

Policy loan repayment arrangement form

1. Please fill in **ALL** fields in ink and in **BLOCK** letters.
2. Please send the original form to us. If you make any changes, the bank account holder must sign next to them. Do not use correction fluid or tape.
3. This application will be rejected if any of the policy information provided below is incorrect.

Name of Policyholder/Insured/Assignee as per policy record	ID of Policyholder/Insured/Assignee as per policy record (Last 4 characters only)
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Policy Number (Each form can only be used for loan repayment of one policy)

Bank Accountholder's Name	Bank Accountholder's ID
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Bank Account Number (The bank account no. must be the same account as the GIRO arrangement for the policy premium payment.) <div style="border: 1px solid black; display: flex; gap: 2px; height: 20px; margin-top: 5px;"> </div>	Telephone Number (Mobile): _____ (Work): _____ (Home) : _____
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Please select only **ONE** of the following:

I authorise Income Insurance to **DEDUCT** the policy loan repayment of the above policy from my existing GIRO account.
 Amount of loan repayment to be deducted : \$ _____ (minimum \$50.00)

I authorise Income Insurance to **CHANGE** the policy loan repayment amount of the above policy from my existing GIRO account.
 Current repayment amount: \$ _____
 New repayment amount: \$ _____ (minimum \$50.00)

I authorise Income Insurance to **CEASE** the policy loan repayment of the above policy from my existing GIRO account.

Signature of Policyholder/Assignee	Signature of Bank Account Holder (*Required if Account Holder is not the Policyholder)	Date (dd/mm/yyyy)
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Notes

a) The minimum loan repayment amount is \$50.00 and it will be deducted monthly via GIRO.

b) If you have not received a confirmation letter within 30 days, you may get in touch with us through your preferred mode of contact at www.income.com.sg/contact-us.

c) FAQ on Loan Repayment via GIRO can be found at www.income.com.sg.

d) I consent and agree to Income Insurance's collection, use and disclosure of my personal data for the purposes of processing the request stated in this Form and in the manner and for the relevant purposes described in its Privacy Policy (available at <http://www.income.com.sg/privacy-policy>). If I'm not the policyholder, I represent and warrant that (a) I have obtained the policyholder's consent for the collection, use and disclosure of his/her personal data; and (b) I am authorised to give any authorisation and approval on their behalf, for the purposes as set out in this Form.

For finance use only

This application cannot be processed (please tick) for the following reason(s): <input type="checkbox"/> No signature or thumbprint <input type="checkbox"/> No policy number <input type="checkbox"/> GIRO account stated does not match our record <input type="checkbox"/> Policyholder details missing <input type="checkbox"/> Others: _____	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Application PROCESSED (Please tick) </div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Name and signature of staff	Date (dd/mm/yyyy)