

APPLICATION FOR LIFE ANNUITY 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.

For Official Use

Adviser's Name	Adviser's Code	Source Code	Delivery Mode <input type="checkbox"/> Mail <input type="checkbox"/> Hand
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Particulars of Proposer/Insured

Name (as shown in NRIC)			NRIC No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (dd/mm/yyyy)	Height (m)	Weight (kg)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Residential Address				Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (Please specify)
Contact No. (O) _____ (H) _____ (Hp) _____			Email _____	
Name of Company		Occupation/Position		Annual Income (\$)
Exact Nature of Work				

Details of Plan

Plan	Plan Code	Single Premium (\$)	Term										
Guaranteed Life Annuity	GAK3		<input type="checkbox"/> Immediate <input type="checkbox"/> Deferred _____ years										
Classic Annuity	CAK3		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center;">Year of Birth</th> <th style="width: 40%; text-align: center;">Applicable Draw Down Age</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1944 to 1949</td> <td style="text-align: center;">62</td> </tr> <tr> <td style="text-align: center;">1950 and 1951</td> <td style="text-align: center;">63</td> </tr> <tr> <td style="text-align: center;">1952 and 1953</td> <td style="text-align: center;">64</td> </tr> <tr> <td style="text-align: center;">1954 and after</td> <td style="text-align: center;">65</td> </tr> </tbody> </table>	Year of Birth	Applicable Draw Down Age	1944 to 1949	62	1950 and 1951	63	1952 and 1953	64	1954 and after	65
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- NOTES:
1. For CPF MSS/MSPS, the minimum entry age is 55.
 2. Please provide letter to NTUC Income for deferment of Draw Down Age for CAK3

Minimum Sum Exemption (For OA/SA/Cash Application only)

Please tick for MSS Exemption <input type="checkbox"/> Yes <input type="checkbox"/> No	Members who wish to seek MSS Exemption, please pay attention to the following note:
<p>NOTE: CPF member who has set aside Minimum Sum and purchased annuity policies using OA, SA and cash before reaching age 55 are allowed to seek for Minimum Sum Scheme (MSS) Exemption if the annuity policies are able to provide a monthly income for retirement.</p> <p>Exemption from Minimum Sum can only be granted to a CPF member age 55 and above if the Annuity policies satisfy the following conditions:</p> <ol style="list-style-type: none"> 1. The monthly annuity payment to the CPF member must be for life and will only cease upon the Death of the CPF member. 2. The monthly annuity payment must commence at age no later than the draw down age (i.e. 62, 63, 64 and 65) 3. The insurance company is agreeable to endorse the following clauses in the policy: <ol style="list-style-type: none"> (i) Where the Annuitant cancels the Annuity policy for cash surrender value the Company shall transfer all the money representing the surrender value of the annuity or an amount equal to the value of the Minimum Sum as determined by the CPF Board, to the Annuitant's Retirement Account with the Central Provident Fund. (ii) Where a loan of the cash surrender value of the policy is granted to the Annuitant, the CPF Board shall have a first charge on the policy to secure the refund of an amount equal to the Minimum Sum as determined by the CPF Board to the Annuitant's Retirement Account with the Fund. The Company shall not be entitled to use part or all of any annuity payment falling due to repay the outstanding loan. 4. If the monthly annuity payment is equal to or more than the CPF member's cohort Minimum Sum monthly payment, full exemption can be granted. If not, CPF member will have to set aside a reduced Minimum Sum. This reduced amount may be in the form of cash or property pledge or both. <p>CPF members who wish to seek exemption for MSS are required to bring their policy document to CPF Board for approval. If the request is approved, the Board will write to the respective Insurance Company to pass endorsement on the annuity policy.</p>	

Premium Payment Method

Premium Payment Method <input type="checkbox"/> Cheque No. _____ (Payable to NTUC Income)	Source of fund (for single premium above \$200k)	
<input type="checkbox"/> Payment by MSS <input type="checkbox"/> Payment by MSPS	CPF Account No.	
<input type="checkbox"/> Payment by CPFIS OA (If you have not signed a Standing Instruction with your bank, please complete a copy and submit it directly to your bank) I authorise NTUC Income Insurance Co-operative Limited ("NTUC Income") to bill my CPF account once the proposal is accepted by NTUC Income.		
Name of Agent Bank	Investment Account No.	CPF Account No.
Please note that your bank will levy a charge, as determined by them, for every premium deduction attempt or refund made on your CPFIS OA.		
<input type="checkbox"/> Payment by CPFIS SA (Please fill "CPFIS Special Account" section on Page 3)	<input type="checkbox"/> Payment by SRS	
CPF Account No.	Name of SRS Operator	SRS Account No.

Annuity Instalment Payment Method and Mode

Annuity Instalment Payment Mode (Note: For MSS/MSPS, only monthly payment mode is applicable)

<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	
CPF Minimum Sum Monthly Payment	NTUC Income Monthly Payment

Annuity Instalment Payment Method

<input type="checkbox"/> GIRO	
Name of Account Holder	NRIC No. of Account Holder
Name of Bank/Branch	Bank Account No.
<input type="checkbox"/> Cheque	
Note: For SRS/CPFIS applications, the annuity instalment payment will be credited to their respective account.	

