

## The Application Form Process



### Personal Information

Details about the Proposer (policyholder) and the Insured (the person being covered).



### Plan Information

Details about the selected policy and its riders.



### 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	For adviser use only
<p>Receipt number</p> <input type="text"/>	<p>Adviser code</p> <input type="text"/>
<p>Payment received date (dd/mm/yyyy)</p> <input type="text"/>	<p>Adviser name</p> <input type="text"/>
<p>Source code</p> <input type="text"/>	<p>Remarks</p> <p><input type="checkbox"/> Tick (✓) if ILP application</p> <p><input type="checkbox"/> Tick (✓) if to be delivered by adviser</p> <p><input type="checkbox"/> Tick (✓) if premium funding is required and indicate the policy number of the specified application.</p> <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 11.



**WARNING:** STATEMENT UNDER SECTION 25(5) OF THE INSURANCE ACT, CAP. 142 (OR ANY 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 or FIN)

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 Contact Information**

Contact number *Please provide at least one number*

Mobile  Home  Work



**Important Notes:** It is important to state your personal email address as this will be used for future correspondence.

Email address

Residential address

Postal code  Country

Mailing address *If different from residential address*

Postal code  Country



**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 the contact information 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.*

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## Insured Details (Person To Be Covered) — Required if Insured is not Proposer

### 2.1 Personal Particulars

Relationship to Proposer  Child (below age 18)  Spouse  Others

Full name (as in NRIC or FIN)

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

### 2.2 Work Details

Occupation  Nature of work

Name of organisation  Annual income (S\$)

### 2.3 Contact Information

Contact number *Please provide at least one number* Mobile  Home  Work

Email address

Residential address

Postal code  Country

Mailing address *If different from residential address*

Postal code  Country

**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 adviser 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 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.

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

If your TIN is not your NRIC or FIN,

please state it here:

No.	Country(ies) or jurisdiction(s) of tax residence <sup>^</sup>	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	

<sup>^</sup> If you are a United States (U.S.) citizen or U.S. resident for tax purposes, you are required to submit Form W-9.

Table 1

Reason code	Description
A	The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents.
B	The Account Holder is otherwise unable to obtain a TIN or equivalent number. (Please explain why you are unable to obtain a TIN if you have selected this reason).
C	No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

Please refer to the OECD website for more information on tax residency:

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>

## 2. If your residential address, mailing address or contact number is different from your country(ies) 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

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

1. 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
2. Provide details below:

Name of Beneficial Owner	NRIC/Passport number/FIN	Date of birth (dd/mm/yyyy)
Nationality	Gender	Relationship to Proposer
<input type="radio"/> Singaporean <input type="radio"/> Singapore PR (Nationality) <input type="text"/> <input type="radio"/> Others <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	

## 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

## Policy Information

### 6.1 Plan Details

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

Details	Basic plan	Rider		Rider		Rider	
		<input type="radio"/> Proposer	<input type="radio"/> Insured	<input type="radio"/> Proposer	<input type="radio"/> Insured	<input type="radio"/> Proposer	<input type="radio"/> Insured
Name							

Total premium due

- Tick (✓) here to backdate your policy. You may backdate your policy only if ALL the conditions are met:
1. You are backdating a traditional life insurance policy to qualify for a lower premium or higher minimum protection value. Backdating for investment-linked policy is not allowed.
  2. The policy is backdated to a date:
    - a. one day before the Insured's last birthday;
    - b. within 6 months from date of receipt of application by us; and
    - c. not earlier than the official launch date of the main plan or rider, if applicable.
  3. For backdating of VivoLegacy Solitaire, you are required to pay interest charges at our prevailing policy loan rate if the backdating is more than 1 month or if the single premium is more than S\$1 million. The interest payable will be from one day before the Insured's last birthday to the date of receipt of application by us and based on the single premium.

## 6.2 Allocation Of Funds — For Investment-Linked Plans Only

1. The premium allocation across funds must add up to 100%.
2. For regular premium plans or funds that are paid for through CPFIS or SRS, all distribution will be reinvested back into the selected funds.
3. For FlexiLink policies, your premium can be allocated to a maximum of two funds.

