

NTUC Income Insurance Co-operative Limited

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an NTUC Social Enterprise

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.

name, address and date clearly shown.						
For official use						
Adviser's name Adviser's code			For official use only – Scan to archive 1 Please update ICM under "ILP Processing Request (Form)" and attach a copy of the form.			
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 company or school						
Exact nature of work			Occupation			
	Detail	s of insured (if different	from policyholder or assignee)			
Name (as shown in NRIC)			NRIC number or FIN			
Name of company or school						
Exact nature of work			Occupation			
		Type of	request			
Request			Details			
Cessation of recurring single premium request			This will be effective from the next premium due date. (For policies with GIRO payment, the cessation will take effect from the next deduction date.)			
Fund distribution option			Please select and tick only one distribution option for each Fund. If no selection is indicated, the default option will be reinvestment.			
Funds	Reinvestment	Encashment - Direct Credit	Your submission must reach us at lead date and the new option will be effe	ast 30 days before the next declaration		
Aim Now			Any distributions below \$50 (or such	n other sums as may be determined by		
Asian Bond Fund			Income) will be reinvested and encashment is not allowed. For CPF/SRS policies (if applicable), distributions shall be reinvestment only.			
Asian Income Fund			The option selected will supercede y	our previous option (if any).		
Global Income Fund			_			
Multi-Asset Premium Fund						
If you have selected 'Encashment - Direct Credit', please submit a copy of your bank book/statement for verification. Note: You can only have one direct credit account per policy.						

Mandatory declaration					
1	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 a 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 r	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 on	ne.			
	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.				
Declaration and authorisation					
I understand and agree that the changes: a if accepted, may be subjected to terms, conditions and exclusions imposed by you; and b will take effect only when you accept and approve my request and notify me in writing of the effective date of the changes.					
Signature of policyholder or assignee ¹					
Signed in Singapore on (dd/mm/yyyy):					
For policies that are assigned, 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.					
Na	Name of parent or legal guardian NRIC n	number or FIN			
Relationship to child		ure of parent or legal guardian and date			
Parent (Please send a copy of your NRIC) Legal guardian (Please provide legal documents showing proof as legal guardian.)					
La regai guardian (riease provide legai documents snowing proof as legal guardian.)		d in Singapore on (dd/mm/yyyy):			