Declaration/Replacement of Existing Policy(ies)

1. Do you have any existing policy(ies)? If "Yes", please provide details below. Yes No

Name of Company	Year Issued	Sum Assured			Total & Permanent Disability	Accident & Hospitalisation	Others
		Life	Critical Illness	Term			

2. Is the assurance now applied for intended to replace any existing policy(ies) with this or any other office? Yes No

Warning: It is disadvantageous to replace an existing life insurance policy with a new one. Some of the disadvantages are:

- i. Insurance may not be granted on standard terms;
- ii. A higher premium may have to be paid in view of increased age;
- iii. The financial benefits accumulated over the years may be lost.

In your own interest, we would advise that you consult your present insurer (s) before making a final decision. Do hear out both sides and make a careful comparison so that you can be sure that you are making a decision that is in your best interest.

If your answer is "Yes" to Questions 2, please fill in the details below:

Details

Declaration of Beneficial Ownership (For payment by Cash and SRS only)

If you are not the beneficial owner*, please provide the details such as Name and NRIC/Passport No. of the beneficial owner(s) and your personal relationship(s) with them and submit a copy of their NRIC/Passport to us.

Please provide relevant details here : _____

* "Beneficial Owner" as defined in the MAS Notice on Prevention of Money Laundering and countering the Financing of Terrorism means the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporate.

For the avoidance of doubt, completion of this section is not a nomination of beneficiary(ies) under the policy.

Declaration and Authorisation

I/We declare and warrant that the answers given in this application are true, correct and complete and I/We accept full responsibility for them, whether written by me/us or by anyone else on my/our behalf. I/We have not withheld any information. I/We agree that this application and other written answers, statements, information or declarations made by me/us or on my/our behalf shall form the basis of the contract of insurance between me/us and NTUC Income and if anything untrue, incorrect or incomplete is stated, the insurance policy issued shall not be valid.

I/We agree that there shall be no liability upon NTUC Income until a policy has been issued and delivered to me and the first premium has been paid in full. And I/We agree and authorise:

- (a) Any medical source, insurance office, or organisation to release to NTUC Income, and
 - (b) NTUC Income to release to any medical source or insurance office,
- any relevant information concerning me/us at the time, irrespective of whether the application is accepted by NTUC Income or not. A photocopy is valid as an original copy.

I/We agree and authorise NTUC Income to withdraw amount in my retirement account for the purchased price on CPF MSS annuity application.

I/We understand that it is usually disadvantageous to replace an existing investment product e.g. unit trust, with a new investment product, whether from the same/different financial institution.

I/We have been given the following documents, the contents of which were explained to my satisfaction:

- (a) Your Guide to Life Insurance or Your Guide to Health Insurance or both,
- (b) Products Summary, and
- (c) Benefit Illustration.

I/We confirm that the entire marketing and selling process in respect of my/our proposed insurance application has been conducted in Singapore.

I/We agree that the policy will be entered in the Register of the Singapore policies.

I/We further declare that I/we am/are not (an) undischarged bankrupt and that I/we have committed no act of bankruptcy within the last twelve months and that no receiving order or adjudication in bankruptcy has been made against me/us during that period.

I/We also wish to apply for admission as a member of NTUC Income and if accepted, I/We agree to be bound by the By-Laws of NTUC Income.

If a material fact is not disclosed in this application, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the adviser but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Signed in Singapore on the _____ day of _____ 20____	
Signature of Proposer/Insured	Signature of Witness
	Name & NRIC No. of Witness

CPFIS Special Account

TO: THE CENTRAL PROVIDENT FUND BOARD

I hereby irrevocably authorise the Board to:

1. Debit my CPF Special Account the sum of monies specified by NTUC Income or the amount determined by the Board for the purchase/placement of the life insurance policy(ies) approved under the CPFIS-SA including any related fees, expenses and charges under the CPF Investment Scheme = Special Account (CPFIS-SA).
2. Credit my CPF Special Account with any income or any proceeds from the liquidation of the life insurance policy(ies) approved under the CPFIS-SA that are received from NTUC Income.
3. Disclose any particulars or information whatsoever relating to or in connection with my investment with NTUC Income to facilitate any transactions that cannot be settled due to data discrepancies, insufficient funds or any other reasons that the board deems fit.

I understand that the above transactions shall be made, subject to the provisions of the Central Provident Fund Act and the Central Provident Fund (Investment Schemes) Regulations as may be amended from time to time and also to all such terms and conditions as may be imposed by the Board from time to time.

I hereby agree to indemnify the Board and shall keep the Board indemnified against all actions, proceedings, liabilities, claims, damages, expenses or legal costs whatsoever arising out of in connection with the Board accepting and acting upon this authorisation.

Signature of Proposer	Name (as shown in NRIC)	Date (dd/mm/yyyy)
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Adviser's Declaration

1. I declare that all the answers given to me by the Proposer/Insured are declared in the application. I have not withheld any information which may influence the acceptance of this application by NTUC Income.
2. I am aware that NTUC Income takes a serious view of non-disclosure and action will be taken against me if I am deemed a party to the non-disclosure.
3. I have personally SEEN the Proposer/Insured and have explained the terms of the policy to the Proposer.
4. I have seen the original identification documents and attached a photocopy herewith. I confirm that the attached is a copy of the original.

Signature of Adviser _____ Date

5. Is the application intended to replace an existing policy? If "Yes", please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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