

Telegraphic Transfer (TT) Payment Instruction

Important notes

- 1 All fields in the form must be completed.
- 2 The proceeds are payable only to policyholder/assignee/trustee(s)/beneficiary(s).
- 3 Please submit a copy of your bank book or recent statement for account verification. You need to circle the account for crediting if your statement shows more than 1 bank account)
- 4 Income Insurance Limited will try its best to transfer the proceeds according to the instructions given. In the event of a rejection by the bank or currency control issues, please provide a fresh instruction.

Policy Information

Full name (as in NRIC/Passport/Long-Term Pass/ACRA business profile)	NRIC/Passport number/FIN/Unique Entity Number (UEN)
Policy number	Amount (US\$)

Please note that the information provided in this section will not be updated in our records. Hence, please update your personal particulars online via our customer portal at <https://me.income.com.sg/> or submit the Change of Personal Particulars Form.

Telegraphic Transfer (TT) details

Name of account holder	Bank account number	SWIFT code
Name of bank	Address of bank	Country of bank

Personal data use statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited (“Income”), its representatives, agents, relevant third parties (referred to in Income’s Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income’s appointed insurance intermediaries and their respective third party service providers and representatives (collectively “Income Parties”) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively “personal data”) for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/or NTUC Enterprise group of social enterprises (“NE Group”) where required for Income, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/ or to provide you with their respective products/services, and in the manner and for other purposes described in Income’s Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf

for the purposes as set out in this Personal Data Use Statement.

Please refer to Income’s Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

Declaration and authorisation

- 1 I have read and agree to the important notes.
- 2 I authorise Income Insurance Limited to credit the payment due to me to the above bank account.
- 3 I confirm that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has no made against me.
- 4 I confirm (a) that I understand and agree to the collection, use and disclosure of my personal data as stated in the “Personal Data Use Statement” (PDUS); and (b) on the representation and warranty made in the PDUS.

Signature of policyholder/assignee/trustee 	Date (dd/mm/yyyy)
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