

Abridged Fact Find form for Investment-Linked Policy

Important notice to policyholder or assignee

You would have provided your Income adviser information about yourself in relation to your financial goals, financial situation and your particular needs before the purchase of the insurance product(s).

It is recommended that you seek advice from your Income adviser if you wish to transact in investment-linked policies (ILPs) or make changes to your insurance policies.

Policyholder's or assignee's particulars

Name of policyholder or assignee ¹ (as shown in NRIC)		NRIC number or FIN	Are you 62 years old and above? <input type="checkbox"/> Yes <input type="checkbox"/> No
<small>¹ Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.</small>			
Language spoken <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____	Language written <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____	Highest educational level attained <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> GCE 'O'/'N' level <input type="checkbox"/> Pre-U/JC <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Post graduate	

Policyholder's or assignee's accompaniment

Note: It is recommended for you to be accompanied by a Trusted Individual if you belong to any two of the following profiles:

- 62 years of age or older
- Below GCE 'O' level or 'N' level certifications, or equivalent academic qualifications
- Not proficient in spoken or written English

Would you like to be accompanied by a Trusted Individual?

No Yes (If 'Yes', please provide details below)

Name of Trusted Individual _____

Relationship to client _____ NRIC number or FIN _____

Please note that you will be receiving a call from the company to confirm your understanding of the products recommended by your adviser (if you have purchased a product from us).

Policyholder's or assignee's transaction request(s)

[^] For policyholder/assignee who wishes to proceed with one time top-up/recurring single premium/fund switch/change in fund allocation ILP post-purchase transactions and do not want any advice from Income, you must complete SECTION A, SECTION B & SECTION C. This is only available if policyholder/assignee is assessed in SECTION B to have relevant experience and/or knowledge in ILPs.

<input type="checkbox"/> ^One time or ^recurring single premium <input type="checkbox"/> ^Fund switch or ^change in fund allocation <input type="checkbox"/> Increase in regular premium or sum assured <input type="checkbox"/> Increase rider cover term <input type="checkbox"/> RevoSave ILP Account <input type="checkbox"/> Add rider	This Abridged Fact Find form is used for the recommendation of the following policies: 1. _____ 2. _____ 3. _____ 4. _____
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Section A: Policyholder's or assignee's risk profile

It is important to select suitable products that reflect your risk preferences. As a general rule, the higher the potential return, the higher the risk that capital may not be returned. This Risk Profile questionnaire helps to assess your risk tolerance.

Please select one of the options for each question and circle the score accordingly.

(Circle Score)		Q1. Investment Objective	<ul style="list-style-type: none"> • Capital preservation is my priority. • I like my portfolio to provide steady and regular returns over the long term. I am concerned about fluctuations in returns. • I like to see an overall growth in my portfolio and am less concerned about fluctuations in returns. • My primary objective is to maximize growth over long term. I am least concerned about fluctuations in returns.
1			
2			
3			
4			
(Circle Score)		Q2. Investment Time Frame	<p>Assuming that I have made plans to meet short-term financial goals and to handle emergencies, how long would I keep my money invested before I would need to access it?</p> <ul style="list-style-type: none"> • less than 5 years • 5 to less than 10 years • 10 to less than 15 years • 15 years and above
1			
2			
3			
4			
(Circle Score)		Q3. Investment Return Expectation	<ul style="list-style-type: none"> • 0 to less than 3% • 3% to less than 5% • 5% to less than 8% • 8% and above
1			
2			
3			
4			
(Circle Score)		Q4. If my investment portfolio suffers a short-term decline, what is my reaction?	<ul style="list-style-type: none"> • I would sell my investments and keep cash. • I would stay invested and if the decline is more than 10% in value, I would liquidate my investments. • I would liquidate my investments if the decline is more than 25% in value. • I would ride the lows and am willing to invest more money for greater growth opportunities.
1			
2			
3			
4			
(Circle Score)		Q5. In an extreme downturn event, what is the maximum decline I can tolerate?	<ul style="list-style-type: none"> • I would be uncomfortable with any loss. • 10% decline is all I can tolerate. • I would not tolerate more than 50% decline. • I would be able to tolerate a significant decline of more than 50%.
1			
2			
3			
4			
(Circle Score)		Q6. My investment mix preference where Portfolio A refers to fixed income instrument, bond, capital guaranteed product, Portfolio B refers to equity instrument, property and commodity.	<ul style="list-style-type: none"> • 100% in Portfolio A • 70% in Portfolio A and 30% in Portfolio B • 30% in Portfolio A and 70% in Portfolio B • 100% in Portfolio B
1			
2			
3			
4			