Fund name	Allocation (%)	Fund name	Allocation (%)

## Cash Benefit And Distribution Options

### 7.1 Cash Benefit Options — Applicable to ALL plans with cash benefits, except SAIL and Smart Secure For Smart Secure, please refer to Annex A

#### 7.1.1 Frequency Of Cash Benefit — Applicable to plans that offer a choice of monthly or yearly cash benefit

The default frequency is yearly. Please indicate your choice below if you want monthly cash benefit:

- Monthly

#### 7.1.2 Payout Method

Your cash benefit amount will be placed with Income to earn interest at the prevailing interest which is non-guaranteed.

If you want the cash benefit to be paid out, please select one of the following options:

- Option 1: To receive payout by cheque (not applicable for plans with monthly cash benefit)
- Option 2: To receive payout via direct credit (please provide the account details of Proposer below)

Name of account holder	Name of bank and branch	NRIC of account holder	Bank account number

If the option selected and/or information provided is not valid, your cash benefit will be placed with Income to earn interest at the prevailing interest rate which is non-guaranteed.

### 7.2 Distribution Options — Applicable to investment-linked policy using cash, except for VivaLink

All distribution from applicable fund(s) will be reinvested into the same fund(s). If you want to encash your distribution (via direct credit only), please indicate below:

Select fund(s) you wish to encash

- |   |  |
|---|--|
| <input type="checkbox"/> Aim Now Fund             | <input type="checkbox"/> Asian Bond Fund             |
| <input type="checkbox"/> Asian Income Fund        | <input type="checkbox"/> Global Income Fund          |
| <input type="checkbox"/> Multi-Asset Premium Fund | <input type="checkbox"/> Others <input type="text"/> |

To receive the payout via direct credit, please provide the account details of the Proposer below:

Name of account holder	Name of bank and branch	NRIC of account holder	Bank account number

In the event of an invalid account, the distribution payout will be delayed.

### 8.1 Payment Method And Frequency

For Regular Premium Plans				
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 <sup>1</sup>	<input type="radio"/> Credit Card	
	<input type="radio"/> Cashier's order <sup>2</sup> /Cheque (Number) <input type="text"/>		payable to "NTUC Income"	
Renewal	<input type="radio"/> Cash	<input type="radio"/> GIRO <sup>1</sup>		
For Recurring Single Premium Plans				
Frequency	<input type="radio"/> Monthly	<input type="radio"/> Quarterly	<input type="radio"/> Half-yearly	<input type="radio"/> Yearly
Recurring Top-Up	Term (Years)	<input type="text"/>	Top-up amount (S\$)	<input type="text"/>
	<input type="radio"/> GIRO <sup>1</sup>		<input type="radio"/> SRS Account	
	<input type="radio"/> CPFIS Ordinary Account		<input type="radio"/> CPFIS Special Account	



#### Important Notes:

- A minimum top-up amount applies to:
  - FlexiLink – minimum S\$100 per month, S\$250 per quarter, S\$500 per half-year and S\$1,000 per year.
  - GrowthLink and VivoLink – minimum S\$2,500 per transaction; at least S\$1,000 per fund.
  - VivaLink – minimum S\$100 per month; up to S\$1,200 per year.
- For recurring top-ups, the amount will be allocated to your pre-selected fund(s), according to your existing premium allocation.

#### For Single Premium Plans

- Cash
  CPFIS Ordinary Account  
 Cashier's order<sup>2</sup>/Cheque (Number) 
 CPFIS Special Account  
 payable to "NTUC Income"
  SRS Account



#### Important Notes:

- 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.

### 8.2 Payor Details

You do not need to complete Section 8.2 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.

Payor name (as in NRIC/Passport)	<input type="text"/>
NRIC/Passport number/FIN	<input type="text"/>
Occupation	<input type="text"/>
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	<input type="text"/>

### 8.3 Source Of Funds

You do not need to complete Section 8.3 if you are using CPF or SRS funds to pay premium.

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

- Proposer/Payor    
  Others, please provide details below:

Name of person funding the policy	NRIC/Passport number/FIN	Relationship to Proposer	Occupation and organisation

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

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

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

### 8.4 Source Of Wealth

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

- Salary or commission from current and/or past employment                                  Business or trade income  
 Inheritance and gifts    Investments (shares, bonds, unit trusts, etc.)  
 Sale of property, company, or other assets    Others

### 8.5 Payment Authorisation — Please complete all the relevant sections

#### 8.5.1 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 amount of the first premium from my credit card account.

