

## GIRO cancellation form

### For completion by applicant

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

|  |  |  |  |
|--|--|--|--|
| Name of Policyholder/Insured/Assignee as per policy record                           |  | ID of Policyholder/Insured/Assignee as per policy record (Last 4 characters only)              |  |
| Policy Number<br>For Investment-linked policies, please select Premium and/or Top Up |  | Bank Account Number<br><div style="border: 1px solid black; width: 100%; height: 20px;"></div> |  |
| 1.   | <input type="checkbox"/> Premium <input type="checkbox"/> Top up | Telephone Number<br>(Mobile):<br>(Work) :<br>(Home) :  |  |
| 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 |  |  |

Please cancel the GIRO arrangement for deduction of premium for the above-mentioned policy

### This section is to be completed by Policyholder/Assignee

|   |                            |
|---|----------------------------|
| _____<br>Signature of Policyholder/Assignee | _____<br>Date (dd/mm/yyyy) |
|---|----------------------------|

### This section is to be completed by Bank Account Holder

|   |  |                            |
|---|--|----------------------------|
| _____<br>Signature of Bank Account Holder | _____<br>Name and NRIC number of Bank Account Holder | _____<br>Date (dd/mm/yyyy) |
|---|--|----------------------------|

**Notes:**

1. If you have any existing policy loan repayment via GIRO, this arrangement will cease once the GIRO arrangement is cancelled.
2. Please allow sufficient lead time of 7 to 30 days for the request to be processed.
3. GIRO deduction from your existing bank account may still take place until the cancellation request is processed.
4. Policyholder is advised to maintain sufficient funds in the existing bank account for the premium deduction until the GIRO cancellation letter is received.
5. I consent and agree to Income Insurance's collection, use and disclosure of my personal data for the purposes of processing the request stated in this Form and in the manner and for the relevant purposes described in its Privacy Policy (available at <http://www.income.com.sg/privacy-policy>). If I'm not the policyholder, I represent and warrant that (a) I have obtained the policyholder's consent for the collection, use and disclosure of his/her personal data; and (b) I am authorised to give any authorisation and approval on their behalf, for the purposes as set out in this Form.

### For finance use only

This application cannot be processed (please tick) for the following reason(s):

- No signature  
 No policy number  
 Policyholder details missing  
 Others:

|  |
|--|
| Application PROCESSED<br>(Please tick) |
|  |

\_\_\_\_\_

Name and signature of staff

\_\_\_\_\_

Date (dd/mm/yyyy)