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Abridged Fact Find form for Investment-Linked Policy

Important Notice to Policyholder or Assignee

1. **You would have provided your Income Advisor information about yourself in relation to your financial goals, financial situation and your particular needs before the purchase of the insurance product(s).**
2. **It is recommended that you seek advice from your Income advisor if you wish to transact in Investment-Linked Policy (ILP) or make changes to your insurance policies.**
3. **The use of the Abridged Fact Find (AFF) Form is applicable only if you are an existing client who have policies with Income Insurance and the advisor is your servicing agent.**

Policyholder's or Assignee's Particulars

Name of policyholder or assignee[1] (as shown in NRIC)	NRIC/passport number	Are you 62 years old and above? ☐ Yes ☐ No

Proficient in both spoken and written English

☐ Yes

☐ No, please indicate proficient language below

Language spoken	Language written
☐ English ☐ Mandarin ☐ Malay	☐ English ☐ Mandarin ☐ Malay
☐ Tamil ☐ Others _____	☐ Tamil ☐ Others _____

Highest educational level attained

☐ Primary ☐ Secondary ☐ GCE 'O'/'N' level
☐ Pre-U/JC ☐ Diploma ☐ Degree
☐ Post graduate

[1] Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.

Policyholder's or Assignee's Transaction Request(s)

^ For policyholder or assignee who wishes to proceed with one time top-up/recurring single premium/fund switch/change in fund percentage ILP post-purchase transactions and do not want any advice from Income, you must complete **Section A**, **Section B** & **Section C**. This is only available if policyholder or assignee is assessed in **Section B** to have relevant experience and/or knowledge in ILP.

For post purchase transactions, Section B is optional for life policy (cash value), which both Section A and Section B are optional for life policy (non-cash value) or health insurance policy.

☐ ^One time or ^recurring single premium
☐ ^Fund switch or ^change in fund percentage
☐ Increase in regular premium or sum assured
☐ Increase rider cover term
☐ RevoSave ILP Account
☐ Add rider

This Abridged Fact Find (AFF) form is used for the recommendation of the following policies:

1. _____
2. _____
3. _____
4. _____

Policyholder's or Assignee's Accompaniment (Please check accordingly, if applicable)

You are identified as a **Selected Client** as you belong to **at least two** of the following profiles.

It is strongly recommended for you to have someone you can trust with your personal information and help with your financial decision to join you in the meetings.

☐ 62 years of age or older
☐ Below GCE 'O' level or 'N' level certifications, or equivalent academic qualifications
☐ Not proficient in spoken or written English

Note to Selected Client

If you have purchased a product from us, you will be receiving a call from the company to confirm your understanding of the product and/or transaction recommended.

Would you like to be accompanied by a Trusted Individual?

☐ Yes (Please provide details below) ☐ No *(For selected client, please complete Customer's Acknowledgement.)*

Name of Trusted Individual	Relationship to customer

NRIC number (last 4 characters e.g., use "567A" if the NRIC number is S1234567A.)

Important note to Representative

Please ensure the Trusted Individual:

(i) is present throughout the entire sales and advisory process;
(ii) should not be a Selected Client; and
(iii) should not be someone who presents potential conflicts of interests such as the advisor's supervisor or any other relationship or circumstances where a potential conflict of interests could arise.

Customer's Acknowledgement (selected clients only)

☐ **I confirmed that the above information of my Trusted Individual is accurate and he/she is**

1. At least 21 years old.
2. Holding at least GCE 'O' or 'N' level certifications or equivalent academic qualifications.
3. Proficient in both spoken and written English.
4. Not an Income Insurance advisor or sales supervisor.

And I agree to this Trusted Individual knowing my personal information during the course of the sales and advisory process.

☐ **I acknowledged and confirmed that**

1. I do not wish to have a Trusted Individual present.
2. I am fully able to make decisions on my own without a Trusted Individual.

Section A: Policyholder's or Assignee's Risk Profile Questionnaire

It is important to recommend suitable product and/or transaction that reflect your risk preferences. People make investment decisions based on time, performance of an investment and the risk they are prepared to accept. You should consider that short-term capital losses might be a consequence of aiming for higher, longer-term returns. As a general rule, the higher the potential return, the higher the risk that capital may not be returned.

This risk profile questionnaire helps to assess your risk tolerance level. Please answer each question accordingly.

Q1. What is your investment time horizon? This is assuming you have already made plans to meet short term financial goals and to handle emergencies. How long would you keep your money invested before you would need to assess it? (A) <1 year (B) 1 to <3 years (C) 3 to <10 years (D) More than 10 years	_____
Q2. How old are you? (A) Below 21 years old (B) 21 to <40 years old (C) 40 to <60 years old (D) Above 60 years old	_____
Q3. In an extreme downturn event, what is the maximum decline you can tolerate? (A) 0% (B) 1% to <10% (C) 10 to 20% (D) More than 20%	_____
Q4. Following your response to question 3, if your investment declines by this much, what would you do? (A) Hold and do nothing (B) Buy more to bring down my average cost of purchase (C) Sell to reduce my exposure	_____
Q5. Following your response to question 4, please indicate (in %) how much would you buy or sell based on your initial investment value? If you choose to do nothing, then indicate 0. (A) 0% (B) 1% to <10% (C) 10 to 20% (D) More than 20%	_____
Please refer to the Income Insurance Company website for the Customer Risk Profiling Questionnaire (CRPQ). Please scan the QR code (or use the link below) and input your answers to generate your Risk Profile: https://www.income.com.sg/crp_questionnaire	

Knock Out Criteria	
Does your answers above fall under any of the categories below (Please indicate 'yes' or 'no'):	
Question 1: Time horizon is stated as 1 year or less	☐ Yes ☐ No
Question 3: Maximum decline you can tolerate is 0%	☐ Yes ☐ No

Important note: The knockout criteria is to assess if you are suitable to buy into an ILP.

