

## 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 Policy (ILP) or make changes to your insurance policies.**

### Policyholder's or Assignee's particulars

Name of policyholder or assignee <sup>1</sup> (as shown in NRIC)		NRIC/passport number	Are you 62 years old and above? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Proficient in both spoken and written English <input type="checkbox"/> Yes <input type="checkbox"/> No, please indicate proficient language below <table border="0"> <tr> <td>Language spoken</td> <td>Language written</td> </tr> <tr> <td> <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay  <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____ </td> <td> <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay  <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____ </td> </tr> </table>		Language spoken	Language written	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____	Highest educational level attained <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> GCE 'O'/'N' level <input type="checkbox"/> Pre-U/JC <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Post graduate	
Language spoken	Language written						
<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____						

<sup>1</sup> Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.

### Policyholder's or Assignee's transaction request(s)

^ For policyholder or assignee who wishes to proceed with one time top-up/recurring single premium/fund switch/change in fund percentage 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 or assignee is assessed in **Section B** to have relevant experience and/or knowledge in ILP.

<input type="checkbox"/> ^One time or ^recurring single premium <input type="checkbox"/> ^Fund switch or ^change in fund percentage <input type="checkbox"/> Increase in regular premium or sum assured <input type="checkbox"/> Increase rider cover term <input type="checkbox"/> RevoSave ILP Account <input type="checkbox"/> Add rider	This Abridged Fact Find (AFF) form is used for the recommendation of the following policies: 1. _____ 2. _____ 3. _____ 4. _____
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### Policyholder's or Assignee's accompaniment (Please check accordingly, if applicable)

You are identified as a **Selected Client** as you belong to **at least two** of the following profiles.

It is strongly recommended for you to have someone you can trust with your personal information and help with your financial decision to join you in the meetings.

- ☐ 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



#### Note to Selected Client

If you have purchased a product from us, you will be receiving a call from the company to confirm your understanding of the product and/or transaction recommended.

#### Would you like to be accompanied by a Trusted Individual?

- ☐ Yes (Please provide details below) ☐ No (For selected client, please acknowledge section A)

Name of Trusted Individual	Relationship to customer

NRIC number (last 4 characters e.g., use "567A" if the NRIC number is S1234567A.)



#### Important note to Advisor

Please ensure the Trusted Individual:

- (i) is present throughout the entire sales and advisory process;
- (ii) should not be a Selected Client; and
- (iii) should not be someone who presents potential conflicts of interests such as the advisor's supervisor or any other relationship or circumstances where a potential conflict of interests could arise.

## Customer's acknowledgement (selected clients only)

☐ I confirmed that the above information of my Trusted Individual is accurate and he/she is

1. At least 21 years old.
2. Holding at least GCE 'O' or 'N' level certifications or equivalent academic qualifications.
3. Proficient in both spoken and written English.
4. Not an Income Insurance advisor or sales supervisor.

**And I agree to this Trusted Individual knowing my personal information during the course of the sales and advisory process.**

☐ I acknowledged and confirmed that

1. I do not wish to have a Trusted Individual present.
2. I am fully able to make decisions on my own without a Trusted Individual.

## Section A: Policyholder's or Assignee's risk profile

It is important to recommend suitable product and/or transaction 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.**

### Q1. Length of time you intend to hold your investment for

Assuming that you have already made plan to meet short term financial goals and to handle emergencies, how long (in years) would you keep your money invested before you need to use it?

*Guide on understanding your risk appetite for general investment planning:  
Short term (1-3 years), Medium term (4-10 years), Long term (more than 10 years)*

\_\_\_\_\_ years  
(Please indicate from 0-100)

### Q2. Current age

What is your current age?

\_\_\_\_\_ years  
(Please indicate from 0-100)

### Q3. Percentage of assets to 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)

### Q4. Tolerance to extreme market downturn

What is the maximum decline (in percentage) you can tolerate in an extreme market downturn? "0" means you cannot tolerate any decline.

\_\_\_\_\_ %  
(Please indicate from 0-100)

### Q5. Response to investment decline (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

### Q6. Response to investment decline (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?

☐ Sell ☐ Buy ☐ Hold

### Q7. Percentage to sell or buy more

Following your response to question 6, please indicate how much (in percentage) would you sell or buy based on your initial investment value?

\_\_\_\_\_ %



#### Important note to Customer

If 'hold' is selected in Q6, then Q7 will be defaulted to 0%. If 'sell' or 'buy' is selected in Q6, then Q7 cannot be 0%.

(Please indicate from 0-100)

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](https://www.income.com.sg/crp_questionnaire)



### 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

☐ Yes ☐ No

Question 3: Percentage of your total assets you would like to set aside for investments is 0%

☐ Yes ☐ No

Question 4: Maximum decline you can tolerate is less than 6%

☐ Yes ☐ No



**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 product and/or transaction (at least 1 box is 'checked' as yes), it is recommended for you not to purchase an ILP.

## Section A: Policyholder's or Assignee's risk profile (continued)

My Assessed Risk Profile	Description
<input type="checkbox"/> Conservative	Objective is to preserve and have access to your invested capital with low risk of capital loss.
<input type="checkbox"/> Moderately Conservative	Objective is to obtain stable returns with your invested capital and is willing to accept some risk of capital loss.
<input type="checkbox"/> Moderately Aggressive	Objective is to grow your invested capital for potentially higher return in the medium to long term and is willing to accept a moderate risk of capital loss as a tradeoff.
<input type="checkbox"/> Aggressive	Objective is to grow your invested capital for potentially higher return in the long term with significant short-term volatility and is willing to accept a higher risk of capital loss as a tradeoff.

