income made yours

Life Insurance Application
with Medical Underwriting
(For plans denominated in Singapore Dollar)

The Application Form Process

Personal Information
Details about the Proposer, Insured and other individuals, if applicable.

Plan Information
Details about the selected policy and its riders, if applicable.

Underwriting
Other critical information needed to process your application.

Declarations
Everything to take note of before you sign.

Submission Checklist

Please check that you have included all the necessary documents.
Any omissions may result in a delay of the processing of your application.

- Photocopy of NRIC or FIN or other relevant identity documents, if applicable
- Proof of address documentation, if applicable
- Tax residency certification for FATCA and/or CRS, if applicable
- All relevant underwriting forms
- Copy of medical reports or test results, if applicable

For official use only

Receipt number

Payment received date (dd/mm/yyyy)

/ /

Source code

For advisor use only

Advisor code

Advisor name

Remarks

☐ Tick (✓) if ILP application

NTUC Income Insurance Co-operative Limited
Income Centre 75 Bras Basah Road Singapore 189557 • Tel: 6788 1777 • Fax: 6338 1500 • Email: csquery@income.com.sg

PLEASE USE BLOCK LETTERS TO COMPLETE THIS FORM.
If you require additional space for your answer, please state the question number and answer clearly on page 20.

WARNING: Under Section 25(5) of the Insurance Act, Cap. 142 (or any other future amendments to it), you must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

1 Proposer Details (Policyholder)

1.1 Personal Particulars

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

NRIC/Passport number/FIN

Date of birth (dd/mm/yyyy) / /

Gender ○ Male ○ Female

Nationality ○ Singaporean ○ Singapore PR (Nationality) ○ Others

Country of birth

Marital status ○ Single ○ Married ○ Widowed ○ Divorced

1.2 Work Details

Occupation | Nature of work

Name of organisation | Annual income (S$)

1.3 Contact Information

Important Notes: Mobile number and email address are mandatory for this application. If your mobile number or email address is different from our records, we will use what you have provided in this form to process your application.

Contact number Mobile | Home | Work

Email address

Residential address

Postal code | Country

Mailing address *If different from residential address*

Postal code | Country

Application and policy issuance
Correspondences for this application and your policy documents will be sent to you electronically. You can choose to receive your policy documents in hardcopy but this option is not available for Gro Capital Ease.

☐ Tick (✓) here if you want to receive your policy documents in hardcopy.

Servicing letters
You will receive servicing letters for all your policies electronically, unless you have opted for hardcopy. You can request to receive your servicing letters in hardcopy via www.income.com.sg/enquiry. If an electronic document is not available, you will receive the hardcopy by mail. If your year of birth is 1955 or earlier, we will send you hardcopy documents by mail. You can opt to receive these documents electronically by submitting your request via www.income.com.sg/enquiry.

Important Notes: For existing Income policyholders, if your contact information on this form is different from those in our records, we will automatically update all your existing policies with the new information. If you **DO NOT** want us to update your mailing address for specific policies, please state the policy number(s) here:

Residential address verification

For Singapore Citizen/Permanent Resident – If the residential address stated in the application 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 past 6 months) with letterhead, name, address and date clearly shown.

2 Insured Details (Person To Be Covered) — *Required if Insured is not Proposer*

2.1 Personal Particulars

Relationship to Proposer ○ Child (below age 18) ○ Spouse ○ Others

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

NRIC/BC/Passport number/FIN

Date of birth (dd/mm/yyyy) / /

Gender ○ Male ○ Female

Nationality ○ Singaporean ○ Singapore PR (Nationality)

○ Others

Country of birth

Marital status ○ Single ○ Married ○ Widowed ○ Divorced

2.2 Work Details

Occupation

Nature of work

Name of organisation

Annual income (S$)

2.3 Contact Information

Contact number
Please provide at least one number

Mobile

Home

Work

Email address

Residential address

Postal code

Country

Mailing address
If different from residential address

Postal code

Country

Important Notes: For application with secondary Insured to be appointed, please provide details of secondary Insured in Annex A.

3 Tax Residency Declaration

Important Notes:

- If you are required to self-certify on behalf of any Entity Account Holder, please complete and submit a FATCA and CRS self-certification form for Entity Account Holder. You do not need to complete this section.
- If you are a Controlling Person of any Entity, please complete and submit a FATCA and CRS self-certification form for Controlling Person. You do not need to complete this section.
- If there are multiple Account Holders, please submit a separate form for each Account Holder.
- If you require further details, please consult your tax/legal advisor or local tax authority. It is important for you to provide us with complete and accurate information in this form, as these are pursuant to requirements under Singapore Income Tax Act (Chapter 134) and its subsidiary legislation.
- If any information should change in the future, please notify us promptly.

1. Are you a tax resident of Singapore?

◯ Yes, I am solely a tax resident of Singapore and do not have a foreign tax residency. My Singapore TIN is my NRIC or FIN.

If your TIN is not your NRIC or FIN,
please state it here: | | | | | | | | | |

◯ No, I am currently a tax resident in the following list of countries/jurisdictions (include Singapore, if applicable and provide details below):

No.	Country(ies) or jurisdiction(s) of tax residence^	Tax Identification Number (TIN)	If TIN is not available, please tick (✓) the reason code (refer to Table 1 below)	If reason B is selected, please indicate why TIN is not available
1			◯ A ◯ B ◯ C	
2			◯ A ◯ B ◯ C	
3			◯ A ◯ B ◯ C	

^ If you are a United States (U.S.) citizen or U.S. resident for tax purposes, you are required to submit Form W-9.

Table 1

Reason code	Description
A	The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents.
B	The Account Holder is otherwise unable to obtain a TIN or equivalent number. (Please explain why you are unable to obtain a TIN if you have selected this reason).
C	No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

Please refer to the OECD website for more information on tax residency:
http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/

2. If your residential address, mailing address or contact number is different from your country(ies) of tax residence, please select a reason that applies:

Tick (✓) ONE only and submit relevant supporting documents:

◯ Student at an education institution in the country of residence.
◯ Working in the country of residence for less than 6 months.
◯ On an educational or cultural exchange visitor program in the country of residence for less than 6 months.
◯ Regular travel between jurisdictions for work and home.
◯ Others, please specify

4 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 Ownership arrangement, please

1. Submit a copy of their NRIC or passport and a completed copy of the FATCA and CRS self-certification form for Individual Account Holder, Entity Account Holder or Controlling Person available here: www.income.com.sg/Policy-downloads-and-forms; and
2. Provide details below:

	Beneficial Owner 1	Beneficial Owner 2	Beneficial Owner 3
Full name of Beneficial Owner (as in NRIC/BC/ Passport/Long-Term Pass)			
NRIC/BC/Passport number/ FIN			
Date of birth (dd/mm/yyyy)			
Relationship to Proposer			
Gender	○ Male ○ Female	○ Male ○ Female	○ Male ○ Female
Country of residence			
Nationality	○ Singaporean ○ Singapore PR (Nationality) _____ ○ Others _____	○ Singaporean ○ Singapore PR (Nationality) _____ ○ Others _____	○ Singaporean ○ Singapore PR (Nationality) _____ ○ Others _____

5 Politically Exposed Person (PEP) Declaration

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 organisation. Prominent public function includes the roles held by head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature, and senior management of international organisations.

