

Application Form for IdealIncome



Particulars of Adviser

Name

Source Code

Name of Firm

For Official Use Only

Contract No.

Client No. (Life Assured)

Client No. (Assured)

WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP. 142), YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

This policy is underwritten by Aviva Ltd and will be entered into the register of Singapore policies.

Please complete in capital letters and tick boxes as appropriate.

A) PARTICULARS OF LIFE ASSURED (LIFE TO BE INSURED UNDER THE POLICY)

Full Name as shown on NRIC/Passport	Email Address <input type="text"/>
Salutation <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Contact No. <input type="text"/> (H) <input type="text"/> (O) <input type="text"/> (HP)
Surname <input type="text"/>	Nationality <input type="text"/> NRIC/Passport* No. <input type="text"/> <small>(Please submit a copy of NRIC/Passport)</small>
Given Name <input type="text"/>	Date of Birth <input type="text"/> (DD/MM/YY) Age Next Birthday <input type="text"/>
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Backdated to <input type="text"/> (DD/MM/YY)
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed
Residential Address <input type="text"/>	Name & Address of Employer <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/> Postal Code <input type="text"/>	<input type="text"/>
For existing policyholder with Aviva Ltd: If your residential address differs from our records, do you wish to update the above address in all your other policy(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Held <input type="text"/>
	Exact Nature of Duties Involved <input type="text"/>

B) PARTICULARS OF ASSURED (APPLICANT) (If different from Life Assured)

Full Name as shown on NRIC/Passport	Email Address <input type="text"/>
Salutation <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Contact No. <input type="text"/> (H) <input type="text"/> (O) <input type="text"/> (HP)
Surname <input type="text"/>	Nationality <input type="text"/> NRIC/Passport* No. <input type="text"/> <small>(Please submit a copy of NRIC/Passport)</small>
Given Name <input type="text"/>	Date of Birth <input type="text"/> (DD/MM/YY) Age Next Birthday <input type="text"/>
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Backdated to <input type="text"/> (DD/MM/YY)
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed
Residential Address <input type="text"/>	Name & Address of Employer <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/> Postal Code <input type="text"/>	<input type="text"/>
For existing policyholder with Aviva Ltd: If your residential address differs from our records, do you wish to update the above address in all your other policy(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Held <input type="text"/>
	Exact Nature of Duties Involved <input type="text"/>
	Relationship to the Life Assured <input type="text"/>

* Please delete accordingly

C) DECLARATION OF BENEFICIAL OWNERSHIP

If there is any Beneficial Owner(s) in relation to the policy, we are required by regulation to request the details of such Beneficial Owner(s). Please provide the details such as Name and Identity Card/Passport No. of the Beneficial Owner(s) and your personal relationship(s) with them and submit a copy of their Identity Card/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.

D) DETAILS OF THE POLICY APPLIED FOR

Monthly Benefit: S\$ Expiry Age: Premium Payable: S\$

Deferred Period: months Escalation Benefits @ %

Payment Frequency: Yearly Half-yearly Quarterly Monthly (by GIRO only)

Payment Method: Cash / Cheque Interbank GIRO (Please complete attached GIRO Form.)
 Visa / Mastercard# (Applicable to INITIAL PREMIUM for MONTHLY PAYMENT MODE only.)

Visa / Mastercard Authorisation

I authorise Aviva Ltd to charge initial premium and backdated premium, including extra premium, if any, to my credit card account for this insurance application.

Name of Cardholder Visa Mastercard

Card No. Bank Expiry Date

Cardholder Security Value (CSV) No. Signature Date
(last 3-digit number at the back of your credit card)

E) IDEALINCOME QUESTIONS

	Life Assured	Details	
1. Please describe the material duties involved in your occupation, starting with the task you do most. Where your job involves manual duties, you should include all significant tasks requiring physical mobility (e.g. driving, lifting, cleaning, etc). If you have more than 3 material duties, please continue in the space provided. If the total percentages are less than 100, please list what other activities you are involved in. Are you holding more than one occupation?	Duty 1: _____ % of time: _____ Duty 2: _____ % of time: _____ Duty 3: _____ % of time: _____ Other duties: _____ % of time: _____ _____ % of time: _____ _____		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. How long would you continue to be paid from your employment in the event of disability?			
3. How long have you been engaged in your present occupation? If less than 2 years, kindly state the previous occupation(s), nature of work, name(s) of previous employer(s) and the period with each.			
4. Do you have any intention of changing your current occupation? If 'Yes', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. (a) How many hours on average do you work per week?	_____ hours per week		
(b) Does your occupation require you to travel overseas? If 'Yes', indicate the number of days or months per year. Please also state the countries.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. (i) <u>For Salaried Persons:</u> (a) Please state your monthly gross salary. (b) Please advise details of any disability benefits provided by your employer (if any). (ii) <u>For Self-Employed Persons:</u> (a) How long have you been self-employed? (b) Please state your annual taxable income as reported in your Income Tax Returns for the last 3 years.	Basic: \$ _____ per month Variable: \$ _____ per month		
	_____ years		
	3 years ago Year: _____ Amt: \$ _____	2 years ago Year: _____ Amt: \$ _____	Last year Year: _____ Amt: \$ _____

(cont'd...)

