

APPLICATION FOR DREAMSAVER 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) _____		Contact No. (H) _____ (Hp) _____		Email
Name of Company/School		Occupation/Position		Annual Income (\$)
Exact Nature of Work				

Particulars of Insured (if different from Proposer)

Relationship with Proposer <input type="checkbox"/> Child (Below age 18) <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____ (Please specify)				
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) _____		Contact No. (H) _____ (Hp) _____		Email
Name of Company/School		Occupation/Position		Annual Income (\$)
Exact Nature of Work				

Details of Plan

Product Code STE 2	Policy Term	Amount of Regular Premium (\$)
<p>Guaranteed Cash Coupon, equal to the monthly premium, will be paid out from the 6th policy year.</p> <p>Please indicate your choice if you wish to exercise any one of the following options (if no option is chosen, the default option is for this Cash Coupon to be paid to the policyholder via cheque):</p> <p><input type="checkbox"/> I wish to receive the monthly Cash Coupon via GIRO (Note: GIRO Account must be a Personal Account of the policyholder for this option to be selected. Joint Account is not allowed.)</p>		
Name of Account Holder		NRIC No. of Account Holder
Name of Bank/Branch		Bank Account No.
<p><input type="checkbox"/> I wish to deposit all future Cash Coupon with NTUC Income at the prevailing interest rate which is not guaranteed.</p>		

Declaration of Beneficial Ownership

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 agree to inform NTUC Income as soon as possible if there is any change in the state of my health and/or Insured's health or if I and/or Insured plan to seek any medical consultation, investigation or treatment between the date of this application and before the date the policy is issued by NTUC Income. I/We understand that NTUC Income may impose special terms according to the information provided by me/us.

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 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/Parent/Legal Guardian

Signature of Witness

Signature of Insured
(For age 16 and above)

Name & NRIC No. of Witness

Parental Consent

To be completed by parent/legal guardian if the proposer is between 10-16 years old

I hereby give my consent for a life insurance policy to be issued on the life of my child/ward and that he/she is the proposer of the policy.

Name of Parent/Legal Guardian

NRIC/Passport No.

Relationship to Child

Parent

Legal Guardian (Please submit legal documents showing proof as legal guardian)

Signature of Parent/Legal Guardian and Date

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.

Yes No