If you have been assessed to be not suitable for the purchasing of ILP product and/or transaction (at least 1 box is 'checked' as yes), it is recommended for you not to purchase an ILP.

Knock In Criteria	
Does your answers above fall under any of the categories below (Please indicate 'yes' or 'no'):	
Question 3: Maximum decline you can tolerate is more than 20%	☐ Yes ☐ No

Important note: The knock-In criteria is to assess if you are suitable to be classified under an Aggressive risk profile.

If you have been assessed to be suitable (box is 'checked' as yes) and the combined score meets the required threshold, it indicates you have a high-risk tolerance.

Section A: Policyholder's or Assignee's Risk Profile (continued)

My Assessed Risk Profile	Description
☐ Conservative	Objective is to preserve capital. Prefers high liquidity and reduced risk of capital loss.
☐ Moderately Conservative	Objective is to obtain dependable regular stream of income from investment. Willing to accept some risk from capital loss.
☐ Balanced	Objective is to strike a balance between fixed income and equity investment for growth opportunities.
☐ Moderately Aggressive	Objective is to achieve higher capital growth. Willing to accept a high risk of capital loss.
☐ Aggressive	Objective is to achieve the maximum possible return. Willing to accept a very significant risk of capital loss, with the possibility of losing all the original investment amount.

My Final Risk Profile (Please indicate your risk profile)

☐ Conservative ☐ Moderately Conservative ☐ Balanced ☐ Moderately Aggressive ☐ Aggressive

Important note: Assessed Risk Profile refers to the risk profile derived for the customer based on their responses in the Risk Profile Questionnaire. The Final Risk Profile is based on the customer Assessed Risk Profile.

Section B: Policyholder's or Assignee's Investment Knowledge

It is important to find out if you have any relevant knowledge or investment experience to understand the risks and features of unlisted 'Specified Investment Product' (SIP), which includes investment-linked policies (ILP), unlisted Collective Investment Scheme (eg. unit trust) or similar products. This questionnaire, also known as the Customer Knowledge Assessment (CKA), helps to assess your knowledge or investment experience before a solution with ILP may be offered to you.

Completion of the CKA is required for transaction on Investment-Linked Policies (ILPs).

Classification	Question
Educational or professional qualification	**Q1. Do you hold any diploma or higher qualification in the finance-related disciplines?** ☐ Yes, please select below: ☐ No ☐ Accountancy ☐ Actuarial Science ☐ Business ☐ Business Administration ☐ Business Management ☐ Business Studies ☐ Capital Market ☐ Commerce ☐ Economics ☐ Finance ☐ Financial Engineering ☐ Financial Planning ☐ Computational Finance ☐ Insurance
	Q2. Do you have any other professional finance-related qualifications? ☐ Yes, please select below: ☐ No ☐ Chartered Financial Analyst (CFA) ☐ Association of Chartered Certified Accountants (ACCA) ☐ Associate Wealth Planner ☐ Certified Financial Planner ☐ Chartered Alternative Investment Analyst ☐ Chartered Financial Consultant ☐ Certified Financial Risk Manager
Work experience	**Q3. Do you have a minimum of 3 consecutive years of working experience in the past 10 years in the development of, structuring of, management of, sale of, trading of, research on and analysis of investment products or the provision of training in investment?** ☐ Yes, please answer below: ☐ No Start year: _____ End year: _____ Occupation and company: _____
Investment experience	**Q4. Have you made at least 6 transactions in unlisted SIPs (e.g. unit trusts, structured products, or ILP) in the preceding 3 years?** ☐ Yes, please select below: ☐ No ☐ Unit Trusts ☐ ILP ☐ Other Unlisted SIP (e.g. structured products)

Outcome of CKA

☐ You are assessed to have the relevant experience and/or knowledge in ILP(s) and unlisted Collective Investment Scheme (CIS).
(Answered '**Yes**' in at least one of the above questions 1 to 4)

☐ You are assessed NOT to have the relevant experience and/or knowledge in ILP(s) and unlisted Collective Investment Scheme (CIS).
(Answered '**No**' to ALL of the above questions 1 to 4)

If you intend to purchase an ILP and/or unlisted Collective Investment Scheme (CIS) subsequently, please seek advice from your Advisor.

Section C: Policyholder's or Assignee's Declaration (to be completed if you are proceeding against the Advisor Recommendation)

This section is applicable only to policyholder or assignee assessed in Section B to have the relevant experience and/or knowledge in ILP and/or unlisted CIS and wishes to perform post-purchase transactions to ILP. The client chose not to accept the advice provided by the Income Insurance Advisor and proceeded with an alternative selection.

• One time top-up • Recurring single premium • Fund switch • Change in fund percentage

Important notice to Policyholder or Assignee:

If you are unsure whether the intended transaction is suitable for your circumstances, you are encouraged to seek advice from a qualified Income advisor who will be able to advise you on a suitable product or transaction to your existing policy.

Please read the following declaration together with the Product Highlight Sheet(s), Fund Report(s) or Monthly Fund Fact Sheet(s) available from www.income.com.sg carefully before submission of this form.

