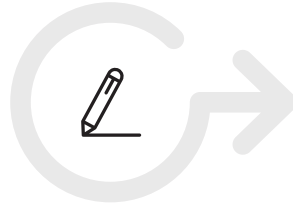


## The Application Form Process



### Personal Information

Details about the Proposer, Insured and other individuals, if applicable.



### Policy Information

Details about the selected plan and its riders, if applicable.



### Underwriting

Other critical information needed to process your application.



### Declarations

Everything to take note of before you sign.

## Submission Checklist

Please check that you have included all the necessary documents.  
Any omissions may result in a delay of the processing of your application.

- Photocopy of NRIC or FIN or other relevant identity documents, if applicable
- Proof of address documentation, if applicable
- Tax residency certification for FATCA and/or CRS, if applicable
- All relevant underwriting forms
- Copy of medical reports or test results, if applicable

| For official use only  |
|--|
| Receipt number<br><input type="text"/>   |
| Payment received date (dd/mm/yyyy)<br><input type="text"/> / <input type="text"/> / <input type="text"/> |
| Source code<br><input type="text"/>  |

| For staff use only                 |
|------------------------------------|
| Staff code<br><input type="text"/> |
| Staff name<br><input type="text"/> |

**PLEASE USE BLOCK LETTERS TO COMPLETE THIS FORM.**

If you require additional space for your answer, please state the question number and answer clearly on page 16.



**WARNING:** 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.

1

## Proposer Details (Policyholder)

### 1.1 Personal Particulars

Full name  
(as in NRIC/Passport/  
Long-Term Pass)

NRIC/Passport number/FIN

Date of birth  
(dd/mm/yyyy)  /  /

Gender  Male  Female

Nationality  Singaporean  Singapore PR (Nationality)   
 Others

Country of birth

Marital status  Single  Married  Widowed  Divorced

### 1.2 Work Details

Occupation  Nature of work

Name of organisation  Annual income (S\$)

### 1.3 Language And Education Level

Language spoken  English  Mandarin  Malay  Tamil  Others

Language written  English  Mandarin  Malay  Tamil  Others

Highest education level  
attained  Primary  Secondary  GCE 'O'/'N' level  Pre-U/JC  Diploma  
 Degree  Post graduate

### 1.4 Contact Information



**Important Notes:** Mobile number and email address are mandatory for this application. If your mobile number or email address is different from our records, we will use what you have provided in this form to process your application.

Contact number Mobile  Home  Work

Email address

Residential address

Postal code  Country

Mailing address  
*If different from  
residential address*

Postal code  Country

**Application and policy issuance**

Correspondences for this application and your policy documents will be sent to you electronically.

If you are aged 65 years or older, you can choose to receive your policy documents in hardcopy.

Tick (✓) here if you want to receive your policy documents in hardcopy.

**Servicing letters**

You will receive servicing letters for all your policies electronically unless you have opted for hardcopy. If an electronic document is not available, you will receive the hardcopy by mail. If your year of birth is 1955 or earlier, we will send you hardcopy documents by mail.

**Note:** You can change your preference to receive electronic copy or hardcopy documents anytime by submitting a request via [www.income.com.sg/enquiry](http://www.income.com.sg/enquiry)



**Important Notes:** For existing Income policyholders, if your contact information on this form is different from those in our records, we will automatically update all your existing policies with the new information. If you **DO NOT** want us to update your mailing address for specific policies, please state the policy number(s) here:

\_\_\_\_\_

**Residential address verification**

For Singapore Citizen/Permanent Resident – If the residential address stated in the application 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 past 6 months) with letterhead, name, address and date clearly shown.*



**2 Tax Residency Declaration**



**Important Notes:**

- If you are required to self-certify on behalf of any Entity Account Holder, please complete and submit a FATCA and CRS self-certification form for Entity Account Holder. You do not need to complete this section.
- If you are a Controlling Person of any Entity, please complete and submit a FATCA and CRS self-certification form for Controlling Person. You do not need to complete this section.
- If there are multiple Account Holders, please submit a separate form for each Account Holder.
- If you require further details, please consult your tax/legal advisor or local tax authority. 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 (Chapter 134) and its subsidiary legislation.
- If any information should change in the future, please notify us promptly.



1. 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) or jurisdiction(s) of tax residence | Tax Identification Number (TIN) | If TIN is not available, please tick (✓) the reason code (refer to Table 1 below) | If reason B is 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           |   |

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.<br>(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/>

2. 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:

- Student at an education institution in the country of residence.
- Working in the country of residence for less than 6 months.
- On an educational or cultural exchange visitor program in the country of residence for less than 6 months.
- Regular travel between jurisdictions for work and home.
- Others, please specify

3

**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 Ownership arrangement, please

- Submit a copy of their 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](http://www.income.com.sg/Policy-downloads-and-forms); and
- Provide details below:

|   | Beneficial Owner 1  | Beneficial Owner 2  | Beneficial Owner 3  |
|---|---|---|---|
| Full name of Beneficial Owner (as in NRIC/BC/Passport/Long-Term Pass) |   |   |   |
| NRIC/BC/Passport number/ FIN  |   |   |   |
| Date of birth (dd/mm/yyyy)  |   |   |   |
| Relationship to Proposer  |   |   |   |
| Gender  | <input type="radio"/> Male<br><input type="radio"/> Female  | <input type="radio"/> Male<br><input type="radio"/> Female  | <input type="radio"/> Male<br><input type="radio"/> Female  |
| Country of residence  |   |   |   |
| Nationality   | <input type="radio"/> Singaporean<br><input type="radio"/> Singapore PR (Nationality)<br><input style="width: 100px;" type="text"/><br><input type="radio"/> Others<br><input style="width: 100px;" type="text"/> | <input type="radio"/> Singaporean<br><input type="radio"/> Singapore PR (Nationality)<br><input style="width: 100px;" type="text"/><br><input type="radio"/> Others<br><input style="width: 100px;" type="text"/> | <input type="radio"/> Singaporean<br><input type="radio"/> Singapore PR (Nationality)<br><input style="width: 100px;" type="text"/><br><input type="radio"/> Others<br><input style="width: 100px;" type="text"/> |

Please submit Supplementary Application Form if there are more Beneficial Owners.

## 4 Politically Exposed Person (PEP) Declaration

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 organisation. 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<sup>^</sup> to a PEP, you must disclose this information.

<sup>^</sup> 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 |
|-------------|--------------|-------------------------------|---------------------|
|             |              |                               |                     |
|             |              |                               |                     |
|             |              |                               |                     |

Please submit Supplementary Application Form if there are more PEPs.