Total Score	Score Range	Policyholder's Risk Profile	Portfolio Mix	To be completed ONLY if you disagree with your Risk Profile
(Fill in Score)	6 - 10	Conservative	Objective is to preserve capital. Prefers high liquidity and reduced risk of capital loss. (e.g. Money Market fund and traditional policies)	Please indicate the Risk Profile deemed more suitable: <input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Aggressive Comments: <hr/> <hr/>
	11 - 15	Moderately Conservative	Objective is to obtain dependable regular stream of income from investment. Willing to accept some risks of principle loss. (e.g. Bond Funds)	
	16 - 20	Moderately Aggressive	Objective is to strike a balance between fixed income and equity investment for growth opportunities. (e.g. Balanced Funds)	
	21 - 24	Aggressive	Objective is to achieve above average growth over time and current income concerns will be minimal. Willing to take substantial risks in investment. (e.g. Equity Funds)	

Section B: Policyholder's or assignee's investment knowledge

This questionnaire, also known as the Customer Knowledge Assessment, helps to assess if you have any relevant knowledge or investment experience to understand the risks and features of unlisted "Specified Investment Products", which includes investment-linked policies ("ILPs") or similar products. Any inaccurate or incomplete information provided by you may affect the suitability of the recommendation.

Outcome of Customer Knowledge Assessment

- If you have indicated a "Yes" in at least one of the below questions, you are assessed to have the relevant experience and/or knowledge in ILPs.
- If you have indicated a "NO" in all the below questions, you are assessed NOT to have the relevant experience and/or knowledge in ILPs. We would need you to seek advice from your Income adviser before transacting in your ILP(s).

Educational Qualifications	<p>Q1. Do you hold any Diploma or higher qualification in the finance-related disciplines as below?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> Accountancy Actuarial Science Business/Business Administration Business Management/ Business Studies Capital Markets </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> Computational Finance Economics Finance/Commerce Finance Engineering Financial Planning Insurance </td> </tr> </table>	<ul style="list-style-type: none"> Accountancy Actuarial Science Business/Business Administration Business Management/ Business Studies Capital Markets 	<ul style="list-style-type: none"> Computational Finance Economics Finance/Commerce Finance Engineering Financial Planning Insurance 	<p>If "Yes" to any questions, provide details below</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>
<ul style="list-style-type: none"> Accountancy Actuarial Science Business/Business Administration Business Management/ Business Studies Capital Markets 	<ul style="list-style-type: none"> Computational Finance Economics Finance/Commerce Finance Engineering Financial Planning Insurance 			
	<p>Q2. Do you have any other professional finance-related qualifications? Eg: Chartered Financial Analyst (CFA)/Association of Chartered Certified Accountants (ACCA)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>		
Investment Experience	<p>Q3. Have you made at least 6 transactions in collective investment schemes ("CIS") (example: unit trusts) or ILPs in the last 3 years?</p> <p><u>Transactions that would NOT qualify:</u></p> <ul style="list-style-type: none"> Subsequent investments into a regular premium ILP, recurring single premium ILP or instalment savings plan of Unit Trust after the first premium/instalment. Shares listed in the Stock Exchange 	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>		
Work Experience	<p>Q4. Do you have a minimum of 3 consecutive years of working experience in the past 10 years in the development of, structuring of, management of, sale of, trading of, research on and analysis of investment products or the provision of training in investment products?</p> <p>Note: Work experience in accountancy, actuarial science, treasury or financial risk management activities will also be considered relevant experience.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>		

Section C: Policyholder's or assignee's declaration (to be completed if you do not wish to seek advice from Income)

This section is only available to policyholder or assignee who is assessed to have the relevant experience and/or knowledge in ILPs in Section B and wishes to transact in one of the following post-purchase transactions to ILP(s) without seeking advice from Income.