As the policyholder or assignee,

1. I acknowledge that I have the option to complete "My Financial Portfolio" (MFP) with my advisor but I wish to receive factual information only.
2. I am aware the outcome of my completed CKA under Section B where I am assessed to have relevant knowledge and/or experience in ILP and/or unlisted CIS.
3. I am aware of my risk profile, completed under Section A.
4. I am advised to read and understand the corresponding Product Highlight Sheet(s), Fund Report(s) or Monthly Fund Fact Sheet(s) available from www.income.com.sg with respect to the relevant investment fund(s) before deciding whether to invest or transact in such fund(s). Where appropriate, I understand that I can cease to proceed with this transaction at any time before the submission of this form and seek financial advice from a qualified Income advisor, or seek independent legal, tax and/or other professional advice.
5. All investment decisions are made independently by me, as the Policyholder or Assignee, after duly considering and understanding the investment fund(s), benefits and risks. I understand that the information contained herein is not intended as financial advice and shall not be relied on as such by me. I am responsible to ensure the suitability of the fund(s) selected.
6. I am aware of my responsibility to ensure the suitability of the ILP transaction(s) and will waive the right to receive any advice as to whether the product(s), transaction(s) or fund(s) is suitable under the Financial Advisers Act.

Name of Policyholder or Assignee[2]	NRIC/FIN number
Signature of Policyholder or Assignee[2]	Date (dd/mm/yyyy)

[2] Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.

Section D: Know Your Client (to be completed by Income advisor)

Policyholder's or Assignee's Summary of Needs

Your Income advisor must have sufficient information before making a suitable recommendation. The information that you provide on your financial goals, budget and your particular needs will be provided on the basis of financial advice and recommendations. Alternatively, you may request your Income advisor for a comprehensive review of your financial needs by completing the "My Financial Portfolio" (MFP).

	Policyholder's or Assignee's financial goals			
	Priority			**When fund is needed (Time Horizon)**
Protection	**H**	**M**	**L**	
Death				Upon Occurrence
Disability				Upon Occurrence
Critical Illness				Upon Occurrence
Others: _____				Upon Occurrence
Others: _____				Upon Occurrence
Accumulation				
Retirement[3]				_____ years
Education[4]				_____ years
Enhancement to existing wealth accumulation plan				_____ years
Accumulation 1: _____				_____ years
Accumulation 2: _____				_____ years
Legacy & Philanthropy				
Gifting				Upon Occurrence
Equalisation				Upon Occurrence
Estate Preservation				Upon Occurrence

Goal Eligibility:

[3] Minimum Age 16

[4] Child, Age 0-18

Priority Level:

H: High - To address immediately

M: Medium - To address within 1 year

L: Low - To address after 1 year

Essential financial goals must at least be of low priority as they are always applicable to the Customer.

[*Fields underlined and* ***bold***]

Section E: Policyholder's or Assignee's Budget

Reality Check of Emergency Funds

It is generally recommended to set aside 6 months' worth of expenses[5] as an emergency fund.

Start keeping money aside in a combination of Savings Accounts or Singapore Savings Bonds (SSBs) to have ready cash to tide you through when the unexpected happens.

Your Budget[6]	Your Acknowledgement
Cash (Regular Premium): _____ ☐ Monthly ☐ Yearly	**Is your budget within 50% of your Net Cash Flow?** ☐ Yes ☐ No[7] **Note**: Net Cash Flow refers to annual income less annual expenses.
Cash (Single Premium): _____	**Is your budget within your Total Cash/Near Cash Assets and you still have emergency fund to cover at least 6 months of expenses thereafter.** ☐ Yes ☐ No[7] **Note**: Emergency funds refers to total cash or near cash assets divided by monthly total expenses.
SRS Account (Single Premium): _____	**Is your budget within your SRS balance?** ☐ Yes ☐ No[7] **Note**: Please ensure sufficient funds in the SRS account.
Ordinary Account (Single Premium): _____	**Is your budget within your CPF-OA balance after setting aside the minimum $20,000?** ☐ Yes ☐ No[7, 8]
Special Account (Single Premium): _____	**Is your budget within your CPF-SA balance after setting aside the minimum $40,000?** ☐ Yes ☐ No[7, 8]
For fund switch and/or change in fund percentage:	☐ **No additional funds were introduced.**

Deviations[7]

[5] Based on Basic Financial Planning Guide which recommends 3 to 6 months of expenses; 6 months is used here for a more conservative approach.
[6] Customers are responsible for self-declaring all relevant personal and financial information. Accurate and complete disclosure is essential to ensure appropriate recommendations and financial advice tailored to their needs.
[7] Deviations to be documented below.
[8] CPFIS will not take effect should there be insufficient funds to proceed in the CPF-OA/ CPF-SA.

Section F: Advisor's Recommendation

- State how does this transaction meets customer's need(s) and/or goal(s);
- State customer's concern, investment objectives, shortfall amount ($), time horizon, where applicable;
- State and explain features, benefits and limitations, minimally one each, relating to the transaction recommended; and
- State warnings and important disclosures.
- If funds recommended are of higher risk than customer's risk profile, please explain.