	Life Assured	Details
7. Do you receive any income or remuneration from any other source? If 'Yes', please state the source and amount of income or remuneration received.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The proposed benefits together with those under similar insurance and earnings received during disability must not exceed 75% (for CPF contributor) or 65% (for non-CPF contributor) of your normal monthly earned income prior to disablement.		
8. Are you now insured or proposing or contemplating to take up any life, health, disability or accident insurance in addition to this proposal? If 'Yes', please state the name of company, sum assured / monthly benefit and type of policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Have you ever made any claim(s) on health, accident or disability policy? If 'Yes', please give details of each claim and benefits received.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have you ever been incapacitated from work for more than two consecutive weeks or suffered from any serious illness or injury? If 'Yes', please specify: (a) Nature of condition / injury (b) Date / Duration (c) Attending Physician (d) Current Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	

F) GENERAL QUESTIONS

1. Are you currently engaged in or have any intention of engaging in any form of aviation other than as a passenger travelling solely for transport or engaging in any hazardous pursuits such as scuba diving, motor-racing, mountain/rock-climbing, free fall parachuting, sky diving etc.? Yes No
If 'Yes', please state the activity and provide details.

2. Has any application, renewal or reinstatement of life, accident or health or disability policy on your life been deferred, declined or accepted at special rates or terms? Yes No
If 'Yes', please state the name of the company and provide details.

3. (a) Do you (the Policy Owner) have any existing life insurance policy(ies)? Yes No
If 'Yes', please state the name of insurer, sum assured, year issued and type of policy(ies) on the space provided.

(b) Is this application to replace or intended to replace any life insurance policy(ies) or unit trust(s), with Aviva Ltd or any other insurance company, bank, or financial adviser? Yes No
If 'Yes', please state the name of insurer, sum assured, year issued and type of policy(ies) on the space provided.

Warning:

If you are replacing your existing life insurance policy with this new application, some of the disadvantages of replacing your existing plan may be:

- i) you may not be insurable on standard terms
- ii) you may have to pay a different premium in view of older age
- iii) you may lose the financial benefit accumulated over the years
- iv) the terms and conditions may be different

If you are replacing your existing investment-linked insurance policy or unit trust with this application, you should find out whether you are entitled to free switching within your existing plan, as some of

the disadvantages may be:

- i) you may incur transaction costs without gaining any real benefit
- ii) the new policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at a higher cost
- iii) you may incur penalties for terminating the policy
- iv) the new policy may be less suitable for you

In your own interest, we would advise that you consult your present financial adviser before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest.

G) MEDICAL QUESTIONS

	Life Assured
1. Do you have any regular doctor or medical practitioner? If 'Yes', please provide us with the name and address of your regular doctor or medical practitioner.	
2. When did you last consult a doctor and for what reason?	
3. Please state height and weight.	Height: _____ m Weight: _____ kg

(cont'd...)

(cont'd...)

	Life Assured	Details
4. Are you currently receiving treatment / consultation (other than minor ailments, e.g. common cold flu, etc) or considering seeking medical advice from a doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. In the past 5 years, have you had any tests done such as X-ray, ultrasound, CT Scan, biopsy, electrocardiogram (ECG), blood or urine test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you ever had a surgical operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Have you ever had, or been told to have or been treated for:		
(a) epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous / mental disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(b) diabetes, thyroid disorders or any other endocrine disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(c) ear discharge, nose bleeds, double vision, impaired sight, hearing or speech or any other disorders of ear, eye, nose and throat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(d) asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints / discomfort or any other lung disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(e) raised cholesterol, high blood pressure, heart attack, heart murmur, mitral valve prolapse or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of any disorders of the heart or blood vessels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(f) gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(g) jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(h) blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(i) slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spines, limbs or joints or severe injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(j) cancer, tumours, cyst or growths of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(k) anaemia, any other disorders of the blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(l) any other illness, disorder, operation, physical disability or accident not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Have you or your spouse been told to have, received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Have you ever had HIV testing done (please state reason and result); or in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have you smoked cigarettes in the past 12 months? If 'Yes', for how many years and how many sticks per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of sticks <input type="text"/> No. of years <input type="text"/>
11. Do you take alcohol? If 'Yes', please state type and the average daily consumption.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type <input type="text"/> Qty <input type="text"/>
12. Have you ever taken addictive drugs / narcotics or been treated for alcoholism or drug addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. For Female Only		
(a) Have you suffered from or are you aware of any breast lumps or any other disorders of your breasts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(b) Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts, or any other disorders of the female organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(c) Have you had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(d) Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations? If 'Yes', please state the type, reason, date of test done and result of test (copy to be submitted if available).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(e) Are you now pregnant? If 'Yes', please state the number of month(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of months <input type="text"/>
(f) For female who has conceived, were there any complications during pregnancy such as gestational diabetes, hypertension, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

