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 cancellation 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 policyholder or bank account holder must sign next to them.

Name of Policyholder/Insured/Assignee as per policy record or Customer^^ ^^ Customer refers to the customer who engages a service provider	ID of Policyholder/Insured/Assignee as per policy record or ID of Customer^^ (Last 4 characters only)
Policy number/Reference* * Reference is only applicable to Customer	Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
For ILP policies, please select Premium and/or Top Up^ ☐ Premium ☐ Top Up ^ Top up refers to recurring top up. It is applicable for Investment-linked policy (ILPs) only.	Telephone Number (Mobile): (Work): (Home) :

Please cancel the GIRO arrangement for deduction of premium for the above-mentioned policy

This section is to be completed by Policyholder/Insured/Assignee

Signature of Policyholder/Insured/Assignee/Customer^^ | Date (dd/mm/yyyy)

This section is to be completed by Bank Account Holder

Signature of Bank Account Holder | Name and NRIC number of Bank Account Holder | Date (dd/mm/yyyy)

Notes:

1. If you have any existing policy loan repayment via GIRO, this arrangement will cease once the GIRO arrangement is cancelled.
2. Please allow sufficient lead time of 7 to 30 days for the request to be processed.
3. GIRO deduction from your existing bank account may still take place until the cancellation request is processed.
4. Policyholder is advised to maintain sufficient funds in the existing bank account for the premium deduction until the GIRO cancellation letter is received.

For finance use only

This application cannot be processed (please tick) for the following reason(s):

☐ No signature
☐ No policy number
☐ Policyholder details missing
☐ Others:

Application PROCESSED (Please tick)

Name and signature of staff | Date (dd/mm/yyyy)