Policy Number	ILP fund(s) selected	Fund Percentage	Risk classification of fund(s) according to Policyholder's or Assignee's risk profile	Remarks
			☐ Below ☐ Match ☐ Above	
			☐ Below ☐ Match ☐ Above	
			☐ Below ☐ Match ☐ Above	

Section G: Policyholder's or Assignee's Declaration on Replacement of Policy

Is this a replacement of policy? - Are you planning to sell off partial or full, stop paying premium for any of your existing insurances or unit trusts; or - Have you sold or stopped paying premium for any of your existing insurances or unit trusts in the last 12 months?	☐ Yes ☐ No
If the transaction is a replacement of policy:	
Is the replacement of policy advised by the Advisor?	☐ Yes ☐ No
My advisor has explained the following to my satisfaction in the event a replacement of policy takes place. 1. I may incur transaction costs without gaining any real benefit from the replacement. 2. I may incur penalties for terminating any of my existing policies. 3. I may not be insurable at standard terms. 4. The replacement plan may offer a lower level of benefit at a higher cost or same cost or offer the same level of benefit at a higher cost. 5. The replacement plan may be less suitable and the terms and conditions may differ. 6. There may be other options available besides policy replacement (e.g. free switching facilities for investment policy). 7. Upon Income Insurance's acceptance of my IncomeShield/Enhanced IncomeShield application, any MediShield-approved Integrated Shield Plan with another Private Medical Insurance Scheme (PMIS) will be automatically terminated [if applicable].	☐ Yes ☐ No

Important note to Customer

Please include any life insurance policy in the following status in addition to surrender/terminate/lapse:
Partial withdrawal, automatic premium loan, policy loan, premium holiday, bonus encashment, premium reduction.

Please tell us more about the transaction(s) and the reason for the transaction(s):

Details such as type of insurance policy or unit trusts, name of financial institution or insurer, type of transaction (surrender/redeem partial or in full, stop paying premium before term ends, etc), month and year of transaction, suffer any loss/penalty cost, etc.

Advisor's Declaration and Review on Replacement of Policy

Advisor's assessment of the replacement and whether it is detrimental to the interest of the customer based on the following 4 Main Guiding Principles [FAA-N16, MAS 120] and the basis of recommendation for the replacement.

1. Whether the customer suffers any penalty for terminating the original policy;
2. Whether the customer incurs transaction cost without gaining any real benefit;
3. Whether the replacement policy confers lower benefits at a higher cost or same cost to the customer, or the same benefits at a higher cost; and
4. Whether the replacement policy is less suitable for the customer/insured.

☐ **I have explained to the customer the possible disadvantages of policy replacement and where applicable, informed customer of other options available besides policy replacement. I have explained the basis for policy replacement and why the replacement of policy is suitable for the customer below.**

Product Name and/or Transaction	**Is the replacement of policy detrimental to the interest of the customer?** ☐ Yes ☐ No Explanation of policy replacement:
Product Name and/or Transaction	**Is the replacement of policy detrimental to the interest of the customer?** ☐ Yes ☐ No Explanation of policy replacement:

Please indicate the policy(ies) assessed not to be a replacement of policy.

Replacement of policy assessment is required for same category of products:

- Investment products (life insurance, unit trusts) to the new purchase of life insurance policy;
- Accident & Health (A&H) plans to new purchase of shield plan or any A&H plans.

Product Name and/or Transaction

1. _____

2. _____

Section H: Policyholder's or Assignee's Decision and Acknowledgement

Do you agree with your Advisor's recommendation(s)?

☐ Yes, I agree with all recommendation(s).

☐ Yes, I agree with all recommendation(s), with the exception of the product and/or transaction stated below.

☐ No, I do not wish to proceed with all recommendation(s).

Customer's Disagreement with Recommendation

Please state reason(s) why you disagree and do not wish to proceed with the recommended transaction(s):

Product and/or Transaction	Insured	Reason

Important note to Customer

I am aware that it is my responsibility to ensure the suitability of the product(s) selected and wish to make the following amendment(s). I am also aware that for ILP, I will not be able to rely on Section 36 of the Financial Advisers Act 2001 to file a civil claim in the event of a loss.

I acknowledge on the following:

1. I have been given a clear explanation of the objectives of the Risk Profile and CKA.
   - I am aware of my risk profile and have selected sub-funds in the ILP knowing their risk classification.
   - I am aware that I am assessed (***Select ONLY the statement applicable to you***)
     - ☐ To have relevant knowledge and/or experience in ILP.
     - ☐ Not to have relevant knowledge and/or experience in ILP.
2. I understand that the above recommendation(s) is/are based on the facts furnished in the Abridged Fact Find Form, and any incomplete or inaccurate information provided by me may affect the suitability of the recommendation(s).
3. I am informed that if I choose not to provide the information requested or accept the Advisor's recommendation(s), then it is my responsibility to ensure the suitability of the product(s) selected.
4. I have been given a clear explanation of the objectives of my Risk Profile, and where applicable, Customer Knowledge Assessment (CKA).
5. I understand that the return(s) of ILP is/are dependent on the performance of the underlying sub-funds and cash-value is non-guaranteed.
6. I have been given a clear explanation that the illustrations of past performance of funds are not necessarily indicative of future performance of the ILP.
7. Pricing of the recommended plan(s): For ILP only - All ILP sub-funds are valued daily on a bid-to-bid basis. All transactions are based on forward pricing. The prices are updated on the website of Income Insurance on each business day.
8. I am informed that the Fund Reports for ILP sub-funds will be updated twice a year and is available on Income Insurance website: income.com.sg
9. My Income Insurance advisor cannot be held responsible in any way whatsoever for the performance of the ILP and/or participating plans that I have chosen.
10. I understand that the recommendation(s) is/are based on information and assumptions that I have provided in this form. Any inaccurate and incomplete information may affect the suitability of the recommendation(s).
11. I understand that this form is intended for limited-scope transactions and does not replace a comprehensive financial review. I also understand that I can request for a comprehensive financial review of my existing portfolio before I proceed with this transaction(s).
12. My advisor has used a copy of the Abridged Fact Find form, Policy Illustration, Product Summary and Product Highlight Sheet where applicable, as a basis to explain the information relating to this transaction(s).