- One time top-up
- Recurring single premium
- Fund switch
- Change in fund allocation

Important notice to policyholder or assignee:

If you are unsure whether the intended transaction is suitable for your circumstances, you are encouraged to seek advice from a qualified Income adviser who will be able to advise you on a suitable product or transaction to your existing policy.

Please read the following declaration together with the Product Highlight Sheet(s), Fund Report(s) or Monthly Fund Fact Sheet(s) available from www.income.com.sg carefully before submission of this form.

As the policyholder or assignee,

- I acknowledge that I have the option to complete "My Financial Portfolio" (fact find form) with my adviser but I wish to receive factual information only.
- I am aware the outcome of my completed Customer Knowledge Assessment under Section B where I am assessed to have relevant knowledge and/or experience in ILPs.
- I am aware of my risk profile, completed under Section A.
- I am advised to read and understand the corresponding Product Highlight Sheet(s), Fund Report(s) or Monthly Fund Fact Sheet(s) available from www.income.com.sg with respect to the relevant investment fund(s) before deciding whether to invest or transact in such fund(s). Where appropriate, I understand that I can cease to proceed with this transaction at any time before the submission of this form and seek financial advice from a qualified Income adviser, or seek independent legal, tax and/or other professional advice.
- All investment decisions are made independently by me, as the policyholder or assignee, after duly considering and understanding the investment fund(s), benefits and risks. I understand that the information contained herein is not intended as financial advice and shall not be relied on as such by me. I am responsible to ensure the suitability of the fund(s) selected.
- I am aware of my responsibility to ensure the suitability of the ILP transaction(s) and will waive the right to receive any advice as to whether the product or fund(s) is suitable under the Financial Advisers Act.

Name of policyholder or assignee² _____ NRIC number or FIN _____

Signature _____ Date _____ (dd/mm/yyyy)

² Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.

Please proceed to complete the transaction request in the appending form.

Section D: Policyholder's or assignee's summary of needs (to be completed by Income adviser)

Your Income adviser must have sufficient information before making a suitable recommendation. The information that you provide on your financial goals, budget and your particular needs will be the basis on which financial advice and recommendation will be given.

Alternatively, you may request your Income adviser for a comprehensive review of your financial needs by completing the "My Financial Portfolio" (fact find form).

Policyholder's or assignee's financial goals

Basic Protection	Priority level				Savings and Investment	Priority level			
	High	Med	Low	N.A.		High	Med	Low	N.A.
Income protection (death)					Saving for children's educational needs Dependant _____				
Income protection (disability)					Saving for retirement needs				
Critical illness					Enhancement to existing wealth accumulation plan				
Medical and hospitalisation costs					Others _____				
Personal accident					_____				
Long-term care					When fund is needed (Time Horizon)				
Others _____									

Policyholder's or assignee's budget for planning

Cash	Other source of funds
Regular amount \$ _____ (A / H / Q / M)	CPF - Ordinary Account \$ _____ SRS Account \$ _____
Single amount \$ _____ (SP)	CPF - Special Account \$ _____ Retirement Account \$ _____

Is the budget you set aside more than 50% of your assets or surplus?

No Yes

Adviser's recommendation

Policy number	ILP fund(s) selected	Percentage of allocation	Risk classification of fund(s) according to policyholder's or assignee's risk profile	Remarks
			<input type="checkbox"/> Below <input type="checkbox"/> Match <input type="checkbox"/> Above	
			<input type="checkbox"/> Below <input type="checkbox"/> Match <input type="checkbox"/> Above	
			<input type="checkbox"/> Below <input type="checkbox"/> Match <input type="checkbox"/> Above	

Adviser's declaration

I have provided the policyholder or assignee with a reasonable recommendation(s) based on the information and assumptions he or she has provided in this form. I declare that the information provided to me is strictly confidential and is only to be used in the process of recommending suitable insurance products and shall not be used for any other purposes.

Name of adviser _____ Adviser's code _____

Signature _____ Date _____ (dd/mm/yyyy)

Policyholder's or assignee's acknowledgement

1. I understand that the recommendation(s) is/are based on information and assumptions that I have provided in this form. Any inaccurate and incomplete information may affect the suitability of the recommendation(s).
2. I understand that I can request for a comprehensive financial review of my existing insurance policy(ies) before I proceed with this transaction(s).
3. My adviser has used a copy of the Abridged Fact Find form, Benefit/Policy Illustration, Product Summary and Product Highlight Sheet where applicable, as a basis to explain the information relating to this transaction(s). The Product Highlight Sheet is also available for download at www.income.com.sg.

