

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

Policy loan repayment arrangement form

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 bank account holder must sign next to them.		
Name of Policyholder/Insured/Assignee as per policy record	ID of Policyholder/Insured/Assignee as per policy record (Last 4 characters o	nly)
Policy Number (Each form can only be used for loan repayment of one policy)		
Bank Accountholder's Name	Bank Accountholder's ID	
Bank Account Number (The bank account no. must be the same account as the GIRO arrangement for the policy premium payment.)	Telephone Number	
the Give arrangement for the policy premium payment.)	(Mobile): (Work):	
	(Home) :	
Please select only ONE of the following:		
I authorise Income to DEDUCT the policy loan repayment of the above policy from my existing GIRO account.		
Amount of loan repayment to be deducted : \$ (minimum \$50.00)		
I authorise Income to CHANGE the policy loan repayment amount of the above policy from my existing GIRO account. Current repayment amount: \$		
☐ I authorise Income to CEASE the policy loan repayment of the above policy from my existing GIRO account.		
	nk Account Holder Date (dd/mm/yyyy) older is not the Policyholder)	
Notes a) The minimum loan repayment amount is \$50.00 and it will be deducted monthly via GIRO. b) If you have not received a confirmation letter within 30 days, please contact our Customer Service Officers at 6788 1122 or email us at csquery@income.com.sg. c) FAQ on Loan Repayment via GIRO can be found at www.income.com.sg.		
For finance use only		
This application cannot be processed (please tick) for the following reason(s):	Application PROCESSED	\neg
No signature or thumbprint	(Please tick)	
No policy number		\exists
GIRO account stated does not match our record		
Policyholder details missing		_
Others:		
Name and signature of staff	Date (dd/mm/yyyy)	—