**My Final Risk Profile** (Please indicate your risk profile)

**Do you agree with your assessed risk profile?**  
☐ Yes    ☐ No. Please state your preferred risk profile:  

☐ Conservative   
 ☐ Moderately Conservative   
 ☐ Moderately Aggressive   
 ☐ Aggressive

## Section B: Policyholder's or Assignee's investment knowledge

It is important to find out if you have any relevant knowledge or investment experience to understand the risks and features of unlisted 'Specified Investment Product' (SIP), which includes ILP or similar products. This questionnaire, also known as the Customer Knowledge Assessment (CKA), helps to assess your knowledge or investment experience before a solution with ILP may be offered to you.

Classification	Question
Educational or professional qualification	<p><b>Do you hold any diploma or higher qualification in the finance-related disciplines?</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes, please select below:           <input type="checkbox"/> No         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Accountancy    <input type="checkbox"/> Actuarial Science    <input type="checkbox"/> Business  <input type="checkbox"/> Business Administration    <input type="checkbox"/> Business Management  <input type="checkbox"/> Business Studies    <input type="checkbox"/> Capital Market    <input type="checkbox"/> Commerce  <input type="checkbox"/> Economics    <input type="checkbox"/> Finance    <input type="checkbox"/> Financial Engineering  <input type="checkbox"/> Financial Planning    <input type="checkbox"/> Computational Finance  <input type="checkbox"/> Insurance         </div>
	<p><b>Do you have any other professional finance-related qualifications?</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes, please select below:           <input type="checkbox"/> No         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Chartered Financial Analyst (CFA)  <input type="checkbox"/> Association of Chartered Certified Accountants (ACCA)  <input type="checkbox"/> Associate Wealth Planner  <input type="checkbox"/> Certified Financial Planner  <input type="checkbox"/> Chartered Alternative Investment Analyst  <input type="checkbox"/> Chartered Financial Consultant  <input type="checkbox"/> Certified Financial Risk Manager         </div>
Investment experience	<p><b>Have you made at least 6 transactions in unlisted SIPs ( e.g. unit trusts, structured products, or ILP) in the preceding 3 years?</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes, please select below:           <input type="checkbox"/> No         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Unit Trusts  <input type="checkbox"/> ILP  <input type="checkbox"/> Other Unlisted SIP (e.g. structured products)         </div>
Work experience	<p><b>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?</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes, please answer below:           <input type="checkbox"/> No         </div> <div style="margin-top: 10px;">           Start year: _____ End year: _____             Occupation and company: _____         </div>

### Outcome of CKA

- ☐ You are assessed to have the relevant experience and/or knowledge in ILP.  
 (Answered '**Yes**' in at least one of the above questions)
- ☐ You are assessed NOT to have the relevant experience and/or knowledge in ILP.  
 (Answered '**No**' to ALL of the above questions)

If you intend to purchase an ILP subsequently, please seek advice from your Advisor.

## 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 ILP in Section B and wishes to transact in one of the following post-purchase transactions to ILP 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](http://www.income.com.sg) carefully before submission of this form.

As the policyholder or assignee,

- I acknowledge that I have the option to complete "My Financial Portfolio" (MFP) with my advisor but I wish to receive factual information only.
- I am aware the outcome of my completed CKA under Section B where I am assessed to have relevant knowledge and/or experience in ILP.
- I am aware of my risk profile, completed under Section A.
- 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](http://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.
- 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.
- 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(s), transaction(s) or fund(s) is suitable under the Financial Advisers Act.

Name of Policyholder or Assignee <sup>2</sup>	NRIC/FIN number
Signature of Policyholder or Assignee <sup>2</sup>	Date (dd/mm/yyyy)

<sup>2</sup> Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.

## 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" (MFP).

	Policyholder's or Assignee's financial goals			
	Priority			When fund is needed (Time Horizon)
	H	M	L	
<b>Protection</b>				
<b>Death</b>				Upon Occurrence
<b>Disability</b>				Upon Occurrence
<b>Critical Illness</b>				Upon Occurrence
Others: _____				Upon Occurrence
Others: _____				Upon Occurrence
<b>Accumulation</b>				
<b>Retirement</b> <sup>3</sup>				_____ years
Education <sup>4</sup>				_____ years
Enhancement to existing wealth accumulation plan				_____ years
Accumulation 1: _____				_____ years
Accumulation 2: _____				_____ years
<b>Legacy &amp; Philanthropy</b>				
Gifting				Upon Occurrence
Equalisation				Upon Occurrence
Estate Preservation				Upon Occurrence

Priority Level – **H**: High - To address immediately    **M**: Medium - To address within 1 year    **L**: Low - To address after 1 year

Essential financial goals must at least be of low priority as they are always applicable to the Customer. [Fields underlined and **bold**]

Goal Eligibility – <sup>3</sup> Minimum Age 16    <sup>4</sup> Child, Age 0-18

## Policyholder's or Assignee's budget

### Reality Check of Emergency Funds

It is generally recommended to set aside 6 months' worth of expenses<sup>5</sup> as an emergency fund.

Start keeping money aside in a combination of Savings Accounts or Singapore Savings Bonds (SSBs) to have ready cash to tide you through when the unexpected happens.

