

Reinstatement for Investment-Linked Policy

WARNING: Under Section 23(5) of the Insurance Act 1966 (or any other future amendments to it), you must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

Important Notes:

- 1 If the policy lapses because the cash-in value of its units falls to zero or becomes negative, reinstatement is allowed within 36 months from the policy's lapse date, by starting to pay regular premiums again. You may be required to make a top-up in addition to the regular premium before we can reinstate your policy.
- 2 For cash payment, the offer price will be based on the date that Income receives the payment for reinstatement by 3:00pm. Any submission after 3:00pm will be considered as the next business day's pricing.
- 3 For Singaporeans/PRs, submit a Clear copy of your NRIC/Passport/Long-Term Pass
- 4 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.
- 5 Electronic Documents: All application and policy correspondence will be sent to you electronically, unless any of these are not available electronically, in which case you will receive the hardcopy by mail.

For official use

For official use only – Scan to archive

- 1 Please update ICM under "ILP Processing Request (Form)" and attach a copy of the form.

Full name of Advisor (as in NRIC)

Advisor's code

Please complete one form per policy and ensure that all fields are completed.

Section 1: Details of policyholder or assignee

Full name (as in NRIC/Passport/Long-Term Pass)		NRIC/Passport number/FIN/Unique Entity Number (UEN)		Policy number	
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (nationality) _____ <input type="checkbox"/> Others (please give details) _____			Country of residence		City of residence
Name of organisation		Occupation		Height (metres)	Weight (kilograms)
Place of incorporation	Business activity/Sector		Nature of work	Annual income (S\$)	

Section 2: Details of insured (if different from policyholder)

If you need to add another insured, please use another form and send it together with this.

Full name (as in NRIC/Passport/Long-Term Pass)		NRIC/Passport number/FIN		
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (nationality) _____ <input type="checkbox"/> Others (please give details) _____			Country of residence	City of residence
Name of organisation		Height (metres)		Weight (kilograms)
Occupation		Nature of work		Annual income (S\$)

Section 3: Underwriting Information (Please complete this section if your policy was originally inception with medical underwriting.)

A: Details on lifestyle	Policyholder	Insured												
1 Have you smoked cigarettes or cigars in the last 12 months? If you answered "Yes", please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 40%;">Policyholder</th> <th style="width: 40%;">Insured</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Years of smoking</td> <td style="width: 40%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 2px;">Sticks of cigarettes (per day)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Sticks of cigars (per day)</td> <td></td> <td></td> </tr> </tbody> </table>		Policyholder	Insured	Years of smoking			Sticks of cigarettes (per day)			Sticks of cigars (per day)				
	Policyholder	Insured												
Years of smoking														
Sticks of cigarettes (per day)														
Sticks of cigars (per day)														

Section 3: Underwriting Information
(Please complete this section if your policy was originally inception with medical underwriting.) (continued)

