

NTUC Income Insurance Co-operative Limited

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an NTUC Social Enterprise

For official use Scan to CS: Change premium payment mode

Change of payment frequency form

Important notes: For Singaporeans/PRs, submit a CLEAR copy of your NRIC (front & back). 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.				
Details of policyholder or assignee				
Name (as shown in NRIC)	J	NR	IC number or FIN	
Details				
Policy number	Please select your preferred payment frequency (Choose 1 only)			
	Monthly	Quarterly	Half Yearly	Yearly
	Monthly	Quarterly	Half Yearly	Yearly
	Monthly	Quarterly	Half Yearly	Yearly
	Monthly	Quarterly	Half Yearly	Yearly
	Monthly	Quarterly	Half Yearly	Yearly
Important notes				
1 For change of premium frequency from higher frequency (e.g. monthly) to lower frequency (e.g. yearly), you may need to pay a pro-rated premium up to the next policy's anniversary date.				
2 If your policy is under cash mode and payment is required to effect the change, please arrange to make the payment within 14 days from date of submission.				
 If your policy is on GIRO, (i) we will deduct the supplement amount via GIRO on 6th or 18th of the month; (ii) we will not process the change of premium frequency between 25th of the month and 8th of the following month. We will process your request after the GIRO payment is completed. 				
4 The changes will take effect only when Income accepts and approves the request and notify you of the effective date of the change.				
You can scan the QR code below to login to me@income and submit your requestirs successful.	uest online (und	ler Payment Freq	u ency) . We will ser	d you an email
Signature of policyholder or assignee ¹				

Date:

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