## 5 Policy Information

### 5.1 Plan Details

Please state the name of the plan and/or rider(s) for this application.

| Details | Basic plan | Rider |
|---------|------------|-------|
| Name    |            |       |

Total premium due

## 6 Premium Payment Information



### Important Notes:

- 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.
- For payment by GIRO, please complete and submit GIRO form. Please note that we will default to cash payment if we do not receive the form.
- For payment by cashier's order, please submit a copy of the cashier's order application form or debit advice with Payor's details.

### 6.1 Payment Method And Frequency

| For Regular Premium Payment |  |
|-----------------------------|--|
| Frequency                   | <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half-yearly <input type="radio"/> Yearly   |
| First Premium               | <input type="radio"/> Cash <input type="radio"/> GIRO <input type="radio"/> Credit Card<br><input type="radio"/> Cashier's order/Cheque (Number) <input type="text"/> payable to "NTUC Income" |
| Renewal                     | <input type="radio"/> Cash <input type="radio"/> GIRO  |

### 6.2 Payor Details

You do not need to complete Section 6.2 if you are using CPF or SRS funds to pay premium.

The Payor refers to the person making the premium payment. Is the Proposer the Payor?

- Yes       No, please disclose Payor details.

|   |   |
|---|---|
| Full name of Payor (as in NRIC/Passport/Long-Term Pass)           |   |
| NRIC/Passport number/FIN  |   |
| Occupation  |   |
| Relationship to Proposer  | <input type="radio"/> Parent <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Others <input type="text"/> |
| Please state reason for paying the premiums on behalf of Proposer |   |

### 6.3 Source Of Funds

You do not need to complete Section 6.3 if you are using CPF funds to pay premium.

1. Who is funding the insurance premium for this application?

- Proposer/Payor       Others, please provide details below:

| Full name of person funding the policy (as in NRIC/Passport/Long-Term Pass) | NRIC/Passport number/FIN | Relationship to Proposer | Occupation and organisation |
|---|--------------------------|--------------------------|-----------------------------|
|   |                          |                          |                             |

2. What is the source of funds used to pay the premiums?

- |  |   |
|--|---|
| <input type="checkbox"/> Salary or commission  | <input type="checkbox"/> Sale of assets                                       |
| <input type="checkbox"/> Inheritance   | <input type="checkbox"/> Proceeds from a policy, please provide details below |
| <input type="checkbox"/> Personal savings, if currently not employed, please provide details below (for example: previous employment, allowance from family members) | <input type="checkbox"/> Others, please provide details below                 |

*Details for "Personal savings/Proceeds from a policy/Others"*

### 6.4 Source Of Wealth

How did you accumulate your wealth (i.e. your total assets)? You may choose more than one option.

- |   |   |
|---|---|
| <input type="checkbox"/> Salary or commission from current and/or past employment | <input type="checkbox"/> Business or trade income                       |
| <input type="checkbox"/> Inheritance and gifts                                    | <input type="checkbox"/> Investments (shares, bonds, unit trusts, etc.) |
| <input type="checkbox"/> Sale of property, company, or other assets               | <input type="checkbox"/> Others <input type="text"/>                    |

**6.5 Payment Authorisation** — Please complete all the relevant sections

**6.5.1 Credit Card**



**Important Notes:**

- We will default to cash payment if the credit card number or details are invalid.
- Credit card payment is allowed for payment of first premium only. It is not allowed for payment of renewal premiums.

I authorise NTUC Income Insurance Co-operative Limited (“Income”) to deduct the first premium amount from my credit card account provided below for this insurance application.

I understand that any refund will be made to the Proposer.

|  |   |   |
|--|---|---|
| Cardholder name                                    |   |   |
| Credit card number<br><i>Visa/Mastercard only</i>  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Card expiration date<br>(mm/yy)                    | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>   |   |
| Issuing bank                                       |   | <p style="color: orange;">Signature of cardholder</p> <div style="text-align: right; margin-top: 20px;"> </div> <p style="color: orange;">Signed in Singapore on<br/>(dd/mm/yyyy)</p> |
| Relationship to Proposer<br><i>If not Proposer</i> |   |   |

1. Do you have any existing policies or proposal pending approval? If yes, please provide details below:

- Yes     No

|  | Policy/Proposal | Policy/Proposal | Policy/Proposal |
|--|-----------------|-----------------|-----------------|
| Insurance company                                    |                 |                 |                 |
| Year of issue or application                         |                 |                 |                 |
| Death coverage amount (S\$)                          |                 |                 |                 |
| Total and permanent disability coverage amount (S\$) |                 |                 |                 |
| Critical illness coverage amount (S\$)               |                 |                 |                 |
| Personal accident coverage amount (S\$)              |                 |                 |                 |
| Disability income coverage amount (S\$)              |                 |                 |                 |
| Others<br><i>Please specify type and coverage</i>    |                 |                 |                 |



**WARNING:**

We would not advise you to replace an existing policy with a new one.

Some of the disadvantages are:

- a. the insurance may not be granted on standard terms;
- b. you may have to pay a higher premium as you are now older; and
- c. you will lose financial benefits built up over the years.

Please consult your present insurer before making a final decision. Make a careful comparison so that you can be sure that you are making a decision that is in your best interest.

2. Is the insurance you are applying for to replace or intended to replace in full or in part, any policy with Income or other insurers? If yes, what is it replacing? Please provide details below:

- Yes     No

|   | Policy | Policy | Policy |
|---|--------|--------|--------|
| Insurance company   |        |        |        |
| Policy details<br><i>Please provide policy number and policy type</i> |        |        |        |
| Reason(s) for replacing policy  |        |        |        |



### 8.1 Insurance History

1. Has any application or reinstatement for a life, or critical illness, or disability, or accident, or hospital insurance policy ever been refused, postponed or accepted at special terms by any insurer? If yes, please provide details below:

Yes  No

|                   | Policy | Policy |
|-------------------|--------|--------|
| Insurance company |        |        |
| Type of policy    |        |        |
| Reasons           |        |        |

2. Have you ever made any claims or are you intending to make any claims, on any policy with any insurer (for example: critical illness, disability, terminal illness, accident, hospitalisation)? If yes, please provide details below:

Yes  No

|                   | Policy | Policy |
|-------------------|--------|--------|
| Insurance company |        |        |
| Nature of claim   |        |        |
| Year of claim     |        |        |
| Reasons           |        |        |

### 8.2 Build

What is your height (metres) and weight (kilograms)?

