

Application for reinstatement

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.

Important notes: We need the following identification documents to be submitted with this form.

For Singaporean or Singapore permanent resident

- Clear image of NRIC (front and back)

For foreigner staying, studying or working in Singapore

- Clear image of passport showing validity dates, passport number, photograph, nationality, date of birth and name;
- Singapore employment pass, S pass, work permit, student pass or dependent's pass (front and back); and
- Clear image of a document (issued within the last 6 months e.g. utility bill, phone bill) that shows your name and address.

The passport, passes or permits must be valid for at least 6 months.

Details of policyholder or assignee

| | | |
|---------------------------|----------------------|---------------------|
| Name (as shown in NRIC) | NRIC number or FIN | Policy number |
| Name of company or school | Height (metres) | Weight (kilograms) |
| Occupation and position | Exact nature of work | Yearly income (S\$) |

Please note that the information provided in this section will not be updated in our records. To update your personal particulars, please submit the Change of personal particulars form.

Details of insured (if different from policyholder)

If you need to add another insured, please use another form and send it together with this.

| | | | |
|---------------------------|-------------------------|----------------------|--------------------|
| Name (as shown in NRIC) | NRIC number or FIN | Height (metres) | Weight (kilograms) |
| Name of company or school | Occupation and position | Exact nature of work | |

Please note that the information provided in this section will not be updated in our records. To update your personal particulars, please submit the Change of personal particulars form.

Information of existing policies

| | | |
|--|--|--|
| | Policyholder | Insured |
| 1 Do you have any existing policies or proposals pending approval? If you answered yes, please give details below. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Policyholder

| Name of insurer | Year issued or pending | Sum assured | | | Accident and hospitalisation | Others |
|-----------------|------------------------|-------------|------------------|--------------------------------|------------------------------|--------|
| | | Death | Critical illness | Total and permanent disability | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Insured (to fill below if insured is different from policyholder)

| Name of insurer | Year issued or pending | Sum assured | | | Accident and hospitalisation | Others |
|-----------------|------------------------|-------------|------------------|--------------------------------|------------------------------|--------|
| | | Death | Critical illness | Total and permanent disability | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Details on previous and concurrent applications and claims

| | Policyholder | Insured |
|--|--|--|
| 1 Has any application for a life or critical illness or disability, or accident or hospital insurance policy ever been refused, postponed or accepted at special rates with Income or any other insurer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 Are you making or have you made any claims, including hospitalisation claims on any policy with Income or any other insurer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to questions 1 to 2 above, please give details below.

Policyholder

| Question number | Details |
|-----------------|---------|
| | |
| | |

Insured (to fill below if insured is different from policyholder)

| Question number | Details |
|-----------------|---------|
| | |
| | |

Lifestyle

| | Policyholder | Insured |
|--|--|--|
| 1 Have you smoked cigarettes in the past 12 months? Policyholder Number of years smoked _____ Number of cigarettes per day _____ Insured Number of years smoked _____ Number of cigarettes per day _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 Have you been taking any drugs which can become addictive or have you been treated for drug or alcohol addiction? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Questions on health

It is important that you tell us everything you know about your health. If you do not, we can end your policy or reject your claim in the future.

| | Policyholder | Insured |
|---|--|--|
| 1 a Have you had or are you having any discomfort, pain, symptoms that you do not normally experience, disorders, injuries, lumps or growths, disability, illnesses etc or medical test results and readings that require you or your doctor to monitor or follow up regularly? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b Are you currently taking, or have you been advised to take, any medication? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 In the past five years, have you had any health screening or undergone tests such as X-ray, ultrasound, mammogram, CT scan, MRI, biopsy, pap smear, electrocardiogram (ECG), blood or urine test; or have you ever been advised for further follow-up on (or to repeat) any one of these tests within a 6-month or 12-month period? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 a Have you ever been hospitalised, undergone any surgery, been advised to go for or are you going for any surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b Have you been advised to, or are you planning to, see a doctor or on follow up with a doctor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c Have you been advised to or are you planning to go for tests such as X-ray, ultrasound, mammogram, CT scan, MRI and any other tests not mentioned here? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Health questions for females only (age 10 and above)