If you, or the Beneficial Owner, are a PEP or related^ to a PEP, you must disclose this information.

^ An individual closely connected to a PEP either socially or professionally, such as a parent, stepparent, child, stepchild, adopted child, spouse, sibling, step-sibling, or adopted sibling.

Name of PEP	Title of PEP	Name of person related to PEP	Relationship to PEP

Please submit Supplementary Application Form if there are more PEPs.

6 Policy Information

6.1 Plan Details

Please state the name of the plan and/or rider(s) for this application.

Details	Basic plan	Rider ◯ Proposer ◯ Insured	Rider ◯ Proposer ◯ Insured	Rider ◯ Proposer ◯ Insured
Name				

Total premium due

☐ Tick (✓) here to backdate your policy. You may backdate your policy only if ALL the conditions are met:

1. You are backdating a traditional life insurance policy to qualify for a lower premium or higher minimum protection value. Backdating for investment-linked policy is not allowed.
2. The policy is backdated to a date:
   a. one day before the Insured's last birthday;
   b. within 6 months from date of receipt of application by us; and
   c. not earlier than the official launch date of the main plan or rider, if applicable.
3. For backdating of Heritage Solitaire, you are required to pay interest charges at our prevailing policy loan rate if the backdating is more than 1 month or if the single premium is more than S$1 million. The interest payable will be from one day before the Insured's last birthday to the date of receipt of application by us and based on the single premium.

Important Notes: If you are applying for Star Secure, please complete Annex B.

6.2 Allocation Of Funds — *For Investment-Linked Plans Only*

1. The premium allocation across funds must add up to 100%.
2. For regular premium plans or funds that are paid for through CPFIS or SRS, all distribution will be reinvested back into the selected funds.
3. For FlexiLink policies, your premium can be allocated to a maximum of two funds.

Fund name	Allocation (%)	Fund name	Allocation (%)

7 Cash Benefit And Distribution Options

7.1 Cash Benefit Options — *Applicable to ALL plans with cash benefits, except Gro Retire Flex*

7.1.1 Frequency Of Cash Benefit — *Applicable to plans that offer a choice of monthly or yearly cash benefit*

The default frequency is yearly. Please indicate your choice below if you want monthly cash benefit:

○ Monthly

7.1.2 Payout Method

Your cash benefit amount will be placed with Income to earn interest at the prevailing interest which is non-guaranteed.

If you want the cash benefit to be paid out, please select one of the following options:

○ Option 1: To receive payout by cheque (not applicable for plans with monthly cash benefit)

○ Option 2: To receive payout via direct credit (please provide the account details of Proposer below)

Name of account holder	Name of bank and branch	NRIC of account holder	Bank account number

If the option selected and/or information provided is not valid, your cash benefit will be placed with Income to earn interest at the prevailing interest rate which is non-guaranteed.

7.2 Distribution Options — *Applicable to investment-linked policy using cash, except for VivaLink*

All distribution from applicable fund(s) will be reinvested into the same fund(s). If you want to encash your distribution (via direct credit only), please indicate below:

Select fund(s) you wish to encash

☐ Aim Now Fund
☐ Asian Income Fund
☐ Multi-Asset Premium Fund
☐ Global Income Fund
☐ Others _____

To receive the payout via direct credit, please provide the account details of the Proposer below:

Name of account holder	Name of bank and branch	NRIC of account holder	Bank account number

In the event of an invalid account, the distribution payout will be delayed.

8 Premium Payment Information

Important Notes:

- A temporary e-receipt must be issued by your advisor if you are paying using cash, cheque, cashier order or money order. Your advisor is not allowed to collect cash of more than S$2,000 per policy and we will be sending you an SMS acknowledgement or official receipt once we have processed your application.
- For payment by GIRO, please complete and submit GIRO form. Please note that we will default to cash payment if we do not receive the form.
- For payment by cashier's order, please submit a copy of the cashier's order application form or debit advice with Payor's details.
- A minimum top-up amount applies to:
  a. FlexiLink – minimum S$100 per month, S$250 per quarter, S$500 per half-year and S$1,000 per year.
  b. GrowthLink and VivoLink – minimum S$2,500 per transaction; at least S$1,000 per fund.
  c. VivaLink – minimum S$100 per month; up to S$1,200 per year.
- For recurring top-ups, the amount will be allocated to your pre-selected fund(s), according to your existing premium allocation.

8.1 Payment Method And Frequency

For Regular Premium Payment	
Frequency	◯ Monthly ◯ Quarterly ◯ Half-yearly ◯ Yearly
First Premium	◯ Cash ◯ GIRO ◯ Credit Card ◯ Cashier's order/Cheque (Number) _____ *payable to "NTUC Income"*
Renewal	◯ Cash ◯ GIRO
For Recurring Single Premium Payment	
Frequency	◯ Monthly ◯ Quarterly ◯ Half-yearly ◯ Yearly
Recurring Top-Up	Term (Years) _____ Top-up amount (S$) _____
	◯ GIRO ◯ SRS Account ◯ CPFIS Ordinary Account ◯ CPFIS Special Account

For Single Premium Payment

◯ Cash
◯ Cashier's order/Cheque (Number) _____ *payable to "NTUC Income"*

◯ CPFIS Ordinary Account
◯ CPFIS Special Account
◯ SRS Account
◯ Premium financing via bank

8.2 Payor Details

You do not need to complete Section 8.2 if you are using CPF or SRS funds to pay premium.
The Payor refers to the person making the premium payment. Is the Proposer the Payor?

◯ Yes ◯ No, please disclose Payor details.

Full name of Payor (as in NRIC/Passport/ Long-Term Pass)	
NRIC/Passport number/FIN	
Occupation	
Relationship to Proposer	◯ Parent ◯ Spouse ◯ Child ◯ Others _____
Please state reason for paying the premiums on behalf of Proposer	

8.3 Source Of Funds

You do not need to complete Section 8.3 if you are using CPF funds to pay premium.

1. Who is funding the insurance premium for this application?

◯ Proposer/Payor ◯ Others, please provide details below:

Full name of person funding the policy (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN	Relationship to Proposer	Occupation and organisation

2. What is the source of funds used to pay the premiums?

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

Details for "Personal savings/Proceeds from a policy/Others"

8.4 Source Of Wealth

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

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

8.5 Payment Authorisation — *Please complete all the relevant sections*

8.5.1 Credit Card

Important Notes:

- We will default to cash payment if the credit card number or details are invalid.
- Credit card payment is allowed for payment of first premium only. It is not allowed for payment of renewal premiums.

I authorise NTUC Income Insurance Co-operative Limited ("Income") to deduct the amount of the first premium from my credit card account.

Cardholder name		
Credit card number *Visa/Mastercard only*	☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐	
Card expiration date (mm/yy)	☐☐ / ☐☐	
Issuing bank		Signature of cardholder
Relationship to Proposer *If not Proposer*		Signed in Singapore on (dd/mm/yyyy)

8.5.2 Supplementary Retirement Scheme (SRS) Account

I authorise NTUC Income Insurance Co-operative Limited ("Income") to deduct the premium from my SRS account once the policy is accepted.

SRS operator	SRS account number

8.5.3 Central Provident Fund Investment Scheme Ordinary Account (CPFIS-OA)

Important Notes: If you have not signed a Standing Instruction with your bank, please complete the relevant form, and submit it to your bank.