Height  m      Weight  kg

### 8.3 Family History

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 yes, please provide details below:

Yes  No

|                                     | Family Member 1 | Family Member 2 |
|-------------------------------------|-----------------|-----------------|
| Relationship to Proposer or Insured |                 |                 |
| Medical condition or cause of death |                 |                 |
| Age at which it began               |                 |                 |
| Age at death (if applicable)        |                 |                 |

## 8.4 Lifestyle Information

1. Have you smoked cigarettes or cigars in the last 12 months? If yes, please provide details below:

Yes  No

years of smoking     sticks of cigarettes  
(per day)     sticks of cigars  
(per day)

2. Do you consume alcohol? If yes, please state the quantity of alcohol you drink per year.

Yes  No

cans of beer     glasses of spirit     glasses of wine  
(per 330ml)    (per 30ml)    (per 125ml)

3a. Have you ever been advised by a health care professional or a counsellor to reduce your alcohol intake, see a specialist, or to attend a support group because of your alcohol intake? If yes, please provide details below and answer Question 3b.

Yes  No

|                                 |  |
|---------------------------------|--|
| Name of doctor/support group    |  |
| Address of doctor/support group |  |

b. Have you completed your treatment or been discharged from medical follow-up? If yes, please provide details below:

Yes  No

|                        |  |
|------------------------|--|
| Date of last follow-up |  |
|------------------------|--|

4a. Are you taking or have taken addictive drugs or substances (for example: narcotics or glue sniffing)? If yes, please provide details below and answer Question 4b.

Yes  No

|                                   |  |
|-----------------------------------|--|
| Addictive drug or substance taken |  |
|-----------------------------------|--|

b. Have you ever been treated or counselled for the use of addictive drugs or substances? If yes, please provide details below and answer Question 4c.

Yes  No

|                                 |  |
|---------------------------------|--|
| Name of doctor/support group    |  |
| Address of doctor/support group |  |

c. Have you completed treatment or counselling for addictive drugs or substances? If yes, please provide details below:

Yes  No

|                        |  |
|------------------------|--|
| Date of last follow-up |  |
|------------------------|--|

5. Do you take part in or do you plan to take part in military or private flying other than as a passenger on a regular airline? If yes, please complete Military Questionnaire (military flying) or Aviation Questionnaire (private flying).

Yes  No



6. Do you take part in, or plan to take part in other dangerous occupations or pursuits as listed below?

If yes, please tick (✓) the relevant activities:

Yes  No

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Scuba or skin diving  | <input type="checkbox"/> Mountain or rock climbing | <input type="checkbox"/> Free fall parachuting | <input type="checkbox"/> Motor racing      |
| <input type="checkbox"/> Others <input style="width: 100%;" type="text"/>  |  |  |  |
| For <b>scuba or skin diving</b> , please complete the following:   |  |  |  |
| a. Are you a certified diver? If yes, please specify certification(s) <input style="width: 80%;" type="text"/>   |  |  |  |
| b. Are you an instructor?<br><input type="radio"/> Yes <input type="radio"/> No  |  |  |  |
| c. Do you usually dive alone and unaccompanied?<br><input type="radio"/> Yes <input type="radio"/> No  |  |  |  |
| d. Do you participate in specialised forms of diving (for example: cave, pothole, wreck, search and rescue diving) or use underwater explosives? If yes, please provide details and frequency per year.<br><input type="radio"/> Yes <input type="radio"/> No<br>Frequency per year <input style="width: 150px;" type="text"/> |  |  |  |
| e. Dive history in the last 12 months:   |  |  |  |
| Total no. of dives   | <input style="width: 150px;" type="text"/>         | Maximum depth(m)                               | <input style="width: 150px;" type="text"/> |
| Average depth(m)   | <input style="width: 150px;" type="text"/>         | Dive sites                                     | <input style="width: 150px;" type="text"/> |



**Important Notes:** For mountaineering or rock climbing, please complete the Mountaineering and Rock Climbing Questionnaire. For other hazardous activities or pursuits, please complete the Hazardous Pursuits Questionnaire.

7. Do you plan to live abroad for more than 3 months other than for holidays or studies? If yes, please provide details below. If there is more than one country, please provide details for each country.

Yes  No

|                              |   |
|------------------------------|---|
| Name of countries and cities | <input style="width: 100%;" type="text"/> |
| Duration of each stay        | <input style="width: 100%;" type="text"/> |
| Frequency of travel          | <input style="width: 100%;" type="text"/> |
| Purpose of each travel       | <input style="width: 100%;" type="text"/> |

## 8.5 Medical Information

### 8.5.1 Questions For All Ages

1. Do you have a doctor whom you consult for medical reasons other than minor illness such as common cold or flu?

If yes, please provide details below:

Yes  No

|  |   |   |
|--|---|---|
| Date of last consultation (dd/mm/yyyy) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Reason for last consultation           | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Name of doctor                         | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Name and address of clinic             | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

2. In the last 5 years, have you had, or been advised to undergo any medical tests or investigations? Or do you intend to have or awaiting for any tests or investigations in the coming year? (For example: blood test, urine test, X-ray, ECG, ultrasound, imaging scan, biopsy, mammogram, Pap smear, prostate check). If yes, please provide details below and submit a copy of the results, if any:

Yes  No

|                                | Test/Investigation 1 | Test/Investigation 2 |
|--------------------------------|----------------------|----------------------|
| Type of test/investigation     |                      |                      |
| Date of test/investigation     |                      |                      |
| Reasons for test/investigation |                      |                      |
| Test/investigation result      |                      |                      |
| Name and address of clinic     |                      |                      |

3. Have you or your spouse received any medical advice, counselling or treatment in connection with any of the condition below?

- HIV
- Sexually transmitted diseases
- AIDS, AIDS-related complex or any other AIDS-related conditions

If yes, please provide details below and submit a copy of all results, if available.

Yes  No

|  |   |
|--|---|
| Party involved                                       | <input type="radio"/> Self <input type="radio"/> Spouse |
| Reason for test/medical advice/counselling           |   |
| Exact diagnosis/condition/concern                    |   |
| Date of test/medical advice/counselling (dd/mm/yyyy) |   |
| Type of test done and results (if any)               |   |
| Medical advice/counselling given by doctor (if any)  |   |
| Name and address of the clinic/hospital              |   |



**Important Notes:**

Questions 4 and 5 are only applicable for Singapore Citizens, Permanent Residents of Singapore and Residents with an Employment Pass/Work Permit<sup>1</sup>/Pass Permit<sup>2</sup>:

- 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 4a and 5a.
  - ✓ 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.

<sup>1</sup> It should not be less than a total of 183 days in the 12 months before the insurance application date.

