



ElderShield Supplement or Care Secure Termination Form

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



Important Notes:

You may update your contact details and access your policy information via our customer portal at www.income.com.sg/account. If your contact details are not updated prior to the submission of this application, any correspondences will be sent to your address, contact number and/or email address in our records.

Full Name (as in NRIC/Long-Term Pass)

NRIC number/FIN

Section B: Termination to the policies mentioned (You must fill this 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 C: Personal Data Use Statement

By providing the information and submitting this application or transaction, I consent and agree to Income Insurance 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 health or financial situation (collectively "personal data") for the purposes of processing and administering my insurance application or transaction, managing my relationship and policies with Income including providing me with financial advice/financial planning services, sending me corporate communication and information on products and/or services related to my ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/or to provide me with their respective products/services, 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/payor or beneficiary) is provided by me (whether in this or subsequent submissions) or from other sources to Income Parties, I represent and warrant that:

- I have obtained their consent for the collection, use and disclosure of their personal data; and
- I am authorised to give any authorisation and approval on their behalf

for the purposes as set out in this Personal Data Use Statement.

I agree that if my policy(ies) premiums are paid by third-party payor(s), I consent to the use and disclosure of my name and relevant policy(ies) information by Income to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my policy(ies).

Please refer to Income's Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

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:
 - a. that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS);
 - b. on the representation and warranty made in the PDUS.
- (d) I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.



Signature of policyholder

Date (dd/mm/yyyy)