2 weeks, G6PD deficiency, respiratory disorder, intrauterine growth retardation?	☐ Yes ☐ No
17 Any special care needed after birth?	☐ Yes ☐ No
18 Has the child been advised, or been told to go for further follow-up, or further evaluation, or monitoring after each routine assessment check?	☐ Yes ☐ No
19 Has the child had any physical, congenital or developmental defects, or shown any sign of slow physical or mental development?	☐ Yes ☐ No

If you answered "Yes" to any of the above questions in Section 7.2 to Section 7.6, 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.	Policyholder	Insured

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 communications 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/payer 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/our name 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.

Section 9: Declarations and authorisations

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 understand and agree that the changes requested in this application:
- a are subject to Income's underwriting and acceptance;
- b if accepted, may be subject to terms, conditions and exclusions imposed by Income; and
- c will take effect only when Income accept and approves my application and notifies me in writing of the cover start date and provided that I have paid the required premiums (and interest, if applicable) in full.

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

8 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.

9 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.

10 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.

11 I agree that a copy of the authorisation in this form is valid and binding as an original copy.

12 Where applicable, I further authorise, consent and agree to Income disclosing my personal data to the Government of Singapore and statutory boards and organizations 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.

13 I confirm that I am authorised to disclose information (including personal health information) about the Insured to Income.

14 I agree that if I or any #Relevant Person is found to be a +Prohibited Person, Income is entitled not to accept this application. If any policy is issued, Income can terminate or void the policy, or not make any transaction under the policy such as not pay any benefit. Income's decision will be final. I will inform Income immediately if there is any change in my or any Relevant Person's identity, status or identification documents.

Relevant Person includes insured, trustee, assignee, beneficiary, beneficial owner or nominee and mortgagee or financier.

\+ *Prohibited Person means a person or entity who is subject to laws, regulations or sanctions administered by any governmental or regulatory authorities or law enforcement in any country, which will prohibit Income from providing insurance cover or paying any benefit.*

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

16 I/We agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

I agree that if I do not reveal any significant fact (which would have affected your decision to accept my application on standard terms) in this application, any legal document that is issued for this review may not be valid. This includes any fact I may not be sure is significant, and also any information I have given to the advisor but was not included in this application.

Signature of policyholder or assignee[1]	Signature of insured (for age 16 and above)
Signed in Singapore on (dd/mm/yyyy):	Signed in Singapore on (dd/mm/yyyy):

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