Name of Policyholder or Assignee[9]	NRIC/FIN number
Signature of Policyholder or Assignee[9]	Date (dd/mm/yyyy)

[9] Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.

Section I: Advisor's Declaration and Acknowledgement	
The recommendation made by me has taken into account the information disclosed by the Customer in this document and may including information documented in the MFP. I declare that the information provided to me is strictly confidential and is only to be used in the process of recommending suitable insurance products and shall not be used for any other purposes.	
Name of Advisor	Advisor's Code
Advisor's Signature	Date (dd/mm/yyyy)

Section J: Supervisor's validation

Call-back details (To be completed if call-back is required)

Call-back is required for ☐ Selected Client ☐ Selected Representative ☐ Enhanced Monitoring ☐ Customer who transacted with Income Global Growth Equity Fund

☐ Marketing and Distribution Events/Activities ☐ Client transacting in Indexed Universal Life Through an Income Advisor

☐ Others: _____

I have made the call-back[10] to customer and confirmed that customer understands all material facts necessary to make an informed decision including the product features, risks of the product, policy and premium term, and the applicable fees and charges.

Date of Call-back (dd/mm/yyyy)	Time of Call-back (am/pm)
Phone number used for Call-back	Client's phone number

Client's Name:	Transaction Number:
Advisor's Name:	Date of MFP:
Product(s) Recommended:	

Trusted Individual (if applicable)

Trusted Individual's Name:	Relationship to Client:

	First Attempt	*Second Attempt	*Third Attempt
Date of call (dd/mm/yyyy)			
Time of call (am/pm)			
#Phone number used for call-back			
Phone number of Client			
Remarks (e.g. client rejected, asked to call back a different day/time, etc)			

If more than 1 call-back attempt is required, the call must be made in a different time slot on a different day.

#Call back must be made using Company's approved call facility with recording function.

[10] If the client falls within a callback category that would normally require a Supervisor callback but has been assessed to possess the relevant investment knowledge and/or experience in ILPs and unlisted Collective Investment Schemes (CIS), and is proceeding against the advice of the Income Advisor, a callback is not required.

Call-back checklist (Mandatory)
Self-Introduction

i. Introduce yourself and state purpose of your call
ii. Inform client the call will be recorded
iii. Perform client verification

Note: Use Income's approved call facility with recording function

LANGUAGE PROFICIENCY CONFIRMATION (when Client did not demonstrate language proficiency as indicated in MFP)

i. Confirm the sales process conducted in the same language Client understood as indicated in the MFP?

PRODUCT CONFIRMATION

I. Confirm the product(s) customer had purchased

I have made the call to the client and confirmed the following: (Please tick accordingly)

No.	Question	Yes	No	Cannot Recall	Not Applicable
1	Advisor asked for presence of Trusted Individual for Selected Client				
2	Advisor explained basis of recommendation				
3	Client understands the main features of the product being recommended				
4	Client is aware of the key risks and limitations of the product				
5	Advisor informed on free-look provision for new application				
6	[Additional checks required for Income Global Growth Equity Fund] Client is aware of Currency and Concentration risk of Income Global Growth Equity Fund				
7	[Additional Checks required for Indexed Universal Life] Client is aware of Currency and applicable Charges of the product				
8	Advisor is professional and ethical				

Feedback of the customer on the call-back: (Required if there are any "No" or "Not Sure". Please indicate "Nil" if there are no comments.)

Indicate if language proficiency differs from MFP

I had accompanied the advisor for the sales advisory session.

☐ Yes ☐ No

Supervisor's validation (continued)

Based on the information gathered,

☐ I agree with the recommendation made by the advisor; the Abridged Fact Find form is completed to my satisfaction in accordance to the following:
- The needs analysis has taken into account the information disclosed by the customer.
- The reasons of recommendation are written clearly and framed in the context of the customer's situation addressing customer's financial objectives and concerns,
- The basis and implications for replacement of policy has been duly explained to customer and documented, when applicable.
- All dates and signature in the Abridged Fact Find form, Policy Illustration(s), Cover Page (if applicable), Bundled Product Disclosure (if applicable) and transaction forms are in order.

☐ I disagree with the recommendation made by the advisor.

Comments:

Name of Supervisor	Supervisor's code
Supervisor's Signature	Date (dd/mm/yyyy)

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Fund switch and top-up form for Investment-Linked Policy (ILP)

WARNING: Under Section 23(5) of the Insurance Act 1966 (or any other 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/Passport/Long-Term Pass.

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.

Electronic Documents: All application and policy correspondence will be sent to you electronically, unless any of these are not available electronically, in which case you will receive the hardcopy by mail.

Alternatively, if you have been assessed under Customer Knowledge Assessment to possess the relevant experience and/or knowledge in ILPs, you are encouraged to submit a fund switch or single top-up request via My Income customer portal (me.income.com.sg)

Residential address verification:
For Singapore Citizen/Permanent Resident – If the residential address stated in this form is different from the address in your identity document, please provide billing proof.

For non-Singapore Citizen – Please provide a valid identity document or passport with your residential address indicated, or billing proof.

Examples of billing proof – utility bills, bank statements and letters issued by statutory or government bodies (dated within the past 6 months) with letterhead, name, address and date clearly shown.

For official use

For official use only – Scan to archive
Please update ICM under "ILP Processing Request (Form)" and attach a copy of the form.

Full name of Advisor (as in NRIC)	Advisor's code

Please complete one form per policy and ensure that all fields are completed.

