

Request to withdraw deposited cash benefits

Please provide the following personal identification document for verification purposes and send them to us with this form. We will process your request once we receive all the documents.

For Singaporean or Singapore permanent resident

- Clear copy of NRIC (front and back)

For foreigners staying, studying or working in Singapore

- Clear copy of passport showing validity dates, passport number, photograph, nationality, date of birth and name;
- Clear copy of Singapore employment pass, S pass, work permit, student pass or dependent's pass (front and back); and
- Clear copy of a document (issued within the last 6 months e.g. utility bill, phone bill) that shows your name and address.

The passport, pass or permit must be valid for at least 6 months.

For application from overseas, we would require the form to be officially witnessed by a Notary Public in that country.

Details of policyholder/assignee/trustee

Name (as shown in NRIC)	NRIC number or FIN
Address	Contact number

I would like to withdraw the cash benefits which have been deposited with Income. I understand the following:

- 1) I would not be able to re-deposit the cash benefits once I have withdrawn the amount.**
- 2) The minimum partial withdrawal amount is \$100.**
- 3) The minimum balance amount after the partial withdrawal is \$100.**

Policy number: _____

Full withdrawal

Partial withdrawal: S\$ _____

Payment instructions (Please tick one below)

Send me a cheque (to the same address indicated above)

Credit into my **personal** bank account (Please submit a copy of your bank book or statement for account verification. You need to circle the account for crediting if your statement shows more than 1 bank account)

Use it to pay premiums for my policy number¹ _____

Use it to repay loan for my policy number¹ _____

Mandatory declarations

1 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.

If you have selected Box B, please give documentary proof of the address 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.

2 Important notes

I understand that there are some possible disadvantages if I proceed with this application. I may be losing valuable benefits and may not be able to achieve my intended financial objective. It may not be possible for me to obtain a similar level of protection on the same terms in the future. Buying another policy in the future could result in higher premiums and loss of specific policy features due to changes in age or health.

Signature of policyholder/assignee/trustee

Date (dd/mm/yyyy)

Notes:

1. You can only make a request to use the withdrawn cash benefits to pay premiums or repay loans on your own policies.