

Alteration form for Investment-Linked Policy

Statement under Section 25(5) of the Insurance Act, Cap. 142 (or any future amendments to it)
You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for.
Otherwise, the insurance policy may not be valid.

Important Notes:

For Singaporeans/PRs, submit a CLEAR copy of your NRIC (front & back).

For foreigners, submit a CLEAR copy of an identification (front & back) (e.g. employment pass, passport) and a CLEAR copy of documentary proof of the address, such as copies of utility bills, bank statements or letters issued by statutory or government bodies (dated within past 6 months) with letterhead, name, address and date clearly shown.

For official use

Adviser's name	For official use only – Scan to archive 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

Type of request

Request	Details															
<input type="checkbox"/> Cessation of recurring top-up request	This will be effective from the next premium due date. (For policies with GIRO payment, the cessation will take effect from the next deduction date.)															
<input type="checkbox"/> Cancellation of one time top-up request	Request submission date: _____ Amount: \$ _____ Top-up submitted via: Me@income/Email/Form mailed in/Branch/Fax															
<input type="checkbox"/> Fund distribution option	Please select and tick only one distribution option for each Fund. If no selection is indicated, the default option will be reinvestment. Your submission must reach us at least 30 days before the next declaration date and the new option will be effective from the next payout. Any distributions below \$50 (or such other sums as may be determined by Income) will be reinvested and encashment is not allowed. For CPF/SRS policies (if applicable), distributions shall be reinvestment only. The option selected will supercede your previous option (if any).															
<table border="1" style="width: 100%;"> <tr> <th style="width: 33%;">Funds</th> <th style="width: 33%;">Reinvestment</th> <th style="width: 33%;">Encashment - Direct Credit</th> </tr> <tr> <td>Aim Now</td> <td></td> <td></td> </tr> <tr> <td>Asian Bond Fund</td> <td></td> <td></td> </tr> <tr> <td>Asian Income Fund</td> <td></td> <td></td> </tr> <tr> <td>Global Income Fund</td> <td></td> <td></td> </tr> </table>		Funds	Reinvestment	Encashment - Direct Credit	Aim Now			Asian Bond Fund			Asian Income Fund			Global Income Fund		
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If you have selected 'Encashment - Direct Credit', please submit a copy of your bank book/statement for verification.
Note: You can only have one direct credit account per policy.

Mandatory declaration

1 Address verification

If your home address stated in our existing record is different from the address in your identity document (e.g. NRIC), please select Box A, B or C and complete the blanks accordingly. To check your address, please log on to me@income (available at www.income.com.sg).

Box A

I am maintaining a different address for correspondence purposes. The reason why I require a different address for correspondence is because _____ (specify reason). The owner of the correspondence address is _____ (specify name). My relationship with this owner is that of a _____ (specify 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.

Box C

I am a foreigner residing or working in Singapore and my home address is not in my identity document.

If you have selected Box B or C, please give documentary proof of the home address stated as per our existing record, such as copies of utility bills, bank statements or letters issued by statutory or government bodies (dated within past 6 months) with letterhead, name, address and date clearly shown.

Declaration and authorisation

I understand and agree that the changes:

- a if accepted, may be subjected to terms, conditions and exclusions imposed by you; and
- b will take effect only when you accept and approve my request and notify me in writing of the effective date of the changes.

Signature of policyholder or assignee¹

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

¹ For policies that are assigned, 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):