2 Do you consume alcohol (quantity per week)? If you answered "Yes", please provide details below.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Policyholder	Insured	
Cans of beer (per 330ml)			
Glasses of wine (per 125ml)			
Glasses of spirit (per 30ml)			
3 Have you been taking any drugs or substances which can become addictive or been treated for drug habits or alcohol addiction? If you answered "Yes", please provide details below.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details (for example, name of drug or substances, name of doctor/support group, date of last follow-up)	Policyholder	Insured	
4 Since the policy cover start date, have you lived or are you planning on living abroad for more than 3 months other than for holidays or studies? If you answered "Yes", please complete 'Travel and Residence Questionnaire'.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Do you take part in or do you plan to take part in any form of aviation other than as a passenger travelling solely for transport, or any hazardous pursuits such as mountaineering, rock climbing, scuba diving, sky diving, free fall parachuting, motor racing etc? If you answered "Yes", please fill in the relevant questionnaire (for example, Aviation Questionnaire, Mountaineering and Rock Climbing Questionnaire, Diving Questionnaire, Hazardous Pursuit Questionnaire).		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B: Details on medical information		Policyholder	Insured
1 Have any of your biological parents or siblings been diagnosed with or passed away as a result of: Alzheimer's disease, cancer, carcinoma-in-situ, mental disorder, diabetes, polycystic kidney disease, stroke, high blood pressure, heart disease, or any other hereditary disease or disorder? If you answered "Yes", please provide details below.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details	Policyholder	Insured	
Relationship			
Medical condition or cause of death			
Age at which it began			
Age at death (if applicable)			
2 Have you or your spouse received any medical advice, counselling or treatment in connection with any of these conditions: HIV, Sexually transmitted diseases, AIDS, AIDS-related complex or any other AIDS-related conditions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Have you ever:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a had cancer, tumour or growth of any kind, diabetes, high blood pressure, heart disease, stroke or brain disorder, thyroid disorder, lung disease, digestive disease, liver disease, kidney disease or been hospitalised or undergone any surgery or procedure or been advised to be admitted to hospital or to undergo surgery or procedure?			
b had symptoms lasting for more than 2 weeks or that are recurring, unexplained weight loss of more than 5 kg in last 1 year, unexplained or persistent fatigue (for more than 1 week) or any disorder, injury, disability, disease, illness, abnormality or medical condition not mentioned above.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Underwriting Information
(Please complete this section if your policy was originally incepted with medical underwriting.) (continued)

<p>4 In the last 5 years:</p> <p>a Have you had, or been advised to undergo any medical tests or investigations with the following outcome:</p> <ul style="list-style-type: none"> • Abnormal results or findings • Inconclusive results • Additional or repeat test • Doctor referral • Close monitoring or short interval follow up • Regular surveillance test <p>Typical examples of medical tests or investigations include blood test, urine test, x-ray, ECG, ultrasound, imaging scan, biopsy, mammogram, pap smear, prostate check, sleep test.</p> <p>You should answer yes if your regular health screenings resulted in further follow up, repeat tests, inconclusive results or doctor referral.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b Are you currently taking, or have you been advised to take, any medication?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Important notes:
 Question 5 and 6 are only applicable for Singapore Citizens, Permanent Residents of Singapore and Residents with an Employment Pass/Work Permit¹/Pass Permit²:

- You need to disclose the result of a diagnostic genetic test done (i.e. test to confirm or rule out a diagnosis when you have symptoms).
- You do not need to disclose the result of a:
 - ✓ predictive genetic test (test done when you have no symptoms of a genetic disorder) such as Huntington’s disease (HTT), BRCA1 and BRCA2 unless your total coverage for a specific benefit exceeds the limits as set out in questions 5a and 6a.
 - ✓ genetic test obtained from Biomedical Research or Direct-to-Consumer (genetic test provided to consumer directly by manufacturer or supplier of the test).
- If a genetic test result is negative, we may take it into account to consider better underwriting terms.

¹ It should not be less than a total of 183 days in the 12 months before the insurance application date.
² It should not be less than a total of 90 days in the 12 months before the insurance application date.

<p>5 a Is your total Death coverage or Total and Permanent Disability coverage with Income and other insurers more than S\$2,000,000? If yes, please answer Question 5b.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b Have you undergone a genetic test for Huntington’s disease? If yes, please provide details below:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Policyholder	Insured
Reasons for test		
Date of test		
Test results		

<p>6 a If you are applying for Critical Illness coverage, is your total Critical Illness coverage with Income and other insurers more than S\$500,000? If yes, please answer Question 6b. (You may select “No” if you are not applying for Critical Illness coverage)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b Have you undergone a genetic test for breast cancer (BRCA 1 or BRCA 2) or Huntington’s disease? If yes, please provide details below:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Policyholder	Insured
Reasons for test		
Date of test		
Test results		

Important notes: Question 7 is only applicable if you are a non-resident of Singapore.

<p>7 Have you undergone any genetic test, e.g. Huntington’s disease, breast cancer (BRCA 1 or BRCA 2) or others? If yes, please provide details of test below:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--

	Policyholder	Insured
Reasons for test		
Date of test		
Test results		

Section 3: Underwriting Information
(Please complete this section if your policy was originally incepted with medical underwriting.) (continued)

For Juvenile aged 2 and below, please answer additional questions 8-9.