<sup>2</sup> It should not be less than a total of 90 days in the 12 months before the insurance application date.

4a. 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 4b.

Yes  No

b. Have you undergone a genetic test for Huntington's disease? If yes, please provide details below:

Yes  No

|                  |  |
|------------------|--|
| Reasons for test |  |
| Date of test     |  |
| Test results     |  |

5a. 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 5b.

(You may select 'No' if you are not applying for Critical Illness coverage)

Yes  No

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:

Yes  No

|                  |  |
|------------------|--|
| Reasons for test |  |
| Date of test     |  |
| Test results     |  |



**Important Notes:** Question 6 is only applicable if you are a non-resident of Singapore.

6. 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:

Yes  No

|                  |  |
|------------------|--|
| Reasons for test |  |
| Date of test     |  |
| Test results     |  |

## 8.5.2 Additional Questions To Be Completed for Age 16 to Age 50



**Important Notes:** If you answered “Yes” to any of the questions in Section 8.5.2 to Section 8.5.4, please provide details on page 15.

|   |  |
|---|--|
| 7. Have you ever had diabetes, high blood pressure, high cholesterol, cardiomyopathy, heart attack, heart valve disorders, heart or blood vessels disorders (other than irregular heart rate or heart murmurs), stroke, transient ischemic attack, bipolar disorder, schizophrenia, tumour, cancer, carcinoma-in-situ, enlarged lymph nodes, unusual skin lesion, polyps, cysts, fibroids or other growths of any kind, kidney failure, HIV or AIDS?  | <input type="radio"/> Yes <input type="radio"/> No |
| 8. In the last 5 years, have you had any of the medical conditions indicated between 8a to 8j, regardless of when it was diagnosed that has required any of the following: <ul style="list-style-type: none"> <li>• Medical leave for 2 consecutive weeks and beyond;</li> <li>• Medication for 2 consecutive weeks and beyond;</li> <li>• Hospitalisation;</li> <li>• Regular follow up with a medical practitioner;</li> <li>• On regular medications;</li> <li>• Use of assisting device or help from another person to carry out your daily activities</li> </ul> |  |
| a. Asthma, bronchitis, breathlessness, coughing with blood, emphysema, chronic obstructive pulmonary disease (COPD) or tuberculosis   | <input type="radio"/> Yes <input type="radio"/> No |
| b. Heart murmur, chest pain, fast or irregular heart rate   | <input type="radio"/> Yes <input type="radio"/> No |
| c. Alzheimer’s disease, Parkinson’s disease, dementia, multiple sclerosis, motor neuron disease, epilepsy, aneurysm, paralysis, numbness, autism, attention deficit hyperactivity disease, anxiety or depression  | <input type="radio"/> Yes <input type="radio"/> No |
| d. Stomach ulcer, colitis, Crohn’s disease, pancreatitis, gastro-intestinal bleeding, cirrhosis, hepatitis or fatty liver   | <input type="radio"/> Yes <input type="radio"/> No |
| e. Prostate enlargement, blood or protein or sugar in urine, kidney infection, kidney stones or polycystic kidney disease   | <input type="radio"/> Yes <input type="radio"/> No |
| f. Arthritis, gout, osteoporosis, slipped disc, rheumatism, chronic back pain or amputation of limbs (partial or full)  | <input type="radio"/> Yes <input type="radio"/> No |
| g. Impaired vision, impaired hearing, impaired speech or nose bleeds (intermittent or continuous longer than 1 week)  | <input type="radio"/> Yes <input type="radio"/> No |
| h. Anaemia, thalassaemia, systemic lupus erythematosus or autoimmune diseases   | <input type="radio"/> Yes <input type="radio"/> No |
| i. Sexually transmitted diseases  | <input type="radio"/> Yes <input type="radio"/> No |
| j. Overactive or underactive thyroid hormone secretion  | <input type="radio"/> Yes <input type="radio"/> No |
| 9. Do you have any medical condition, signs or symptoms, physical disability or injury other than those already indicated in above?   | <input type="radio"/> Yes <input type="radio"/> No |

## 8.5.3 Additional Questions To Be Completed For Female (Age 16 to Age 50)

10a. Are you now pregnant? If yes, please state the number of weeks pregnant:

Yes  No

|                       |  |
|-----------------------|--|
| No. of weeks pregnant |  |
|-----------------------|--|

b. Have there been any complication(s) relating to this and/or previous pregnancies such as gestational diabetes, caesarean section, eclampsia, hypertension, diabetes, thrombosis, miscarriage or others?

If yes, please provide details below:

Yes  No

|                          |  |
|--------------------------|--|
| Pregnancy                | <input type="radio"/> Past pregnancy <input type="radio"/> Current pregnancy |
| Date of diagnosis        |  |
| Details of complications |  |

### 8.5.4 Additional Questions To Be Completed For Above Age 50

|  |  |
|--|--|
| 11. Have you ever had diabetes, cardiomyopathy, heart attack, heart valve disorders, heart or blood vessels disorders (other than irregular heart rate or heart murmurs), stroke, transient ischemic attack, bipolar disorder, schizophrenia, tumour, cancer, carcinoma-in-situ, enlarged lymph nodes, unusual skin lesion, polyps, cysts, fibroids or other growths of any kind, kidney failure, HIV or AIDS?   | <input type="radio"/> Yes <input type="radio"/> No |
| 12. In the last 5 years, have you had any of the medical conditions indicated between 12a to 12i, regardless of when it was diagnosed that has required any of the following: <ul style="list-style-type: none"> <li>• Medical leave for 2 consecutive weeks and beyond;</li> <li>• Medication for 2 consecutive weeks and beyond;</li> <li>• Hospitalisation;</li> <li>• Regular follow up with a medical practitioner;</li> <li>• On regular medications;</li> <li>• Use of assisting device or help from another person to carry out your daily activities</li> </ul> |  |
| a. Asthma, bronchitis, breathlessness, coughing with blood, emphysema, chronic obstructive pulmonary disease (COPD) or tuberculosis  | <input type="radio"/> Yes <input type="radio"/> No |
| b. High blood pressure, high cholesterol, heart murmur, chest pain, fast or irregular heart rate   | <input type="radio"/> Yes <input type="radio"/> No |
| c. Alzheimer’s disease, Parkinson’s disease, dementia, multiple sclerosis, epilepsy, aneurysm, paralysis, numbness, anxiety or depression  | <input type="radio"/> Yes <input type="radio"/> No |
| d. Stomach ulcer, colitis, Crohn’s disease, pancreatitis, gastro-intestinal bleeding, cirrhosis, hepatitis or fatty liver  | <input type="radio"/> Yes <input type="radio"/> No |
| e. Prostate enlargement, blood or protein or sugar in urine, kidney infection, kidney stones or polycystic kidney disease  | <input type="radio"/> Yes <input type="radio"/> No |
| f. Arthritis, gout, osteoporosis, slipped disc, rheumatism, chronic back pain or amputation of limbs (partial or full)   | <input type="radio"/> Yes <input type="radio"/> No |
| g. Impaired vision, impaired hearing, impaired speech or nose bleeds (intermittent or continuous longer than 1 week)   | <input type="radio"/> Yes <input type="radio"/> No |
| h. Anaemia, thalassaemia, systemic lupus erythematosus or autoimmune diseases  | <input type="radio"/> Yes <input type="radio"/> No |
| i. Overactive or underactive thyroid hormone secretion   | <input type="radio"/> Yes <input type="radio"/> No |
| 13. Do you have any medical condition, signs or symptoms, physical disability or injury other than those already indicated in above?   | <input type="radio"/> Yes <input type="radio"/> No |