Details of policyholder or assignee

Full name (as in NRIC/Passport/Long-Term Pass/Company Registration)	NRIC/Passport/FIN/Unique Entity Number (UEN)	Policy number

Nationality	Country of residence	City of residence
☐ Singaporean ☐ Singapore PR (nationality) _____ ☐ Others (please give details) _____		

Name of organisation	Place of incorporation	Business activity/Sector

Occupation	Nature of work	Annual income (S$)

Details of insured (if different from policyholder or assignee)

Full name (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN

Nationality	Country of residence	City of residence
☐ Singaporean ☐ Singapore PR (nationality) _____ ☐ Others (please give details) _____		

Section 1A: Fund switch for all ILP (except Legacy Flex Solitaire)

Example: You wish to switch out 50% of your total unit holdings in Fund A to Fund B and Fund C equally.

Switch out from (Please state Fund name)	Percentage to switch out	Switch in to (Please state Fund name)	Percentage to switch in
Fund A	50%	Fund B	50%
		Fund C	50%

Section 1A: Fund switch for all ILP (except Legacy Flex Solitaire) (continued)

Please indicate the details of the Fund(s) to be switched.
You need to indicate the percentages in terms of the current total units of the fund being switched out and adds up to 100% into the new fund(s) to be switched in.

Switch out from (Please state Fund name)	Percentage to switch out	Switch in to (Please state Fund name)	Percentage to switch in

Section 1B: Fund switch for Legacy Flex Solitaire only

Example: You wish to switch out 50% of your unit holdings in Fund A in both types of accounts in the given proportions to Fund B (30%) and Fund C (20%).

Switch out from (Please state Fund name)	Percentage to switch out		Switch in to (Please state Fund name)	Percentage to switch in	
	Premium account	Top-up account		Premium account	Top-up account
Fund A	50%		Fund B (30/50)*100	60%	
			Fund C (20/50)*100	40%	
Fund A		50%	Fund B (30/50)*100		60%
			Fund C (20/50)*100		40%

Please indicate the details of the Fund(s) to be switched.
You need to indicate the percentages in terms of the current total units of the fund being switched out and adds up to 100% into the new fund(s) to be switched in.

Switch out from (Please state Fund name)	Percentage to switch out		Switch in to (Please state Fund name)	Percentage to switch in	
	Premium account	Top-up account		Premium account	Top-up account

Fund switch terms

Terms:

1 For Ideal (ID5) policies, you must pay a switching fee equivalent to 0.2% of the value of each switching transaction.

2 For Ideal (ID1/ID2/ID2S/ID6/ID7/IP1/IP2), FlexiLink (IB1/IB2/IB3/IB4/IB6) policies and Revosave ILP account (IBR1) there is no charge for the first two (2) switches within the same calendar year. For the third and subsequent switches within the same year, the switching fee is $30 or 1% of the total switching value, whichever is higher. The switching fee must be paid by AXS/Internet Banking within seven (7) business days from the date of form submission.

3 The fund switch will be based on the bid price on the date that Income Insurance receives this application by **3:00pm** and is accepted by us. Any submission after **3:00pm** will be considered as the next business day's submission. The bid price will be announced after two (2) business days.

4 We will change your allocation in FlexiLink (IB1/IB2/IB3/IB4/IB6)/GrowthLink (GL1)/WealthLink (GL2) policies to the target fund(s) except to Money Market Fund, when there is a full switch out from the source fund(s).

5 If the total number of units standing in any fund is negative, the negative units will be adjusted to zero by using the positive units standing in any fund(s) under the same policy to off-set the negative units.

Section 2: Change of fund allocation

Do you wish to change your future fund allocation? If no preference is indicated, the current fund allocation will remain.
(Money Market Fund is not allowed to be allocated.)

☐ Yes, I would like to change my future renewal premiums to be invested in the funds as indicated below.
(Any change of allocation must be a whole figure and will be effected from the next premium's due date.)

Fund name	Allocation (%) (no decimals)
Total	100%

Section 3: Top-ups

Single top-up	**Recurring top-up**
Payment method ☐ GIRO (Please submit your GIRO application via me.income.com.sg) ☐ Cash ☐ SRS ☐ CPFOA ☐ CPFSA	Payment method ☐ GIRO (Please submit your GIRO application via me.income.com.sg) ☐ Cash ☐ SRS ☐ CPFOA ☐ CPFSA
Single top-up into **Fund name** / **Amount** _____ _____ _____ _____ _____ _____ **Total premium:** _____	Recurring top-up will follow your policy's fund allocation. Please update your fund allocation if need be under section 2: Change of fund allocation. **Amount** _____
Single top-up for **FlexiCash** only **Fund name** / **Amount** **Money Market Fund** _____	Recurring top-up for **FlexiCash** only **Fund name** / **Amount** **Money Market Fund** _____
This space is left intentionally blank	Frequency ☐ Every month ☐ Every six months ☐ Every three months ☐ Every year Term for recurring top-up _____ years

Top-up terms

Terms:

1 Top-ups (single or recurring) into Money Market fund are applicable to FlexiCash policies **ONLY** and are subjected to a minimum of **$500** per transaction.

2 For payment by cash/cheque/GIRO, the instruction to top-up will be based on the date that Income Insurance receives full payment and the application is accepted by us. The price will be based on the full premium received by Income Insurance provided the payment is received by us by **3:00pm** and is accepted by us. Any submission after **3:00pm** will be considered as the next business day's submission.

