Policy loan repayment arrangement form

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.

Name of Policyholder/Insured/Assignee as per policy record	ID of Policyholder/Insured/Assignee as per policy record (Last 4 characters only)

Policy Number (Each form can only be used for loan repayment of one policy)

Bank Accountholder's Name	Bank Accountholder's ID

Bank Account Number (The bank account no. must be the same account as the GIRO arrangement for the policy premium payment.)

Telephone Number

(Mobile):   (Work):

(Home) :

Please select only ONE of the following:

☐ **I authorize Income to DEDUCT THE POLICY LOAN REPAYMENT of the above policy from my existing GIRO account.**

Amount of loan repayment to be deducted : $ _____ (minimum $50.00)

☐ **I authorize Income to CHANGE THE POLICY LOAN REPAYMENT AMOUNT of the above policy from my existing GIRO account.**

Current repayment amount: $ _____

New repayment amount: $ _____ (minimum $50.00)

☐ **I authorize Income to CEASE THE POLICY LOAN REPAYMENT of the above policy from my existing GIRO account.**

_____ _____ _____
Signature of Policyholder/Insured/Assignee   Signature of Bank Account Holder   Date (dd/mm/yyyy)
                                          (*Required if Account Holder is not the Policyholder)

Notes
a) The minimum loan repayment amount is $50.00 and it will be deducted monthly via GIRO.
b) If you have not received a confirmation letter within 30 days, please contact our Customer Service Officers at 6788 1122 or email us at csquery@income.com.sg.
c) FAQ on Loan Repayment via GIRO can be found at www.income.com.sg.

For finance use only

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

☐ No signature or thumbprint
☐ No policy number
☐ GIRO account stated does not match our record
☐ Policyholder details missing
☐ Others:

Application PROCESSED (Please tick)

_____
Name and signature of staff

_____
Date (dd/mm/yyyy)