

## Abridged Fact Find form for Investment-Linked Policy

### Important notice to policyholder or assignee

You would have provided your Income adviser information about yourself in relation to your financial goals, financial situation and your particular needs before the purchase of the insurance product(s).

**It is recommended that you seek advice from your Income adviser if you wish to transact in investment-linked policies (ILPs) or make changes to your insurance policies.**

### Policyholder's or assignee's particulars

Name of policyholder or assignee <sup>1</sup> (as shown in NRIC)		NRIC number or FIN	Are you 62 years old and above? <input type="checkbox"/> Yes <input type="checkbox"/> No
<small><sup>1</sup> Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.</small>			
Language spoken <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____	Language written <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____	Highest educational level attained <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> GCE 'O'/'N' level <input type="checkbox"/> Pre-U/JC <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Post graduate	

### Policyholder's or assignee's accompaniment

Note: It is recommended for you to be accompanied by a Trusted Individual if you belong to any two of the following profiles:

- 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

Would you like to be accompanied by a Trusted Individual?

No  Yes (If 'Yes', please provide details below)

Name of Trusted Individual \_\_\_\_\_

Relationship to client \_\_\_\_\_ NRIC number or FIN \_\_\_\_\_

*Please note that you will be receiving a call from the company to confirm your understanding of the products recommended by your adviser (if you have purchased a product from us).*

### Policyholder's or assignee's transaction request(s)

<sup>^</sup> For policyholder/assignee who wishes to proceed with one time top-up/recurring top-up/fund switch/change in fund allocation 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/assignee is assessed in SECTION B to have relevant experience and/or knowledge in ILPs.

<input type="checkbox"/> ^One time or ^recurring top-up <input type="checkbox"/> ^Fund switch or ^change in fund allocation <input type="checkbox"/> Increase in regular premium or sum assured <input type="checkbox"/> Increase rider cover term <input type="checkbox"/> RevoSave ILP Account <input type="checkbox"/> Add rider	This Abridged Fact Find form is used for the recommendation of the following policies: 1. _____ 2. _____ 3. _____ 4. _____
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## Section A: Policyholder's or assignee's risk profile

It is important to select suitable products that reflect your risk preferences. 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.

**Please select one of the options for each question and circle the score accordingly.**

(Circle Score)		<b>Q1. Investment Objective</b>	<ul style="list-style-type: none"> <li>• Capital preservation is my priority.</li> <li>• I like my portfolio to provide steady and regular returns over the long term. I am concerned about fluctuations in returns.</li> <li>• I like to see an overall growth in my portfolio and am less concerned about fluctuations in returns.</li> <li>• My primary objective is to maximize growth over long term. I am least concerned about fluctuations in returns.</li> </ul>
1			
2			
3			
4			
(Circle Score)		<b>Q2. Investment Time Frame</b>	<p>Assuming that I have made plans to meet short-term financial goals and to handle emergencies, how long would I keep my money invested before I would need to access it?</p> <ul style="list-style-type: none"> <li>• less than 5 years</li> <li>• 5 to less than 10 years</li> <li>• 10 to less than 15 years</li> <li>• 15 years and above</li> </ul>
1			
2			
3			
4			
(Circle Score)		<b>Q3. Investment Return Expectation</b>	<ul style="list-style-type: none"> <li>• 0 to less than 3%</li> <li>• 3% to less than 5%</li> <li>• 5% to less than 8%</li> <li>• 8% and above</li> </ul>
1			
2			
3			
4			
(Circle Score)		<b>Q4. If my investment portfolio suffers a short-term decline, what is my reaction?</b>	<ul style="list-style-type: none"> <li>• I would sell my investments and keep cash.</li> <li>• I would stay invested and if the decline is more than 10% in value, I would liquidate my investments.</li> <li>• I would liquidate my investments if the decline is more than 25% in value.</li> <li>• I would ride the lows and am willing to invest more money for greater growth opportunities.</li> </ul>
1			
2			
3			
4			
(Circle Score)		<b>Q5. In an extreme downturn event, what is the maximum decline I can tolerate?</b>	<ul style="list-style-type: none"> <li>• I would be uncomfortable with any loss.</li> <li>• 10% decline is all I can tolerate.</li> <li>• I would not tolerate more than 50% decline.</li> <li>• I would be able to tolerate a significant decline of more than 50%.</li> </ul>
1			
2			
3			
4			
(Circle Score)		<b>Q6. My investment mix preference where Portfolio A refers to fixed income instrument, bond, capital guaranteed product, Portfolio B refers to equity instrument, property and commodity.</b>	<ul style="list-style-type: none"> <li>• 100% in Portfolio A</li> <li>• 70% in Portfolio A and 30% in Portfolio B</li> <li>• 30% in Portfolio A and 70% in Portfolio B</li> <li>• 100% in Portfolio B</li> </ul>
1			
2			
3			
4			