8 Has the child had any physical, congenital or developmental defects, or shown any sign of slow physical or mental development?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9 Has the child been advised, or been told to go for further follow-up, or further evaluation, or monitoring after each routine assessment check?		<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered "Yes" to any of the questions in Section 3 B, please provide details below. Please submit a copy of medical report(s) if applicable.

Question number	Policyholder	Insured
	Please provide details (for example, name of condition, date of diagnosis, name and address of each doctor and hospital, how long the illness or injury lasted for and the date of recovery, the nature of the tests done and its dates, results and reasons of the tests etc)	

Section 3: Underwriting Information
(Please complete this section if your policy was originally incepted with medical underwriting.) (continued)

C: Details on existing policies, pending proposals, previous applications and claims	Policyholder	Insured
1 Do you have any existing policies or proposals pending approval? If you answered "Yes", please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Policyholder

Name of insurer	Year issued or pending	Coverage amount (S\$)			Accident and hospitalisation	Others insurance coverage (S\$) (please specify type and coverage)
		Death	Critical illness	Total and permanent disability		

Insured

Name of insurer	Year issued or pending	Coverage amount (S\$)			Accident and hospitalisation	Others insurance coverage (S\$) (please specify type and coverage)
		Death	Critical illness	Total and permanent disability		

2 Has any application or reinstatement for a life, critical illness, disability, accident or hospital insurance ever been refused, postponed or accepted at special terms by any insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Are you making or have you made any claims, including hospitalisation claims on any policy with Income or any other insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered "Yes" to questions 2 and 3 above, please provide details below.

Policyholder

Question number	Details

Insured

Question number	Details

Section 4: Mandatory declarations

1 Tax residency declaration

I have declared my tax residency and will submit the FATCA and CRS self-certification form (page 8 to 10 of this form).

For policy owner who is an entity or a controlling person, I have declared my tax residency and will submit the FATCA and CRS self-certification form for entity account holder and/or for Controlling Person downloaded from Income's website www.income.com.sg.

Note: Any false, misleading or fraudulent information regarding your resident status for tax purposes may result in certain penalties.

Section 4: Mandatory declarations (continued)

2 Beneficial ownership declaration – This is NOT a nomination of beneficiaries for this policy

A Beneficial Owner is defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism as an individual who ultimately owns or controls the customer or the individual on whose behalf business relations are established.

If there is a Beneficial Owner arrangement, please

- i Submit a copy of the Beneficial Owner's NRIC or passport and a completed copy of the FATCA and CRS self-certification form for Individual Account Holder, Entity Account Holder or Controlling Person available here: www.income.com.sg/Policy-downloads-and-forms; and
- ii Please provide details of the Beneficial Owner(s):

Full name of Beneficial Owner (as in NRIC/BC/Passport/Long-Term pass)	NRIC/BC/Passport number/FIN	Date of birth (dd/mm/yyyy)	Nationality	Country of Residence	Gender	Relationship with Policyholder/Assignee

3 Politically Exposed Person (PEP)

A Politically Exposed Person (PEP) is an individual who is, or has been entrusted with prominent public functions whether in Singapore, a foreign country or an international organization.

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

If you, or the Beneficial Owner, are a PEP or related[^] 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

4 Source of funds and wealth

i Source of funds

a Who is funding the insurance premium for this application?

- Policyholder
 Assignee
 Others, please provide details below:

Full name of payor (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN/Unique Entity Number (UEN)
Relationship to policyholder or assignee	Occupation and organisation

b What is the source of funds used to pay the premiums?

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

Details

ii Source of wealth

a 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
 (For past employment, please provide details of past occupation and past employers below)
 Business or trade income
 Inheritance and gift
 Investments (shares, bonds, unit trusts, etc)
 Sale of property, company, or other assets
 Others, please provide details below

Details

Important Notes:

We may request for additional information and/or supporting documents, if necessary.

