

Complete this form and submit online at greateasternlife.com > Contact us. Alternatively, you may choose to mail the form to us.

A DETAILS OF POLICY AND POLICYHOLDER

Policy No.		
Full Name of Policyholder		
NRIC No.		
Singapore Citizen / Permanent Resident Status	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Address		
Contact No.	Mobile:	Home:

B PAYMENT INSTRUCTIONS

Notes:

1. This form is for change of payment method to CPF MediSave related payment methods or to Cash. If you would like to pay the full premium by GIRO or Credit Card, you can do so via the Great Eastern App. Simply go to Services > Payment > Change payment method.
2. Change of payment method will take effect from the next renewal date.
3. For premium payment using CPF MediSave, there is a Supplementary Cap Limit of \$600 per calendar year per life assured. The limit may be reached if you have other ElderShield / CareShield Supplementary Plans with us or other insurers. If the premium exceeds the Supplementary Cap Limit or there is insufficient fund in the MediSave Account(s), the balance amount has to be paid by cash.

Please tick the relevant box(es) below:

- ☐ I would like to re-deduct the current premium for the policy(ies) indicated in Section A; and/or
- ☐ I would like to change the payment method for the policy(ies) indicated in Section A as follows:
- ☐ **CPF MediSave only** (any existing GIRO or Credit Card arrangement will be removed)
(Please complete Section C)
- ☐ **CPF MediSave and GIRO** (any balance amount after CPF MediSave will be deducted from GIRO)
(Please complete Section C and attach completed GIRO Application Form, and submit both forms together)
- ☐ **CPF MediSave and Credit Card** (any balance amount after CPF MediSave will be charged to the credit card)
(Please complete Section C and attach completed Credit Card Authorisation Form, and submit both forms together)
- ☐ **Cash only**
You may pay by AXS, internet banking, PayNow QR. Please visit our website at go.greateasternlife.com/CSPayGuide to view the available payment methods.

Policy No.	
------------	--

C AUTHORISATION BY CPF ACCOUNT HOLDER(S)

To deduct from the following CPF MediSave Account(s) for my current and future premium payments:

	Payer (1)	Payer (2)	Payer (3)	Payer (4)
Name of CPF Account Holder				
Date of birth				
NRIC No. / CPF Account No.				
Nationality				
Singapore Citizen / Permanent Resident Status ("Yes" or "No")				
Country of Birth				
Relationship to Policyholder*				
% of Premium**	%	%	%	%
Signature of CPF Account Holder				

* The CPF Account Holder must be the Policyholder or the spouse / child / parent / grandchild / sibling of the Policyholder. Policyholder who is not a Singapore Citizen or Permanent Resident, is not allowed to use the grandchild's/sibling's MediSave.

** Percentage in whole number. Total CPF contribution must add up to 100%. If there is no indication, total contribution will be taken as 100%. In the event when the deduction is unsuccessful or partial, balance premium will have to be paid by cash.

Authorisation by the CPF Account Holder(s)

- (a) I/We authorise the CPF Board to deduct the premium(s) due for the Policyholder to be covered under the policy(ies) from my/our MediSave Account(s) in accordance with the provisions of the Central Provident Fund Act 1953, and the regulations made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF Board from time to time.
- (b) I/We authorise the CPF Board to deduct the available amount in my/our MediSave Account(s) in the event that the balance in my/our MediSave Account(s) is not sufficient to pay for the full premium(s) due.
- (c) I/We authorise the CPF Board to disclose/seek information on a confidential basis to/from any insurer(s) such information relating to the deduction from my/our MediSave Account(s) as CPF Board shall reasonably consider appropriate.

D DECLARATION

- I, the policyholder, declare that the particulars and information given in the application form are true and correct.
- By providing the information set out above, I agree and consent to Great Eastern and its related corporations (collectively, the "Companies"), as well as their respective representatives, agents, the Companies' authorised service providers and relevant third parties (the Companies and all the other foregoing parties, collectively, "Great Eastern Persons") collecting, using, disclosing and sharing amongst themselves my personal data, for purposes reasonably required by the Companies to evaluate my proposal and to provide the products or services which I am applying for (including any policy renewals and policy upgrades, substitutions or replacements) and such other purposes as described in Great Eastern's Privacy Statement (collectively, the "Purposes"). These Purposes are set out in the Great Eastern's Privacy Statement, which is accessible at <http://www.greateasternlife.com/sg/en/privacy-and-security-policy.html> and which I/we confirm I/we have read and understood.

Signature of Policyholder	Date
---------------------------	------