Total Score	Score Range	Policyholder's Risk Profile	Portfolio Mix	To be completed ONLY if you disagree with your Risk Profile
(Fill in Score)	6 - 10	<b>Conservative</b>	Objective is to preserve capital. Prefers high liquidity and reduced risk of capital loss. (e.g. Money Market fund and traditional policies)	Please indicate the Risk Profile deemed more suitable: <input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Aggressive  Comments: _____ _____
	11 - 15	<b>Moderately Conservative</b>	Objective is to obtain dependable regular stream of income from investment. Willing to accept some risks of principle loss. (e.g. Bond Funds)	
	16 - 20	<b>Moderately Aggressive</b>	Objective is to strike a balance between fixed income and equity investment for growth opportunities. (e.g. Balanced Funds)	
	21 - 24	<b>Aggressive</b>	Objective is to achieve above average growth over time and current income concerns will be minimal. Willing to take substantial risks in investment. (e.g. Equity Funds)	

## Section B: Policyholder's or assignee's investment knowledge

This questionnaire, also known as the Customer Knowledge Assessment, helps to assess if you have any relevant knowledge or investment experience to understand the risks and features of unlisted "Specified Investment Products", which includes investment-linked policies ("ILPs") or similar products. Any inaccurate or incomplete information provided by you may affect the suitability of the recommendation.

### Outcome of Customer Knowledge Assessment

- If you have indicated a "Yes" in at least one of the below questions, you are assessed to have the relevant experience and/or knowledge in ILPs.
- If you have indicated a "NO" in all the below questions, you are assessed NOT to have the relevant experience and/or knowledge in ILPs. We would need you to seek advice from your Income adviser before transacting in your ILP(s).

<b>Educational Qualifications</b>	<p>Q1. Do you hold any Diploma or higher qualification in the finance-related disciplines as below?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <li>Accountancy</li> <li>Actuarial Science</li> <li>Business/Business Administration</li> <li>Business Management/ Business Studies</li> <li>Capital Markets</li> </ul> </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <li>Computational Finance</li> <li>Economics</li> <li>Finance/Commerce</li> <li>Finance Engineering</li> <li>Financial Planning</li> <li>Insurance</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>Accountancy</li> <li>Actuarial Science</li> <li>Business/Business Administration</li> <li>Business Management/ Business Studies</li> <li>Capital Markets</li> </ul>	<ul style="list-style-type: none"> <li>Computational Finance</li> <li>Economics</li> <li>Finance/Commerce</li> <li>Finance Engineering</li> <li>Financial Planning</li> <li>Insurance</li> </ul>	<p>If "Yes" to any questions, provide details below</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>
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	<p>Q2. Do you have any other professional finance-related qualifications? Eg: Chartered Financial Analyst (CFA)/Association of Chartered Certified Accountants (ACCA)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>		
<b>Investment Experience</b>	<p>Q3. Have you made at least 6 transactions in collective investment schemes ("CIS") (example: unit trusts) or ILPs in the last 3 years?</p> <p><u>Transactions that would NOT qualify:</u></p> <ul style="list-style-type: none"> <li>Subsequent investments into a regular premium ILP, recurring single premium ILP or instalment savings plan of Unit Trust after the first premium/instalment.</li> <li>Shares listed in the Stock Exchange</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>		
<b>Work Experience</b>	<p>Q4. 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 products?</p> <p>Note: Work experience in accountancy, actuarial science, treasury or financial risk management activities will also be considered relevant experience.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>		

## Section C: Policyholder's or assignee's declaration (to be completed if you do not wish to seek advice from Income)

This section is only available to policyholder or assignee who is assessed to have the relevant experience and/or knowledge in ILPs in Section B and wishes to transact in one of the following post-purchase transactions to ILP(s) without seeking advice from Income.

