

Alteration and Declaration of Continued Insurability Form (Affinity Schemes 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.

Name of proposer (as shown in NRIC)		NRIC number/FIN	
Name (as shown in NRIC/BC/long-term pass)		NRIC/BC number/FIN	
Relationship of insured with proposer	Policy name	Policy number	
Name of company			

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

Termination of policy
 Deletion of insured
 Reinstatement of policy
 Review of special terms

Note: For reinstatement of policy and review of special terms, please complete the declaration of continued insurability questionnaire. Please also note that with effect from 1 Jun 2025 there will be a change in the Critical Illness definitions for policies with Critical Illness cover. Please refer to the Key Features & Benefits in our website for the details.

Changes to policy

Co-Pay Assist Plan	From		To		Remarks
<input type="checkbox"/> Change of ward	<input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C			—
Corporatised Entities Group Insurance Scheme (CEGIS)	Term life coverage		Critical illness rider		Remarks
	From	To	From	To	
<input type="checkbox"/> Increase in sum assured					For increase in sum assured or addition of critical illness rider, please complete the declaration of continued insurability questionnaire.
<input type="checkbox"/> Addition of critical illness rider	Sum assured \$ _____				
<input type="checkbox"/> Decrease in sum assured					—
<input type="checkbox"/> Deletion of critical illness rider					—
HomeTeamNS Insurance	HomeTeamNS Insurance Scheme		HomeTeamNS Living Policy		Remarks
	From	To	From	To	
<input type="checkbox"/> Increase in sum assured					Please complete the declaration of continued insurability questionnaire.
<input type="checkbox"/> Decrease in sum assured					—

Changes to policy

LUV	From	To	Remarks
<input type="checkbox"/> Change of cover type	<input type="checkbox"/> Basic <input type="checkbox"/> Deluxe	<input type="checkbox"/> Basic <input type="checkbox"/> Deluxe	For upgrade of cover type or plan type, please complete the declaration of continued insurability questionnaire.
<input type="checkbox"/> Change of plan type (sum assured)	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$100,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$100,000	
<input type="checkbox"/> Change of premium payment mode	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
OCBC Term Life Insurance			
<input type="checkbox"/> Decrease in sum assured			—
<input type="checkbox"/> Change of credit card details	New card number <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> New card expiry date (mm/yy) <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		—
SAFRA Insurance (Please select your plan type)	From	To	Remarks
<input type="checkbox"/> Increase in sum assured	<input type="checkbox"/> SAFRA Essential Term <input type="checkbox"/> SAFRA Living Care	<input type="checkbox"/> SAFRA Insurance Scheme <input type="checkbox"/> SAFRA Living Policy	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.

Important notes for SAFRA Insurance:

- For increase in sum assured for SAFRA Insurance Scheme and SAFRA Living Policy, insured must be age 34 and below.
- With effect from 1 April 2011, we have ceased new application for SAFRA Insurance Scheme and SAFRA Living Policy.

Declaration of continued insurability questionnaire (Applicable only for increase in sum assured, upgrade of plan type or cover type and addition of rider)

1. Please state your occupation and nature of work.	
2. Please state your height and weight.	_____ metres _____ kilograms
3. In the last 5 years, have you ever consulted or been advised by any specialist/doctor to receive any medical treatment, medication, surgery or undergo any tests such as X-rays, ultrasound, CT scan, MRI scan, electrocardiograms, blood and urine tests, biopsy, mammogram or pap smear?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had, or been told (by a doctor) to have treatment or been treated for, asthma, cancers, tumours, lumps, nodules, polyps, cysts, diseases or disorders of the heart (including high blood pressure, heart attack, heart murmur, heart valve disorder, chest pain), diabetes, epilepsy, fits, hepatitis, liver disease, raised cholesterol, kidney or urinary disorders (including protein or blood in urine), stroke, blood disorders, mental disorders, respiratory disorders, thyroid disorders, autoimmune diseases (for example, lupus), diseases and disorders of the eye, ear, nose or throat, musculo-skeletal disorders, gastro-intestinal disorders, HIV infection, sexually transmitted diseases, drug addiction, any recurring symptoms or illnesses or physical deformities not listed above.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>5. Have any of your natural parents or siblings been diagnosed with cancer, heart disease, stroke, high blood pressure, diabetes, polycystic kidney disease, mental disorder or any hereditary disease before the age of 60? If 'Yes', please name the conditions, age it began and relationship of the person to you.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Do you take part or plan to take part in the following hazardous activities? If 'Yes', please name the activity.</p> <ul style="list-style-type: none"> • Military/Private flying • Scuba diving • Mountain/Rock Climbing • Motor racing • Others, please specify. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you ever been rejected, postponed or accepted at special terms for any insurance policies? If 'Yes', please provide details on the name of insurance company, type of policy, decision imposed, reason and the medical condition.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Have you smoked in the last 12 months? If 'Yes', please state the number of cigarettes or cigars you smoke each day and the number of years you have been smoking.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. For female insured: Are you pregnant currently? If 'Yes', please state the number of months and whether there is any complication (for example, raised blood pressure, sugar or protein in the urine)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Did you have any of these symptoms in the last 3 months for more than one week continuously:</p> <ul style="list-style-type: none"> -fatigue, or -unexplained weight loss, or -enlarged lymph nodes or -growth or patch of skin that does not resemble that area around it? 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Tax Amnesty Program (TAP) Declaration

