

GIRO application form

For completion by applicant

1. Please fill in **ALL** fields in ink and in BLOCK letters.
2. Please send the original form to us. If you make any changes, the bank account holder must sign next to them. Do not use correction fluid or tape.
3. This application will be rejected if any of the policy information provided below is incorrect.

Date (DD/MM/YYYY): <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	To: Name of Bank ('Bank')	Name of Insurance Company: INCOME INSURANCE LIMITED
---	---------------------------	---

Policy Number For ILP policies please select Premium or Top Up^	Name of Proposer/Insured/Assignee as per policy record	ID of Proposer/Insured/Assignee as per policy record (Last 4 characters only)	Relationship to Accountholder
1. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
2. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
3. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
4. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
5. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			

^ Top up refers to recurring top up. It is applicable for Investment-linked policy only.

Authorisation by Accountholder

1. I/We hereby instruct the Bank to process the above Insurance Company's instruction to debit my/our account. I acknowledge and agree that Income Insurance may deduct the above Premium and Top Up for the above policies from my/our account and such deduction may be made by Income Insurance before the payment due date.
2. The Bank is entitled to reject the Insurance Company's instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
3. This authorisation will remain in force until the Bank's written notice sent to my/our address last known to the Bank; or upon the Bank's receipt of my/our written revocation.
4. I consent and agree to Income Insurance's collection, use and disclosure of my personal data for the purposes of processing this GIRO application transaction and in the manner and for the relevant purposes described in its Privacy Policy (available at <http://www.income.com.sg/privacy-policy>). If I'm not the policyholder, I represent and warrant that (a) I have obtained the policyholder's consent for the collection, use and disclosure of his/her personal data; and (b) I am authorised to give any authorisation and approval on their behalf, for the purposes as set out in this Form.
5. I/We consent to Income Insurance to directly credit the future policy payout to this bank account, if only the accountholder is the policyholder, until and unless Income Insurance receives a written instruction from policyholder to revoke the authority given to Income Insurance pursuant to this application or Income Insurance approves a new application to change the Account details provided in this application, at least one (1) month before the next payment date.

Bank Accountholder's Name:	Signature/Thumbprint*/Company Stamp _____ (As in Bank's record) * For thumbprint, please go to any branches of your Bank with identification document for verification
Bank Accountholder's ID:	
Bank Account Number <input style="width: 100%; height: 20px;" type="text"/>	
Telephone Number (Mobile): _____ (Home): _____	

For Income Insurance Limited's completion

SWIFT BIC	Income Insurance Limited Bank Account Number	
D B S S S G S G X X X	0 0 1 0 0 1 1 2 1 9	Income Insurance Limited Customer's Billing Reference
		1
		2
		3
		4
		5

For financial institution's completion

To: INCOME INSURANCE LIMITED This application is hereby REJECTED (please tick) for the following reason(s): <input type="checkbox"/> Signature/Thumbprint# differs from financial institution's records <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear# <input type="checkbox"/> Account operated by signature/thumbprint#	<input type="checkbox"/> Wrong account number <input type="checkbox"/> Amendment not countersigned by customer <input type="checkbox"/> Others: _____
_____ Name of Bank Officer	_____ Signature of Bank Officer
	_____ Date (dd/mm/yyyy)

Please delete where inapplicable