Your Budget <sup>6</sup>	Your Acknowledgement
Cash (Regular Premium): _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<b>Is your budget within 50% of your Net Cash Flow?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <sup>7</sup> <b>Note:</b> Net Cash Flow refers to annual income less annual expenses.
Cash (Single Premium): _____	<b>Is your budget within your Total Cash/Near Cash Assets and you still have emergency fund to cover at least 6 months of expenses thereafter.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <sup>7</sup> <b>Note:</b> Emergency funds refers to total cash or near cash assets divided by monthly total expenses.
SRS Account (Single Premium): _____	<b>Is your budget within your SRS balance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <sup>7</sup> <b>Note:</b> Please ensure sufficient funds in the SRS account.
Ordinary Account (Single Premium): _____	<b>Is your budget within your CPF-OA balance after setting aside the minimum \$20,000?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <sup>7,8</sup>
Special Account (Single Premium): _____	<b>Is your budget within your CPF-SA balance after setting aside the minimum \$40,000?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <sup>7,8</sup>
<b>Deviations<sup>7</sup></b>    	

<sup>5</sup> Based on Basic Financial Planning Guide which recommends 3 to 6 months of expenses; 6 months is used here for a more conservative approach.

<sup>6</sup> Customers are responsible for self-declaring all relevant personal and financial information. Accurate and complete disclosure is essential to ensure appropriate recommendations and financial advice tailored to their needs.

<sup>7</sup> Deviations to be documented below.

<sup>8</sup> CPFIS will not take effect should there be insufficient funds to proceed in the CPF-OA/ CPF-SA.

## Advisor's recommendation

- State how does this transaction meets customer's need(s) and/or goal(s);
- State customer's concern, investment objectives, shortfall amount (\$), time horizon, where applicable;
- State and explain features, benefits and limitations, minimally one each, relating to the transaction recommended; and
- State warnings and important disclosures.
- If funds recommended are of higher risk than customer's risk profile, please explain.

Policy Number	ILP fund(s) selected	Fund Percentage	Risk classification of fund(s) according to Policyholder's or Assignee's risk profile	Remarks
			<input type="checkbox"/> Below <input type="checkbox"/> Match <input type="checkbox"/> Above	
			<input type="checkbox"/> Below <input type="checkbox"/> Match <input type="checkbox"/> Above	
			<input type="checkbox"/> Below <input type="checkbox"/> Match <input type="checkbox"/> Above	

## Policyholder's or Assignee's declaration on replacement of policy

<b>Is this a replacement of policy?</b> - are you planning to sell off partial or full, stop paying premium for any of your existing insurances or unit trusts; or - have you sold or stop paying premium for any of your existing insurances or unit trusts in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the transaction is a replacement of policy:</b>	
<b>Is the replacement of policy advised by the Advisor?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>My advisor has explained the following to my satisfaction in the event a replacement of policy takes place.</b> 1. I may incur transaction costs without gaining any real benefit from the replacement. 2. I may incur penalties for terminating any of my existing policies. 3. I may not be insurable at standard terms. 4. 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. 5. The replacement plan may be less suitable and the terms and conditions may differ. 6. There may be other options available besides policy replacement (e.g. free switching facilities for investment policy). 7. Upon Income Insurance's acceptance of my IncomeShield/Enhanced IncomeShield application, any MediShield-approved Integrated Shield Plan with another Private Medical Insurance Scheme (PMIS) will be automatically terminated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> </div> <div> <b>Important note to Customer</b>            Please include any life insurance policy in the following status in addition to surrender/terminate/lapse:            Partial withdrawal, automatic premium loan, policy loan, premium holiday, bonus encashment, premium reduction.         </div> </div>	
Please tell us more about the transaction(s) and the reason for the transaction(s): Details such as type of insurance policy or unit trusts, name of financial institution or insurer, type of transaction (surrender/redeem partial or in full, stop paying premium before term ends, etc), month and year of transaction, suffer any loss/penalty cost, etc.	

## Advisor's declaration and review on replacement of policy

<b>Advisor's assessment of the replacement and whether it is detrimental to the interest of the customer based on the following 4 Main Guiding Principles [FAA-N16, MAS 120] and the basis of recommendation for the replacement.</b> 1. Whether the customer suffers any penalty for terminating the original policy; 2. Whether the customer incurs transaction cost without gaining any real benefit; 3. Whether the replacement policy confers lower benefits at a higher cost or same cost to the customer, or the same benefits at a higher cost; and 4. Whether the replacement policy is less suitable for the customer/insured.	
<input type="checkbox"/> <b>I have explained to the customer the possible disadvantages of policy replacement and where applicable, informed customer of other options available besides policy replacement. I have explained the basis for policy replacement and why the replacement of policy is suitable for the customer below.</b>	
<b>Product Name and/or Transaction</b>	<b>Is the replacement of policy detrimental to the interest of the customer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of policy replacement:
<b>Product Name and/or Transaction</b>	<b>Is the replacement of policy detrimental to the interest of the customer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of policy replacement:
<b>Please indicate the policy(ies) assessed not to be a replacement of policy.</b> Replacement of policy assessment is required for same category of products: - Investment products (life insurance, unit trusts) to the new purchase of life insurance policy; - Accident & Health (A&H) plans to new purchase of shield plan or any A&H plans.	
<b>Product Name and/or Transaction</b> 1. _____ 2. _____	

## Policyholder's or Assignee's decision and acknowledgement

### Do you agree with your Advisor's recommendation(s)?

- ☐ Yes, I agree with all recommendation(s).
- ☐ Yes, I agree with all recommendation(s), with the exception of the product and/or transaction stated below.
- ☐ No, I do not wish to proceed with all recommendation(s).

### Customer's Disagreement with Recommendation

Please state reason(s) why you disagree and do not wish to proceed with the recommended transaction(s):

Product and/or Transaction	Insured	Reason



### Important note to Customer

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 ILP, I will not be able to rely on Section 36 of the Financial Advisers Act 2001 to file a civil claim in the event of a loss.

