

PAYMENT ALTERATION FORM (PAGE 2 OF 2)

(INCOMESHIELD/ENHANCED INCOMESHIELD/INCOMESHIELD M PLAN)

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP.142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

Section C - Main/Rider Payment Method

Incomeshield Premium Payment by

Cash GIRO (Please complete the GIRO table in SECTION D.)

Section D – GIRO Arrangement

New GIRO application (Please complete and attach new Application for Interbank GIRO Form)

Existing GIRO arrangement. Please furnish details below.

Name of Account Holder	NRIC No. of Account Holder	Contact No. of Account Holder
Name of Bank/Branch	Bank Account No.	

I/We undertake to pay the premiums for this plan in accordance with my/our existing Interbank GIRO instructions with NTUC Income.

Accountholder's Signature(s)/Thumbprint(s)/Company Stamp (as in bank's record)

Date (dd/mm/yyyy)

Section E - Persons Affected By This Change (Compulsory)

Myself, Policy No. _____

Name	NRIC/FIN/BC No.	Policy No.	Relationship <small>Payer can only pay for children, spouse, father and mother.</small>	Signature <small>Dependents 16 years and above need to sign.</small>

Declaration and Authorisation

This authorisation shall continue in force until such time when NTUC Income receives a subsequent Payment Alteration Form from me amending this authorisation and effecting my alteration of payment instructions or until it is expressly revoked by me in writing.

I declare that the information stated by me in this form is true, correct and complete.

Signature of Payer/Policyholder

Date (dd/mm/yyyy)