I agree with the proposed recommendation(s).

I disagree with the proposed recommendation(s). My comments are as indicated below.

Comments

To be completed if policyholder or assignee is assessed NOT to have knowledge or experience in ILP, and selects a fund that is higher than his or her risk profile.

My adviser has confirmed and informed me of the following:

- I am aware that it is my responsibility to ensure the suitability of the ILP fund(s) chosen.
- I understand that Income may be contacting me to confirm this transaction.
- I understand that this application is subject to approval by Income.

Name of policyholder or assignee³ _____ NRIC number or FIN _____

Signature _____ Date _____ (dd/mm/yyyy)

³ Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.

Supervisor's validation

To be completed if call back is required

Call back is required for 'Selected client' 'Selected representative'

I have made the call to customer and confirmed that customer understands all material facts necessary to make an informed decision including the product features, risks of the product, policy and premium term, and the applicable fees and charges.

Date of call: _____ (dd/mm/yyyy) Phone number used for the call back: _____ (supervisor)

Time of call: _____ (am/pm) _____ (policyholder or assignee)

Feedback (if any) is gathered on the sales process and quality of advice provided by the representative:

To be completed for ILP transaction(s)

Please complete client's investment profile:

Fulfils customer knowledge assessment criteria: Yes No

Client's risk profile: Conservative Moderately conservative Moderately aggressive Aggressive

Senior management's confirmation ('SMC') is required when client is assessed NOT to have relevant knowledge and/or experience in ILP and wishes to purchase an ILP against recommendation or when the risk of the sub-fund(s) selected is higher than client's risk profile.

I have reviewed the ILP application and noted that

SMC is not required. SMC is required. (Please submit SMC Form together with the application.)

Based on the information provided and the policyholder's or assignee's choice,

I agree with the recommendation made by my adviser. I disagree with the recommendations made by my adviser.

Comments:

Name of supervisor _____ Supervisor's code _____

Signature _____ Date _____ (dd/mm/yyyy)

Alteration form for investment-linked policy

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:

For Singaporeans/PRs, submit a CLEAR copy of your NRIC (front & back).

For foreigners, submit a CLEAR copy of an identification (front & back) (e.g. employment pass, passport) and a CLEAR copy of documentary proof of the address, 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.

For official use

Adviser's name	For official use only – Scan to archive 1 Please update ICM under "ILP Processing Request (Form)" and attach a copy of the form.
Adviser's code	

Please complete one form per policy and ensure that all fields are completed.

Details of policyholder or assignee

Name (as shown in NRIC)	NRIC number or FIN	Policy number
Name of organisation	Annual Income (S\$)	
Exact nature of work	Occupation	

Details of insured (if different from policyholder or assignee)

Name (as shown in NRIC)	NRIC number or FIN
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Changes to coverage/premium/riders

Request	Details	Notes								
<input type="checkbox"/> Fund allocation	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of fund</td> <td style="width: 50%;">Allocation (%) (no decimal)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">Total</td> <td style="text-align: center;">100%</td> </tr> </table>	Name of fund	Allocation (%) (no decimal)	_____	_____	_____	_____	Total	100%	Please refer to Terms point 27. This form is to be submitted together with "Abridged Fact Find" form.
Name of fund	Allocation (%) (no decimal)									
_____	_____									
_____	_____									
Total	100%									
<input type="checkbox"/> Add riders	Please indicate rider name, sum assured and cover term.	Please refer to Terms points 12. To 25.								
<input type="checkbox"/> Increase regular premium	From _____ to _____	This form is to be submitted together with "Abridged Fact Find", "Illustration", "Product Summary" and "Declaration of Continued Insurability" forms (where applicable).								
<input type="checkbox"/> Increase sum assured (for IP1/IP2/VA1 policies only)	From _____ to _____									
<input type="checkbox"/> Decrease regular premium	From _____ to _____	Please refer to Terms points 12. To 25. To submit this form only.								
<input type="checkbox"/> Decrease sum assured (for IP1/IP2/VA1 policies only)	From _____ to _____	This will be processed upon next anniversary date VA1 only: This form is to be submitted together with "Illustration" and "Product Summary" forms.								
<input type="checkbox"/> Remove riders	Please indicate the rider name to remove.									
<input type="checkbox"/> Cessation of Recurring Single Premium request	N.A.	Please refer to Terms point 26. To submit this form only.								