- One time top-up    • Recurring top-up    • Fund switch    • Change in fund allocation

### 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 adviser 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](http://www.income.com.sg) carefully before submission of this form.*

As the policyholder or assignee,

- I acknowledge that I have the option to complete "My Financial Portfolio" (fact find form) with my adviser but I wish to receive factual information only.
- I am aware the outcome of my completed Customer Knowledge Assessment under Section B where I am assessed to have relevant knowledge and/or experience in ILPs.
- I am aware of my risk profile, completed under Section A.
- 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](http://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 adviser, or seek independent legal, tax and/or other professional advice.
- 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.
- 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 or fund(s) is suitable under the Financial Advisers Act.

Name of policyholder or assignee<sup>2</sup> \_\_\_\_\_ NRIC number or FIN \_\_\_\_\_

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

<sup>2</sup> Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.

**Please proceed to complete the transaction request in the appending form.**

**Section D: Policyholder's or assignee's summary of needs (to be completed by Income adviser)**

Your Income adviser 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 the basis on which financial advice and recommendation will be given. Alternatively, you may request your Income adviser for a comprehensive review of your financial needs by completing the "My Financial Portfolio" (fact find form).

**Policyholder's or assignee's financial goals**

Basic Protection	Priority level				Savings and Investment	Priority level			
	High	Med	Low	N.A.		High	Med	Low	N.A.
Income protection (death)					Saving for children's educational needs Dependant _____				
Income protection (disability)					Saving for retirement needs				
Critical illness					Enhancement to existing wealth accumulation plan				
Medical and hospitalisation costs					Others _____				
Personal accident					_____				
Long-term care					<b>When fund is needed (Time Horizon)</b>				
Others _____									
_____									

**Policyholder's or assignee's budget for planning**

<b>Cash</b>	<b>Other source of funds</b>
Regular amount \$ _____ (A / H / Q / M)	CPF - Ordinary Account \$ _____ SRS Account \$ _____
Single amount \$ _____ (SP)	CPF - Special Account \$ _____ Retirement Account \$ _____

Is the budget you set aside more than 50% of your assets or surplus?

No  Yes

**Adviser's recommendation**

Policy number	ILP fund(s) selected	Percentage of allocation	Risk classification of fund(s) according to policyholder's or assignee's risk profile	Remarks
			<input type="checkbox"/> Below <input type="checkbox"/> Match <input type="checkbox"/> Above	
			<input type="checkbox"/> Below <input type="checkbox"/> Match <input type="checkbox"/> Above	
			<input type="checkbox"/> Below <input type="checkbox"/> Match <input type="checkbox"/> Above	

### Adviser's declaration

I have provided the policyholder or assignee with a reasonable recommendation(s) based on the information and assumptions he or she has provided in this form. 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 adviser \_\_\_\_\_ Adviser's code \_\_\_\_\_

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

### Policyholder's or assignee's acknowledgement

1. 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).
2. I understand that I can request for a comprehensive financial review of my existing insurance policy(ies) before I proceed with this transaction(s).
3. I understand that a copy of the Product Highlight Sheet (if applicable) can be available for download at [www.income.com.sg](http://www.income.com.sg) or can be requested from my adviser.

I agree with the proposed recommendation(s).

I disagree with the proposed recommendation(s). My comments are as indicated below.

Comments

**To be completed if policyholder or assignee is assessed NOT to have knowledge or experience in ILP, and selects a fund that is higher than his or her risk profile.**

My adviser has confirmed and informed me of the following:

- I am aware that it is my responsibility to ensure the suitability of the ILP fund(s) chosen.
- I understand that Income may be contacting me to confirm this transaction.
- I understand that this application is subject to approval by Income.

Name of policyholder or assignee<sup>3</sup> \_\_\_\_\_ NRIC number or FIN \_\_\_\_\_

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

<sup>3</sup> Delete where applicable. For policies with assignment, assignee needs to complete and sign the form.

