



Change of Personal Particulars Form

For any change in Name/NRIC/FIN/Passport/Biz Reg., please specify the old/previous details.

Customer Information [#]Compulsory detail. Please provide.

Please attach a clear copy of NRIC/FIN/Passport (front & back) for update of Name, NRIC/FIN/Passport, Nationality, Date of Birth & Gender for verification.

Name [#]			
NRIC/FIN/Passport/Biz Reg. [#]		Date of Birth (dd/mm/yyyy) [#]	
Nationality [#]		Country of Birth	
Marital Status	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorce <input type="radio"/> Widow <input type="radio"/> Other	Gender [#]	<input type="radio"/> Male <input type="radio"/> Female
Education	<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> O/N Levels <input type="radio"/> A Levels <input type="radio"/> Diploma <input type="radio"/> Tertiary (Degree & Masters) <input type="radio"/> Professional/Doc		

For the following sections on this page, please complete only the sections which you will like us to update.

Address Details

Please attach the latest copy of any of the following supporting documents reflecting your name and new residential address.
 - Telephone/Utility Bills - Rental Agreement - Bank Statement - Government Agency Letter e.g. HDB, LTA, IRAS, CPF Board etc.

Address			Postal Code	
Does the new address apply to all existing policies?	<input type="radio"/> Yes <input type="radio"/> No	Country		
If you have selected No above, please state the Policy Number(s) of each policy that the new address will apply to.				
Policy No.				

Contact Details

Please indicate a (-) if you wish to remove any of the contact details. For overseas number, please indicate "+" sign, country code + area code + contact number (e.g. +1234567890).

Mobile No.		Home No.	
Office No.		Other Contacts	
Email Address			

Marketing Consent/Withdrawal

A. Marketing Consent

I give my consent to Income to collect, use and disclose my personal data (including any update that I have given to Income), to contact me for the purpose of providing marketing and promotional information relating to products and/or services offered and/or distributed by Income via the following modes of communication where I have indicated my consent below.

Call
 Email
 Post
 Text Messages/SMS

The consent provided by me in this form is in addition to and does not supersede any consent which I may have provided previously in respect of the other purposes, unless my consent is withdrawn and notified to Income.

B. Withdrawal of Marketing Consent

I wish to withdraw my consent for income to send me marketing and promotional information relating to the products and services offered and/or distributed by Income through the following mode(s) of communication where I have indicated below:

Call
 Email
 Post
 Text Messages/SMS

Please allow up to 30 days for your option to take effect.

Other Preferences

E-Statement	<input type="radio"/> Yes <input type="radio"/> No If you opt for e-statement, you will receive an email notification to view your statements (Bonus statement) when they are available via me@income.
Language Spoken	<input type="radio"/> English <input type="radio"/> Chinese <input type="radio"/> Malay <input type="radio"/> Tamil <input type="radio"/> Other Language
Language Written	<input type="radio"/> English <input type="radio"/> Chinese <input type="radio"/> Malay <input type="radio"/> Tamil <input type="radio"/> Other Language

Tax Residency Declaration

Are you solely a tax resident of Singapore?

Yes, I am solely a tax resident in Singapore and do not have a foreign tax residency. My Singapore TIN is my NRIC or FIN.

If your TIN is not your NRIC or FIN, please specify your TIN: _____

No, I am currently a tax resident in the following list of countries/jurisdictions (include Singapore, if applicable):

No.	Country(ies)/Jurisdiction(s) of tax residence [^]	TIN	If TIN is not available, please select on the reason code (Refer to Table 1 below)	If reason B has been selected, please indicate why TIN is not available
1			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
2			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
3			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
4			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
5			<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	

[^] If you are a United States (U.S.) citizen or U.S. resident for tax purposes, you are required to submit Form W-9.

Table 1

Reason code	Description
A	This country/jurisdiction where the account holder is resident does not issue TINs to its residents.
B	The account holder is otherwise unable to obtain a TIN or equivalent number. (Please explain why you are unable to obtain a TIN if you have selected this reason)
C	No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Please refer to the OECD website for more information on tax residency:

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>

Country of Address Outside Country of Tax Residency (where relevant)

Please help us to understand why your country of address indicated under Address Details is different from the country(ies) of tax residency indicated under Tax Residency Declaration.

Tick (✓) ONE only and submit relevant supporting documents:

No	Reason	Tick (✓) ONE only
1	Student at an education institution in the country of residential	<input type="radio"/>
2	Working in the country of residential for less than 6 months	<input type="radio"/>
3	On an educational or cultural exchange visitor program in the country of residential for less than 6 months	<input type="radio"/>
4	Regular travel between jurisdictions for work and home	<input type="radio"/>
5	Others – Please specify: _____	<input type="radio"/>

Personal Data Use Statement

By providing the information and submitting this form, I/we give my/our consent to NTUC Income Insurance Co-operative Limited, its representative, agents (collectively "Income"), relevant third parties, referred to in Income's Privacy Policy which can be found at <http://www.income.com.sg/privacy-policy> and/or appointed distribution partners to collect, use, and disclose the information (including any updates) for the purposes of processing and administering this insurance application or transaction, providing me with financial advice and/or recommendation on products and services, managing my relationship and policies with Income including research and data analytics, and in the manner and for the purposes described in the Income's Privacy Policy.

Where personal data of a third party (for example information of my spouse, child, ward or parent) is provided by me/us, I/we represent and warrant that I/we have obtained the consent of the third party to provide you with their personal data for this application or transaction.

The consent provided by me in this form is in addition to and does not supersede any consent which I may have provided previously in respect of the above purposes, unless my consent is withdrawn and notified to Income.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

Your Declaration and Agreement

I confirm that the information furnished in this form is true and accurate.

I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" above.

Name of Policyholder

Signature and Date

Parental Permission

If you are below 18 years old, your Parent/Legal Guardian must complete this section. I give permission for my child/ward to:

1. change the Personal Particulars;
2. agree and consent to the 'Personal Data Use Statement'

Name of Parent/Legal Guardian

NRIC No.

Relationship to Child

- Parent (Please send a copy of your NRIC)
- Legal Guardian (Please provide legal documents showing proof as Legal Guardian)

Signature of Parent/Legal Guardian and Date