Change distribution payout option

Fund Types	Reinvestment	Encashment - Direct Credit	
<input type="checkbox"/> Aim Now			Please refer to Terms points 28. To 30. To submit this form only. Please select and tick only one distribution option for each fund. Your submission must reach us at least 30 days before the next declaration date and the new option will be effective from the next payout. If you have selected "Encashment - Direct Credit", please submit a copy of your Singapore bank book/statement for verification (Note: you can only have one directly credit account per policy).
<input type="checkbox"/> Asian Bond Fund			
<input type="checkbox"/> Asian Income Fund			
<input type="checkbox"/> Global Income Fund			
<input type="checkbox"/> Multi-Asset Premium Fund			

Premium holiday

<input type="checkbox"/> Premium holiday up to now	<input type="checkbox"/> I wish to pay for my premiums using a new GIRO account, I need to submit a new interbank GIRO form and you will extend my premium holidays by 2 months.	To submit this form only. To submit a new interbank GIRO form (if applicable). If the premiums for your policy were outstanding, and you wish to resume premium payment starting from now.
<input type="checkbox"/> Premium holiday from now, for (maximum of six months)	<input type="checkbox"/> One month <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months <input type="checkbox"/> Six months <input type="checkbox"/> Twelve months (if you are paying your premiums yearly)	To submit this form only. Your premium holiday will start from the next premium due date.
<input type="checkbox"/> Cessation of premium holiday	<input type="checkbox"/> I wish to pay for my premiums using a new GIRO account, I need to submit a new interbank GIRO form and you will extend my premium holidays by 2 months.	To submit this form only. To submit a new interbank GIRO form (if applicable). This will be effective from the next premium due date.

Terms for premium holiday

For all regular premium plans except VivaLink (VA1)

- 1 All regular premiums due for the first twelve (12) months and any subsequent increase of premium must be fully paid before any request for premium holiday is allowed.
- 2 For policies that are on GIRO, the process of deduction takes place between 21st of the month to 8th of the next month. During this period, no changes to your premium can be made. If the form is received during this period, your request will be handled after the GIRO deduction process is completed
- 3 For policies that are on GIRO, deduction will automatically resume once the premium holiday period ends, unless you apply for another premium holiday before the period ends.
- 4 We will only consider your application for premium holiday if the value of the fund(s) in your policy is positive.
- 5 All policy charges will continue to be chargeable (e.g. renewal fee, mortality charges, advisory fee and rider charges) during the premium holiday period

For VivaLink (VA1) plan

- 6 If premium holiday is applied within the first ten (10) years from the policy entry date, the 'No lapse guarantee (NLG)' benefit will end and we will not reinstate it.
- 7 If there is 'Premium paying rider (PPR)' attached, we will terminate the riders and apply premium holiday. Once premium holiday is applied, term 6 will apply.
- 8 All regular premiums due for the first twelve (12) months and any subsequent increase of premium must be fully paid before any request for premium holiday is allowed. Once premium holiday is applied, term 6 will apply. In addition, you cannot make any One-time and Recurring single premium top-ups when your policy is on premium holiday.
- 9 For policies that are on GIRO, the process of deduction takes place between 21st of the month to 8th of the next month. During this period, no changes to your premium can be made. If the form is received during this period, your request will be handled after the GIRO deduction process is completed.
- 10 For policies that are on GIRO, deduction will automatically resume once the premium holiday period ends, unless you apply for another premium holiday before the period ends.
- 11 All policy charges will continue to be chargeable (e.g. renewal fee, mortality charges, advisory fee and rider charges) during the premium holiday period.