A Tax Amnesty Program ("TAP") is a government initiative that allows individuals or businesses taxpayers to voluntarily disclose and pay tax owing in exchange for avoiding tax evasion penalties.

Have you participated in any Tax Amnesty Program, whether in or outside of Singapore, at any point in time?

[] Yes [] No

If you have participated in any Tax Amnesty Program ("TAP"), please provide the name(s) and the country(ies)/jurisdiction(s) of the Tax Amnesty Program(s).

No.	Name(s) of Tax Amnesty Program(s)	Country(ies)/Jurisdiction(s)
1		
2		
3		
4		
5		

Beneficiary Ownership Declaration — This is NOT a nomination of beneficiaries for this policy

A Beneficial Owner is defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism as an individual who ultimately owns or controls the customer or the individual on whose behalf business relations are established.

If there is a Beneficial Ownership arrangement, please

1. Submit a copy of their NRIC or Long-Term Pass[^] or passport[^]; and
[^]If Long-Term Pass/Passport is submitted, please provide documentary proof of residential address. You may provide a recent copy of utility, telephone bill, bank statement or correspondence from government agency (dated within the last 6 months)
2. Provide details below:

	Beneficial Owner 1	Beneficial Owner 2	Beneficial Owner 3
Full name of Beneficial Owner (as in NRIC/BC/passport/long-term pass)			
NRIC/BC/passport number/FIN			
Date of birth (dd/mm/yyyy)			
Relationship to Proposer			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residential address			
Country of residence			
Nationality	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____

Please submit Supplementary Application Form if there are more Beneficial Owners.
 Kindly note that Beneficiary Ownership Declaration is not applicable for Co-Pay Assist Plan.

Politically Exposed Person (PEP) Declaration

A Politically Exposed Person (PEP) is an individual who is, or has been entrusted with prominent public functions whether in Singapore, a foreign country or an international organisation. Prominent public function includes the roles held by head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature, and senior management of international organisations.

If you, or the Beneficial Owner, are a PEP or related[^] to a PEP, you must disclose this information.

[^] An individual closely connected to a PEP either socially or professionally, such as a parent, stepparent, child, stepchild, adopted child, spouse, sibling, step-sibling, or adopted sibling.

Name of PEP	Title of PEP	Name of person related to PEP	Relationship to PEP

Please submit Supplementary Application Form if there are more PEPs.

Premium Payment Information

Source Of Funds

1. Who is funding the insurance premium for this application?

- Proposer/Payor
 Others, please provide details below:

Full name of person funding the policy (as in NRIC/passport/long-term pass)	NRIC/passport number/FIN	Relationship to proposer	Occupation and organisation

2. What is the source of funds used to pay the premiums?

- | | |
|--|---|
| <input type="checkbox"/> Salary or commission | <input type="checkbox"/> Sale of assets |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Proceeds from a policy, please provide details below |
| <input type="checkbox"/> Personal savings, if currently not employed, please provide details below (for example: previous employment, allowance from family members) | <input type="checkbox"/> Others, please provide details below |

Details for "Personal savings/Proceeds from a policy/Others"

Source Of Wealth

How did you accumulate your wealth (i.e. your total assets)? You may choose more than one option.

- | | |
|---|---|
| <input type="checkbox"/> Salary or commission from current and/or past employment | <input type="checkbox"/> Business or trade income |
| <input type="checkbox"/> Inheritance and gifts | <input type="checkbox"/> Investments (shares, bonds, unit trusts, etc.) |
| <input type="checkbox"/> Sale of property, company, or other assets | <input type="checkbox"/> Others: _____ |

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)