I acknowledge on the following:

- I have been given a clear explanation of the objectives of the Risk Profile and CKA.
  - I am aware of my risk profile and have selected sub-funds in the ILP knowing their risk classification.
  - I am aware that I am assessed **(Select ONLY the statement applicable to you)**
    - ☐ To have relevant knowledge and/or experience in ILP.
    - ☐ Not to have relevant knowledge and/or experience in ILP.
- I understand that the return(s) of ILP is/are dependent on the performance of the underlying sub-funds and cash-value is non-guaranteed.
- I have been given a clear explanation that the illustrations of past performance of funds are not necessarily indicative of future performance of the ILP.
- Pricing of the recommended plan(s): For ILP only - All ILP sub-funds are valued daily on a bid-to-bid basis. All transactions are based on forward pricing. The prices are updated on the website of Income Insurance on each business day.
- I am informed that the Fund Reports for ILP sub-funds will be updated twice a year and is available on Income Insurance website: income.com.sg
- My Income Insurance advisor cannot be held responsible in any way whatsoever for the performance of the ILP and/or participating plans that I have chosen.
- 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).
- I understand that this form is intended for limited-scope transactions and does not replace a comprehensive financial review. I also understand that I can request for a comprehensive financial review of my existing portfolio before I proceed with this transaction(s).
- My advisor has used a copy of the Abridged Fact Find form, Policy Illustration, Product Summary and Product Highlight Sheet where applicable, as a basis to explain the information relating to this transaction(s).

Name of Policyholder or Assignee <sup>9</sup>	NRIC/FIN number
Signature of Policyholder or Assignee <sup>9</sup>	Date (dd/mm/yyyy)

<sup>9</sup> Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.

## Advisor's declaration and acknowledgement

The recommendation made by me has taken into account the information disclosed by the Customer in this document and may including information documented in the MFP.

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
Advisor's Signature	Date (dd/mm/yyyy)

## Supervisor's validation

### Call-back details (To be completed if call-back is required)

Call-back is required for ☐ Selected client ☐ Selected representative ☐ High-risk representative ☐ Customer who transacted with Income Global Growth Equity Fund

☐ Others: \_\_\_\_\_

### To be completed when customer requests the call to be made to Trusted Individual:

Name of Trusted Individual	Mobile number of Trusted Individual
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*Note: Ensure there is supporting documentation on specific instruction from the customer or instruction is recorded in the sales advisory documentation.*

**I have made the call-back 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-back (dd/mm/yyyy)	Time of Call-back (am/pm)
Phone number used for Call-back	Customer's phone number

### Call-back checklist (Mandatory)

#### Self introduction

- i. Self-Introduce and state purpose of call
- ii. Inform customer the call is on a recorded line
- iii. Perform customer verification

*Note: Use Income's approved call facility with recording function*

	Must cover questions The Supervisor is to verify the following areas. Please tick accordingly.	Yes	No	Not Sure	Not Applicable
1	Customer understands the main features of the transaction being recommended				
2	Customer is aware of the key risks and limitations of the transaction				
2a	[Additional Checks required for Income Global Growth Equity Fund] Customer is aware of Currency and Concentration risk of Income Global Growth Equity Fund				
3	Advisor conducted fact-finding & needs analysis				
4	Advisor explained basis of recommendation				
5	Advisor informed on free-look provision for new application				
6	Advisor asked for presence of Trusted Individual for Selected Client				
7	Advisor is professional and ethical				

**Comments on the outcome of call-back (Required if there are any "No" or "Not Sure". Please indicate "Nil" if there are no comments.)**

I had accompanied<sup>10</sup> the advisor for the sales advisory session.

☐ Yes ☐ No

<sup>10</sup> If the purpose is to perform Joint Field Work observation (JFW), please complete the necessary JFW form.



### Supervisor's validation (continued)

Based on the information gathered,

- ☐ I agree with the recommendation made by the advisor; the Abridged Fact Find form is completed to my satisfaction in accordance to the following:
- The needs analysis has taken into account the information disclosed by the customer.
  - The reasons of recommendation are written clearly and framed in the context of the customer's situation addressing customer's financial objectives and concerns,
  - The basis and implications for replacement of policy has been duly explained to customer and documented, when applicable.
  - All dates and signature in the Abridged Fact Find form, Policy Illustration(s), Cover Page (if applicable), Bundled Product Disclosure (if applicable) and transaction forms are in order.
- ☐ I disagree with the recommendation made by the advisor.

**Comments:**

Name of Supervisor

Supervisor's code

Supervisor's Signature

Date (dd/mm/yyyy)

## 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
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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 <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (nationality) _____ <input type="checkbox"/> Others (please give details) _____	Country of residence	City of residence
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 <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (nationality) _____ <input type="checkbox"/> Others (please give details) _____	Country of Residence City of residence

### Changes to coverage/premium/riders

Request	Details	Notes								
<input type="checkbox"/> Fund allocation	<table><tr><td>Name of fund</td><td>Allocation (%) (no decimal)</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>Total</td><td>100%</td></tr></table>	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.
Name of fund	Allocation (%) (no decimal)									
_____	_____									
_____	_____									
Total	100%									
<input type="checkbox"/> 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 "Application for alteration with medical underwriting" forms (where applicable). VA2/VA2 only: For life event, please refer to terms point 23.								
<input type="checkbox"/> Increase regular premium	From _____ to _____									
<input type="checkbox"/> Increase sum assured (for IP1/IP2/VA1/VA2 policies only)	From _____ to _____									