I authorise NTUC Income Insurance Co-operative Limited ("Income") to deduct the premium from my CPF Ordinary Account once the policy is accepted.

Name of agent bank	CPF investment account number	CPF account number

8.5.4 Central Provident Fund Investment Scheme Special Account (CPFIS-SA)

Declaration for CPFIS-SA Investment

To: The Central Provident Fund Board

I hereby irrevocably authorise the Board to:

1. Debit my CPF Special Account the sum of monies specified by Income or the amount determined by the Board for the purchase or placement of the life insurance policies approved under the CPFIS-SA including any related fees, expenses, and charges under the CPF Investment Scheme – Special Account (CPFIS-SA);
2. Credit my CPF Special Account with any income or any proceeds from the liquidation of the life insurance policies approved under the CPFIS-SA that are received from Income; and
3. Disclose any or information whatsoever relating to, or in connection with my investment with Income to facilitate any transaction that cannot be settled due to data discrepancies, insufficient funds or any other reasons that the Board deems fit.

I understand that the above transactions shall be made, subject to the provisions of the Central Provident Fund Act and the Central Provident Fund (Investment Schemes) regulations as may be amended from time to time and to all such terms and conditions as may be imposed by the Board from time to time.

I hereby agree to indemnify the Board and shall keep the Board indemnified against all actions, proceedings, liabilities, claims, damages, expenses, or legal costs whatsoever arising out of in connection with the Board accepting and acting upon this authorisation.

Additional Declaration for CPFIS Self-Awareness Questionnaire

I declare that I have

1. Opened a CPF Investment Account before;
2. Invested in the CPF Investment Scheme – Special Account before; and/or
3. Completed the Self-Awareness Questionnaire.

If the above declaration is found to be false, I understand and agree that CPF Board will reject the withdrawal of moneys from my ordinary or special account, as the Board thinks fit.

Full name of Proposer (as in NRIC/Passport/Long-Term Pass)	CPF account number

Signature of Proposer

Signed in Singapore on (dd/mm/yyyy)

9 Concurrent Insurance Applications And Policies

1. Do you have any existing policies or proposal pending approval?
   If yes, please provide details below:

Proposer	◯ Yes ◯ No	Insured	◯ Yes ◯ No

	Policy/Proposal ◯ Proposer ◯ Insured	Policy/Proposal ◯ Proposer ◯ Insured	Policy/Proposal ◯ Proposer ◯ 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*			

WARNING:
We would not advise you to replace an existing policy with a new one.
Some of the disadvantages are:
a. the insurance may not be granted on standard terms;
b. you may have to pay a higher premium as you are now older; and
c. you will lose financial benefits built up over the years.

Please consult your present insurer before making a final decision. Make a careful comparison so that you can be sure that you are making a decision that is in your best interest.

2. Is the insurance you are applying for to replace or intended to replace in full or in part, any policy with Income or other insurers?
   If yes, what is it replacing? Please provide details below:

Proposer	◯ Yes ◯ No	Insured	◯ Yes ◯ No

	Policy ◯ Proposer ◯ Insured	Policy ◯ Proposer ◯ Insured	Policy ◯ Proposer ◯ Insured
Insurance company			
Policy details *Please provide policy number and policy type*			
Reason(s) for replacing policy			

Important Notes: If Insured is eligible for simplified issuance offer as notified by Income, Section 10 (Underwriting Information) may not be applicable. Please complete the relevant underwriting questions in Annex C.

10.1 Insurance History

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 by any insurer? If yes, please provide details below:

Proposer	◯ Yes ◯ No	Insured	◯ Yes ◯ No

	Policy ◯ Proposer ◯ Insured	Policy ◯ Proposer ◯ 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 (for example: critical illness, disability, terminal illness, accident, hospitalisation)? If yes, please provide details below:

Proposer	◯ Yes ◯ No	Insured	◯ Yes ◯ No

	Policy ◯ Proposer ◯ Insured	Policy ◯ Proposer ◯ Insured
Insurance company		
Nature of claim		
Year of claim		
Reasons		

10.2 Build

What is your height (metres) and weight (kilograms)?

Proposer				Insured			
Height		m	Weight	Height		m	Weight
	kg				kg		

Important Notes: If you are applying for Cancer Protect, Silver Protect or Maternity 360, Section 10.3 (Family History), 10.4 (Lifestyle) and 10.5 (Medical Information) are not applicable. Please complete the relevant underwriting questions found in Annex D.

10.3 Family History

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:

Proposer	◯ Yes ◯ No	Insured	◯ Yes ◯ No

	Family Member 1 ◯ Proposer ◯ Insured	Family Member 2 ◯ Proposer ◯ Insured
Relationship to Proposer or Insured		
Medical condition or cause of death		
Age at which it began		
Age at death (if applicable)		

10.4 Lifestyle Information

1. Have you smoked cigarettes or cigars in the last 12 months? If yes, please provide details below:

Proposer ◯ Yes ◯ No Insured ◯ Yes ◯ No

Proposer	Insured
____ years of smoking	____ years of smoking
____ sticks of cigarettes *(per day)* ____ sticks of cigars *(per day)*	____ sticks of cigarettes *(per day)* ____ sticks of cigars *(per day)*

2. Do you consume alcohol? If yes, please state the quantity of alcohol you drink per year.

Proposer ◯ Yes ◯ No Insured ◯ Yes ◯ No

Proposer	Insured
____ cans of beer *(per 330ml)* ____ glasses of spirit *(per 30ml)*	____ cans of beer *(per 330ml)* ____ glasses of spirit *(per 30ml)*
____ glasses of wine *(per 125ml)*	____ glasses of wine *(per 125ml)*

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.

Proposer ◯ Yes ◯ No Insured ◯ Yes ◯ No

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

b. Have you completed your treatment or been discharged from medical follow-up? If yes, please provide details below:

Proposer ◯ Yes ◯ No Insured ◯ Yes ◯ No

	Proposer	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.

Proposer ◯ Yes ◯ No Insured ◯ Yes ◯ No

	Proposer	Insured
Addictive drug or substance taken		

b. 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.

Proposer	◯ Yes ◯ No	Insured	◯ Yes ◯ No

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

c. Have you completed treatment or counselling for addictive drugs or substances? If yes, please provide details below:

Proposer	◯ Yes ◯ No	Insured	◯ Yes ◯ No

	Proposer	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).

Proposer	◯ Yes ◯ No	Insured	◯ Yes ◯ No

6. Do you take part in, or plan to take part in other dangerous occupations or pursuits as listed below?
If yes, please tick (✓) the relevant activities:

Proposer	Insured
☐ Scuba or skin diving ☐ Mountain or rock climbing ☐ Free fall parachuting ☐ Motor racing ☐ Others	☐ Scuba or skin diving ☐ Mountain or rock climbing ☐ Free fall parachuting ☐ Motor racing ☐ Others
For **scuba or skin diving**, please complete the following: a. Are you a certified diver? If yes, please specify certification(s)	For **scuba or skin diving**, please complete the following: a. Are you a certified diver? If yes, please specify certification(s)
b. Are you an instructor? ◯ Yes ◯ No	b. Are you an instructor? ◯ Yes ◯ No
c. Do you usually dive alone and unaccompanied? ◯ Yes ◯ No	c. Do you usually dive alone and unaccompanied? ◯ Yes ◯ No
d. Do you participate in specialised forms of diving (for example: cave, pothole, wreck, search and rescue diving) or use underwater explosives? ◯ Yes ◯ No If yes, please provide details and frequency per year. Frequency per year	d. Do you participate in specialised forms of diving (for example: cave, pothole, wreck, search and rescue diving) or use underwater explosives? ◯ Yes ◯ No If yes, please provide details and frequency per year. Frequency per year
e. Dive history in the last 12 months: Total no. of dives Average depth(m) Maximum depth(m) Dive sites	e. Dive history in the last 12 months: Total no. of dives Average depth(m) Maximum depth(m) Dive sites

Important Notes: For mountaineering or rock climbing, please complete the Mountaineering and Rock Climbing Questionnaire. For other hazardous activities or pursuits, please complete the Hazardous Pursuits Questionnaire.

