



Change of Personal Particulars Form

For any change in Name/NRIC/FIN/Passport/Biz Reg., please specify the old/previous details.

Customer Information

#Compulsory detail. Please provide.

Please attach a clear copy of NRIC/FIN/Passport (front & back) for update of Name, NRIC/FIN/Passport, Nationality, Date of Birth & Gender for verification.

Name#			
NRIC/FIN/Passport#		Date of Birth (dd/mm/yyyy)#	
Nationality#		Singapore PR#	<input type="radio"/> Yes <input type="radio"/> No
Country of Birth			
Marital Status	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorce <input type="radio"/> Widow <input type="radio"/> Other	Gender#	<input type="radio"/> Male <input type="radio"/> Female
Education	<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> N Levels <input type="radio"/> O Levels <input type="radio"/> A Levels <input type="radio"/> Diploma <input type="radio"/> Tertiary (Degree & Masters) <input type="radio"/> Professional/Doc		

For the following sections on this page, please complete only the sections which you will like us to update.

Company Information

#Compulsory detail. Please provide.

Please attach a clear copy of ACRA for update of Company Name, Biz Reg No., Place of Incorporation/Business Registration for verification.

Company Name#			
Business Registration No.#			
Place of Incorporation/ Business Registration#			
Business Activity/Sector#			

Address Details

For Individual Customer : Please attach the latest copy of any of the following supporting documents reflecting your name and new residential address.

- Telephone/Utility Bills
- Rental Agreement
- Bank Statement
- Government Agency Letter e.g, HDB, LTA, IRAS, CPF Board etc.

For Company : Please attach the latest copy of ACRA

Address			Postal Code	
Does the new address apply to all existing policies?	<input type="radio"/> Yes <input type="radio"/> No	Country		
If you have selected No above, please state the Policy Number(s) of each policy that the new address will apply to.				
Policy No.				

Contact Details

Please indicate a (-) if you wish to remove any of the contact details. For overseas number, please indicate "+" sign, country code + area code + contact number (e.g. +1234567890).

Mobile No.		Home No.	
Office No.		Other Contacts	
Email Address			

I confirm that I'm the owner of the mobile number and/or email address stated in this form. If you are not the owner of mobile number or email address, please inform the owner accordingly.

Marketing Consent/Withdrawal

A. Marketing and Promotional messages

We at Income value our customers and would love to share exclusive offers (such as rewards, privileges, events and discounts) and information about products and services (“Marketing and Promotional messages”) offered by Income, our business partners and NTUC Enterprise group of social enterprises (“NE Group”) that may be useful to you and your family.

If you would like to hear from us, please provide your consent by selecting your preference(s) in receiving Marketing and Promotional messages from Income, our representatives, agents, appointed service providers, business partners, insurance intermediaries and NE Group (collectively “Income Partners”):

Postal mail Email Phone call Phone messages¹

¹ Phone messages include text, picture, video and audio message that are sent to your telephone number via SMS, MMS or messaging apps such as WhatsApp, Telegram or WeChat.

By indicating your preference(s) above, your consent to receive Marketing and Promotional messages:

- (i) includes allowing Income Partners to collect, use and disclose your contact details to send you Marketing and Promotional messages;
- (ii) is regardless of your policy status and whether this application or transaction is accepted or refused by Income; and
- (iii) is in addition to any previous marketing consent which you may have provided to Income.

All consent in receiving Marketing and Promotional messages will remain valid until it is withdrawn and notified to Income. You may withdraw your consent at any time by submitting your request at www.income.com.sg/enquiry or via this Change of Personal Particulars Form.

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

B. Withdrawal of Marketing Consent

I wish to notify Income that I am withdrawing my consent to receive marketing and Promotional messages for the mode(s) of communications indicated below:

Postal mail Email Phone call Phone messages

I understand that Income will process my request within 10 days, and I will stop receiving Marketing and Promotional messages after 21 days only for the mode(s) of communications indicated above.

Other Preferences

Language Spoken	<input type="radio"/> English <input type="radio"/> Chinese <input type="radio"/> Malay <input type="radio"/> Tamil <input type="radio"/> Other Language
Language Written	<input type="radio"/> English <input type="radio"/> Chinese <input type="radio"/> Malay <input type="radio"/> Tamil <input type="radio"/> Other Language

Tax Residency Declaration

Are you solely a tax resident of Singapore?

Yes, I am solely a tax resident in 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 specify your TIN: _____

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

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			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
2			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
3			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
4			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
5			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> 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	This 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/>

Country of Address Outside Country of Tax Residency (where relevant)

Please help us to understand why your country of address indicated under Address Details is different from the country(ies) of tax residency indicated under Tax Residency Declaration.

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

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

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 (referred to in Income’s Privacy Policy at 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, 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 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 authorization and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Your Declaration and Agreement

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. I further confirm on the above preference(s) where I have indicated my consent (if any) to receive Marketing and Promotional messages.

Name of Policyholder

Signature and Date

Parental Permission

If you are below 18 years old, your Parent/Legal Guardian must complete this section. I give permission for my child/ward to:

1. change the Personal Particulars;
2. agree and consent to the 'Personal Data Use Statement'

Name of Parent/Legal Guardian

NRIC No.

Relationship to Child

- Parent (Please send a copy of your NRIC)
 Legal Guardian (Please provide legal documents showing proof as Legal Guardian)

Signature of Parent/Legal Guardian and Date