### Supervisor's validation

#### To be completed if call back is required

Call back is required for  'Selected client'  'Selected representative'

I have made the call 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: \_\_\_\_\_ (dd/mm/yyyy) Phone number used for the call back: \_\_\_\_\_ (supervisor)

Time of call: \_\_\_\_\_ (am/pm) \_\_\_\_\_ (policyholder or assignee)

Feedback (if any) is gathered on the sales process and quality of advice provided by the representative:

#### To be completed for ILP transaction(s)

Please complete client's investment profile:

Fulfils customer knowledge assessment criteria:  Yes  No

Client's risk profile:  Conservative  Moderately conservative  Moderately aggressive  Aggressive

Senior management's confirmation ('SMC') is required when client is assessed NOT to have relevant knowledge and/or experience in ILP and wishes to purchase an ILP against recommendation or when the risk of the sub-fund(s) selected is higher than client's risk profile.

I have reviewed the ILP application and noted that

SMC is not required.  SMC is required. (Please submit SMC Form together with the application.)

Based on the information provided and the policyholder's or assignee's choice,

I agree with the recommendation made by my adviser.  I disagree with the recommendations made by my adviser.

Comments:

Name of supervisor \_\_\_\_\_ Supervisor's code \_\_\_\_\_

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

## Top-up 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.

### For official use

Adviser's name	<b>For official use only – Scan to archive</b> 1 Please update ICM under "ILP Processing Request (Form)" and attach a copy of the form.
Adviser's code	

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	

### Details 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

### Single premium top-ups and fund allocation

Premium payment mode <input type="checkbox"/> One-time <input type="checkbox"/> Every month <input type="checkbox"/> Every three months <input type="checkbox"/> Every six months <input type="checkbox"/> Every year	Term for recurring top-up _____ years	Method for paying top-ups <input type="checkbox"/> Reinvestment from Policy _____ <input type="checkbox"/> Cheque number _____ (Payable to NTUC Income) <input type="checkbox"/> GIRO (Please submit a new Interbank GIRO form.) <input type="checkbox"/> Cash <input type="checkbox"/> SRS <input type="checkbox"/> CPFOA <input type="checkbox"/> CPFSA																				
Fund allocation for one-time top-up <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name of fund</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr> <td style="text-align: right;"><b>Total premium:</b></td> <td>_____</td> </tr> </tbody> </table>		Name of fund	Amount	_____	_____	_____	_____	_____	_____	<b>Total premium:</b>	_____	Fund allocation for recurring top-up <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name of fund</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr> <td style="text-align: right;"><b>Total premium:</b></td> <td>_____</td> </tr> </tbody> </table>	Name of fund	Amount	_____	_____	_____	_____	_____	_____	<b>Total premium:</b>	_____
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**Terms:**

- For payment by cash/cheque/GIRO, the instruction to top-up will be based on the date that Income receives full payment if this application is accepted by us. The offer price will be based on the full premium received by Income 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.
- For payment by CPF/SRS, the top-up instruction will be based on the date that Income 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.
- For recurring top-up, the top-up amount will be allocated to the investment-linked fund(s) chosen by you and will follow the ratio of your current premium allocation to your existing fund(s) if you have chosen more than one (1) fund. In addition, the offer price will be based on the date the full top-up payment is received by us.
- The offer price will be announced two (2) working days after the date of submission or upon the date where full premium is being received.

## Questions on health

	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Have you suffered from physical or mental impairment or deformity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Have you undergone or are you undergoing any medical treatment or surgical operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

