

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.	<input type="text"/>
Full Name of Policyholder	<input type="text"/>
NRIC No.	<input type="text"/>
Email Address	<input type="text"/>
Contact No.	Mobile: <input type="text"/> Home: <input type="text"/>

B PAYMENT INSTRUCTIONS

Notes:

This form is for change of payment method to CPF or to Cash/Cheque. If you would like to pay the full premium by GIRO, please obtain the GIRO application form from our website at greateasternlife.com > Self-service guides > Dependants' Protection Scheme (DPS) > Change payment method.

Please tick the relevant box(es) below:

- ☐ I would like to re-deduct the current premium for the policy indicated in Section A; and/or
- ☐ I would like to change the payment method for my current and future premiums for the policy indicated in Section A as follows:
- ☐ Deduction from my CPF savings
- ☐ Cash
- You may pay by AXS or internet banking. Please visit our website at go.greateasternlife.com/CSPayGuide to view the available payment methods.

C 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.
- For re-deduction and/or deduction from CPF savings,
 - I authorise the Central Provident Fund Board (the "CPFB") to deduct premium(s) from my CPF savings 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 CPFB from time to time.
 - I authorise the CPFB to disclose information/seek information on a confidential basis to/from my insurer(s) such information relating to:
 - payment of premiums due under the proposal, including the deduction of premiums from my CPF savings in accordance; and
 - the making of refunds under this proposal, as the CPFB shall reasonably consider appropriate.

Signature of Policyholder	Date