3 For payment by CPF/SRS, the top-up instruction will be based on the date that Income Insurance receives this application by **3:00pm** and is accepted by us. Any submission after **3:00pm** will be considered as the next business day's submission.

4 For recurring top-up, the amount will be allocated to the investment-linked fund(s) chosen by you and will follow the ratio of your current fund allocation to your existing fund(s) if you have chosen more than one (1) fund. The commencement date would be dependent on your selected frequency and the price (offer/bid) will be based on the date the full top-up payment is received by us. In addition, for past dues and unpaid recurring top-ups, the GIRO deduction will continue to make attempts to deduct, up to two times monthly until the recurring top-up is on track.

5 The price will be announced two (2) business days after the date of submission or upon the date where full payment is being received.

6 For top-ups to FlexiLink (IB1), the following upfront charges will apply to each and every top-up amount as follows:

Age Last Birthday at point of top-up	Charges
Up to 59	0%
60 to 64	1%
65 to 69	1.50%
70 onwards	2.50%

Questions on health for top-up

	Insured
1 Have you ever been treated for or been told to get treatment for disease of the heart or circulatory system, stroke, high blood pressure, diabetes, cancer, growth or other malignancy, kidney or bladder disorders, asthma, other respiratory disorders, liver disease such as hepatitis, epilepsy, hereditary diseases and eye disorders?	☐ Yes ☐ No
2 Have you suffered from physical or mental impairment or deformity?	☐ Yes ☐ No
3 Have you undergone or are you undergoing any medical treatment or surgical operation?	☐ Yes ☐ No

If you answered yes to questions 1 to 3, please provide details in the space below.

Section 4: Change distribution payout option

Fund name	Distribution option		
	Reinvestment	Encashment - PayNow NRIC*	Encashment - Direct Credit^

* For hassle-free and speedier payouts, please ensure that your PayNow is linked to your NRIC/FIN. Visit income.com.sg/payout/paynow for more details on PayNow.

^ You can only have one direct credit account per policy. Please submit a copy of your bank book or a recent statement for account verification. If your statement shows multiple bank accounts, kindly circle your preferred account as an indication.

Notes:

1 Please select and tick only one distribution option for each Fund. If no selection is indicated, the default option will be reinvestment.

2 For CPF/SRS policies (if applicable), distributions shall be reinvestment only.

3 Any distributions below $50 (or such other sums as may be determined by Income Insurance) will be reinvested and encashment is not allowed.

4 The option selected will supercede your previous option (if any).

5 AstraLink (VA2) has no encashment feature.

Mandatory declarations

1 Beneficial 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 Owner arrangement, please

i Submit a copy of the Beneficial Owner's NRIC or passport and a completed copy of the FATCA and CRS self-certification form for Individual Account Holder, Entity Account Holder or Controlling Person available here: www.income.com.sg/Policy-downloads-and-forms; and

ii Please provide details of the Beneficial Owner(s):

Full name of Beneficial Owner (as in NRIC/BC/Passport/Long-Term pass)	NRIC/BC/Passport number/FIN	Date of birth (dd/mm/yyyy)	Nationality	Country of Residence	Gender	Relationship with Policyholder/Assignee

2 Politically Exposed Person (PEP)

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 organization.

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

3 Source of funds and wealth (To complete for ILP top-ups ONLY)

i Source of funds

a Who is funding the insurance premium for this application?

☐ Policyholder/Assignee ☐ Others, please provide details below:

Full name of payor (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN/Unique Entity Number (UEN)
Relationship to policyholder or assignee	Occupation and organisation

b What is the source of funds used to pay the premiums?

☐ Salary or commission
☐ Inheritance, please provide details below
☐ Personal savings, if currently not employed, please provide details below (for example: previous employment, allowance from family members)
☐ Sale of assets, please provide details below
☐ Proceeds from a policy, please provide details below
☐ Others, please provide details below

Details for "Inheritance/Personal savings/Sales of assets/Proceeds from a policy/Others"

_____

ii Source of wealth

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

☐ Salary or commission from current and/or past employment
☐ Inheritance and gift
☐ Sale of property, company, or other assets
☐ Business or trade income
☐ Investments (shares, bonds, unit trusts, etc)
☐ Others _____

Tax amnesty program

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.

If you have participated in any Tax Amnesty Program, whether in or outside of Singapore, at any point in time, please provide below.

Name of Tax Amnesty Program	Countries/Jurisdiction

Personal data use statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income Insurance"), its representatives, agents, relevant third parties (referred to in Income Insurance's Privacy Policy at income.com.sg/privacy-policy), Income Insurance's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Insurance 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 Insurance 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 Insurance, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income Insurance, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income Insurance, 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 Insurance's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my/our family member, employee, payee/payor or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Insurance 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 relevant policy(ies) information including the insured's name by Income Insurance 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 Insurance's Privacy Policy (income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal. I/we agree and understand that Income Insurance's Privacy Policy available on its website may be amended, supplemented and/or substituted by Income Insurance from time to time.

Declaration and authorisation

I/We cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.

I/We confirm that there has been no change in the information provided about me/us since the completion of the application and all additional declarations made in connection with the application. I/We will notify Income Insurance immediately if there is any change in the information provided about me/us such as any change in the state of health, financial information, any concurrent insurance policy applications with other insurers or if I/we plan to seek medical consultation, investigation, or treatment between the date of this application and before the cover start date" for this application form . I/We am/are aware that Income Insurance may add special terms to the policy or declare the policy as void according to the information provided or if I/we fail to notify Income Insurance of any change in my/our information.