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.

Proposer	◯ Yes ◯ No	Insured	◯ Yes ◯ No

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

Important Notes: If you are applying for FlexiLink, Section 10.5 (Medical Information) is not applicable. Please complete the relevant underwriting questions found in Annex D.

10.5 Medical Information

10.5.1 Questions For All Ages

1. Do you have a doctor whom you consult for medical reasons other than minor illness such as common cold or flu? If yes, please provide details below:

Proposer	◯ Yes ◯ No	Insured	◯ Yes ◯ No

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

2. In the last 5 years, have you had, or been advised to undergo any medical tests or investigations? Or do you intend to have or awaiting for any tests or investigations in the coming year? (For example: blood test, urine test, X-ray, ECG, ultrasound, imaging scan, biopsy, mammogram, Pap smear, prostate check). If yes, please provide details below and submit a copy of the results, if any:

Proposer	◯ Yes ◯ No	Insured	◯ Yes ◯ No

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

10.5.2 Additional Questions To Be Completed For Age 16 to Age 50

Important Notes: If you answered "Yes" to any of the questions in Section 10.5.2 to Section 10.5.6, please provide details on page 19.

	Proposer	Insured
3. Have you ever had diabetes, high blood pressure, high cholesterol, cardiomyopathy, heart attack, heart valve disorders, heart or blood vessels disorders (other than irregular heart rate or heart murmurs), stroke, transient ischemic attack, bipolar disorder, schizophrenia, tumour, cancer, carcinoma-in-situ, enlarged lymph nodes, unusual skin lesion, polyps, cysts, fibroids or other growths of any kind, kidney failure, HIV or AIDS?	◯ Yes ◯ No	◯ Yes ◯ No
4. In the last 5 years, have you had any of the medical conditions indicated between 4a to 4j, regardless of when it was diagnosed that has required any of the following: • Medical leave for 2 consecutive weeks and beyond; • Medication for 2 consecutive weeks and beyond; • Hospitalisation; • Regular follow up with a medical practitioner; • On regular medications; • Use of assisting device or help from another person to carry out your daily activities		
a. Asthma, bronchitis, breathlessness, coughing with blood, emphysema, chronic obstructive pulmonary disease (COPD) or tuberculosis	◯ Yes ◯ No	◯ Yes ◯ No
b. Heart murmur, chest pain, fast or irregular heart rate	◯ Yes ◯ No	◯ Yes ◯ No
c. Alzheimer's disease, Parkinson's disease, dementia, multiple sclerosis, motor neuron disease, epilepsy, aneurysm, paralysis, numbness, autism, attention deficit hyperactivity disease, anxiety or depression	◯ Yes ◯ No	◯ Yes ◯ No
d. Stomach ulcer, colitis, Crohn's disease, pancreatitis, gastro-intestinal bleeding, cirrhosis, hepatitis or fatty liver	◯ Yes ◯ No	◯ Yes ◯ No
e. Prostate enlargement, blood or protein or sugar in urine, kidney infection, kidney stones or polycystic kidney disease	◯ Yes ◯ No	◯ Yes ◯ No
f. Arthritis, gout, osteoporosis, slipped disc, rheumatism, chronic back pain or amputation of limbs (partial or full)	◯ Yes ◯ No	◯ Yes ◯ No
g. Impaired vision, impaired hearing, impaired speech or nose bleeds (intermittent or continuous longer than 1 week)	◯ Yes ◯ No	◯ Yes ◯ No
h. Anaemia, thalassaemia, systemic lupus erythematosus or autoimmune diseases	◯ Yes ◯ No	◯ Yes ◯ No
i. Sexually transmitted diseases	◯ Yes ◯ No	◯ Yes ◯ No
j. Overactive or underactive thyroid hormone secretion	◯ Yes ◯ No	◯ Yes ◯ No
5. Do you have any medical condition, signs or symptoms, physical disability or injury other than those already indicated in above?	◯ Yes ◯ No	◯ Yes ◯ No

10.5.3 Additional Questions To Be Completed For Female (Age 16 to Age 50)

6a. Are you now pregnant? If yes, please state the number of weeks pregnant:

Proposer	◯ Yes ◯ No	Insured	◯ Yes ◯ No

	Proposer	Insured
No. of weeks pregnant		

b. 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:

Proposer	◯ Yes ◯ No	Insured	◯ Yes ◯ No

	Proposer	Insured
Pregnancy	◯ Past pregnancy ◯ Current pregnancy	◯ Past pregnancy ◯ Current pregnancy
Date of diagnosis		
Details of complications		

10.5.4 Additional Questions To Be Completed For Above Age 50

	Proposer	Insured
7. Have you ever had diabetes, cardiomyopathy, heart attack, heart valve disorders, heart or blood vessels disorders (other than irregular heart rate or heart murmurs), stroke, transient ischemic attack, bipolar disorder, schizophrenia, tumour, cancer, carcinoma-in-situ, enlarged lymph nodes, unusual skin lesion, polyps, cysts, fibroids or other growths of any kind, kidney failure, HIV or AIDS?	◯ Yes ◯ No	◯ Yes ◯ No
8. In the last 5 years, have you had any of the medical conditions indicated between 8a to 8i, regardless of when it was diagnosed that has required any of the following: • Medical leave for 2 consecutive weeks and beyond; • Medication for 2 consecutive weeks and beyond; • Hospitalisation; • Regular follow up with a medical practitioner; • On regular medications; • Use of assisting device or help from another person to carry out your daily activities		
a. Asthma, bronchitis, breathlessness, coughing with blood, emphysema, chronic obstructive pulmonary disease (COPD) or tuberculosis	◯ Yes ◯ No	◯ Yes ◯ No
b. High blood pressure, high cholesterol, heart murmur, chest pain, fast or irregular heart rate	◯ Yes ◯ No	◯ Yes ◯ No
c. Alzheimer's disease, Parkinson's disease, dementia, multiple sclerosis, epilepsy, aneurysm, paralysis, numbness, anxiety or depression	◯ Yes ◯ No	◯ Yes ◯ No
d. Stomach ulcer, colitis, Crohn's disease, pancreatitis, gastro-intestinal bleeding, cirrhosis, hepatitis or fatty liver	◯ Yes ◯ No	◯ Yes ◯ No
e. Prostate enlargement, blood or protein or sugar in urine, kidney infection, kidney stones or polycystic kidney disease	◯ Yes ◯ No	◯ Yes ◯ No
f. Arthritis, gout, osteoporosis, slipped disc, rheumatism, chronic back pain or amputation of limbs (partial or full)	◯ Yes ◯ No	◯ Yes ◯ No
g. Impaired vision, impaired hearing, impaired speech or nose bleeds (intermittent or continuous longer than 1 week)	◯ Yes ◯ No	◯ Yes ◯ No
h. Anaemia, thalassaemia, systemic lupus erythematosus or autoimmune diseases	◯ Yes ◯ No	◯ Yes ◯ No
i. Overactive or underactive thyroid hormone secretion	◯ Yes ◯ No	◯ Yes ◯ No
9. Do you have any medical condition, signs or symptoms, physical disability or injury other than those already indicated in above?	◯ Yes ◯ No	◯ Yes ◯ No

