

## Alteration and Declaration of Continued Insurability Form (For OCBC Protect only)

**Statement under section 23(5) of Insurance Act 1966 (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.

### Details of the proposer

Name (as shown in NRIC/work pass/long-term pass)	NRIC number/FIN
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### Details of the life insured

Name (as shown in NRIC/BC/long-term pass)	NRIC/BC number/FIN	
Relationship of insured with proposer	Policy name	Policy number
Height (metres)	Weight (kilograms)	
Name of company		
Occupation	Nature of work	

Please complete one form per policy and fill in all fields for the change to take effect.

For change of address and contact number, please login to me@income or download the Change of Personal Particulars Form from www.income.com.sg and email the completed form to csquery@income.com.sg.

### Type of request

<input type="checkbox"/> Termination of policy	<input type="checkbox"/> Reinstatement of policy	<input type="checkbox"/> Review of special terms
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Note: For reinstatement of policy and review of special terms, please complete the declaration of continued insurability questionnaire.

### Changes to policy

OCBC Protect (Please select your plan type)	<input type="checkbox"/> OCBC Protect Classic From	<input type="checkbox"/> OCBC Protect Prime To	Remarks
<input type="checkbox"/> Increase in sum assured			Please complete the declaration of continued insurability questionnaire.
<input type="checkbox"/> Decrease in sum assured			—
<input type="checkbox"/> Change of premium payment mode	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Change in premium payment mode can only be processed on your policy anniversary date.
<input type="checkbox"/> Change of credit card details	Name of cardholder		—
	Cardholder type <input type="checkbox"/> Principal cardholder <input type="checkbox"/> Supplementary cardholder		
	Card number (16 digits) <div style="display: flex; justify-content: space-between; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="margin: 0 5px;">-</span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="margin: 0 5px;">-</span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="margin: 0 5px;">-</span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> </div>		
	Expiry date (mm/yy) <div style="display: flex; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="margin: 0 5px;">/</span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> </div>		

### Declaration of continued insurability questionnaire

1. Are you currently suffering from, or had in the past suffered from any disease or medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you taken medication continuously for more than two weeks or undergone any investigations or any surgery (for example, X-rays, electrocardiograms, blood or urine tests, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have any medical symptoms that you plan to seek medical advice or do any medical tests or investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please continue with the section below if you are insured under OCBC Protect Prime.</b>	
4. Have any of your natural parents or siblings been diagnosed with cancer, heart attack, stroke or diabetes before age 55?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been rejected or accepted at special terms for any insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we 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/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 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/us 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 member, employee, payee/payor 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.

I/We agree that if my/our policy(ies) premiums are paid by third-party payor(s), I/We consent to the use and disclosure of my/our name(s) 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/our 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.

### Marketing Consent

We at Income value our customers and would love to share exclusive offers (such as rewards, privileges, events and discounts) and information about products and services ("Marketing and Promotional messages") offered by Income, our business partners and NTUC Enterprise group of social enterprises ("NE Group") that may be useful to you and your family.

If you would like to hear from us, please provide your consent by selecting your preference(s) in receiving Marketing and Promotional messages from Income, our representatives, agents, appointed service providers, business partners, insurance intermediaries and NE Group (collectively "Income Partners"):

Postal mail     Email     Phone call     Phone messages\*

\* Phone messages include text, picture, video and audio message that are sent to your telephone number via SMS, MMS or messaging apps such as WhatsApp, Telegram or WeChat.

By indicating your preference(s) above, your consent to receive Marketing and Promotional messages:

- (a) includes allowing Income Partners to collect, use and disclose your contact details to send you Marketing and Promotional messages;
- (b) is regardless of your policy status and whether this application or transaction is accepted or refused by Income; and
- (c) is in addition to any previous marketing consent which you may have provided to Income.

All consent in receiving Marketing and Promotional messages shall remain valid until it is withdrawn and notified to Income. You may withdraw your consent at any time by submitting your request at <https://www.income.com.sg/enquiry>. Income will process your request within 10 days, and you will stop receiving Marketing and Promotional messages after 21 days only for the mode(s) of communications indicated in your request.

You may 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.

## Declaration and authorisation

I declare that the answers given 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 rely on the defence that the information was disclosed for or in the records of other policies with Income. I agree that this application and other written answers, statements, information or declarations I have made or which have been made on my behalf will form the basis of the contract of insurance between the policyholder and Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that there has been no change in my health or the Insured's health since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the state of my health or the Insured's health, or if I or the Insured plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income of any change in the state of my health or the Insured's health. This applies if I am applying for a non-guaranteed issue basic plan or for any non-guaranteed issue riders.

I understand that I can ask for advice from an advisor before I sign this application. I will make sure that this product is appropriate to my financial needs and insurance aims.

I confirm:

- a. that I understand and agree to the collection, use and disclosure of the personal data as stated in the "Personal Data Use Statement" (PDUS);
- b. on the representation and warranty made in the PDUS.

I authorise, consent and agree to the following:

- Income Parties to collect from and/or disclose to the group policyholder, the personal data for all the relevant purposes listed above and in Income's Privacy Policy including to respond to enquiries from the group policyholder for the purposes of this application and policy servicing matters, including confirmation of eligibility for the cover; and
- The group policyholder to disclose the personal data to Income Parties for all the relevant purposes listed above and in Income's Privacy Policy.

For the purpose of this application, I authorise, consent and agree to:

- the medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with me or the Insured whether Income accepts this application or not;
- Income and its relevant third parties stated in Income's Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the Insured; and
- Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to underwrite and evaluate me or the Insured's health status or condition in relation to this application.

I agree that a copy of this authorisation is valid and binding as an original copy.

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 proposer  
(if different from insured)

\_\_\_\_\_  
Signature of insured  
(if insured's age next birthday is 17 years and above)

\_\_\_\_\_  
Date (dd/mm/yyyy)

## Mandatory documents

### MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism

You are required to provide the following documents for the insured person (or people) named in this application and who are covered under the plan:

**a) Singaporean or Singapore Permanent Resident**

- i. Proposer and spouse of proposer: a clear photocopy (front and back) of the National Registration Identity Card (NRIC)
- ii. Child(ren) of proposer: a clear photocopy of the birth certificate and NRIC (front and back), if available

**b) Others**

- i. Proposer: a clear photocopy (front and back) of the work pass or permit and identity card
- ii. Spouse of proposer: a clear photocopy (front and back) of the work pass or permit or dependant's pass or identity card or long-term visit pass (whichever is applicable)
- iii. Child(ren) of proposer: a clear photocopy of the birth certificate and dependant's pass or long-term visit pass (front and back) (whichever is applicable)