H) FAMILY HISTORY AND HEALTH STATUS

	Life Assured	Details					
1. Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney diseases, mental disorder, tuberculosis, or any hereditary disease? If 'Yes', please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No						
2. Please complete the following table (**If state of health is poor, please indicate the medical history e.g., heart disease, diabetes, cancer, etc)							
Family History of Life Assured							
Relationship	No.	Age(s)	State of Health**	Condition	Age of Onset	Age of Death	Cause of Death
Father	X						
Mother	X						
Brother(s)							
Sister(s)							

I) DECLARATION

I declare that I have been given a copy of the Benefit Illustration, Product Summary, Fact Find, Your Guide to Life Insurance and Your Guide to Health Insurance (if applicable) and that the contents of these documents have been explained to my satisfaction.

I declare that no material fact, that is, any fact likely to influence the assessment and acceptance of this application have been withheld and to the best of my knowledge and belief, the information furnished is true and complete. I agree to inform Aviva Ltd if there is any change in the state of my health or activities between the date of this application and the date full insurance coverage is provided by Aviva Ltd to me.

I agree and authorise Aviva Ltd to disclose any information relating to the details and status of my policy(ies) to any third party insurer, whether required by law or otherwise. I agree that all medical examination reports done for the purpose of this application are properties of Aviva Ltd to be used solely for insurance purposes.

I authorise any medical source, insurance office or organisation to release to Aviva Ltd and similarly Aviva Ltd to release to any of the prior mentioned organisations, relevant information concerning me at any time, regardless of whether the application is accepted by Aviva Ltd. A photographic copy of this authorisation shall be as valid as the original.

I further declare I am not undischarged bankrupt and that I have committed no act of bankruptcy within the last twelve months and no bankruptcy order has been made against me during that period.

Important Note:

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 this application. Please check to ensure you are fully satisfied with the information declared in this application.

Signature of Assured / Company Stamp (if applicable)
The signatory warrants that he or she has the authority to sign for and on behalf of _____ (Name of Company) and to bind the Company by his or her signature.

Date

Signature of Life Assured
 (for age next birthday 17 years & above)

Date

Signature of Witness

Name

NRIC No.

Date



ADVISER'S CONFIDENTIAL REPORT

Name of the Assured	<input style="width: 90%;" type="text"/>	NRIC / Passport No.	<input style="width: 90%;" type="text"/>
Name of the Life Assured <i>(if other than the Assured)</i>	<input style="width: 90%;" type="text"/>	NRIC / Passport / BC No.	<input style="width: 90%;" type="text"/>

A) INFORMATION OF THE ASSURED / LIFE ASSURED

	Yes / No*	Details
1. Does the Assured / Life Assured look ill in any way or appear to have any physical defect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you aware that at any time, the Assured has been sued, declared bankrupt, assaulted, in serious conflict with anybody or has any criminal record?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. (a) What do you estimate the Assured's ANNUAL INCOME to be?	<input type="checkbox"/> below \$10,000 <input type="checkbox"/> up to \$15,000 <input type="checkbox"/> up to \$30,000 <input type="checkbox"/> up to \$50,000 <input type="checkbox"/> up to \$75,000 <input type="checkbox"/> above \$75,000	
(b) What do you estimate the Assured's Net Worth to be?	<input type="checkbox"/> below \$100,000 <input type="checkbox"/> up to \$250,000 <input type="checkbox"/> up to \$500,000 <input type="checkbox"/> up to \$750,000 <input type="checkbox"/> above \$1,000,000	
(c) Is the financial position of the Assured / Life Assured such as to warrant his/her applying for a policy of the amount proposed? If no, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(d) For premium that are not paid by the Assured, please state the payor / cheque drawer / account holder's name, NRIC, relationship between the payor / cheque drawer / account holder and the Assured, reason(s) for making the payment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. For premium above \$20,000, please state the source of premium. For e.g., past savings, bonuses, business profits, gratuities, retrenchment / retirement benefits, CPF withdrawals, inheritances, being a beneficiary of the death / disability compensations, proceeds / profits from sale of property, windfall, etc.		
5. Are you related to the Assured by blood or marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Does the correspondence address stated in the application form belong to the Assured? If no, who does the correspondence address belong to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

B) UNEMPLOYED INDIVIDUALS (WHERE THE ASSURED / LIFE ASSURED IS UNEMPLOYED)

1. For the unemployed, housewives, retirees, students and those with short working history, please provide more information, such as, the original source of wealth, source of funds, previous employment and who they depend on for support.	
2. How much is the person(s) insured for?	

