

Section D: Declaration

1. I agree that this written proposal form and the terms and conditions, all subsequent written notices given by NTUC Income to me and all subsequent written statements given by me to NTUC Income will make up the whole of the contract of insurance between NTUC Income and me.
2. I declare that the information given in this proposal and any supplementary questionnaire(s)/form(s) and/or option form furnished to NTUC Income or the Medical Examiner of NTUC Income are true to the best of my knowledge and belief and that no material fact(s), that is, fact(s) likely to influence the assessment and acceptance of this proposal have been withheld.
3. Without prejudice to the generality of the above statement, I consent to the transfer and disclosure, at any time and without notice or liability to me of any medical information on me in the insurer's possession to the Central Provident Fund Board for: (a) the purpose of making of a claim under the DPS or any other insurance scheme referred to in the Central Provident Fund Act (Chapter 36) which I may be insured under; or (b) any purpose connected with the administration or operation of the accounts maintained by the Board for me under the Central Provident Fund Act (Chapter 36). I agree that this consent shall not be affected by any subsequent physical or mental disorder, disability or incapacitation which I may suffer from. In addition, I agree that this consent shall remain valid notwithstanding my death.
4. I agree and authorise any medical source, insurance office, organisation to release to NTUC Income, and NTUC Income to release to any medical source, insurance office any relevant information concerning me at any time, irrespective of whether the proposal is accepted by NTUC Income.
5. I confirm that I am not an undischarged bankrupt, that no statutory demand has been served on me and no bankruptcy order has been made against me.
6. I am aware that I can seek advice from a qualified adviser before I sign this application/proposal form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.
7. I agree that the policy will be entered in the Register of the Singapore policies.

WARNING: If you do not disclose material facts in this proposal form, any policy issued may not be valid. If you are unsure whether any fact is material, please disclose it. This will include any information that you have given to the Insurance Adviser/Representative but is not declared in this proposal form. It is usually detrimental to replace an existing policy with a new one. A penalty may be imposed for early policy termination and the new policy may cost more or have less benefits at the same cost.

Signature/Thumb Print of Proposer	Signature/Thumb Print of Witness
Date (dd/mm/yyyy)	NRIC No. & Name of Witness/Date (dd/mm/yyyy)

For Official Use

Age	Status <input type="checkbox"/> Standard-Accept <input type="checkbox"/> Manual-Accept <input type="checkbox"/> Reject	
Standard-Underwritten by	Manual-Underwritten by	Date Underwritten

PRODUCT SUMMARY

BENEFIT ILLUSTRATION

- a) Sum Assured: \$46,000
- b) Premium Table

Age (years) Male/Female	Yearly Premium
34 and below	\$ 36
35-39	\$ 48
40-44	\$ 84
45-49	\$ 144
50-54	\$ 228
55-59	\$ 260

PRODUCT INFORMATION

Dependants' Protection Scheme (DPS) is a term-life insurance which covers policyholders for a sum assured of \$46,000 up to age 60. This scheme is aimed at providing CPF members and their families with some money to tide them over the first few years should the policyholder become physically/mentally incapacitated, or dies.

Key Product Provisions

- a) Qualified CPF members
This scheme covers CPF members
 - i. who are Singapore citizens or permanent residents;
 - ii. between 16 and 60 years old and;
 - iii. for a sum of \$46,000 up to age 60.
- b) Premium payment
The premium paid from your CPF Ordinary Account and/or Special Account is based on your attained age. If your CPF savings is insufficient to pay the premium for the cover of \$46,000, you can pay the difference in cash or be insured for a lower amount.
- c) Period of coverage after the yearly premium payment
You will be covered for one policy year (12 months) from the effective date of your policy. Your effective date of policy will be the successful date of premium deduction.
- d) Renewal of insurance cover
Once you are covered under this policy, your cover will be automatically renewed every policy year.
- e) Exclusions
This insurance scheme does not cover the following events:
 - i. War, any war-like operation and participation in riots
 - ii. Suicide or self-inflicted injury which occurs within one year of the policy commencement date
 - iii. Pre-existing illness/condition or impairment/incapacity before the cover commenced unless approval has been granted by the insurers
 - iv. Capital punishment for any criminal act committed by you within one year of the policy commencement date
 - v. Any acts directly or indirectly arising out of or is a consequence of your intentional criminal act, within one year of the policy commencement date
 - vi. You make or furnish any statement or fact that is false or misleading in a material particular

NOTE: This summary is meant for general information only. It does not serve as an insurance contract. The summary of terms and conditions of this insurance plan is specified in the certificate of insurance.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the Life Insurance Association (LIA) or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

Signature/Thumb Print of Proposer	Name of Proposer/Date (dd/mm/yyyy)
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