



ElderShield Supplement or Care Secure Change of Premium Payment Method

Under Section 25(5) of the Insurance Act, Cap. 142 (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.

Section A: Policyholder's details (You must fill this in.)

Name (as shown in NRIC)		NRIC number	Policy number
Contact number (Mobile) (Work) (Home)	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (please give details): _____ <input type="checkbox"/> Others (please give details): _____		
Email address	Name of organisation	Occupation	Country of residence

The contact number and email address are for us to use to contact you and check on any requests for changes (if needed). We will not add the details to our records. To change your address, contact number and email address, please fill in the 'Change of Personal Particulars Form' or update your particulars via me@income.

Section B: Payment method

Note: This authorisation shall supersede all previous payment method instructions and will be used for future premium payments unless otherwise advised in writing.

- Own CPF Medisave account
 Husband's or wife's, children's, grandchildren's, parent's, sibling's CPF Medisave account (Please fill in the details below.)

Premium payment using family member's CPF Medisave account

Name of CPF account holder	Date of birth (dd/mm/yyyy)	CPF account number	Relationship to you	Percentage of premium	Signature of account holder and date (dd/mm/yyyy)

To pay the premium for ElderShield Supplement or Care Secure, the maximum Medisave deduction is \$600 for each life to be insured in each calendar year only. You will have to pay any remaining amount by cash.

Authorisation by CPF account holder for payment using CPF

I authorise the Central Provident Fund Board (the 'CPF Board') to use the moneys in my Medisave account to pay the premiums due for the life to be insured named under this application, in line with the Central Provident Fund Act (Chapter 36)(the 'CPF Act'), and the regulations made under it, as well as the terms and conditions the CPF Board may make.

I authorise the CPF Board, if they reasonably consider it appropriate, and on a confidential basis, to reveal information to, or ask for information from, any insurers relating to:

- payment of premiums due under this application, including the use of moneys from my Medisave account or my new Medisave account; and
- making of refunds under this application.

Important note:

A temporary e-receipt must be issued by your advisor if you are paying using cash, cheque, cashier order or money order. Your advisor is not allowed to collect cash of more than S\$2,000 per policy and we will be sending you an SMS acknowledgement or official receipt once we have processed your application.

- Cash or cheque
(Please write your name, NRIC number and contact number on the back of the cheque.)

- New GIRO application
(Please fill in and attach a new application for Interbank GIRO form.)

Note: We will send you a premium notice if we cannot collect the premium from your or any other authorised account through Interbank GIRO, in which case, you must pay us the first year premium by cash or cheque.

Section C: 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, its representative, agents (collectively "Income"), relevant third parties, referred to in Income's Privacy Policy which can be found at <http://www.income.com.sg/privacy-policy> and /or appointed distribution partners to collect, use, and disclose my/our personal data and information (including any updates and existing personal data that I have/had given to Income) (collectively "personal data") for the purposes of processing and administering the insurance application or transaction, providing me with financial advice and/or recommendation on products and services, managing my relationship and policies with Income including sending me corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in the Income's Privacy Policy.

Where personal data of a third party (for example personal data of my spouse, child, ward, parent or employee) is provided by me/us, I/we represent and warrant that I/we have obtained the consent of the third party to provide Income with their personal data for this application or transaction.

For the purpose of this application and any claim in connection with my/our policy(ies) with Income, I/we also authorise, agree and consent to (whether this application or transaction is accepted or refused) the following:

- a. The medical source, insurance office, reinsurer, or organisation to release to Income any medical or relevant information to do with me or the insured;
- b. Income to collect from 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 health status or condition in relation to this application and any claim in connection with my/our policy(ies) with Income.

When submitting a claim for an insurance policy, the personal data will also include any subsequent information Income collects on health or any information that is necessary for Income to decide whether to pay the claim, such as test results, medical examination results, and health records from medical practitioners.

I/we authorise, consent and agree to NTUC Income Insurance Co-operative Limited disclosing my/our 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.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

Section D: Declaration

- (a) I hereby declare that the foregoing information entered is true and correct and I have not withheld any material information, whether entered by me or on my behalf.
- (b) I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in "Personal Data Use Statement" above.

Signature of policyholder

Date (dd/mm/yyyy)