Cardholder name		
Credit card number <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 (mm/yy)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
Issuing bank		<p style="color: orange; text-align: center;">Signature of cardholder</p> <div style="border: 1px solid orange; height: 30px; width: 80%; margin: 0 auto;"></div> <p style="text-align: right; color: gray;"></p> <p style="color: orange; text-align: center;">Signed in Singapore on (dd/mm/yyyy)</p>
Relationship to Proposer <i>If not Proposer</i>		



### 8.5.2 Supplementary Retirement Scheme (SRS) Account

I authorise NTUC Income Insurance Co-operative Limited (“Income”) to deduct the premium from my SRS account once the policy is accepted.

SRS operator	SRS account number

### 8.5.3 Central Provident Fund Investment Scheme Ordinary Account (CPFIS-OA)



**Important Notes:** If you have not signed a Standing Instruction with your bank, please complete the relevant form, and submit it to your bank.

I authorise NTUC Income Insurance Co-operative Limited (“Income”) to deduct the premium from my CPF Ordinary Account once the policy is accepted.

Name of agent bank	CPF investment account number	CPF account number

### 8.5.4 Central Provident Fund Investment Scheme Special Account (CPFIS-SA)

#### Declaration for CPFIS-SA Investment

To: The Central Provident Fund Board

I hereby irrevocably authorise the Board to:

1. Debit my CPF Special Account the sum of monies specified by Income or the amount determined by the Board for the purchase or placement of the life insurance policies approved under the CPFIS-SA including any related fees, expenses, and charges under the CPF Investment Scheme – Special Account (CPFIS-SA);
2. Credit my CPF Special Account with any income or any proceeds from the liquidation of the life insurance policies approved under the CPFIS-SA that are received from Income; and
3. Disclose any or information whatsoever relating to, or in connection with my investment with Income to facilitate any transaction that cannot be settled due to data discrepancies, insufficient funds or any other reasons that the Board deems fit.

I understand that the above transactions shall be made, subject to the provisions of the Central Provident Fund Act and the Central Provident Fund (Investment Schemes) regulations as may be amended from time to time and to all such terms and conditions as may be imposed by the Board from time to time.


I hereby agree to indemnify the Board and shall keep the Board indemnified against all actions, proceedings, liabilities, claims, damages, expenses, or legal costs whatsoever arising out of in connection with the Board accepting and acting upon this authorisation.

#### Additional Declaration for CPFIS Self-Awareness Questionnaire

I declare that I have

1. Opened a CPF Investment Account before;
2. Invested in the CPF Investment Scheme – Special Account before; and/or
3. Completed the Self-Awareness Questionnaire.

If the above declaration is found to be false, I understand and agree that CPF Board will reject the withdrawal of moneys from my ordinary or special account, as the Board thinks fit.

Full name of Proposer (as in NRIC/Passport)	CPF account number	Signature of Proposer
		 Signed in Singapore on (dd/mm/yyyy)

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

Proposer  Yes  No Insured  Yes  No

	Policy/Proposal <input type="radio"/> Proposer <input type="radio"/> Insured	Policy/Proposal <input type="radio"/> Proposer <input type="radio"/> Insured	Policy/Proposal <input type="radio"/> Proposer <input type="radio"/> Insured
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 <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:

- the insurance may not be granted on standard terms;
- you may have to pay a higher premium as you are now older; and
- 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 <i>Please provide policy number and policy type</i>			
Reason(s) for replacing policy			

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



**Important Notes:**

- You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.
- You may make your request to access or correct your personal data by writing to: The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: [DPO@income.com.sg](mailto:DPO@income.com.sg)

### 11.1 Personal Data

The information I have provided is my personal data and, where it is not, I have the consent of the owner of the personal data to provide such information. The personal data includes personal data provided in this application or any document to Income, whether by me or any other party or source for this application.

By providing this information, I or we understand, and give my or our consent for Income as well as Income's respective representatives and agents to collect, use, store, transfer and disclose the information, to or with all such persons (including Income's third party service providers, whether located within or outside of Singapore) for the purpose of enabling Income to provide me with the services required of by an insurer, including the evaluation, processing, administering and/or managing of my relationship and policies with Income and for the purposes set out in Income's Privacy Policy which can be found at <http://www.income.com.sg/privacy-policy> ("How we use your personal data (Purpose & Notification Obligation)").