### Changes to coverage/premium/riders (continued)

<input type="checkbox"/> Decrease regular premium	From _____ to _____	Please refer to Terms points 14. To 27. To submit this form only.
<input type="checkbox"/> Decrease sum assured (for IP1/IP2/VA1/VA2 policies only)	From _____ to _____	This will be processed upon next anniversary date Decrease regular premium is allowed for Invest Flex (VS1)/Invest Flex Vantage (VS2)/Invest Flex TriVantage (VS3) from 5th anniversary onwards. Decrease regular premium during Minimum Investment Period is subject to surrender charge which you may refer to your policy terms.
<input type="checkbox"/> Remove riders (Please indicate the rider name to remove) <input type="checkbox"/> Riders - Decrease Sum Assured	Type of Riders _____ From _____ to _____	
<input type="checkbox"/> 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 - PayNow NRIC*	Encashment - Direct Credit^	<p>Please refer to point 30 and 32.</p> <p>* For hassle-free and speedier payouts, please ensure that your PayNow is linked to your NRIC/FIN. Visit <a href="https://income.com.sg/payout/paynow">income.com.sg/payout/paynow</a> for more details on PayNow.</p> <p>^ You can only have one direct credit account per policy. Please submit a copy of your bank book or a recent statement for account verification. If your statement shows multiple bank accounts, kindly circle your preference account as indication.</p> <p>Please select and fill up one distribution option for each fund.</p> <p>Your submission must reach us at least 30 days before the next declaration date and the new option will be effective from the next declaration date.</p>

Notes: AstraLink (VA2) has no encashment feature.

### Premium holiday

<input type="checkbox"/> Premium holiday up to now	<input type="checkbox"/> I wish to pay for my premiums using a new GIRO account. I have submitted my GIRO application via <a href="https://me.income.com.sg">https://me.income.com.sg</a>	To submit this form only. If the premiums for your policy were outstanding, and you wish to resume premium payment starting from now.
<input type="checkbox"/> Premium holiday from now, for (maximum of six months)	<input type="checkbox"/> One month <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months <input type="checkbox"/> Six months <input type="checkbox"/> Twelve months (if you are paying your premiums yearly) <input type="checkbox"/> Invest Flex (VS1)/Invest Flex Vantage (VS2)/Invest Flex TriVantage (VS3): _____ months	To submit this form only. Your premium holiday will start from the next premium due date.
<input type="checkbox"/> Cessation of premium holiday	<input type="checkbox"/> I wish to pay for my premiums using a new GIRO account. I have submitted my GIRO application via <a href="https://me.income.com.sg">https://me.income.com.sg</a>	To submit this form only. 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)

- 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.
- 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
- 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.
- We will only consider your application for premium holiday if the value of the fund(s) in your policy is positive.
- 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

- 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.
- 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.
- 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.
- 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.
- 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.
- All policy charges will continue to be chargeable (e.g. policy fee, mortality charges, advisory fee and rider charges) during the premium holiday period.

## Terms for premium holiday (continued)

### 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.

### For Invest Flex (VS1) and Invest Flex Vantage (VS2)

- 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.

### For Invest Flex TriVantage (VS3)

- 15 After paying premiums for 36 months (or its equivalent frequency), there is no premium holiday charge for up to 84 months.

## 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 policy illustration for increase of premium and/or increase of sum assured.
- 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 for	Vivalink VA1	Astralink VA2
Definition	Life event means: <ul style="list-style-type: none"> <li>turning 21;</li> <li>marriage;</li> <li>divorce;</li> <li>death of a spouse;</li> <li>becoming a parent; or</li> <li>purchase of a residential property.</li> </ul>	Life event means: <ul style="list-style-type: none"> <li>turning 21;</li> <li>marriage;</li> <li>divorce;</li> <li>death of a spouse;</li> <li>becoming a parent; or</li> <li>purchase of a residential property.</li> </ul>
Criteria	<p>The insured must take up the option within three months after the date of their life event.</p> <ul style="list-style-type: none"> <li>Each time the insured takes up the option, it must be on a different life event.</li> <li>The life event must have taken place no earlier than 36 months after the cover start date of the policy. The insured must not be totally and permanently disabled, or be diagnosed with an advanced stage dread disease at the time of taking up the option.</li> <li>The insured must be 50 years old or under at the time of taking up the option. At our request, the insured must provide to our satisfaction, documentary proof of a life event.</li> <li>The total TPD benefit due for the insured for any policies which have been issued (whether issued by us or by any other insurer), must be less than S\$6.5 million (not including bonuses) after this option is exercised.</li> <li>The insured is a standard life.</li> <li>The total critical illness and dread disease benefit due for the insured for any policies which have been issued (whether issued by us or by any other insurer), must be less than S\$3.6 million (not including bonuses) after this option is exercised.</li> </ul>	<p>The insured must take up the option within three months after the date of their life event.</p> <ul style="list-style-type: none"> <li>Each time the insured takes up the option, it must be on a different life event.</li> <li>The life event must have taken place no earlier than 36 months after the cover start date of the policy. The insured must not be totally and permanently disabled, or be diagnosed with an advanced stage dread disease at the time of taking up the option.</li> <li>The insured must be 50 years old or under at the time of taking up the option. At our request, the insured must provide to our satisfaction, documentary proof of a life event.</li> <li>The total TPD benefit due for the insured for any policies which have been issued (whether issued by us or by any other insurer), must be less than S\$6.5 million (not including bonuses) after this option is exercised.</li> <li>The insured is a standard life.</li> <li>The total critical illness and dread disease benefit due for the insured for any policies which have been issued (whether issued by us or by any other insurer), must be less than S\$3.6 million (not including bonuses) after this option is exercised.</li> </ul>

