APPLICATION FOR CHANGE - FOR LIFE POLICIES ONLY



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GREAT EASTERN LIFE POLICY NO.:																										
NAME OF POLICYHOLDER:																			T	Τ						
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PAYMENT CHANGES																										
1. Change of Payment Frequency																										
Yearly Half-Yearly Quarterly Monthly (Please use GIRO Application Form)																										
			2. C	PFIS	/ SF	RS Po	olic	y Or	nly											_						
Reactivate premium deduction from CPFIS / SRS from next due date or next deduction date.																										
Reactivate premium deduction from CPFIS / SRS with immediate effect.																										
Stop premium deduction from CPFIS / SRS until further written request.																										
POLICY CHANGES																										
3. Re	duct	ion/C	ance	llati	on o	f Ben	nefi	ts (v	vith	nou	t c	ash	ı v	alu	e)											
Reduction in sum assured																										
Note: Reduction in sum assured will take effect from next due date.																										
Basic Policy - From \$ To \$																										
Basic Policy - From \$																										
Note: For Regular Premium Participating Policy/ Rider, if your policy/rider has not acquired cash value when you reduce your sum																										
assured, any reversionary/terminal bo	nus d	eclare	d on y	your p	oolicy	y/ride	r wi	ll be	red	luce	ed a	acco	orc	lingl	y.											
Cancellation of rider / Supplementary Note: Cancellation of rider will take e				due d	ate.									-												
			4.	Con	vers	ion o	of Po	olicy	/																	
Conversion of policy into:																										
Reduced Paid Up Assurance																										
Extended Term Assurance																										
Note: Upon conversion to a Reduced Paid-L	Jp Ass	uranc	e / Ex	tende	ed Te	erm A	ssui	rance	e, th	ne f	ollo	wir	ng	con	diti	on	will	app	oly:							
No further premiums need to be p The policy will accept to participat			-																							
The policy will cease to participateThe benefits under the Total and F							-	ttach	ned	to v	you	r pc	olic	cy, if	an	ıy, v	vill I	be c	anc	elle	ed.					
 Any existing cash bonus/ survival 	benef	it and/	or ric							-						-						sh I	oonu	s/		
survival benefits, if any, will cease to be payable For Reduced Paid-up Assurance, the reduced paid-up sum assured will become payable in the event of a death claim / upon diagnosis											eie															
of a major illness (if coverage not ceased under the converted policy) / maturity of the policy. For Extended Term Assurance, the sum																										
assured will become payable if the death occurs before the expiry of the policy • For Extended Term Assurance, the policy will not have any policy loan or surrender value																										
			5	. Ve	sting	g Inst	truc	ction	1																	
Vesting Instruction																										
For policies issued before 1 Septembe For policies issued on/after 1 September						-																				
I wish to include vesting and agree that policy ownership will be transferred to the life assured upon his vesting age as per contract.												ct.														
I wish to cancel vesting and retain ownership of the policy. (Applicable only if policy has not been vested)																										

Form for the life assured. The policyholder should sign on behalf of the life assured if the life assured is below 21 years old.

Any photocopies/downloaded forms submitted must be an exact duplicate of the original. The Company will not be responsible for the validity of any photocopied/downloaded forms submitted which are not exact duplicates.

Pursuant to the Singapore Income Tax Act and regulations thereunder, which implement the standard for automatic exchange of financial account information in tax matters (commonly known as the "Common Reporting Standard" or "CRS"), the Company is legally obliged to obtain a self- certification form from the holder of a policy to which CRS applies, in order to determine the tax residence(s) of such

not apply to A&H policies and non-cash value policies. Therefore, please submit the Individual Self-Certification

policyholder. CRS does

the newly acquired avocation / hobby(ies). New Avocation / Hobby(ies): Brief description: Note: 1) If the above change is for PaySecure/ PayAssure policy or rider, please submit the Supplementary Form for PaySecure/ PayAssure, Any revision in premium will take effect from next due date. 7. Review of Residential Loading 1) Please state your Nationality: 2) Singapore Permanent Resident: 3) Please state the Country and the City in which you have spent more than 183 days in the past 12 months: 4) Do you hold any valid pass with at least 6 months' validity in Singapore? (Valid pass refers to only Dependant Pass, Student Pass, Long Term Visit Pass, Employment Pass such as Entrepreneur Pass, PEP, P1, P2 and Q1, S Pass and Work Permit excluding entertainment, construction, marine & shipping industries, domestic worker) - If yes, please state FIN No. Expiry Date: 5) For the next 12 months, do you plan or intend to spend more than 6 months outside your current country/ city of residence? If yes, please state the countries, cities, duration, frequency and purpose. Name of Country / City Duration Frequency Purpose Note: 1) If the above change is for PaySecure/ PayAssure policy or rider, please submit the Supplementary Form for PaySecure/ PayAssure, An revision in premium will take effect from next due date.	GRE/	AT EASTERN LIFE POLICY	NO.:												
The new occupation Defendence Defenden				6. C	hange in	Occupa	ation/A	ocation/							
The Life Insured has taken new avocation / hobby(les).		the new occupation. Brief description of duties: _													
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Signature of Legal Owner (as per policy contract) Contact No. /E-mail Address Date		If the above change is for Parevision in premium will take Pursuant to the Singapore I financial account information obliged to obtain a self-certif such policyholder. CRS does of the policyholder, please sui) the Individual Self-Certifii) the Entity Self-Certificat Financial Entity ("NFE"), Institution, please also co	effect from r ncome Tax A in tax matte lication form not apply to A bmit: lication Form tion Form if the or an Investigation	next due Act and rs (com from the A&H poli if the police tment E	e date. regulation monly kno e holder of icies and n olicyholde yholder is Entity loca	ns there we as to a police on-cash r is an in a comp ted in a s Self-C	eunder, she "Com by to which n value pondividual pany. For a Non-Pa certificati	which imp mon Repo th CRS app blicies. The ; or Controlling articipating	lement the rting Stand plies, in ord erefore, if the g Persons o	e standard for automatic exchange of lard" or "CRS"), the Company is legally ler to determine the tax residence(s) of nere is a change in country of residence of a policyholder who is a passive Non-					
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hotocopied/ downloaded forms submitted which are not exact duplicates.								al.The Com	panywillno	ot be responsible for the validity of any					

Customer Service Department 1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659