




ElderShield Supplement or Care Secure Termination Form

Section A: Policyholder's details (You must fill this in.)

Full Name (as in NRIC/Long-Term Pass)	NRIC number/FIN
Address	
Contact number (Mobile) (Work) (Home)	Email address

The contact number and email address are for us to use to contact you and check on any requests for changes (if needed). We will not add the details to our records. To change your address, contact number and email address, please fill in the 'Change of Personal Particulars Form' or update your particulars via me@income.

Section B: Termination to the policies mentioned (you must fill in)

 **Important Notes:**

1. Please complete the respective section and fill in the Policy No. if you wish to terminate your ElderShield Supplement or Care Secure.
2. Please note that the policy will only be terminated on the next renewal date. The form has to reach us within 30 days before the next renewal date.
3. You may also use this form to exercise your FREELook privilege under this policy.

I do not wish to be insured under this Policy. Please terminate the below Policy:

ElderShield Supplement - Policy No. 1: _____ Policy No. 2: _____

Care Secure - Policy No.: _____

Section D: Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting research and data analytics, and in the manner and for other purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Section D: Declaration

- (a) I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
- (b) I declare that the information provided in this form is true and correct and I have not withheld any material information, whether entered by me or on my behalf. This includes any facts I may not be sure is significant or material, and any information I have given to my advisor but was not included in this application
- (c) I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in "Personal Data Use Statement" above.

Signature of policyholder

Date (dd/mm/yyyy)