## Terms for all other alterations (continued)

Guaranteed Insurability (via increase of sum assured)	<p>increase the sum assured of this policy, without us having to assess the insured's health. We will limit the increase in sum assured to 50% of the sum assured when this policy was issued, or S\$100,000, whichever is lower.</p> <p>If you increase the sum assured of your policy, this will result in:</p> <ul style="list-style-type: none"> <li>• An increase in the sum assured of your unit deducting rider(s), if any; and</li> <li>• An increase in your regular premiums.</li> </ul> <p>The increased sum assured will be based on the increased premium and applicable sum assured multiple.</p>	<p>increase the sum assured of this policy, without us having to assess the insured's health. We will limit the increase in sum assured to 50% of the sum assured when this policy was issued, or S\$100,000, whichever is lower.</p> <p>If you increase the sum assured of your policy, this will result in:</p> <ul style="list-style-type: none"> <li>• An increase in the sum assured of your unit deducting rider(s), if any; and</li> <li>• An increase in your regular premiums.</li> </ul> <p>The increased sum assured will be based on the increased premium and applicable sum assured multiple.</p>
Premium Benefit (via increase of regular premium)	<p>Award bonus units if you increase the regular premium of the policy and the new regular premium amount is than the previous highest regular premium amount. Bonus units equivalent to one month of the of the increased amount of the regular premium to the policy. Allocation of units is based on existing fund allocation.</p> <p>We will pay bonus units on the first increase you make on your regular premium after each life event.</p>	Not applicable

### 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](http://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

### 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<sup>a</sup> to a PEP, you must disclose this information.

<sup>a</sup> 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

## Mandatory declarations (continued)

### 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?

- |   |   |
|---|---|
| <input type="checkbox"/> Salary or commission<br><input type="checkbox"/> Inheritance, please provide details below<br><input type="checkbox"/> Personal savings, if currently not employed, please provide details below (for example: previous employment, allowance from family members) | <input type="checkbox"/> Sale of assets, please provide details below<br><input type="checkbox"/> Proceeds from a policy, please provide details below<br><input type="checkbox"/> 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.

- |   |  |
|---|--|
| <input type="checkbox"/> Salary or commission from current and/or past employment<br><input type="checkbox"/> Inheritance and gift<br><input type="checkbox"/> Sale of property, company, or other assets | <input type="checkbox"/> Business or trade income<br><input type="checkbox"/> Investments (shares, bonds, unit trusts, etc)<br><input type="checkbox"/> 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 [income.com.sg/privacy-policy](http://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/our relevant policy(ies) information including the insured's name, by Income Insurance to such third-party payor(s) for the purposes of processing and/or administering premium payments for my/our policy(ies).

Please refer to Income Insurance's Privacy Policy ([income.com.sg/privacy-policy](http://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.

## Declaration and authorisation (continued)

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 administering 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:

- are subjected to your underwriting and acceptance;
- if accepted, may be subjected to terms, conditions and exclusions imposed by you; and
- 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](http://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:

- 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;
- 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.
- 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.

<sup>#</sup> **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.

<sup>\*</sup> **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.


<sup>^</sup> **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.**


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

<sup>^</sup> 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.

- I give my permission for my child or ward for the above transaction(s) under this policy.
- 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.
- 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.

Parental consent (continued)	
Full name of parent or legal guardian (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN
Relationship to policyholder <input type="checkbox"/> Parent (Please submit a copy of NRIC/Passport) <input type="checkbox"/> 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):