For allowance from family member(s), please provide details on the family member(s).

Example – Name of family member(s), occupation of the family member(s) and relationship(s)

Section 5: Residential address verification

For Singapore Citizen/Permanent Resident – If the residential address stated in this form is different from the address in your identity document, please provide billing proof.

For non-Singapore Citizen – Please provide a valid identity document or passport with your residential address indicated, or billing proof.

Examples of billing proof – utility bills, bank statements and letters issued by statutory or government bodies (dated within the past 6 months) with letterhead, name, address and date clearly shown.

Section 6: Personal data use statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited (“Income”), its representatives, agents, relevant third parties (referred to in Income’s Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income’s appointed insurance intermediaries and their respective third party service providers and representatives (collectively “Income Parties”) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively “personal data”) for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/or NTUC Enterprise group of social enterprises (“NE Group”) where required for Income, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/or to provide you with their respective products/services, and in the manner and for other purposes described in Income’s Privacy Policy.

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

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Please refer to Income’s Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

Section 7: Declaration and authorisation

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

I will tell you as soon as possible if there is any change in the state of my health or the insured’s health or if I or they plan to get any medical consultation, investigation or treatment between the date of this application and the reinstatement date of my policy.

I am aware that you may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify you 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.

I declare that the answers 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 you. I agree that this application and other written answers, statements, information or declarations made by me or on my behalf will form the basis of the reinstatement of the policy. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

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.

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.

I understand that the policy e-documents are considered delivered and received, upon my receipt of your SMS or email notification on the availability of the policy e-documents via secure online access.

I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature

I confirm (a) that I understand and agree to the collection, use and disclosure of my personal data as stated in the “Personal Data Use Statement” (PDUS); and (b) on the representation and warranty made in the PDUS.

If I am reinstating my policy, I agree that notwithstanding the terms and conditions under the policy;

- i I must give Income all material information about the life to be insured from the expiry date of my policy, up till the reinstatement date that may influence Income’s decision whether to reinstate or to impose any further terms under the policy;
- ii If I fail to give Income this material information or misrepresent any such information, Income may:
 - a declare the policy as void from the start date of the reinstated policy;
 - b end the cover for the life to be insured and not pay any benefits; or
 - c add extra terms and conditions to the policy;
- iii the terms and conditions of my reinstated policy may be different from the terms and conditions of my policy prior to the reinstatement.

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.

I understand and agree that the reinstatement:

- a depends on you accepting my application and I will pay any costs involved in providing the medical evidence Income needs;
- b if accepted, may have terms, conditions and exclusions attached to it; and
- c is successful only when you accept and approve my request in writing and I have paid the premiums (and interest, if applicable) in full.

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 the authorisation in this form is valid and binding as an original copy.

Section 7: Declaration and authorisation (continued)

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.

I have read and understand the corresponding Product Highlight Sheet(s), Fund Report(s) or Monthly Fund Fact Sheet(s) available from www.income.com.sg with respect to the relevant investment fund(s) before deciding whether to invest or transact in such fund(s). Where appropriate, I understand that I can cease to proceed with this application at any time before the submission of this form and seek financial advice from a qualified Income advisor, or seek independent legal, tax and/or other professional advice

Applicable to policyholder or assignee who performs a transaction without advice from Income:

As the policyholder or assignee who does not wish to seek advice from Income or refuses to follow advice sought from Income, for any of my proposed transactions under this application form, I understand and agree that:

- 1 This application is based solely on my own judgement and decision. I may be subjected to greater investment risks and that the value of the fund(s) may be volatile and fluctuate from time to time;
- 2 All investment decisions are made independently by me, as the policyholder or assignee, after duly considering and understanding the investment fund(s), benefits and risks.
- 3 The information contained in this application is not intended as financial advice and shall not be relied on as such by me. I am responsible to ensure the suitability of the fund(s) selected.

I agree that if I or any [#]Relevant Person is found to be a ^{*}Prohibited Person:

- Income is entitled not to accept this application; and
- if any policy is issued, Income is entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. Income will not refund any unutilised premium when this policy is ended.

