

**NTUC Income Insurance Co-operative Limited**

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an NTUC Social Enterprise

## OrangeAid donation alteration form

**To: Life Insurance Department**

### Personal particulars

Name (as shown in NRIC/FIN)

NRIC/FIN No. of Proposer

Policy No.

Type of request <sup>1</sup>	Details	For Official Use/Scan under CS Type
<input type="checkbox"/> To Change Donation Amount	Current Donation Amount: \$ _____  New Donation Amount: \$ _____	Increase/Decrease Sum Assured
<input type="checkbox"/> To Terminate Donation	To Discontinue Donation	Precontract Termination Rider
<input type="checkbox"/> Others	Please indicate your request here: _____ _____ _____ _____	Premium Payment Term Change

Proposer's Signature \_\_\_\_\_

Date \_\_\_\_\_

 Payor's Signature<sup>2</sup> \_\_\_\_\_

Name of Payor : \_\_\_\_\_

NRIC/FIN No. of Payor : \_\_\_\_\_

**Important Notes:**

1. For all requests, the changes will take effect from the next premium due date.
2. Payor's signature is required for policies that are not paid by the Proposer.