## Classification of funds

Funds	Cash/SRS	CPFOA	CPFSA	
<b>Moderately Conservative</b>				<p><b>Important Notes:</b> No cross-usage of funding is allowed from the different payment channels: Cash, SRS, CPFOA and CPFSA.</p> <p>For GrowthLink (GL1) and VivoLink (VL1) policies, top-ups (one-time or recurring) are subjected to a minimum of <b>\$2,500</b> per transaction and <b>\$1,000</b> per fund.</p> <p>For VivaLink (VA1) policies, one-time top-ups are subjected to a minimum of <b>\$2,500</b> per transaction and <b>\$1,000</b> per fund, and recurring top-ups are subjected to a minimum of <b>\$100</b> monthly and <b>\$50</b> per fund.</p> <p>Please be informed that you are allowed to invest up to two (2) funds per policy except for GrowthLink (GL1), VivoLink (VL1) and VivaLink (VA1) policies.</p> <p>For Ideal (ID1/ID2/ID2S/ID5/ID6/ID7/IP1/IP2) and FlexiLink (B1/IB2/IB3/IB4) policies, top-ups (one-time or recurring) are subjected to a minimum of <b>\$1,000</b> per transaction.</p> <p>For more information of the fund(s) before your selection. Please refer to our website <a href="http://www.income.com.sg">www.income.com.sg</a> on the Fund Report(s), Fund Fact Sheet(s) or Product Highlight Sheet(s).</p> <p>For more information on the top-ups (one-time or recurring), you may refer to the terms indicated above.</p> <p><sup>1</sup> Only applicable for single premium - FlexiLink (IB4) policies.</p> <p><sup>2</sup> Only applicable for plans – GrowthLink (GL1) and VivaLink (VA1) policies.</p>
Aim Now	✓	✓ <sup>1</sup>	✓ <sup>1</sup>	
Asian Bond Fund	✓ <sup>2</sup>	N.A.	N.A.	
Global Bond Fund	✓	✓	✓	
Singapore Bond Fund	✓	✓	✓	
<b>Moderately Aggressive</b>				
Aim 2025	✓	✓ <sup>1</sup>	✓ <sup>1</sup>	
Asia Managed Fund	✓	✓	✓	
Asian Income Fund	✓ <sup>2</sup>	N.A.	N.A.	
Balanced Fund	✓	✓	✓	
Conservative Fund	✓	✓	✓	
Global Income Fund	✓ <sup>2</sup>	N.A.	N.A.	
Growth Fund	✓	✓	N.A.	
Prime Fund	✓	✓	✓	
Singapore Managed Fund	✓	✓	✓	
<b>Aggressive</b>				
Aim 2035	✓	✓ <sup>1</sup>	N.A.	
Aim 2045	✓	✓ <sup>1</sup>	N.A.	
Global Equity Fund	✓	✓	N.A.	
Global Technology Fund	✓	✓	N.A.	
Singapore Equity Fund	✓	✓	N.A.	
Takaful Fund	✓	N.A.	N.A.	

### Fund distribution option

Funds	Distribution option	
	Reinvestment	Encashment - Direct Credit
Aim Now		
Asian Bond Fund		
Asian Income Fund		
Global Income 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.

**Terms:**

- 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) will be reinvested and encashment is not allowed.
- 4 The option selected will supercede your previous option (if any).

### Mandatory declarations

**1 Beneficial owner<sup>3</sup>**

If you are not the beneficial owner, please give details of the beneficial owner(s) below. Please also give a copy of their NRIC or passport.

Name of beneficial owner	
Identification number of beneficial owner (NRIC or Passport number or FIN)	Relationship of beneficial owner to policyowner

<sup>3</sup> Beneficial owner is defined as the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporated.

If you fill in this section, it does not mean you are choosing a beneficiary under the plan.

**2 Politically Exposed Person (PEP)<sup>4</sup>**

If you, the insured, or the beneficial owner is a PEP, or related<sup>5</sup> to a PEP, please give details below.

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

<sup>4</sup> 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.

<sup>5</sup> By "related", we mean an individual who is closely connected to a PEP either socially or professionally. Examples of related persons include parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling.

**3 Source of funds and wealth** (we may request for additional information or supporting documents, if necessary)

i Source of funds

- a Who is paying the insurance premium for this application?     Policyowner or self     Others

If your answer is others, please provide details below.

Name of the payor	Identification number of payor (NRIC or Passport number or FIN)
Relationship to policyowner	Contact number

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

- |   |   |
|---|---|
| <input type="checkbox"/> Salary or commission<br><input type="checkbox"/> Personal savings<br><input type="checkbox"/> Sale of assets (please give details below) | <input type="checkbox"/> Proceeds from a policy (please give details below)<br><input type="checkbox"/> Inheritance (please give details below)<br><input type="checkbox"/> Other (please give details below) |
|---|---|

Details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Mandatory declarations (continued)

ii Source of wealth<sup>6</sup> (to be declared on the party who is paying the insurance premium for this application. Otherwise, it is to be declared on the policyowner or beneficial owner)

a What is your source of wealth?