## 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 <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (nationality) _____ <input type="checkbox"/> 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 <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (nationality) _____ <input type="checkbox"/> Others (please give details) _____		Country of residence	City of residence
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> 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:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Policy/Proposal <input type="checkbox"/> Policyholder <input type="checkbox"/> Insured	Policy/Proposal <input type="checkbox"/> Policyholder <input type="checkbox"/> Insured	Policy/Proposal <input type="checkbox"/> Policyholder <input type="checkbox"/> 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:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Policy <input type="checkbox"/> Policyholder <input type="checkbox"/> Insured	Policy <input type="checkbox"/> Policyholder <input type="checkbox"/> Insured		
Insurance company				
Type of policy				
Reasons				
2 Have you ever made any claims or are you intending to make any claims, on any policy with any insurer? If yes, please provide details below:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Policy <input type="checkbox"/> Policyholder <input type="checkbox"/> Insured	Policy <input type="checkbox"/> Policyholder <input type="checkbox"/> 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:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Family member 1 <input type="checkbox"/> Policyholder <input type="checkbox"/> Insured	Family member 2 <input type="checkbox"/> Policyholder <input type="checkbox"/> 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:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Policyholder		Insured
	Cans of beer (per 330ml)			
	Glasses of wine (per 125ml)			
	Glasses of spirit (per 30ml)			
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.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Policyholder		Insured
	Name of doctor/support group			
	Address of doctor/support group			
3b	Have you completed treatment or been discharged from medical follow up? If yes, please provide details below:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Policyholder		Insured
	Date of last follow-up			
4a	Are you taking or have taken addictive drugs or substances (for example: narcotics or glue sniffing)? If yes, please provide details below and answer Question 4b.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Policyholder		Insured
	Addictive drug or substance taken			
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.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Policyholder		Insured
	Name of doctor/support group			
	Address of doctor/support group			
4c	Have you completed treatment or counselling for addictive drugs or substances? If yes, please provide details below:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Policyholder		Insured
	Date of last follow-up			
5	Do you take part in or do you plan to take part in military or private flying other than as a passenger on a regular airline? If yes, please complete Military Questionnaire (military flying) or Aviation Questionnaire (private flying).		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		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																								
<b>1</b> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 35%;">Policyholder</th> <th style="width: 40%;">Insured</th> </tr> </thead> <tbody> <tr> <td>Date of last consultation (dd/mm/yyyy)</td> <td></td> <td></td> </tr> <tr> <td>Reason for last consultation</td> <td></td> <td></td> </tr> <tr> <td>Name of doctor</td> <td></td> <td></td> </tr> <tr> <td>Name and address of clinic</td> <td></td> <td></td> </tr> </tbody> </table>		Policyholder	Insured	Date of last consultation (dd/mm/yyyy)			Reason for last consultation			Name of doctor			Name and address of clinic													
	Policyholder	Insured																								
Date of last consultation (dd/mm/yyyy)																										
Reason for last consultation																										
Name of doctor																										
Name and address of clinic																										
<b>2</b> 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: <ul style="list-style-type: none"> <li>Abnormal results or findings</li> <li>Inconclusive results</li> <li>Additional or repeat test</li> <li>Doctor referral</li> <li>Close monitoring or short interval follow up</li> <li>Regular surveillance test</li> </ul> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 35%;">Test/Investigation 1 <input type="checkbox"/> Policyholder <input type="checkbox"/> Insured</th> <th style="width: 40%;">Test/Investigation 2 <input type="checkbox"/> Policyholder <input type="checkbox"/> Insured</th> </tr> </thead> <tbody> <tr> <td>Type of test/investigation</td> <td></td> <td></td> </tr> <tr> <td>Date of test/investigation</td> <td></td> <td></td> </tr> <tr> <td>Reasons for test/investigation</td> <td></td> <td></td> </tr> <tr> <td>Test/investigation result</td> <td></td> <td></td> </tr> <tr> <td>Name and address of clinic</td> <td></td> <td></td> </tr> </tbody> </table>		Test/Investigation 1 <input type="checkbox"/> Policyholder <input type="checkbox"/> Insured	Test/Investigation 2 <input type="checkbox"/> Policyholder <input type="checkbox"/> Insured	Type of test/investigation			Date of test/investigation			Reasons for test/investigation			Test/investigation result			Name and address of clinic										
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Type of test/investigation																										
Date of test/investigation																										
Reasons for test/investigation																										
Test/investigation result																										
Name and address of clinic																										
<b>3</b> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 35%;">Policyholder</th> <th style="width: 40%;">Insured</th> </tr> </thead> <tbody> <tr> <td>Party involved</td> <td><input type="checkbox"/> Self <input type="checkbox"/> Spouse</td> <td><input type="checkbox"/> Self <input type="checkbox"/> Spouse</td> </tr> <tr> <td>Reason for test/medical advice/counselling</td> <td></td> <td></td> </tr> <tr> <td>Exact diagnosis/condition/concern</td> <td></td> <td></td> </tr> <tr> <td>Date of test/medical advice/counselling (dd/mm/yyyy)</td> <td></td> <td></td> </tr> <tr> <td>Type of test done and results (if any)</td> <td></td> <td></td> </tr> <tr> <td>Medical advice/counselling given by doctor (if any)</td> <td></td> <td></td> </tr> <tr> <td>Name and address of the clinic/hospital</td> <td></td> <td></td> </tr> </tbody> </table>		Policyholder	Insured	Party involved	<input type="checkbox"/> Self <input type="checkbox"/> Spouse	<input type="checkbox"/> Self <input type="checkbox"/> Spouse	Reason for test/medical advice/counselling			Exact diagnosis/condition/concern			Date of test/medical advice/counselling (dd/mm/yyyy)			Type of test done and results (if any)			Medical advice/counselling given by doctor (if any)			Name and address of the clinic/hospital				
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## 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<sup>1</sup>/Pass Permit<sup>2</sup>:

- 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.

<sup>1</sup> It should not be less than a total of 183 days in the 12 months before the insurance application date.

<sup>2</sup> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No												
4b Have you undergone a genetic test for Huntington's disease? If yes, please provide details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 35%; text-align: center;">Policyholder</th> <th style="width: 40%; text-align: center;">Insured</th> </tr> </thead> <tbody> <tr> <td>Reasons for test</td> <td></td> <td></td> </tr> <tr> <td>Date of test</td> <td></td> <td></td> </tr> <tr> <td>Test results</td> <td></td> <td></td> </tr> </tbody> </table>		Policyholder	Insured	Reasons for test			Date of test			Test results				
	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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 35%; text-align: center;">Policyholder</th> <th style="width: 40%; text-align: center;">Insured</th> </tr> </thead> <tbody> <tr> <td>Reasons for test</td> <td></td> <td></td> </tr> <tr> <td>Date of test</td> <td></td> <td></td> </tr> <tr> <td>Test results</td> <td></td> <td></td> </tr> </tbody> </table>		Policyholder	Insured	Reasons for test			Date of test			Test results				
	Policyholder	Insured												
Reasons for test														
Date of test														
Test results														
<b>Important Notes:</b> Question 6 is only applicable if you are a <u>non-resident</u> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 35%; text-align: center;">Policyholder</th> <th style="width: 40%; text-align: center;">Insured</th> </tr> </thead> <tbody> <tr> <td>Reasons for test</td> <td></td> <td></td> </tr> <tr> <td>Date of test</td> <td></td> <td></td> </tr> <tr> <td>Test results</td> <td></td> <td></td> </tr> </tbody> </table>		Policyholder	Insured	Reasons for test			Date of test			Test results				
	Policyholder	Insured												
Reasons for test														
Date of test														
Test results														