Income's decision in every respect of the above will be final.

I will inform Income immediately if there is any change in my or any Relevant Person's identity, status or identity documents.

[#] *Relevant Person* includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

^{*} *Prohibited Person* means a person or entity who is, or who is [^]Related to a person or entity:

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict Income from providing insurance or carrying out any transaction under this policy, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.


[^] *Related* includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

This application is governed by and interpreted according to the laws of the Republic of Singapore.

Applicable to Takaful Fund Only:

I further understand and agree that no part of my premium contribution shall be used for the establishment of Tabaruu or risk fund for the purpose of paying the difference between the minimum sum assured and the cash surrender value of the policy which I intend to subscribe. Such fund is being financed solely by the insurer's resources and if a payment is made under such circumstances, I shall regard this as donation from the insurer.

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) in this application, any legal document to carry out the reinstatement that is issued may not be valid. This includes any fact I may not be sure is significant, and also any information I have given to the advisor but was not included in this application.


Signature of policyholder or assignee [^] <div style="text-align: right; margin-right: 20px;"></div> Signed in Singapore on (dd/mm/yyyy):	Signature of insured (For age 16 and above) <div style="text-align: right; margin-right: 20px;"></div> Signed in Singapore on (dd/mm/yyyy):
--	---

[^] Please delete where appropriate. For policies with assignee, the assignee needs to complete and sign the form.

Parental consent

The parent or legal guardian must fill in this section if the child or ward is the policyholder, and below the age of 21 years.

- 1 I give my permission for my child or ward for the above transaction(s) under this policy.
- 2 I confirm and agree to the consent given by my child/ward on the collection, use and disclosure of his/her personal data under this form.
- 3 I consent and agree to Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose my personal data in this form for the purposes of administering the application or transaction in this form. I understand that I may refer to Income's Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

Full name of parent or legal guardian (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN
Relationship to policyholder <input type="checkbox"/> Parent (Please submit a copy of NRIC/Passport) <input type="checkbox"/> Legal guardian (Please submit a copy of NRIC/Passport and proof of legal guardianship)	Signature of parent or legal guardian <div style="text-align: right; margin-right: 20px;"></div> Signed in Singapore on (dd/mm/yyyy):

FATCA and CRS self-certification form for individual account holder

Instruction (Please read before completing the form)

Income Insurance Limited (“Income”) is required to collect and report certain information about an account holder’s tax residency in order to comply with the Singapore Income Tax Act 1947 and related regulations including Income Tax (International Tax Compliance Agreements) (United States of America) Regulations 2015 (FATCA) and Income Tax (International Tax Compliance Agreements) (Common Reporting Standard) Regulation 2016 (CRS).

Please complete this form if you are an individual, a sole trader or sole proprietor. For multiple Account Holders, please use a separate form for each Account Holder. For the purpose of this self-certification, an Account Holder may refer to the following persons: Proposer (eventually the Policyowner), Beneficial Owner, Assignee, Trustee, Beneficiary under a Trust or a Trust Nominee named under Section 132 of the Singapore Insurance Act 1966. Should any information provided change in the future, please ensure that you notify us promptly.

If you have require further details, please consult your tax/legal adviser or local tax authority.

We may contact you to collect more information if required. 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 1947 and its subsidiary legislation.

Individual self-certification form

Section 1: Identification of individual account holder

Proposal/Policy number	Date of birth (dd/mm/yyyy)	
Name (as shown in NRIC or FIN)	NRIC number or FIN	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential address	Country of birth	
Country of residence	Postal code/ZIP code	

Section 2: Tax Residency declaration

Are you solely 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 country(ies)/jurisdiction(s) (include Singapore, if applicable and provide details below).
 If you are a United States (U.S.) citizen or U.S. tax resident, please complete and submit the Form W-8 or W-9.