| | | |
|--|--|--|
| 4 a Are you now pregnant? If yes, how many weeks? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b Have you had or received any treatment for or plan to be treated for any disease or disorder of the breast including breast lump, breast cyst, fibroadenoma of the breast, fibrocystic disease, nipple changes or discharge, mammary dysplasia, Paget's disease of the nipple or breast, carcinoma in situ of the breast, cancer or growth of the breast? You should tell us even if the doctors told you they are benign. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c Have you had or received any treatment for or plan to be treated for irregular, painful or unusually heavy menstruation, any disease or disorder of the cervix uteri, uterus or ovaries including ovarian cysts, abnormal uterine or vaginal bleeding, uterine fibroids, abnormal enlargement of the abdomen, carcinoma in situ or cancer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Health questions for juvenile only (age 15 and below)

| | | |
|---|--|--|
| 5 a Was the child born before 37 completed weeks of pregnancy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b Any special care needed after birth? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c Has the child had any physical, congenital or developmental defects or shown any sign of slow physical or mental development? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Questions on health (continued)

| | | |
|---|--|--|
| d Has the child ever had, been told to have, been treated for, been told to get treatment for or suffered symptoms of jaundice? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e Has the child ever had, been told to have, been treated for, been told to get treatment for or suffered symptoms of any condition affecting the sight, hearing or speech? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to any of the questions above, please give details 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 for and the date of recovery.
- The nature of the tests done, dates, results and reasons for the tests.
- A copy of the above tests, if any.

Please state whether it is for the policyholder or insured.

Mandatory declarations

Tax residency declaration (to be completed by policyowner/trustee/assignee/beneficiary receiving the payout)

- I have declared my tax residency and will submit the FATCA and CRS self-certification form (page 5 to 7 of this form).
- For policyowner who is an entity or a controlling person, I have declared my tax residency and will submit the FATCA and CRS self-certification form for entity account holder or for Controlling Person downloaded from Income's website www.income.com.sg.

Please note that any false, misleading or fraudulent information regarding your resident status for tax purposes may result in certain penalties.

Address verification

If your home address stated in our existing record is different from the address in your identity document (e.g. NRIC), please select Box A, B or C and complete the blanks accordingly. To check your address, please log on to me@income (available at www.income.com.sg).

Box A

I am maintaining a different address for correspondence purposes. The reason why I require a different address for correspondence is because _____ (specify reason). The owner of the correspondence address is _____ (specify name). My relationship with this owner is that of a _____ (specify relationship to owner of the correspondence address).

Box B

The address in my identity document is not updated yet. The address with you is the updated one.

Box C

I am a foreigner residing or working in Singapore and my home address is not in my identity document.

If you have selected Box B or C, please give documentary proof of the home address stated as per our existing record, such as copies of utility bills, bank statements or letters issued by statutory or government bodies (dated within past 6 months) with letterhead, name, address and date clearly shown.

Personal data use statement

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 form or any document to Income, whether by me or any other party or source for this application or transaction.

By providing this information, I or we give my or our consent to Income, its respective representatives and agents (including Income's third party service providers located within and outside of Singapore) to collect, use, store, transfer and disclose the information for the purposes of processing and administering this insurance application or transaction, providing me with personalized products and services, information, and advice, and managing 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)").

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

For any request to withdraw your consent, please contact Income Centre at 6788 1777 or consentwithdrawal@income.com.sg.

Declaration and authorisation

I confirm that I understand and agree to the 'Personal data use statement'.

I will tell you as soon as possible if there is any change in the state of my health or the insured's health or if I or they plan to get any medical consultation, investigation or treatment between the date of this application and the date you issue the legal document to reinstate the policy.

The answers 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. I agree that this application and other written answers, statements, information or declarations made by me or on my behalf will form the basis of the reinstatement of the policy.

I understand and agree that the reinstatement:

- a depends on you accepting my application and I will pay any costs involved in providing the medical evidence you need;
- b if accepted, may have terms, conditions and exclusions attached to it; and
- c is successful only when you accept and approve my request in writing and I have paid the premiums and interest in full.