Salary or employment income

Business or trade income

Cash and savings

Investments (shares, bonds, unit trusts, and so on)

Inheritance and gift

Sale of property or company or other assets

Withdrawal of CPF money

Others, please specify \_\_\_\_\_

<sup>6</sup> Source of wealth refer to the origin of the policyowner's, payor's and beneficial owner's entire body of wealth (i.e. total assets).

### 4 Address verification

If your address in our existing record is different from the address in your identity document (e.g. NRIC), please select Box A or B and complete the blanks. 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 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 one.

I have provided documentary proof of the address stated in your existing records, 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.

### 5 Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

#### i Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) communicate on purposes relating to an application or policy;
- (c) decide whether to insure or continue to insure you and your insured persons;
- (d) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (e) provide financial advice for product recommendation based on your financial needs analysis;
- (f) provide ongoing services and respond to your inquiries or instructions;
- (g) make or obtain payments;
- (h) investigate and settle claims;
- (i) recover any debt owed to us;
- (j) detect and prevent fraud, unlawful or improper activities;
- (k) conduct research and statistical analysis;
- (l) coach employees and monitor for quality assurance;
- (m) reinsure risks and for reinsurance administration;
- (n) comply with all applicable laws, including reporting to regulatory and industry entities; and
- (o) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

#### ii Disclosure of personal data

We may disclose personal data belonging to you or your insured persons for the purposes set out in Section 1 above to these parties:

- (a) your financial advisers;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

### Mandatory declarations (continued)

**iii Consequence of withdrawing consent to the collection, use and disclosure of personal data**

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

**iv Access and correction rights**

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: DPO@income.com.sg.

### Declaration and authorisation

I will tell you as soon as possible if there is any change in the state of my health or the insured's health or if I or the insured plan to get any medical consultation, investigation or treatment between the date of this application and before the date you issue the legal documents to effect the changes for this application.

The answers 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 whether such information is material or not. I agree that this application and other written answers, statements, information or declarations made by me or on my behalf will form the basis of the contract of insurance between me and you. I further understand that you may impose special terms according to the information given in respect of this application.

I confirm that I understand and agree to the 'Personal data collection statement'.

I agree and authorise:

- a any medical source, insurance office or organisation to release to you; and
- b you to release to any medical source or insurance office; any relevant information to do with me or the insured whether you accept my application or not. A photocopy is valid as an original copy.

I 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 request and notify me in writing of the effective date of the changes and provided that I have paid the required premiums (and interest, if applicable) in full.

As the policyholder or assignee, I understand and agree that:

- 1 This application is based solely on my own judgement and decision. I 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, 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. I am responsible to ensure the suitability of the fund(s) selected.
- 4 I have been 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](http://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 application at any time before the submission of this form and seek financial advice from a qualified Income adviser, or seek independent legal, tax and/or other professional advice.

**Applicable to Takaful Fund Only:**

I further understand and agree that no part of my 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 intend to subscribe. Such fund is being financed solely by the insurer's resources and if a payment is made under such circumstances, I shall regard this as donation from the insurer.

**I agree that if I do not reveal any significant fact (which would have affected your decision to accept my 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 am unsure of, and also any information I have given to the adviser but was not included in this application.**

Signature of policyholder or assignee<sup>7</sup>

Signature of insured (For age 16 and above)

Signed in Singapore on (dd/mm/yyyy):

Signed in Singapore on (dd/mm/yyyy):

<sup>7</sup> Please delete where appropriate. For policies with assignee, the assignee needs to complete and sign the form.

### Parental permission

The parent or legal guardian must fill this section in if the child or ward is between 10 and 16 years old.

I give my permission for my child or ward to proceed with the chosen request under this policy with Income.

Name of parent or legal guardian

NRIC number or FIN

Relationship to child

- Parent (Please send a copy of your NRIC)
- Legal guardian (Please provide legal documents showing proof as legal guardian.)

Signature of parent or legal guardian and date

Signed in Singapore on (dd/mm/yyyy):