If you answered “Yes” to any of the above questions in Section 8.5.2 to Section 8.5.4, please provide the details in the space below:

- The name of the condition and the date of diagnosis.
- The name and address of each doctor and hospital.
- How long the illness or injury lasted and the date of recovery.
- The nature of the tests done, dates, results and reasons for the tests.
- Please submit a copy of the test result, if any.



| Question No. | Insured |
|--------------|---------|
|              |         |

If you require additional space for your answer to any of the questions, please write the question number and answer below:



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 <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 research and data analytics, 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.

#### Marketing Consent

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 messages\*

\* 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:

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

All consent in receiving Marketing and Promotional messages shall remain valid until it is withdrawn and notified to Income. You may withdraw your consent at any time by submitting your request at <https://www.income.com.sg/enquiry>. Income will process your request within 10 days, and you will stop receiving Marketing and Promotional messages after 21 days only for the mode(s) of communications indicated in your request.



**Important Notes:** 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.

1. I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
2. 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.
3. 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.
4. I understand that the policy e-documents are considered delivered and received, upon my receipt of Income’s SMS or email notification on the availability of the policy e-documents via secure online access.
5. I declare that the answers given 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 Income. I agree that this application 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.
6. I am aware that I can refer to the specimen of the standard terms, conditions and exclusions of this plan to be issued at [www.income.com.sg](http://www.income.com.sg).
7. 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. This applies if I am applying for a non-guaranteed issue basic plan or for any non-guaranteed issue riders.
8. I agree that Income’s legal responsibility will only begin when Income accepts this application and I have paid the first premium.
9. 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.
10. I confirm that the entire marketing and selling process for my proposed insurance application has been carried out in Singapore.
11. I agree that the policy is issued as a Singapore Policy and agree that the policy will be entered in the Register of the Singapore policies.
12. 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.
13. 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 this authorisation is valid and binding as an original copy.
14. 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.
15. 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 (Chapter 134), 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.
16. 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.
17. 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.
18. 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 FATCA and CRS 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.
19. I understand that it is usually not a good idea for me to replace an existing investment product (for example: life policy/ investment-linked policy/unit trust) with a new investment product, whether from the same or a different financial institution. I further understand that some of the disadvantages of replacement are:
- a. the insurance may not be granted on standard terms;
  - b. I may have to pay a higher premium as the Insured or I am now older; and
  - c. I will lose financial benefits built up over the years.
20. I have read and understood the following:
- a. Cover Page, Policy Illustration, Product Summary and Bundled Product Disclosure Document (if applicable); and
  - b. Direct Purchase Insurance Fact Sheet and Checklist
21. I am aware that I can ask for a copy of Your Guide to Life Insurance and/or Your Guide to Health Insurance from my advisor. Or I can download them from: [www.income.com.sg](http://www.income.com.sg).
22. I also want to apply for membership of Income and if accepted, I agree to keep to Income’s by-laws.
23. If I purchase any Solitaire series of products, I will become a member of the Solitaires Club and will receive and be informed of exclusive rewards and privileges via mail or email.
24. I acknowledge that I am responsible for making sure that I am allowed to buy this plan under the laws and regulations that apply to my nationality, my citizenship and the countries that I reside in. I understand that Income cannot accept liability for any legal consequences under the laws of any other country or any tax effects that may arise in connection with the purchase of this plan. I declare that any funds and assets I place with Income, and any profits generated from them, comply with the tax laws of my nationality, my citizenship and the countries where I am a resident of, and a citizen of. I am aware that Income is not a licensed insurer and its appointed insurance intermediary is not an approved insurance broker/financial advisor outside Singapore. I further agree that this application and any policy issued are governed by the laws of Singapore without regard to the conflict of law principles and the courts of Singapore shall have exclusive jurisdiction.
25. I agree that if I or any #Relevant Person is found to be a \*Prohibited Person:
- a. Income is entitled not to accept this application; and
  - b. 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. You 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:
- i. 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 you from providing insurance or carrying out any transaction under this policy, or
  - ii. 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.
26. 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 agree that if I do not reveal any significant facts in this application (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 the application.

| Full name of Trusted Individual<br>(as in NRIC/Passport/Long-Term Pass) | NRIC/Passport number/FIN |
|---|--------------------------|
|   |                          |

Signature of Proposer



Signed in Singapore on  
(dd/mm/yyyy)

Signature of Trusted Individual



Signed in Singapore on  
(dd/mm/yyyy)

**12 Additional Declaration** — *To be completed by Proposer before he/she completes the application*

I am aware and informed by you of the following:

- i. the DPI is not a savings account or deposit;
- ii. I may not get back the premiums paid (partially or in full) if I terminate or surrender the policy early;
- iii. some benefits of the DPI are not guaranteed (only if applicable); and
- iv. there is a 14-day free-look period.

| Full name of Proposer<br>(as in NRIC/Passport/Long-Term Pass) | NRIC/Passport number/FIN |
|---|--------------------------|
|   |                          |

Signature of Proposer



Signed in Singapore on  
(dd/mm/yyyy)

**Centre Manager's Declaration** — To be completed by centre manager if selected client did not have a trusted individual or if the trusted individual is unfamiliar with life insurance products.

| Call-back/SMS date | Call-back/SMS time | Phone number used |
|--------------------|--------------------|-------------------|
|                    |                    |                   |

I have spoken to the client via call-back to:

1. Remind the client:
  - i. that the DPI is bought without financial advice;
  - ii. that there is a 14-day free-look period; and
  - iii. to check with a trusted individual on the DPI bought within the free-look period.
2. Reinforce the following key information:
  - i. Name of DPI
  - ii. Name of rider, if applicable
  - iii. Sum assured
  - iv. Policy term
  - v. Premium payment term
  - vi. Premium amount and payment frequency
3. Obtain the client's confirmation for us to proceed with the application.

