

## GIRO application 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 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.

Date (DD/MM/YYYY): <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	To: Name of Bank ('Bank')	Name of Insurance Company: <b>INCOME INSURANCE LIMITED</b>
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Policy Number <b>Group Business – Affinity Schemes</b> For ILP policies please select Premium or Top Up^	Name of Proposer/Insured/Assignee as per policy record	ID of Proposer/Insured/Assignee as per policy record (Last 4 characters only)	Relationship to Accountholder
1. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
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			

^ Top up refers to recurring top up. It is applicable for Investment-linked policy only.

#### Authorisation by Proposer/Insured/Assignee

1. I/We hereby instruct the Bank to process the above Insurance Company's instruction to debit my/our account.
2. 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.
3. 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.
4. 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.

Bank Accountholder's Name:	Signature/Thumbprint*/Company Stamp
Bank Accountholder's ID:	
Bank Account Number <input style="width: 100%; height: 20px;" type="text"/>	
Telephone Number (Mobile): _____ (Work): _____ (Home) : _____	

(As in Bank's record)  
 \* 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 Income Insurance Limited's completion

SWIFT BIC	Income Insurance Limited Bank Account Number	Income Insurance Limited Customer's Billing Reference
D B S S S G S G X X X 0 0 1 0 0 1 1 2 1 9		1
		2
		3
		4
		5

### For financial institution's completion

To: INCOME INSURANCE LIMITED 75 Bras Basah Road, Income Centre, Singapore 189557 This application is hereby <b>REJECTED</b> (please tick) for the following reason(s): <input type="checkbox"/> Signature/Thumbprint# differs from financial institution's records <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear# <input type="checkbox"/> Account operated by signature/thumbprint#	<input type="checkbox"/> Wrong account number <input type="checkbox"/> Amendment not countersigned by customer <input type="checkbox"/> Others: _____	
Name of Bank Officer	Signature of Bank Officer	Date (dd/mm/yyyy)

# Please delete where inapplicable