10.5.5 Additional Questions To Be Completed For Juvenile Applications (Age Below 16)

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

10.5.6 Additional Questions To Be Completed For Juvenile Life Insured (Age Below 2)

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

If you answered "Yes" to any of the above questions in Section 10.5.2 to Section 10.5.6, 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.	Proposer	Insured

11 Additional Details

If you require additional space for your answer to any of the questions, please write the question number and answer below:

12 Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative Limited ("Income"), its representatives, agents, relevant third parties, Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") (referred to in Income's Privacy Policy at http://www.income.com.sg/privacy-policy) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided and any future updates, (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, providing me/us with financial advice and/or recommendation on products and services, managing my/our relationship and policies with Income including sending me/us corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in Income's Privacy Policy.

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

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

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

Marketing Consent

In addition, I (the Policyholder/Proposer) consent and agree to Income, its representatives, agents, and service providers acting on behalf of Income in, collecting, using and disclosing my personal data (including any existing personal data and future updates) except any medical information, that I had/have given to Income, its representatives/agents, to contact me for the purpose of providing marketing and promotional information relating to products and/or services offered and/or distributed by Income via Postal Mail and/or Email and by the following modes of communications where I have indicated my consent below.

☐ Call ☐ Text messages/SMS

My marketing consent given here is (a) regardless of whether this application or transaction is accepted or refused by Income; and (b) in addition to any consent which I may have provided previously in respect of the above purposes. The marketing consent that I have provided to Income shall remain valid, unless it is withdrawn and notified to Income in the manner prescribed below.

I may withdraw my above consent by, contacting Income Contact Centre at 6788 1777, login at me@Income or submitting my request via Income website at www.income.com.sg/enquiry.

Note:
If I have notified Income that I am withdrawing my consent, I understand that my request will be effected within 10 days and I will stop receiving marketing messages after 21 days for the selected mode(s) of communication. I agree that I will continue to receive marketing messages via other modes of communication or on specific product(s) or services where my consent has been given to Income unless such consent has been withdrawn.

Important Notes: Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

13 Declarations

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 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.

6. I am aware that I can refer to the specimen of the standard terms, conditions and exclusions of this plan to be issued at www.income.com.sg.
7. I confirm that there has been no change in my health or the Insured's health since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the state of my health or the Insured's health, or if I or the Insured plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income of any change in the state of my health or the Insured's health. This applies if I am applying for a non-guaranteed issue basic plan or for any non-guaranteed issue riders.
8. I agree that Income's legal responsibility will only begin when Income accepts this application and I have paid the first premium.
9. 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.
10. I confirm that the entire marketing and selling process for my proposed insurance application has been carried out in Singapore.
11. I agree that the policy is issued as a Singapore Policy and agree that the policy will be entered in the Register of the Singapore policies.
12. I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" above.
13. 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.

    I agree that a copy of this authorisation is valid and binding as an original copy.
14. Where applicable, I further authorise, consent and agree to Income disclosing my personal data to the Government of Singapore and statutory boards and organisations approved by the Government of Singapore, for the purpose of determining my suitability and eligibility for public schemes (including, without limitation, schemes relating to healthcare, aged care, disability, social assistance, financial assistance, retirement, savings, insurance and/or disability insurance) when required.
15. I agree and expressly consent that Income shall have the right to provide my personal data and information to any governmental authorities, regulatory bodies and/or any other person(s) to fulfil its obligations under applicable tax regulations, including Singapore Income Tax Act (Chapter 134), the Foreign Account Tax Compliance Act ("FATCA") and the OECD Common Reporting Standard for Common Exchange of Financial Account Information ("CRS"). I understand that such disclosures may:
    a. Involve cross border transfer of personal data and information outside the jurisdiction;
    b. Be in respect to personal data and information provided in this form, or in any document provided, or to be provided to Income by me or from other sources; and
    c. Relate to personal data of the Account Holder and any information about relevant policy or policies.
16. I understand that Income will not be able to sell or administer any insurance product or provide any services to me if I refuse to give this expressed consent.
17. I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all accounts to which this form relates.
18. I declare that all statements made in this form are correct and complete. I undertake to inform Income within 30 days if there is a change in circumstances that affects the tax residency status of the Account Holder or causes the information in this form to be incorrect or incomplete. I shall provide Income with an updated FATCA and CRS self-certification form within 90 days of such change in circumstances. I understand any false, misleading, or fraudulent information regarding my resident status for tax purposes may result in certain penalties.
19. I understand that it is usually not a good idea for me to replace an existing investment product (for example: life policy/ investment-linked policy/unit trust) with a new investment product, whether from the same or a different financial institution. I further understand that some of the disadvantages of replacement are:

a. the insurance may not be granted on standard terms;
b. I may have to pay a higher premium as the Insured or I am now older; and
c. I will lose financial benefits built up over the years.

20. I agree that the Cover Page, Policy Illustration, Product Summary and Bundled Product Disclosure Document (if applicable), have been explained to me to my satisfaction by my advisor.
21. I am aware that I can ask for a copy of Your Guide to Life Insurance and/or Your Guide to Health Insurance from my advisor. Or I can download them from: www.income.com.sg.
22. I also want to apply for membership of Income and if accepted, I agree to keep to Income's by-laws.
23. If I purchase any Solitaire series of products, I will become a member of the Solitaires Club and will receive and be informed of exclusive rewards and privileges via mail or email.
24. I acknowledge that I am responsible for making sure that I am allowed to buy this plan under the laws and regulations that apply to my nationality, my citizenship and the countries that I reside in. I understand that Income cannot accept liability for any legal consequences under the laws of any other country or any tax effects that may arise in connection with the purchase of this plan. I declare that any funds and assets I place with Income, and any profits generated from them, comply with the tax laws of my nationality, my citizenship and the countries where I am a resident of, and a citizen of. I am aware that Income is not a licensed insurer and its appointed insurance intermediary is not an approved insurance broker/financial adviser outside Singapore. I further agree that this application and any policy issued are governed by the laws of Singapore without regard to the conflict of law principles and the courts of Singapore shall have exclusive jurisdiction.
25. I agree that if I or any [*]Relevant Person is found to be a [+]Prohibited Person, Income is entitled not to accept this application. If any policy is issued, Income can terminate or void the policy, or not make any transaction under the policy such as not pay any benefit. Income's decision will be final. I will inform Income immediately if there is any change in my or any Relevant Person's identity, status or identification documents.
    [*] Relevant Person includes insured, trustee, assignee, beneficiary, beneficial owner or nominee and mortgagee or financier.
    [+] Prohibited Person means a person or entity who is subject to laws, regulations or sanctions administered by any governmental or regulatory authorities or law enforcement in any country, which will prohibit Income from providing insurance cover or paying any benefit.
26. If Annex A, B, C and/or D is/are applicable, I understand and agree that all other sections of this application, including all my Declarations here (where applicable) will also apply to Annex A, B, C and/or D.