I could not reach the client after at least 3 call-backs. Hence, I have sent an SMS to the client. SMS content is as follows:

Dear <Proposer>, we have tried contacting you to confirm your purchase of <plan type & name>, <your sum assured \$xxx,xxx>, <coverage term>, <premium amount payable annually/monthly>.

As we have been unsuccessful in contacting you, we will proceed to process your DPI application. However, please note that you still have a free-look period of 14 days from the date you receive the policy contract. Within this period, you can choose to cancel the policy contract should you wish to.

| Full name of Centre Manager (as in NRIC) |
|--|
|  |

|   |
|---|
| Signature of Centre Manager   |
|  |
| Signed in Singapore on<br>(dd/mm/yyyy)  |

## Part 1 - Fact sheet

### What are Direct Purchase Insurance (DPI)?

DPI are life insurance products that you can buy directly from insurance companies, without paying any commissions. You do not need to pay commissions because these products are sold without any financial advice. Please read this fact sheet together with the cover page, policy illustration, product summary, bundled product disclosure document (if applicable), and policy contract<sup>1</sup> and product brochures (if available) carefully before buying any DPI. A checklist is also provided to help you in your purchase of a DPI.

### What are the types of DPI offered?

There are two main types of DPI available:

- a. Term life with Total and Permanent Disability (TPD) cover and an optional Critical Illness (CI) rider
- b. Whole life with TPD cover and an optional CI rider

TPD is the complete inability to engage in any business/occupation, or total and irrecoverable physical loss, due to accident or sickness.

### What is the difference between a term life DPI and a whole life DPI?

A term life DPI provides insurance protection for a fixed period of time and may be suitable if you wish to provide for your financial dependants until they become self-reliant. There will be a payout if you pass away, or suffer a terminal illness during the coverage period. Terminal illness is the conclusive diagnosis of an illness that is expected to result in death within 12 months. In comparison, a whole life DPI generally provides life-long insurance protection.

As term life DPI are pure protection policies with no savings or investment feature, they are generally cheaper than whole life products. However, this also means that a term life DPI has no cash value when the policy expires, or if you end the policy early.

Whole life DPI are typically more expensive than term life DPI as their premiums are invested to build up cash value in addition to paying for insurance coverage. If you end a whole life DPI early, there may be a cash value (known as surrender value). However, there may be no cash value if you end the policy in the first few years as most of the premiums you have paid would have been used to pay for the initial administrative expenses incurred by the insurers for setting up the policy. For more information, visit <https://www.moneysense.gov.sg/articles/2018/10/buying-direct-purchase-insurance>.

### Should I buy a critical illness rider for my DPI?

Once you have chosen a term or whole life DPI, you may choose to add a CI rider. The CI rider pays out the full coverage amount of a term or whole life DPI in a lump sum either when you are first diagnosed with a CI or after you have undergone surgery covered under the rider (except for Angioplasty<sup>2</sup>). This payout may ease your financial burden as your treatments and medication can be costly. Your income may also be affected as you may not be able to work due to the CI. It is important to note that the term or whole life DPI, together with the CI rider, will be terminated once the coverage amount is paid out under the CI rider.

There is a total of 30 CIs covered under the CI rider. For more information on the CIs covered, please refer to <https://www.moneysense.gov.sg/articles/2018/10/buying-direct-purchase-insurance>. You should also refer to the policy contract for detailed definition of each CI as you will receive a payout under the CI rider only if the illness falls within the definition stated in the contract.

<sup>1</sup> As life insurers only provide policy contracts upon request, you may wish to request for a copy of the DPI policy contract to find out more details about the policy, such as the exclusion clauses and other terms and conditions of the policy.

<sup>2</sup> The CI rider will only pay out 10% of the coverage amount of the main policy or \$25,000 whichever is lower, for Angioplasty and other invasive treatment for coronary artery. After the insurance company pays out the above, the remaining coverage amount for the main policy and CI rider continues to be in effect.

### **How much insurance coverage do I need?**

You should consider your financial commitments (e.g. loans, family expenses and children's educational needs) and existing insurance coverage, including insurance provided by your employer, when deciding the insurance coverage that you need. You may use the Insurance Estimator at the following link: <https://www.cpf.gov.sg/eSvc/Web/Schemes/InsuranceEstimator/InsuranceEstimator> to help you decide on the amount of coverage you need.

You should also consider whether you can afford to pay the premiums for the entire duration of the policy, taking into account your outstanding loans, regular expenses and your income over the long term. If you are unable to pay the premiums, your insurance policy will lapse (or end) and you will no longer be covered. You may use the Budget Calculator available on the MoneySENSE website at: <https://www.moneysense.gov.sg/financial-tools/budget-calculator> to check if the premium is affordable based on your current income and expenditure.

### **How much insurance coverage can I buy?**

You can insure yourself for up to S\$400,000 per insurer, with a cap of S\$200,000 for whole life DPI.

The following are some scenarios to illustrate how the cap of S\$400,000 for DPI and sub-limit of S\$200,000 for whole life DPI work.

#### Scenario 1:

If you have bought a term life DPI with sum assured of S\$300,000, you may buy an additional term life DPI or whole life DPI with sum assured of S\$100,000 from the same insurer.

#### Scenario 2:

If you have bought a whole life DPI with sum assured of S\$150,000 from an insurer, you may buy another whole life DPI with sum assured not exceeding S\$50,000, or a term life DPI with sum assured not exceeding S\$250,000 from the same insurer.

The scenarios above are not exhaustive. Visit <https://www.moneysense.gov.sg/articles/2018/10/buying-direct-purchase-insurance> for more examples on the amount of DPI you can buy.

### **What are the different coverage periods offered for term life DPI and how do I choose among them?**

You may choose from three different coverage periods for your term life DPI:

- a. 5 year renewable
- b. 20 years
- c. Term up to age 65

A 5 year renewable term life DPI may be suitable if you prefer shorter coverage and the flexibility to renew your policy. The premiums may be higher at the point of renewal due to your age, but any medical conditions uncovered since the start of the term life DPI will continue to be covered after the renewal.

The other options are a term life DPI with coverage period of 20 years, and a term life DPI that covers you up to age 65. These may be suitable if you prefer longer coverage.