### 11.2 Marketing Material

By signing up for this product or service, I give my consent to Income to collect, use and disclose my personal data, and contact me via email and post, for both rewards and privileges, marketing and promotional purposes.

In addition, by checking the boxes below, I consent to being contacted by you via telephone calls, SMS and other phone number-based messaging about products and services offered by Income, regardless of my registration(s) with the Do Not Call registry.


Call     Text messages/SMS


I agree that Income will use the contact particulars, including any update that I have given to Income, to contact me. I may withdraw my above consent by contacting Income Contact Center at 6788 1777 or [consentwithdrawal@income.com.sg](mailto:consentwithdrawal@income.com.sg). Please refer to [www.income.com.sg/privacy-policy](http://www.income.com.sg/privacy-policy) for more information.

1. I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
2. 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 you. 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.
3. 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).
4. I will notify Income immediately if there is any change in the state of my health, or if I plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. You may add special terms to the policy according to the information provided. This applies if I am applying for a non-guaranteed issue basic plan or for any non-guaranteed issue riders.
5. I authorise, consent to, and agree to any medical source, insurance office, reinsurer, or organisation to release to you and you to release to any medical source, insurance office, reinsurer or organisation any relevant information to do with me or the Insured whether you accept my application or not. A photocopy of this authorisation is valid as an original copy.
6. I agree that Income's legal responsibility will only begin when Income accepts this application and I have paid the first premium.
7. 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.
8. I confirm that the entire marketing and selling process for my proposed insurance application has been carried out in Singapore.
9. 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.
10. I confirm that I understand and agree to the "Personal Data Use Statement" above.
11. 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.
12. 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.
13. 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.
14. 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.
15. 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.
16. I agree that the Cover Page, Benefit/Policy Illustration, Product Summary and Bundled Product Disclosure Document (if applicable), have been explained to me to my satisfaction by my adviser.
17. 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 adviser. Or I can download them from: [www.income.com.sg](http://www.income.com.sg).
18. If I have applied to become a member of Income Rewards, I agree to keep to your by-laws.

19. 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 and the country 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 the countries where I am a resident of, and a citizen of.
20. I agree that if I or any \*Relevant Person is found to be a \*Prohibited Person, you are entitled not to accept this application. If any policy is issued, you can terminate or void the policy, or not make any transaction under the policy such as not pay any benefit. Your decision will be final. I will inform you immediately if there is any change in my or any Relevant Person's identity, status or identification documents.
  - \* Relevant Person includes insured, trustee, assignee, beneficiary, beneficial owner or nominee and mortgagee or financier.
  - + Prohibited Person means a person or entity who is subject to laws, regulations or sanctions administered by any governmental or regulatory authorities or law enforcement in any country, which will prohibit you from providing insurance cover or paying any benefit.
21. If a Cancer Premium Waiver (GIO) rider is added, I am aware that the rider covers diagnosis of major cancer as defined in its contract. I understand and agree that if the Insured had consulted a doctor for, suffered symptoms of, was investigated for, was diagnosed with, or received medical treatment for any cancer, including carcinoma-in-situ, before the cover start date, no benefit will be paid under the rider, and the rider will be terminated. Cover start date means the date Income issues the rider, issues an endorsement to include or increase a benefit, or reinstates the rider, whichever is latest.
22. If Annex A and/or Annex B is/are applicable, I confirm and understand that all other sections of this application, including all Declarations will also apply to Annex A and/or Annex B.

**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 adviser but was not included in the application.**

Signature of Proposer	
Signed in Singapore on (dd/mm/yyyy)	


Signature of Insured <i>If different from Proposer and age 16 and above</i>	
Signed in Singapore on (dd/mm/yyyy)	

Full name of Witness (as in NRIC/Passport)	NRIC/Passport number/FIN

Signature of Witness <i>Age 21 and above</i>	
Signed in Singapore on (dd/mm/yyyy)	

The Parent or Legal Guardian must fill in this section if the child or ward is the Proposer, and above the age of 10 years and below 16 years.

1. I give my permission for my child or ward to be the Proposer and Insured of this policy.
2. I consent to the selection indicated under the "Marketing Material" option for my child or ward.