I agree that if I do not reveal any significant facts in this application (which would have affected Income's decision to accept my application on standard terms), any policy issued may be invalid. This includes any facts I may not be sure is significant, and any information I have given to my advisor but was not included in the application.

Signature of Proposer	Signature of Insured *If different from Proposer and age 16 and above*	Signature of secondary Insured *If applicable and age 16 and above*
Signed in Singapore on (dd/mm/yyyy)	Signed in Singapore on (dd/mm/yyyy)	Signed in Singapore on (dd/mm/yyyy)

Full name of Witness (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN	Signature of Witness *Age 21 and above*
		Signed in Singapore on (dd/mm/yyyy)

14 Parental Consent

The Parent or Legal Guardian must fill in this section if the child or ward is the Proposer, and above the age of 10 years and below 16 years.

1. I give my permission for my child or ward to be the Proposer and Insured of this policy.
2. I consent to the selection indicated under the "Marketing Material" option for my child or ward.

Full name of Parent or Legal Guardian (as in NRIC/Passport/Long-Term Pass)	
NRIC/Passport number/FIN	
Relationship to Proposer	○ Parent *Please submit a copy of NRIC/ Passport* ○ Legal Guardian *Please submit a copy of NRIC/ Passport and proof of legal guardianship*

Signature of Parent or Legal Guardian

Signed in Singapore on (dd/mm/yyyy)

15 Advisor Declaration

All answers given to me by the Proposer and/or Insured(s) are in the application. I have not withheld any information which may influence Income's decision to accept this application.

I have personally seen the Proposer and/or Insured(s), and have explained the terms of the plan to the Proposer.

I have seen all the original identification documents, and have submitted photocopies of them with this application.
I confirm that all submitted documents are copies of their originals.

Additional Declaration for CPFIS Self-Awareness Questionnaire

I have checked that the Proposer has

1. Opened a CPF Investment Account before;
2. Invested in the CPF Investment Scheme – Special Account before; and/or
3. Completed the Self-Awareness Questionnaire

Full name of Advisor (as in NRIC)

Signature of Advisor

Signed in Singapore on (dd/mm/yyyy)

A Secondary Insured

Important Notes:

- Please provide the following, if applicable:
  a. Details for secondary Insured; and
  b. Photocopy of NRIC or FIN or other relevant identity documents for the secondary Insured.
- Secondary Insured is required to declare and sign on page 23 of the application form if age 16 and above.

A1.1 Personal Particulars

Relationship to Proposer ○ Child (below age 18) ○ Spouse ○ Self

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

NRIC/BC/Passport number/FIN

Date of birth (dd/mm/yyyy) / /

Gender ○ Male ○ Female

Nationality ○ Singaporean ○ Singapore PR (Nationality)

○ Others

Country of birth

Country of residence

B Star Secure

Important Notes:
1. This Annex B is only applicable if you are applying for Star Secure.
2. When Annex B is completed, please be informed that all other sections of this application, including all Declarations, will also apply to Annex B.

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

B1.1 Declaration by Proposer for the Star Secure - Family Waiver Benefit

1. I, understand that coverage for this benefit is provided based on:
   a. "Family Member" refers to the following
      i. Policyholder's legal spouse if the policyholder is the Insured;
      ii. Policyholder if the Insured is the policyholder's legal spouse; or
      iii. The Insured's legal or natural parents if the insured is a juvenile. Juvenile means age below 18 years old at the time we issue the policy.
   b. The Family Member covered under Star Secure must be of age 64 years old or less, last birthday, on the date Income issues the policy.

2. I understand that no benefit will be payable for any condition of the Family Member, that results in a claim otherwise payable by the Income in respect of Death, Terminal Illness & Total and Permanent Disability under Star Secure, that is:
   a. diagnosed;
   b. treated;
   c. for which a medical practitioner was consulted; or
   d. for which the existence or onset of signs or symptoms of any illness or disease were present,

   before or within 2 years from the cover start date or registration of marriage date, whichever is later. Cover start date means the date Income issues the policy, issues an endorsement to include or increase a benefit, or reinstated the policy, whichever is the latest.

3. I agree that Income has the right to request for the following documents of the Family Member:
   a. the proof of identification of the Family Member;
   b. the proof of relationship of the Family Member; and
   c. any other documents that may be requested by Income, including but not limited to the completed declaration and authorisation form for a claim on the Family Member and confirmatory result from medical investigations at the time of processing any claim or payment of any benefit under this policy.

   If you fail to give Income the requested document or if the requested document is invalid, Income reserves the right to decline your claim for this benefit.

☐ I have read and agreed to the above statements.

C Underwriting Information For Simplified Issuance Offer

Important Notes:
1. This Annex C is only applicable to Insured who is eligible for simplified issuance offer as notified by Income during the campaign period.
2. When Annex C is completed, please be informed that all other sections of this application, including all Declarations, will also apply to Annex C.

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

Declaration by Insured

1. During the last 3 years, I have not consulted a doctor or intended to do so for any condition except for minor illness such as common flu or cough, have not been advised to have any operation, test, medication or treatment, and have not been hospitalised for 7 days or more within the past 12 months.

2. In the last 5 years, I have not been told that I have cancer, cyst or any growth, heart attack, high blood pressure, stroke, diabetes, hepatitis B or C, any disease or disorder of the brain, heart, lung, kidney, liver, blood, circulatory system, nervous system, HIV infection or AIDS.

3. None of my immediate family members have ever suffered from heart attack, heart diseases, stroke, diabetes or cancer before age 60 or have any hereditary condition (e.g. Polycystic kidney disease, Motor Neurone diseases, etc.)

4. None of my application for or reinstatement of my life or health insurance policy pending has been withdrawn, deferred, declined or accepted at special rates or terms with this or any other office.

☐ I have read the above statements and I acknowledge that they are true to my knowledge.

Important Notes: If Insured do not meet any of the conditions stated above, there is a need to complete Section 10 (Underwriting Information).

D1 Cancer Protect and Silver Protect

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

Important Notes: When Annex D is completed, please be informed that all other sections of this application, including all Declarations, will also apply to Annex D.

D1.1 Underwriting Information

	Insured
1. Do you have 2 or more of your immediate family members (for example: parents or siblings) who have been diagnosed with cancer before age 60, or 1 family member with a history of breast cancer before age 50? If yes, please provide details below:	◯ Yes ◯ No
2. Have you smoked cigarettes or cigars in the last 12 months? If yes, please state: _____ years of smoking _____ sticks of cigarettes *(per day)* _____ sticks of cigars *(per day)*	◯ Yes ◯ No
3. Have you ever had, or been told that you have, or been told to seek treatment, or been treated for, or are currently under investigation for the following medical conditions and/or symptoms?	
a. Cancer, carcinoma-in-situ, enlarged lymph nodes, unusual skin lesions, tumours, polyps, cysts or other growths of any kind	◯ Yes ◯ No
b. Excessive weight loss (more than 5 kg) in the past 3 months or fatigue (for more than 1 week) in the past 3 months	◯ Yes ◯ No
4. Have you ever had or been advised to have any operation, test or treatment^ or have been hospitalised for 7 days or more within the past 12 months? ^ Treatment for the following conditions can be ignored: common cold or flu, uncomplicated pregnancy and caesarean section, contraception, hypertension, hyperlipidaemia, diabetes, inoculation or injuries from which you have fully recovered.	◯ Yes ◯ No

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

If you answered "Yes" to any of the above questions (3 to 4), 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.	Insured

D2 FlexiLink

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

Important Notes: When Annex D is completed, please be informed that all other sections of this application, including all Declarations, will also apply to Annex D.