Terms for all other alterations

For all regular premium plans except VivaLink (VA1)

- 12 For VivaLink (VL1) policies, the minimum regular premium is \$150/monthly. For decrease/increase of regular premium, it will be subjected to the respective allocation rates as set out in the policy contract. The new premium after any increase is capped at \$500/monthly per life.
- 13 For Ideal (ID2) policies, the minimum regular premium is \$50/monthly. For increase of regular premium, a 45% advisory fee will be deducted upfront for the annualized portion that is in excess of the highest regular premium paid before the increase.
- 14 For Ideal (ID5/ID6/ID7) policies, the minimum regular premium is \$100/monthly.
 For Ideal (ID6) policies, any increase of regular premium, you must bear a monthly advisory fee equivalent to 25% of the increased portion for a period of twelve (12) months, in addition to any prevailing advisory fee being paid by you.
 For Ideal (ID7) policies, any increase of regular premium that is sold through an Insurance Advisor under your policy, you must bear a monthly advisory fee equivalent to 15% of the increased portion for a period of twelve (12) months, in addition to any prevailing advisory fee being paid by you.

Terms for all other alterations (continued)

For VivaLink (VA1) plan

- 15 Please submit a revised Illustration for each request. All requests submitted are subject to review and our acceptance.
- 16 For increase/decrease regular premium, it may increase/decrease the sum assured for the plan and the rider(s) of the life assured. The 'Insurance Cover Charge' for the plan and the rider(s) will be deducted accordingly. For premium paying riders, we might request for pro-rate premium before the request is approved.
- 17 For increase/decrease in sum assured, it may increase/decrease the premium for the plan and the rider(s) of the life assured. The 'Insurance Cover Charge' for the plan and the rider(s) will be deducted accordingly. For premium paying riders, we might request for pro-rate premium before the request is approved.
- 18 The new sum assured will take effect from the next monthiversary date regardless of the policy payment frequency.
- 19 If your policy is on premium holiday, we may not accept your request submitted.
- 20 If there is an occurrence of a life event as defined under your policy and you intend to increase your sum assured or regular premium, you will need to indicate the name of the life event and to provide the supporting documents.

Applies to all regular and/or single premium plans

- 21 The increase/decrease in regular premium if accepted by us is usually effected from the next premium due date unless we notify you otherwise.
- 22 All regular premiums due for the first twelve (12) months and any subsequent increase of premium must be fully paid before any decrease in premium amount is allowed.
- 23 After the premium change has been approved and completed, kindly pay the new premium in full. Partial payments are not allowed.
- 24 For cash payment, the offer price will be based on the date that Income receives the new premium by **3:00pm**. Any submission after **3:00pm** will be considered as the next business day's pricing.
- 25 For policies that are on GIRO, the process of deduction takes place between 21st of the month to 8th of the next month. During this period, no changes to your premium can be made. If the form is received during this period, your request will be handled after the GIRO deduction process is completed.
- 26 For policies with GIRO payments, the cessation of recurring single premium request will take effect from the next deduction date.
- 27 Please be informed that you are allowed to invest up to two (2) funds per policy except GrowthLink (GL1), VivaLink (VA1) and VivoLink (VL1) policies.
- 28 The new distribution option selected will supersede your previous option (if any).
- 29 Any distributions below \$50 (or such other sums as may be determined by Income) will be reinvested and encashment is not allowed.
- 30 For CPF/SRS policies (if applicable), the distribution option shall be reinvestment only.

Mandatory declarations

1 Source of funds and wealth (To complete for add riders, increase of regular premium and/or sum assured)

i Source of funds

a Who is funding the insurance premium for this application?

- Policyholder
 Assignee
 Others, please provide details below:

Name of person funding the policy	NRIC/Passport number/FIN
Relationship to policyholder or assignee	Occupation and organization

b What is the source of funds used to finance the premiums?

- Salary or commission
 Sale of assets, please give details below
 Inheritance
 Proceeds from a policy, please give details below
 Personal savings
 Other, please give details below

Details for "sale of assets/proceeds from a policy/others"

ii Source of wealth (refers to the origin of the policyholder's/assignee's entire body of wealth (i.e. total assets).

a How did you accumulate your wealth (i.e. your total assets)? You may choose more than one option.