As your dependants will not benefit from the DPI's coverage after it expires, you should consider the age of your dependants when choosing your policy coverage period.

### **What are the different premium payment periods offered for whole life DPI and how do I choose between them?**

You may choose to pay premiums for your whole life DPI up to age 70 or age 85.

If you choose to pay premiums until age 70, you will need to pay higher premiums every year, but the total amount paid over the entire premium payment period will be lower.

If you choose to pay premiums until age 85, you will pay lower premiums every year, but the total amount paid over the entire premium payment period will be higher.

Consider if you can afford to pay the premiums until the age you have chosen, taking into account that you may not be earning any income after you retire.

### **What other important points should I be aware of?**

You should read and understand the policy contract and product summary which set out the terms and conditions of the policy, such as the following:

#### **1. Coverage period (for whole life DPI)**

Insurers may either set a maturity age (e.g. age 99 or 100) when all benefits would be paid out, or pay the benefits only upon your death or diagnosis of a terminal illness, even if this occurs beyond age 99 or 100.

#### **2. Premiums for TPD coverage**

The coverage for TPD lasts up to a maximum age of 65.

The premiums that you pay may change throughout the premium payment period, depending on how the insurers price the TPD coverage.

- a. If the TPD coverage is priced separately from the main DPI, the premiums will be reduced once TPD coverage ends after age 65.
- b. If the TPD coverage is priced as part of the main DPI and spread out equally over the entire premium payment period, the premiums will remain the same even though TPD coverage ends after age 65.

#### **3. Exclusion clauses**

Different insurers may have different exclusion clauses which state the situations when benefits under the DPI are not payable. For example, some insurers may not pay out the TPD benefit if the policyholder becomes totally and permanently disabled arising from travel on a non-commercial aircraft. Some insurers may void the policy contract if the policyholder's death arises from any criminal activity; or an act of war (whether declared or not). You should read the product summary and policy contract to find out what these exclusions are and whether the DPI meets your needs.

### **What do I need to disclose in my DPI application?**

You should disclose all information requested in the proposal form (including any pre-existing medical conditions) fully and truthfully. If material information<sup>3</sup> is not disclosed, or is falsely disclosed, you or your dependants may not be able to claim the benefits under the DPI. If you are unsure whether the information is material, you are advised to disclose it.

After you submit your application, the insurer will conduct its underwriting. As the terms and benefits of the DPI may change after underwriting, you should consider whether the revised terms and benefits still meet your needs when you receive the policy documents.

### **I am still not sure what type of DPI to buy and how much coverage I need. What should I do?**

DPI may not be suitable for you if you are unsure about which type of DPI or how much coverage to buy as no financial advice is provided during the purchase process. In such a case, you are encouraged to seek advice from a financial advisory representative who will be able to advise you on a suitable product.

Useful resources and tools:

1. MoneySENSE website (including Frequently Asked Questions on DPI):  
<https://www.moneysense.gov.sg/articles/2018/10/buying-direct-purchase-insurance>
2. Web Aggregator (for life insurance products): <http://www.comparefirst.sg>
3. MoneySENSE Budget Calculator: <https://www.moneysense.gov.sg/financial-tools/budget-calculator>
4. CPF Board Insurance Estimator: <https://www.cpf.gov.sg/eSvc/Web/Schemes/InsuranceEstimator/InsuranceEstimator>

<sup>3</sup> Examples of material information include:

- Whether you are a smoker
- Whether you are currently on any medication or receiving any treatment
- Whether you have any pre-existing medical conditions



## Part 2 - Checklist

i. This section must be completed before you can buy a DPI.

**I have...**

|   |
|---|
| a. Read and understood the DPI Fact Sheet   |
| b. Read and understood the cover page, policy illustration, product summary and bundled product disclosure document (if applicable), including any coverage exclusions of the DPI |
| c. Declared all pre-existing medical conditions in the Proposal Form  |
| d. Disclosed all existing life insurance policies that I own, or am in the process of applying for in the Proposal Form   |
| e. Declared my current financial situation, such as my income in the Proposal Form  |
| f. Completed and disclosed fully and truthfully all the information requested in the Proposal Form and any supplementary questionnaire(s)   |
| g. Decided to buy the DPI, without seeking any advice from any financial advisory representative  |

ii. You are encouraged to go through the following items before buying a DPI:

**Have you...**


|  |  |
|--|--|
| a. Used the Insurance Estimator at the following link: <a href="https://www.cpf.gov.sg/eSvc/Web/Schemes/InsuranceEstimator/InsuranceEstimator">https://www.cpf.gov.sg/eSvc/Web/Schemes/InsuranceEstimator/InsuranceEstimator</a> to calculate the amount of life insurance coverage you would need?      | <input type="radio"/> Yes <input type="radio"/> No |
| b. Used the Budget Calculator at the following link: <a href="https://www.moneysense.gov.sg/financial-tools/budget-calculator">https://www.moneysense.gov.sg/financial-tools/budget-calculator</a> to check if the premium that you will pay is affordable based on your current income and expenditure? | <input type="radio"/> Yes <input type="radio"/> No |
| c. Visited <a href="http://www.comparefirst.sg">http://www.comparefirst.sg</a> to compare the features and premiums of DPI and other types of life insurance products?   | <input type="radio"/> Yes <input type="radio"/> No |
| d. Considered the different types of DPI and other types of life insurance products that are available, and whether the DPI that you intend to purchase is suitable for your financial circumstances and needs?  | <input type="radio"/> Yes <input type="radio"/> No |

Acknowledgement of Receipt of DPI Fact Sheet

**I acknowledge that:**

- I have received a copy of the DPI Fact Sheet and have read and understood all of its contents.
- I have completed the DPI Checklist and have decided to purchase.

|   |  |
|---|--|
| Name of DPI   |  |
| Full name of Proposer<br>(as in NRIC/Passport/<br>Long-Term Pass) |  |
| NRIC/Passport number/FIN  |  |

|   |
|---|
| Signature of Proposer   |
|  |
| Signed in Singapore on<br>(dd/mm/yyyy)  |

## Fact sheet supplementary form


### Definitions and Requirements Relating to “Selected Client” & “Trusted Individual”

1. “Selected Client” is defined as any Client who meets any two of the following criteria:
  - i. 62 years of age or older;
  - ii. Not proficient in spoken or written English; or
  - iii. Has below GCE ‘O’ level or ‘N’ level certifications, or equivalent academic qualifications.
2. Selected Client should be accompanied by a Trusted Individual (TI) when purchasing a DPI.
3. If the Selected Client is not accompanied by a TI, the client can still choose to purchase a DPI and the Life Insurer needs to remind the client:
  - i. that the DPI is bought without financial advice;
  - ii. that there is a 14-day free-look period; and
  - iii. to check with a TI on the DPI bought within the free-look period.

