

## NTUC Income Insurance Co-operative Limited

Income Centre 75 Bras Basah Road Singapore 189557 Tel: 6788 1777 · Fax: 6338 1500

Enquiries: www.income.com.sg/enquiry

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): / / / / / / / / / / / / / / / / / / /	Name of Bank ('Bank')	, ,		ne of Insurance Company: IC INCOME INSURANCE CO-OPERATIVE LIMITED		
Policy Number Group Business For ILP policies please select Pren This column is not applicable to C	Name of Proposer/Insure Customer^^	Name of Proposer/Insured as per policy record or Customer^^			Relationship to Accountholder	
1.	Premium Top	up				
2.	Premium Top	up				
3.	Premium Top	up				
4.	Premium Top	up				
5.	Premium 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.						
<ol> <li>Authorisation by Proposer/Insured/Customer^^</li> <li>I/We hereby instruct the Bank to process the above Insurance Company's instruction to debit my/our account.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol>						
Bank Accountholder's Name:				Signature/Thumbprint*/Company Stamp		
Bank Accountholder's ID:						
Bank Account Number					(As in Bank's record)	
Telephone Number (Mobile): (Work): (Home) :				* 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	-	Income Insurance Co-operative			ncome Insurance Co-oper	rative Limited
		Bank Account Number			Customer's Billing Refer	
D B S S S G S G	G X X X 0 0	0 1 0 0 1 1 2	1 9 2			
SWIFT BIC		Account Number To Be Debite				
				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):  Signature/Thumbprint# differs from financial institution's records  Signature/Thumbprint# incomplete/unclear#  Account operated by signature/thumbprint#  Others:  Others:						
Name of Bank Officer Signature of Bank Officer Date (dd/mm/yyyy) # Please delete where inapplicable						