INSURANCE ADVISER'S DECLARATION ON REPLACEMENT OF POLICY

I hereby declare that this application IS IS NOT* intended to replace an existing policy.

INSURANCE ADVISER'S DECLARATION

I hereby certify that I have personally seen the Assured / Life Assured and explained the terms of the Insurance Plan to the Assured and I have not given any statement to the Assured contrary to the provisions as contained in the company's standard policy.

I declare that all the answers provided to me by the Assured / Life Assured are declared in the application. I have not withheld any other information which may influence the acceptance of this application by the company.

I have sighted the customer's original copy of NRIC / Passport and taken a copy. I undertake to provide a copy of NRIC / Passport when required.

Adviser's Signature	<input style="width: 90%;" type="text"/>	
Adviser's Name	<input style="width: 90%;" type="text"/>	Date <input style="width: 80%;" type="text"/>
Tel. No. <input style="width: 20%;" type="text"/> (O) <input style="width: 20%;" type="text"/> (HP)	Source Code <input style="width: 80%;" type="text"/>	

* Please tick accordingly

APPLICATION FORM FOR INTERBANK GIRO

Please mail completed form to: **Aviva Ltd**, 4 Shenton Way #01-01 SGX Centre 2, Singapore 068807

PART 1: FOR APPLICANT'S COMPLETION

Date (dd/mm/yyyy): _____	Name of Billing Organisation ("BO"): Aviva Ltd										
To: Name of Financial Institution: _____	Name of Policyowner: _____										
Branch: _____	Life Insurance Policy Number: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
<p>(a) I/We hereby instruct you to process the BO's instruction to debit my/our account.</p> <p>(b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose the charges accordingly.</p> <p>(c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.</p>											
My/Our Name(s): _____	My/Our NRIC Number(s): _____										
Mr/Mdm/Ms/Dr: _____	_____										
Mr/Mdm/Ms/Dr: _____	_____										
My/Our Account Number: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											My/Our Contact Number(s): _____
My/Our Signature(s)/Thumbprint(s)*: _____	Office Tel No.: _____										
_____	Home Tel No.: _____										
* If your account is operated by thumbprint, please go to your bank for identification.											

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank 7171	Branch 027	Billing Organisation's Account Number 0270007597	Billing Organisation's Customer Reference Number: _____																																																
Bank	Branch	Account Number to be Debited	Life Insurance Policy Number:																																																
<table border="1" style="display: inline-table; border-collapse: collapse; width: 50px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1" style="display: inline-table; border-collapse: collapse; width: 50px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation		
This Application is hereby rejected for the following reason(s) (please tick):		#Please delete where applicable
<input type="checkbox"/> Signature / Thumbprint# differs from Financial Institution's records	<input type="checkbox"/> Wrong Account Number	
<input type="checkbox"/> Signature / Thumbprint# is incomplete/unclear	<input type="checkbox"/> Amendments not countersigned by customer	
<input type="checkbox"/> Account Operated by Signature / Thumbprint#	<input type="checkbox"/> Others _____	
_____	_____	_____
Name of Approving Officer	Authorised Signature	Date

PAYMENT THROUGH INTERBANK GIRO

- When completing the application form, please provide all relevant information in full to avoid unnecessary delay in the processing of your application.
- Upon receipt of your application form, we will send it to your bank for verification.
- When your GIRO application has been approved, we will inform you of the commencement date of the premium deduction in writing. Before you receive our notification, please continue to pay your premiums in the usual manner.

ADDITIONAL INFORMATION ON GIRO PAYMENT

- If your premium is due between 1st and 14th of the month, your account will be debited on the 12th of the same month.
- If the premium deduction is unsuccessful on the 12th, we will make another attempt on the 27th of the same month. However, if the second attempt still fail, the GIRO service will be temporarily deactivated and the policy will subject to the "General Provisions" of the policy upon expiry of the grace period.
- If your premium is due between 15th and end of the month, your account will be debited on the 27th of the same month.
- If the premium deduction is unsuccessful on the 27th, we will make another attempt on the 12th of the following month. However, if the second attempt still fail, the GIRO service will be temporarily deactivated and the policy will subject to the "General Provisions" of the policy upon expiry of the grace period.
- If the deduction date falls on weekend or Public Holiday, the deduction shall take place on the next working day.
- Please note that for every unsuccessful debit due to "insufficient fund", your bank may impose a service charge of S\$5.00 or more.