

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): <input type="text"/> / <input type="text"/> / <input type="text"/>	To: Name of Bank ('Bank')	Name of Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
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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. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
2. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
3. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
4. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
5. <input type="checkbox"/> Premium <input type="checkbox"/> 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^^

- I/We hereby instruct the Bank to process the above Insurance Company's instruction to debit my/our account.
- 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.
- 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.

Bank Accountholder's Name:	Signature/Thumbprint*/Company Stamp
Bank Accountholder's ID:	
Bank Account Number <input style="width: 100%;" type="text"/>	
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:

- Please provide all information/bank account details as per the bank's record correctly to avoid delay in approval.
- 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 <input style="width: 100%;" type="text"/>	NTUC Income Insurance Co-operative Limited Bank Account Number <input style="width: 100%;" type="text"/>	NTUC Income Insurance Co-operative Limited Customer's Billing Reference <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input 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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):

<input type="checkbox"/> Signature/Thumbprint# differs from financial institution's records	<input type="checkbox"/> Wrong account number
<input type="checkbox"/> Signature/Thumbprint# incomplete/unclear#	<input type="checkbox"/> Amendment not countersigned by customer
<input type="checkbox"/> Account operated by signature/thumbprint#	<input type="checkbox"/> Others: _____

Name of Bank Officer	Signature of Bank Officer	Date (dd/mm/yyyy)
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* Please delete where inapplicable