No	Country(ies)/Jurisdiction(s) of tax residence	TIN	If TIN is not available, please select on the reason code (Refer to Table 1 below)	If reason B has been selected, please indicate why TIN is not available
1			A <input type="checkbox"/> / B <input type="checkbox"/> / C <input type="checkbox"/>	
2			A <input type="checkbox"/> / B <input type="checkbox"/> / C <input type="checkbox"/>	
3			A <input type="checkbox"/> / B <input type="checkbox"/> / C <input type="checkbox"/>	
4			A <input type="checkbox"/> / B <input type="checkbox"/> / C <input type="checkbox"/>	
5			A <input type="checkbox"/> / B <input type="checkbox"/> / C <input type="checkbox"/>	

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/>

Section 3: Country of address outside country of tax residency (where relevant)

If your residential address, mailing address or contact number does not correspond with your declared country(ies)/jurisdiction(s) of tax residence, please select a reason that applies:

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

No	Reason	Tick the box
1	Student at an education institution in the country of residential	<input type="checkbox"/>
2	Working in the country of residential for less than 6 months	<input type="checkbox"/>
3	On an educational or cultural exchange visitor program in the country of residential for less than 6 months	<input type="checkbox"/>
4	Regular travel between jurisdictions for work and home	<input type="checkbox"/>
5	Others – Please specify:	<input type="checkbox"/>

Section 4 – Declarations and authorisation

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to. Income's privacy policy can be viewed at <http://www.income.com.sg/privacy-policy>.

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 1947, 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.

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.

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.

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 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.

Name of signatory*: _____

Signature: _____ 

Date (dd/mm/yyyy): _____

* Declaration below 18 years old requires a legal guardian to sign off.

Note: If you are not the account holder, please indicate the capacity in which you are signing the form. If you are signing under a power of attorney, please also attach a certified true copy of the power of attorney.

Capacity of the signatory:

- Parent
- Legal Guardian
- Lasting Power of Attorney
- Others (Please specify _____)

Appendix – Defined Terms

Note: These are selected summaries of defined terms provided to assist you with the completion of this 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 132 of the Singapore Insurance Act 1966.
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.
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 Taxpayer 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.

Additional Medical Questionnaire

WARNING: Under Section 23(5) of the Insurance Act 1966 (or any other future amendments to it), you must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

Details of insured

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

Questions for insured

1. Have you ever been tested positive or hospitalised for COVID-19?
- No
- Yes, tested positive for COVID-19 more than 1 month ago and not hospitalised (please proceed to Question 2 & 3)
- Yes, tested positive for COVID-19 less than 1 month ago and not hospitalised
- Please state the date you tested positive _____ (dd/mm/yyyy) (please proceed to Question 2 & 3)
- Yes, tested positive for COVID-19 and hospitalised (please proceed to Question 2, 3 & 4)

For applicants with history of COVID-19 infection ONLY

2. a. Do you have any of the following symptoms during or after the infection, other than fever, cough, sore throat, running nose, or loss of taste/smell?

Please select all that apply.

- Chest pain or tightness
- Shortness of breath
- Dizziness
- Heart palpitations
- Chronic fatigue
- Others, please specify the symptoms: _____

- None of the above (please proceed to Question 3)

Please state the date of last symptoms (if applicable) _____ (dd/mm/yyyy)

- b. Have you had or are you undergoing or awaiting referral, investigation for above condition(s)?

- Investigation done
- Awaiting referral or investigation
- Advised for investigation but do not plan to do so
- I have not been advised for further investigation

Please provide details below.

Date of tests	Type of tests	Results	Name of doctor	Name of hospital

3. Have you fully recovered, discharged from follow up and/or returned to normal physical function and activities?

- Yes
- No. Please provide details: _____

4. Hospitalisation information

Please select the applicable option:

***HDU:** High-dependency unit, **ICU:** Intensive care unit

- Admitted to General ward only without any need of mechanical ventilation
- Admitted to HDU, ICU, or equivalent ward without any need of mechanical ventilation
- Admitted to HDU, ICU, or equivalent ward with need of mechanical ventilation

Date of admission	Duration of stay	Name of hospital

Details of insured

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

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):