D2.1 Underwriting Information

	Insured
1. Do you have a doctor whom you consult for medical reasons other than minor illness such as common cold or flu? If yes, please provide details below:	◯ Yes ◯ No
2. Have you ever had been treated for or been told to get treatment for disease of the heart or circulatory system, stroke, high blood pressure, diabetes, cancer, growth or other malignancy, kidney or bladder disorders, asthma, other respiratory disorders, liver disease such as hepatitis, epilepsy, hereditary diseases and eye disorders?	◯ Yes ◯ No
3. Have you suffered from physical or mental impairment or deformity?	◯ Yes ◯ No
4. Have you undergone or are you undergoing any medical treatment or surgical operation?	◯ Yes ◯ No

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

D3 Maternity 360

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

Important Notes: When Annex D is completed, please be informed that all other sections of this application, including all Declarations, will also apply to Annex D.

D3.1 Underwriting Information

1. Please state:
   a. The number of weeks pregnant ____ weeks
   b. Estimated date of delivery (dd/mm/yyyy) __ __ / __ __ / __ __ __ __

2. How many foetuses are you carrying?
   ◯ Single ◯ Twin ◯ Others, please specify ____

3. What was your weight at the beginning of your pregnancy?
   ____ kg

	Insured
4. Have you been smoking or consuming alcohol during pregnancy, ever been advised by a health care professional to reduce your alcohol intake, see a specialist because of your alcohol intake, or ever taken any addictive drugs or substances (for example: narcotics) or been treated for drug or substance addiction?	◯ Yes ◯ No
5. Is your current pregnancy conceived through assisted reproductive technology such as in-vitro fertilisation (IVF), intrauterine insemination (IUI), intracervical insemination (ICI)?	◯ Yes ◯ No
6. Have you had or been advised to do a first trimester prenatal screening such as OSCAR, detailed ultrasound, amniocentesis/chorionic villous sampling/prenatal test (for example: Harmony, iGene, Panorama, Verifi and/or any other test or investigation)?	◯ Yes ◯ No
7. Have you ever had, been told to have or received treatment for any of the following pregnancy complication(s)?	
a. Pre-eclampsia or eclampsia (pregnancy induced hypertension with protein in urine)	◯ Yes ◯ No
b. Glycosuria (sugar in urine) or gestational diabetes	◯ Yes ◯ No
c. Placental abnormalities	◯ Yes ◯ No
d. Bleeding during pregnancy after first trimester	◯ Yes ◯ No
e. Severe anaemia in pregnancy (haemoglobin level of less than 8mg/dl)	◯ Yes ◯ No
f. Fatty liver due to pregnancy	◯ Yes ◯ No
g. Cervical incompetence or weakness of the cervix	◯ Yes ◯ No
h. Repeated urinary tract infection or infection of the womb	◯ Yes ◯ No
i. Premature uterine contractions	◯ Yes ◯ No
j. Pre-term labour (i.e. before 32 weeks), still birth or premature birth (before 37 weeks)	◯ Yes ◯ No
k. Hospitalisation during pregnancy	◯ Yes ◯ No
l. Late miscarriage after first trimester	◯ Yes ◯ No
m. Excess, under or declining weight	◯ Yes ◯ No
n. Other infections during pregnancy such as hepatitis, influenza, zika, rubella	◯ Yes ◯ No

	Insured
o. Any pregnancy complications, infections or abnormalities not mentioned above	◯ Yes ◯ No
8. Have you ever had or been told that you have or been told to seek treatment or treated for any of the following medical condition or symptoms?	
a. Epilepsy, depression or any other mental disorder, stroke	◯ Yes ◯ No
b. Hypertension or high blood pressure, heart disease, cardiomyopathy, heart valve disease, congenital heart disease or any other heart disorder	◯ Yes ◯ No
c. Diabetes, impaired fasting glucose, thyroid disorders	◯ Yes ◯ No
d. Hepatitis or liver disorder	◯ Yes ◯ No
e. Kidney disease	◯ Yes ◯ No
f. Anaemia or other blood disorder	◯ Yes ◯ No
g. Cancer or tumour	◯ Yes ◯ No
h. Asthma	◯ Yes ◯ No
i. Any other illness, disorder, symptoms, operation, treatment, physical disability, accident, injury or hospitalisation not mentioned above	◯ Yes ◯ No
9. Have you had or received any treatment for or plan to be treated for any disease or disorder of the cervix uteri, uterus or ovaries, including ovarian cysts and fibroids?	◯ Yes ◯ No
10. Have you had a test or investigation such as blood, urine, ultrasound, CT scan, biopsy, Pap smear that you were told was abnormal or required further investigation or follow-up?	◯ Yes ◯ No
11. Have you been told or have you ever had any test showing any abnormality of the foetus such as foetal size in relation to gestational age, foetal position/presentation, foetal heart rate, foetal movement, intrauterine growth retardation, Down's Syndrome, or any other congenital abnormality?	◯ Yes ◯ No
12. Have you ever given birth to a child with birth defect, congenital abnormality or hereditary medical condition such as but not limited to Down's Syndrome, structural heart defects, brain and spinal cord disorder, cleft palate or lip?	◯ Yes ◯ No
13. Have you been advised by a medical doctor not to conceive?	◯ Yes ◯ No
14. Have you, or has the biological father of the foetus, or have any immediate family members of you or the biological father of the foetus been diagnosed with Thalassaemia, polycystic kidney disease, Duchenne muscular dystrophy, Haemophilia A, Huntington's disease or any other congenital or chromosomal abnormality?	◯ Yes ◯ No

15. Please provide the name and address of your gynaecologist.

Name	Address	Date of your last follow-up

If you answered "Yes" to any of the above questions (4 to 14), 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.	Insured

Appendix – Defined Terms

Note: These are selected summaries of defined terms provided to assist you with the completion of a FATCA and CRS self-certification form. Further details can be found within the OECD "Common Reporting Standard for Automatic Exchange of Financial Account Information" (the "CRS"), the associated "Commentary" to the CRS, and domestic guidance. This can be found at the OECD automatic exchange of information portal.