Name of Parent or Legal Guardian		Signature of Parent or Legal Guardian 
NRIC/Passport number/FIN		
Relationship to Proposer	<input type="radio"/> Parent <i>Please submit a copy of NRIC/Passport</i> <input type="radio"/> Legal Guardian <i>Please submit a copy of NRIC/Passport and proof of legal guardianship</i>	
		Signed in Singapore on (dd/mm/yyyy)

All answers given to me by the Proposer and/or Insured are in the application. I have not withheld any information which may influence Income's decision to accept this application.


I have personally seen the Proposer and/or Insured, and have explained the terms of the plan to the Proposer.

I have seen all the original identification documents, and have submitted photocopies of them with this application. I confirm that all submitted documents are copies of their originals.

**Additional Declaration for CPFIS Self-Awareness Questionnaire**

I have checked that the Proposer has

1. Opened a CPF Investment Account before;
2. Invested in the CPF Investment Scheme – Special Account before; and/or
3. Completed the Self-Awareness Questionnaire

Name of Adviser (as in NRIC)	Signature of Adviser 	
		Signed in Singapore on (dd/mm/yyyy)



**Important Notes:** You can choose to use the cash benefit from Smart Secure to fund premiums of a specified savings plan. Both policies must be issued on the same date. We will hold back the issuance of one policy when the other policy is not ready for issuance.

Your cash benefit amount will be used to fund premium of a specified savings plan if all of the following conditions are met:

1. The policy number of the specified savings plan is stated in this application form;
2. The annual cash benefit is the same as the annual premium of the specified savings plan;
3. The policy entry date for Smart Secure and the specified savings plan is the same; and
4. You are the policyholder of Smart Secure and specified savings plan when the policies are issued.

If any of the above conditions is not met, you will receive your cash benefit amount as payout.

To receive the payout via direct credit, please provide the account details of the Proposer below:

Name of account holder	Name of bank and branch	NRIC of account holder	Bank account number

If the account details provided is not valid, you will receive the payout via cheque.

## 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.



## GIRO APPLICATION FORM

### FOR COMPLETION BY APPLICANT AND THIS INFORMATION IS ONLY FOR INSURANCE COMPANY'S USE

Date:	Name of Insurance Company: <b>NTUC INCOME INSURANCE COOPERATIVE LIMITED</b>
To: Name of Bank	Policyholder's Name:
Policy Number/Reference:	NRIC/Passport No:

- a) I/We instruct you to process the above Insurance Company's instruction to debit my /our account.  
b) You are entitled to reject the Insurance Company's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.  
c) This authorisation will remain in force until terminated by your written notice send to my /our last address known to you or upon receipt of my /our written revocation through the Insurance Company.

Bank Accountholder's Name : _____	Telephone No : _____ Office : _____																							
Bank Accountholder's NRIC : _____	Handphone : _____ Home : _____																							
Bank Account Number	Signature/Thumbprint*/Company Stamp:																							
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td> </tr> </table>																								<p>_____</p> <p>(As in Bank's record)</p> <p>* For thumbprint, please go to any branch of your bank with identification document for verification</p>

Note: a) Please provide all information/bank account details as per the bank's record correctly to avoid delay in approval.  
b) If your premium should alter due to changes in policy contractual terms, the amount deducted will be changed accordingly.

### FOR NTUC INCOME INSURANCE COOPERATIVE LIMITED'S COMPLETION

Bank	Branch	NTUC Income Insurance Co-operative Limited Bank Account No.	NTUC Income Insurance Co-operative Limited Customer's Billing Reference																	
7 1 7 1 0 0 1		0 0 1 0 0 1 1 2 1 9	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td> </tr> </table>																	
Bank	Branch	Account No. To be Debited																		
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td> </tr> </table>																				

### FOR FINANCIAL INSTITUTION'S COMPLETION

To: NTUC INCOME INSURANCE COOPERATIVE LIMITED  
75 Bras Basah Road, Income Centre, Singapore 189557

This application is hereby REJECTED (please tick) for the following reason(s):

- Signature/Thumbprint# differs from financial institution's record
- Signature/Thumbprint# incomplete/unclear#
- Account operated by signature/thumbprint#
- Wrong account number
- Amendments not countersigned by customer
- Others: \_\_\_\_\_

Name of Bank Officer

Signature of Bank Officer

Date

\* Please delete where inapplicable

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