- Salary or commission from current and/or past employment
 (For past employment, please provide details of past occupation and past employers below)
 Business or trade income
- Inheritance and gift
 Investments (shares, bonds, unit trusts, etc)
- Sale of property, company, or other assets, please provide details below
 Allowance from family member(s), please provide details below
- Other, please provide details below

Details for "past employment/sale of property, company, or assets/allowance from family member(s)/others"

Important Notes:

We may request for additional information and/or supporting documents, if necessary.

For allowance from family member(s), please provide details on the family member(s).

Example – Name of family member(s), occupation of the family member(s) and relationship(s)

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

By providing the information and submitting this application, I/we give my/our consent to NTUC Income Insurance Co-operative Limited, its representative, agents (collectively "Income"), relevant third parties, referred to in Income's Privacy Policy which can be found at <http://www.income.com.sg/privacy-policy> and /or appointed distribution partners to collect, use, and disclose the information (including any updates) for the purposes of processing and administering this insurance application or transaction, providing me with financial advice and/or recommendation on products and services, managing my relationship and policies with Income including research and data analytics, and in the manner and for the purposes described in the Income's Privacy Policy.

Where personal data of a third party (for example information of my spouse, child, ward or parent) is provided by me/us, I/we represent and warrant that I/ we have obtained the consent of the third party to provide you with their personal data for this application or transaction.

The consent provided by me in this form is in addition to and does not supersede any consent which I may have provided previously in respect of the above purposes, unless my consent is withdrawn and notified to Income.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

Declaration and authorisation

I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.

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 the insured plan to get any medical consultation, investigation or treatment between the date of this application and before the date you issue the legal documents to effect the changes for this application.

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. If it is discovered later that I or the insured suffer from a medical condition that is not disclosed in this form, I will not be entitled to reply on the defence that the information was disclosed for or in the records of other policies with you. 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 contract of insurance between me and you. I further understand that you may impose special terms according to the information given in respect of this application.

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

I agree and authorise:

- any medical source, insurance office or organisation to release to you; and
- 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.

I understand and agree that the changes:

- are subjected to your underwriting and acceptance;
- if accepted, may be subjected to terms, conditions and exclusions imposed by you; and
- will take effect only when you accept and approve my request and notify me in writing of the effective date of the changes and provided that I have paid the required premiums (and interest, if applicable) in full.

As the policyholder or assignee, I understand and agree that:

- This application is based solely on my own judgement and decision. I may be subjected to greater investment risks and that the value of the fund(s) may be volatile and fluctuate from time to time;
- All investment decisions are made independently by me, as the policyholder or assignee, after duly considering and understanding the investment fund(s), benefits and risks.
- The information contained in this application is not intended as financial advice and shall not be relied on as such by me. I am responsible to ensure the suitability of the fund(s) selected.
- I have been advised to read and understand the corresponding Product Highlight Sheet(s), Fund Report(s) or Monthly Fund Fact Sheet(s) available from www.income.com.sg with respect to the relevant investment fund(s) before deciding whether to invest or transact in such fund(s). Where appropriate, I understand that I can cease to proceed with this application at any time before the submission of this form and seek financial advice from a qualified Income adviser, or seek independent legal, tax and/or other professional advice.

Applicable to Takaful Fund Only:

I further understand and agree that no part of my premium contribution shall be used for the establishment of Tabaruu or risk fund for the purpose of paying the difference between the minimum sum assured and the cash surrender value of the policy which I intend to subscribe. Such fund is being financed solely by the insurer's resources and if a payment is made under such circumstances, I shall regard this as donation from the insurer.

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 that is issued to effect the changes may not be valid. This includes any fact whose significance I am unsure of, and also any information I have given to the adviser but was not included in this application.

Signature of policyholder or assignee[^]

Signature of insured (For age 16 and above)

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

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

[^] Please delete where appropriate. For policies with assignee, the assignee needs to complete and sign the form.

Parental permission

The parent or legal guardian must fill in this section if the child or ward is the proposer, and above the age of 10 years and below 16 years.
I give my permission for my child or ward to proceed with the chosen request under this policy with Income.

Name of parent or legal guardian

NRIC number or FIN

Relationship to child

- Parent (Please send a copy of your NRIC)
 Legal guardian (Please provide legal documents showing proof as legal guardian.)

Signature of parent or legal guardian and date

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