I/We declare that the answers in this application are true, correct and complete. I/We accept full responsibility for them, whether written by me/us or by anyone else on my/our behalf.

I/We have not withheld any information. If it is discovered later that I/we or the insured suffer from a medical condition that is not disclosed in this form, I/we will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with you. I/We agree that this application and other written answers, statements, information or declarations made by me/us or on my/our behalf will form the basis of the contract of insurance between me/us and you. I/We further understand that you may impose special terms according to the information given in respect of this application.

I/We understand that I/we may receive correspondences for this application and my/our policy documents electronically (collectively "policy e-document"). I/We agree that Income Insurance can notify me/us by email or SMS to retrieve and read my/our policy e-documents via secure online access.

I/We agree that Income Insurance will not be responsible to me/us (or any other person) if I/we fail to:

a provide Income Insurance my/our correct email address or mobile number;
b inform Income Insurance of any update or change to my/our email address or mobile number; or
c keep the password to access the policy e-documents confidential.

I/We understand that the policy e-documents are considered delivered and received, upon my/our receipt of your SMS or email notification on the availability of the policy e-documents via secure online access.

I/We 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.

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

Declaration and authorisation (continued)

For the purpose of processing and/or administrating this application and any claim in connection with my/our policy(ies) with Income Insurance, I/we authorise, consent to, and agree to any medical source, insurance office, reinsurance, or organisation to release to you and you to release to any medical source, insurance office, reinsurance, or organisation any relevant information to do with me/us or the insured whether you accept my/our application or not.

I/We understand and agree that the changes:

a are subjected to your underwriting and acceptance;
b if accepted, may be subjected to terms, conditions and exclusions imposed by you; and
c will take effect only when you accept and approve my/our request and notify me/us in writing of the effective date of the changes and provided that I/we have paid the required premiums(and interest, if applicable) in full.

I/We have read and understand the corresponding Product Highlight Sheet(s), Fund Report(s) or Monthly Fund Fact Sheet(s) available from www.income.com.sg with respect to the relevant investment fund(s) before deciding whether to invest or transact in such fund(s). Where appropriate, I/we understand that I/we can cease to proceed with this application at any time before the submission of this form and seek financial advice from a qualified Income advisor, or seek independent legal, tax and/or other professional advice.

Applicable to policyholder or assignee who performs a transaction without advice from Income Insurance:
As the policyholder or assignee who does not wish to seek advice from Income Insurance or refuses to follow advice sought from Income Insurance, for any of my/our proposed transactions under this application form, I/we understand and agree that:

1 This application is based solely on my/our own judgement and decision. I/We may be subjected to greater investment risks and that the value of the fund(s) may be volatile and fluctuate from time to time;
2 All investment decisions are made independently by me/us, as the policyholder or assignee, after duly considering and understanding the investment fund(s), benefits and risks.
3 The information contained in this application is not intended as financial advice and shall not be relied on as such by me/us. I/We am/are responsible to ensure the suitability of the fund(s) selected.

I/We agree that if I/we or any #Relevant Person is found to be a +Prohibited Person:

- Income Insurance is entitled not to accept this application; and
- if any policy is issued, Income Insurance is entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. Income Insurance will not refund any unutilised premium when this policy is ended.

Income Insurance decision in every respect of the above will be final.

I/We will inform Income Insurance immediately if there is any change in my/our or any Relevant Person's identity, status or identity documents.

Relevant Person includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

\+ *Prohibited Person means a person or entity who is, or who is ^Related to a person or entity:*

- *subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict Income Insurance from providing insurance or carrying out any transaction under this policy, or*
- *who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.*

^ *Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.*

This application is governed by and interpreted according to the laws of the Republic of Singapore.

Applicable to Takaful Fund Only:
I/We further understand and agree that no part of my/our premium contribution shall be used for the establishment of Tabaruu or risk fund for the purpose of paying the difference between the minimum sum assured and the cash surrender value of the policy which I/we intend to subscribe. Such fund is being financed solely by the insurer's resources and if a payment is made under such circumstances, I/we shall regard this as donation from the insurer.

I/We agree that if I/we do not reveal any significant fact (which would have affected Income Insurance's decision to accept my/our application on standard terms) in this application, any legal document that is issued to effect the changes may not be valid. This includes any fact whose significance I/we am/are unsure of, and also any information I/we have given to the advisor but was not included in this application.

Signature of policyholder or assignee^	Signature of insured (For age 16 and above)
Signed in Singapore on (dd/mm/yyyy):	Signed in Singapore on (dd/mm/yyyy):

^ Please delete where appropriate. For policies with assignee, the assignee needs to complete and sign the form.

Parental consent

The parent or legal guardian must fill in this section if the child or ward is the policyholder, and below the age of 21 years.

1 I give my permission for my child or ward for the above transaction(s) under this policy.
2 I confirm and agree to the consent given by my child/ward on the collection, use and disclosure of his/her personal data under this form.
3 I consent and agree to Income Insurance Limited ("Income Insurance"), its representatives, agents, relevant third parties (referred to in Income Insurance's Privacy Policy at income.com.sg/privacy-policy), Income Insurance's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Insurance Parties") to collect, use, and disclose my personal data in this form for the purposes of administering the application or transaction in this form. I understand that I may refer to Income Insurance's Privacy Policy (income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal.

Full name of parent or legal guardian (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN
Relationship to policyholder ☐ Parent (Please submit a copy of NRIC/Passport) ☐ Legal guardian (Please submit a copy of NRIC/Passport and proof of legal guardianship)	Signature of parent or legal guardian Signed in Singapore on (dd/mm/yyyy):