#### I acknowledge that:

- i. I have been briefed on the above 3 items by the Life Insurer and understood all of them.
- ii. I will check with a Trusted Individual on the DPI I have just bought within the next 14 days.

| Full name of Proposer<br>(as in NRIC/Passport/Long-Term Pass) | NRIC/Passport number/FIN |
|---|--------------------------|
|   |                          |


|   |
|---|
| Signature of Proposer   |
|  |
| Signed in Singapore on<br>(dd/mm/yyyy)  |

4. “Trusted Individual” (TI) is defined as:
  - i. At least aged 18;
  - ii. Possess at least GCE ‘O’ or ‘N’ level certifications or equivalent academic qualifications;
  - iii. Be proficient in spoken or written English; and
  - iv. Be a person who has the trust of the Selected Client.

#### I acknowledge that:

- i. I am familiar with Investment or Life Insurance Products.
- ii. I have fulfilled the above definition and I am a Trusted Individual to (Client’s name)

| Full name of Trusted Individual<br>(as in NRIC/Passport/Long-Term Pass) | NRIC/Passport number/FIN |
|---|--------------------------|
|   |                          |

|   |
|---|
| Signature of Trusted Individual   |
|  |
| Signed in Singapore on<br>(dd/mm/yyyy)  |

## Appendix – Defined Terms

Note: These are selected summaries of defined terms provided to assist you with the completion of a FATCA and CRS self-certification 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 49L of the Singapore Insurance Act (Chapter 142).  |
| 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.  |
| Controlling Person(s)                   | Controlling Persons are the natural person(s) who exercise control over an entity. Where that entity is treated as a Passive Non-Financial Entity (“Passive NFE”) then a Financial Institution is required to determine whether or not these Controlling Persons are Reportable Persons. This definition corresponds to the term “beneficial owner” described in Recommendation 10 and the Interpretative Note on Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). In the case of a trust, the Controlling Person(s) are the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, or any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership). Under the CRS the settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, are always treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the activities of the trust. Where the settlor(s) of a trust is an Entity then the CRS requires Financial Institutions to also identify the Controlling Persons of the settlor(s) and when required report them as Controlling Persons of the trust. In the case of a legal arrangement other than a trust, “Controlling Person(s) means persons in equivalent or similar positions. |
| 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 Tax 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.  |

(This page is intentionally left blank)

## Additional Medical Questionnaire

**WARNING:** 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.

### Details of proposer and insured

|   |                             |                    |
|---|-----------------------------|--------------------|
| Full name (as in NRIC/BC/Passport/Long-Term Pass) | NRIC/BC/Passport number/FIN | Proposal number(s) |
| Proposer:   | Proposer:                   |                    |
| Insured:  | Insured:                    |                    |

### Questions for proposer and insured

|   | Proposer   | Insured  |  |  |          |                   |  |  |  |  |
|---|--|--|--|--|----------|-------------------|--|--|--|--|
| <p>1. In the last 3 months, have you:</p> <p>a. tested positive for COVID-19, or</p> <p>b. self-isolated with symptoms on medical advice?</p> <p>If yes to Question 1a and/or 1b, when was it?</p> <p>Proposer:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p>Insured:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>  | Question   | Date (dd/mm/yyyy)  |  |  | Question | Date (dd/mm/yyyy) |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Question  | Date (dd/mm/yyyy)  |  |  |  |          |                   |  |  |  |  |
|   |  |  |  |  |          |                   |  |  |  |  |
| Question  | Date (dd/mm/yyyy)  |  |  |  |          |                   |  |  |  |  |
|   |  |  |  |  |          |                   |  |  |  |  |
| <p>2. In the last 1 month, have you or any of your housemates or family members who stay with you:</p> <p>a. been ordered to self-isolate, received a Quarantine Order (QO) or Stay-Home Notice (SHN) due to COVID-19, or</p> <p>b. had a persistent cough, sore throat, fever, raised temperature or breathlessness, or been in contact with an individual suspected or confirmed to have COVID-19?</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |          |                   |  |  |  |  |
| <p>3. If yes to Question 1 and/or 2, have you made a full recovery and/or returned to normal activities?</p> <p>If yes, when did you fully recover and/or return to normal activities?</p> <p>Proposer:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p>Insured:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p>If no, please provide full details.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> | Question   | Date (dd/mm/yyyy)  |  |  | Question | Date (dd/mm/yyyy) |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Question  | Date (dd/mm/yyyy)  |  |  |  |          |                   |  |  |  |  |
|   |  |  |  |  |          |                   |  |  |  |  |
| Question  | Date (dd/mm/yyyy)  |  |  |  |          |                   |  |  |  |  |
|   |  |  |  |  |          |                   |  |  |  |  |



### 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):  |

(This page is intentionally left blank)

## 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):<br><input type="text"/> / <input type="text"/> / <input type="text"/> | To: Name of Bank ('Bank') | Name of Insurance Company:<br><b>NTUC INCOME INSURANCE CO-OPERATIVE LIMITED</b> |
|--|---------------------------|---|

| Policy Number<br>For ILP policies please select Premium or Top Up^<br>* 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^^**

1. I/We hereby instruct the Bank to process the above Insurance Company's instruction to debit my/our account.
2. 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.
3. 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.
4. I acknowledge and agree that Income may deduct the above Premium and Top Up under my policy from my/our account and such deduction may be made by Income before the payment due date.

|  |   |
|--|---|
| Bank Accountholder's Name:                                       | Signature/Thumbprint*/Company Stamp   |
| Bank Accountholder's ID:   |   |
| Bank Account Number<br><input style="width: 100%;" type="text"/> |   |
| Telephone Number (Mobile): (Work):<br>(Home) :                   | (As in Bank's record)<br>* For thumbprint, please go to any branches of your Bank with identification document for verification |

**Note:**

1. Please provide all information/bank account details as per the bank's record correctly to avoid delay in approval.
2. 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             | NTUC Income Insurance Co-operative Limited Bank Account Number | NTUC Income Insurance Co-operative Limited Customer's Billing Reference |
| D B S S S G S G X X X | 0 0 1 0 0 1 1 2 1 9  | 1   |
|                       |  | 2   |
|                       |  | 3   |
|                       |  | 4   |
|                       |  | 5   |

### 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) |
|----------------------|---------------------------|-------------------|

# Please delete where inapplicable

(This page is intentionally left blank)