Term	Description
Account Holder	The term "Account Holder" means the person listed or identified as the holder of a Financial Account. A person, other than a financial institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances, that other person is the Account Holder. For example, in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder. An Account Holder for purposes of this self certification may refer to a Proposer (eventually the Policyowner), Controlling Person, Beneficial Owner, Assignee, Trustee, Beneficiary under a Trust or a Trust Nominee named under section 49L of the Singapore Insurance Act (Chapter 142).
FATCA	FATCA stands for the U.S. provisions commonly known as the Foreign Account Tax Compliance Act, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. financial institutions and other non-U.S. entities.
Financial Account	A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.
Participating Jurisdiction	A Participating Jurisdiction means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard and that is identified in a published list.
Entity	The term "Entity" means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation.
Control	Control over an Entity is generally exercised by the natural person(s) who ultimately has a controlling ownership interest (typically on the basis of a certain percentage (e.g. 25%) in the Entity. Where no natural person(s) exercises control through ownership interests, the Controlling Person(s) of the Entity will be the natural person(s) who exercises control of the Entity through other means. Where no natural person or persons are identified as exercising control of the Entity through ownership interests, the Controlling Person of the Entity is deemed to be the natural person who holds the position of senior managing official.
Controlling Person(s)	Controlling Persons are the natural person(s) who exercise control over an entity. Where that entity is treated as a Passive Non-Financial Entity ("Passive NFE") then a Financial Institution is required to determine whether or not these Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" described in Recommendation 10 and the Interpretative Note on Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). In the case of a trust, the Controlling Person(s) are the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, or any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership). Under the CRS the settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, are always treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the activities of the trust. Where the settlor(s) of a trust is an Entity then the CRS requires Financial Institutions to also identify the Controlling Persons of the settlor(s) and when required report them as Controlling Persons of the trust. In the case of a legal arrangement other than a trust, "Controlling Person(s) means persons in equivalent or similar positions.
Reportable Account	The term "Reportable Account" means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.
Reportable Jurisdiction	A Reportable Jurisdiction is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.
Reportable Person	A Reportable Person is an individual (or entity) that is tax resident in a Reportable Jurisdiction under the laws of that jurisdiction. The Account Holder will normally be the "Reportable Person"; however, in the case of an Account Holder that is a Passive NFE, a Reportable Person also includes any Controlling Persons who are tax resident in a Reportable Jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.
TIN (including "functional equivalent")	The term "TIN" means Tax Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the OECD automatic exchange of information portal. Some jurisdictions do not issue a TIN. However, these jurisdictions often utilize some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.

NTUC Income Insurance Co-operative Limited
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6788 1777 · Fax: 6338 1500
Email: csquery@income.com.sg · Website: www.income.com.sg

Product Type
☐ Affinity ☐ IncomeShield
☐ Employee Benefit ☐ Life Insurance
☐ LTC

Additional Medical Questionnaire

WARNING: Under Section 25(5) of the Insurance Act, Cap. 142 (or any other future amendments to it), you must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

Details of proposer and insured

Full name (as in NRIC/BC/Passport/Long-Term Pass)	NRIC/BC/Passport number/FIN	Proposal number(s)
Proposer:	Proposer:	
Insured:	Insured:	

Questions for proposer and insured

	Proposer	Insured
1. In the last 3 months, have you: a. tested positive for COVID-19, or b. self-isolated with symptoms on medical advice? If yes to Question 1a and/or 1b, when was it? Proposer: Question: ____ Date (dd/mm/yyyy): ____ Insured: Question: ____ Date (dd/mm/yyyy): ____	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No
2. In the last 1 month, have you or any of your housemates or family members who stay with you: a. been ordered to self-isolate, received a Quarantine Order (QO) or Stay-Home Notice (SHN) due to COVID-19, or b. had a persistent cough, sore throat, fever, raised temperature or breathlessness, or been in contact with an individual suspected or confirmed to have COVID-19?	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No
3. If yes to Question 1 and/or 2, have you made a full recovery and/or returned to normal activities? If yes, when did you fully recover and/or return to normal activities? Proposer: Question: ____ Date (dd/mm/yyyy): ____ Insured: Question: ____ Date (dd/mm/yyyy): ____ If no, please provide full details. _____	☐ Yes ☐ No	☐ Yes ☐ No

Declaration by the proposer and insured

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

I declare that the answers given in this form 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 form 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.

I confirm that there has been no change in my health or the Insured's health since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the state of my health or the Insured's health, or if I or the Insured plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income of any change in the state of my health or the Insured's health.

I acknowledge and agree that this form will constitute part of my application for life or health insurance, and will form the basis of the contract of insurance.

I confirm that I understand and agree to the 'Personal Data Use Statement' and declaration set out in my policy application form which I have submitted to Income. I understand that I can refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

I agree that if I do not reveal any significant fact (which would have affected Income's decision to accept my application on standard terms), any policy issued may be invalid. This includes any facts I may not be sure is significant, and any information I have given to my advisor but was not included in this form.

Signature of proposer	Signature of insured (for age 16 and above)
Date (dd/mm/yyyy):	Date (dd/mm/yyyy):

(This page is intentionally left blank)

NTUC Income Insurance Co-operative Limited
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6788 1777 · Fax: 6338 1500
Enquiries: www.income.com.sg/enquiry

GIRO application form

For completion by applicant

Please fill in all details in ink and in BLOCK letters. Please send the original form to us. We will not process your form if it is not complete or it is a photocopy, faxed or emailed form. Do not use correction fluid or tape. If you make any changes, the bank account holder must sign next to them. This application will be rejected if any of the policy information provided below is incorrect.

Date (DD/MM/YYYY):	To: Name of Bank ('Bank')	Name of Insurance Company:
/ /		**NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**

Policy Number For ILP policies please select Premium or Top Up^ * This column is not applicable to Customer^^		Name of Proposer/Insured as per policy record or Customer^^	ID of Proposer/Insured as per policy record or ID of Customer^^ (Last 4 characters only)	Relationship to Accountholder
1.	☐ Premium ☐ Top up			
2.	☐ Premium ☐ Top up			
3.	☐ Premium ☐ Top up			
4.	☐ Premium ☐ Top up			
5.	☐ Premium ☐ Top up			

^ Top up refers to recurring top up. It is applicable for Investment-linked policy only.
^^ Customer refers to the customer who engages a service provider through the referral services offered by Insurance Company.

Authorisation by Proposer/Insured/Customer^^

1. I/We hereby instruct the Bank to process the above Insurance Company's instruction to debit my/our account.
2. The Bank is entitled to reject the Insurance Company's instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
3. This authorisation will remain in force until the Bank's written notice sent to my/our address last known to the Bank; or upon the Bank's receipt of my/our written revocation; or upon the Bank's receipt of the notice of expiry from the Insurance Company.
4. I acknowledge and agree that Income may deduct the above Premium and Top Up under my policy from my/our account and such deduction may be made by Income before the payment due date.

Bank Accountholder's Name:	Signature/Thumbprint*/Company Stamp
Bank Accountholder's ID:	
Bank Account Number	
Telephone Number (Mobile): (Work): (Home) :	(As in Bank's record) * For thumbprint, please go to any branches of your Bank with identification document for verification

Note:

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

For NTUC Income Insurance Co-operative Limited's completion

SWIFT BIC	NTUC Income Insurance Co-operative Limited Bank Account Number
D B S S S G S G X X X	0 0 1 0 0 1 1 2 1 9

SWIFT BIC	Account Number To Be Debited

NTUC Income Insurance Co-operative Limited Customer's Billing Reference
1
2
3
4
5

For financial institution's completion

To: NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
75 Bras Basah Road, Income Centre, Singapore 189557

This application is hereby REJECTED (please tick) for the following reason(s):

- ☐ Signature/Thumbprint# differs from financial institution's records
- ☐ Signature/Thumbprint# incomplete/unclear#
- ☐ Account operated by signature/thumbprint#
- ☐ Wrong account number
- ☐ Amendment not countersigned by customer
- ☐ Others: _____

Name of Bank Officer	Signature of Bank Officer	Date (dd/mm/yyyy)

Please delete where inapplicable

(This page is intentionally left blank)