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

	Policyholder	Insured
<b>Important Notes:</b> If you answered "Yes" to any of the questions in Section 7.2 to Section 7.6, please provide details on page 14.		
7 Have you ever had diabetes, high blood pressure, high cholesterol, cardiomyopathy, heart attack, heart valve disorders, heart or blood vessels disorders (other than irregular heart rate or heart murmurs), stroke, transient ischemic attack, bipolar disorder, schizophrenia, tumour, cancer, carcinoma-in-situ, enlarged lymph nodes, unusual skin lesion, polyps, cysts, fibroids or other growths of any kind, kidney failure, HIV or AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<p>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:</p> <ul style="list-style-type: none"> <li>• Medical leave for 2 consecutive weeks and beyond;</li> <li>• Medication for 2 consecutive weeks and beyond;</li> <li>• Hospitalisation;</li> <li>• Regular follow up with a medical practitioner;</li> <li>• On regular medications;</li> <li>• Use of assisting device or help from another person to carry out your daily activities</li> </ul>			Policyholder	Insured
a	Asthma, bronchitis, breathlessness, coughing with blood, emphysema, chronic obstructive pulmonary disease (COPD) or tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b	Heart murmur, chest pain, fast or irregular heart rate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c	Alzheimer's disease, Parkinson's disease, dementia, multiple sclerosis, motor neuron disease, epilepsy, aneurysm, paralysis, numbness, autism, attention deficit hyperactivity disease, anxiety or depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d	Stomach ulcer, colitis, Crohn's disease, pancreatitis, gastro-intestinal bleeding, cirrhosis, hepatitis or fatty liver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e	Prostate enlargement, blood or protein or sugar in urine, kidney infection, kidney stones or polycystic kidney disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f	Arthritis, gout, osteoporosis, slipped disc, rheumatism, chronic back pain or amputation of limbs (partial or full)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g	Impaired vision, impaired hearing, impaired speech or nose bleeds (intermittent or continuous longer than 1 week)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h	Anaemia, thalassaemia, systemic lupus erythematosus or autoimmune diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i	Sexually transmitted diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
j	Overactive or underactive thyroid hormone secretion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Do you have any medical condition, signs or symptoms, physical disability or injury other than those already indicated in above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	No. of weeks pregnant			
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:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pregnancy	<input type="checkbox"/> Past pregnancy <input type="checkbox"/> Current pregnancy	<input type="checkbox"/> Past pregnancy <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	In the last 5 years, have you had any of the medical conditions indicated between 12a to 12i, regardless of when it was diagnosed that has required any of the following:			
	<ul style="list-style-type: none"> <li>• Medical leave for 2 consecutive weeks and beyond;</li> <li>• Medication for 2 consecutive weeks and beyond;</li> <li>• Hospitalisation;</li> <li>• Regular follow up with a medical practitioner;</li> <li>• On regular medications;</li> <li>• Use of assisting device or help from another person to carry out your daily activities</li> </ul>			
a	Asthma, bronchitis, breathlessness, coughing with blood, emphysema, chronic obstructive pulmonary disease (COPD) or tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b	High blood pressure, high cholesterol, heart murmur, chest pain, fast or irregular heart rate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d Stomach ulcer, colitis, Crohn's disease, pancreatitis, gastro-intestinal bleeding, cirrhosis, hepatitis or fatty liver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e Prostate enlargement, blood or protein or sugar in urine, kidney infection, kidney stones or polycystic kidney disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f Arthritis, gout, osteoporosis, slipped disc, rheumatism, chronic back pain or amputation of limbs (partial or full)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g Impaired vision, impaired hearing, impaired speech or nose bleeds (intermittent or continuous longer than 1 week)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h Anaemia, thalassaemia, systemic lupus erythematosus or autoimmune diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i Overactive or underactive thyroid hormone secretion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13 Do you have any medical condition, signs or symptoms, physical disability or injury other than those already indicated in above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

	Insured
14 Please provide details below for Juvenile Applicants:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Does either of the child's parents have equivalent cover as proposed in this application? If no, please select the reason: <input type="checkbox"/> Ineligible due to medical reasons <input type="checkbox"/> Pending application with other insurers <input type="checkbox"/> Others, please provide reason and details _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Ineligible due to medical reasons <input type="checkbox"/> Others, please provide reason and details _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i Diabetes, thyroid disorders or any other endocrine disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii Asthma, bronchitis, pneumonia, persistent cough (longer than 4 weeks) or any other lung disease or disorder	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
v Jaundice, hepatitis, or any other disorder of the digestive system including oesophagus, stomach, intestines, colon, rectum, anus, liver, gallbladder, pancreas	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii Anaemia, thalassemia, HIV infection (AIDs or any other disorders of the blood or autoimmune disease)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix Cancer, enlarged lymph nodes, unusual skin lesions, tumours, or other growths of any kind	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17 Any special care needed after birth?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Has the child had any physical, congenital or developmental defects, or shown any sign of slow physical or mental development?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 [income.com.sg/privacy-policy](https://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/our relevant policy(ies) information including the insured's name, by Income Insurance to such third-party payor(s) for the purposes of processing and/or administering premium payments for my/our policy(ies).

Please refer to Income Insurance's Privacy Policy ([income.com.sg/privacy-policy](https://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.
 

<sup>#</sup> *Relevant Person* includes insured, trustee, assignee, beneficiary, beneficial owner or nominee and mortgagee or financier.

<sup>\*</sup> *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 <sup>1</sup>	Signature of insured (for age 16 and above)
	
Signed in Singapore on (dd/mm/yyyy):	Signed in Singapore on (dd/mm/yyyy):

<sup>1</sup> For policies that are assigned, the assignee needs to sign this form.