For the purposes of policy administration including processing this reinstatement, and deciding whether you insure or continue to insure me for my insurance applications or policies,

1 I authorise:

- a any medical source, insurance office or organisation to release to you; and
- b you to release to any medical source or insurance office; any relevant information to do with me or the insured whether you accept my application or not. A photocopy is valid as an original copy.

2 I am authorised to disclose information (including personal health information) about my spouse and/or dependants if they are insured under the insurance applications or policies.

I agree that if I do not reveal any significant fact (which would have affected your decision to accept my application on standard terms) in this application, any legal document to carry out the reinstatement that is issued may not be valid. This includes any fact I may not be sure is significant, and also any information I have given to the adviser but was not included in this application.

Signature of policyholder or assignee¹

Signature of insured (for age 16 and above)

Signed in Singapore on (dd/mm/yyyy):

Signed in Singapore on (dd/mm/yyyy):

¹ For policies that are assigned, the assignee needs to fill in and sign this form.

FATCA and CRS self-certification form for individual account holder

Instruction (Please read before completing the form)

NTUC Income Insurance Co-operative Limited ("Income") is required to collect and report certain information about an account holder's tax residency in order to comply with the Singapore Income Tax Act (Chapter 134) and related regulations including Income Tax (International Tax Compliance Agreements) (United States of America) Regulations 2015 (FATCA) and Income Tax (International Tax Compliance Agreements) (Common Reporting Standard) Regulation 2016 (CRS).

Please complete this form if you are an individual, a sole trader or sole proprietor. For multiple Account Holders, please use a separate form for each Account Holder. For the purpose of this self-certification, an Account Holder may refer to the following persons: 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). Should any information provided change in the future, please ensure that you notify us promptly.

If you have 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.

Individual self-certification form

Section 1: Identification of individual account holder

| | | |
|--------------------------------|----------------------------|--|
| Proposal/Policy number | Date of birth (dd/mm/yyyy) | |
| Name (as shown in NRIC or FIN) | NRIC number or FIN | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home address | Country of birth | |
| Country of home address | Postal code/ZIP code | |

Section 2: Tax Residency declaration

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 specify your TIN: _____

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

| No | Country(ies)/Jurisdiction(s) of tax residence [^] | TIN | If TIN is not available, please circle the reason code (Refer to Table 1 below) | If reason B has been selected, please indicate why TIN is not available |
|----|--|-----|---|---|
| 1 | | | A / B / C | |
| 2 | | | A / B / C | |
| 3 | | | A / B / C | |
| 4 | | | A / B / C | |
| 5 | | | A / B / C | |

[^] 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/>

Section 3: Country of address outside country of tax residency (where relevant)

Please help us to understand why your country of home address indicated is different from the country(ies) of tax residency indicated under Section 2

Tick (✓) ONE only and submit relevant supporting documents:

| No | Reason | Tick the box |
|----|---|--------------|
| 1 | Student at an education institution in the country of residential | |
| 2 | Working in the country of residential for less than 6 months | |
| 3 | On an educational or cultural exchange visitor program in the country of residential for less than 6 months | |
| 4 | Regular travel between jurisdictions for work and home | |
| 5 | Others – Please specify: | |

Section 4 – Declarations and authorisation

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to. Income's privacy policy can be viewed at <http://www.income.com.sg/privacy-policy>.

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.

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.

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all accounts to which this form relates.

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 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.

Name of signatory*: _____

Signature: _____

Date (dd/mm/yyyy): _____

* Declaration below 18 years old requires a legal guardian to sign off.

Note: If you are not the account holder, please indicate the capacity in which you are signing the form. If you are signing under a power of attorney, please also attach a certified true copy of the power of attorney.

Capacity of the signatory:

- Parent
- Legal Guardian
- Lasting Power of Attorney
- Others (Please specify _____)

Appendix – Defined Terms

Note: These are selected summaries of defined terms provided to assist you with the completion of this 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 Taxpayer 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. |