

DEPENDANTS' PROTECTION SCHEME APPLICATION FOR OPT OUT

Why You Should Stay Covered with Dependant's Protection Scheme (DPS)

1. If you are planning to cancel your DPS policy, we urge you to review the benefits of the scheme before making a decision.
2. DPS offers financial protection at affordable premiums and the convenience of using your CPF savings to pay the premiums.
In addition, DPS also allows you to:
 - Enjoy term-life insurance coverage up to \$70,000
 - Protect your loved ones in the event of total permanent disability, terminal illness or death
 - Gain access to special pricing offers and range of member benefitsFor more information regarding DPS, please visit www.greatasteamlife.com/dps.
3. If you still wish to opt out, please complete this form and email it to dps-sg@greatasteamlife.com. Alternatively, you may choose to mail the form to us.

A DETAILS OF POLICY AND POLICYHOLDER

Policy No.	
Full Name of Policyholder	
NRIC No.	
Email Address	
Contact No.	Mobile: _____ Home: _____

B DECLARATION FOR OPT-OUT

I do not wish to be covered under DPS with Great Eastern Life and hereby apply to opt out of the scheme. I understand that if I want to rejoin the scheme with Great Eastern Life in the future, I will be required to make a health declaration and it will be subject to satisfactory health underwriting.

Where refund of premium is applicable:

For premium payments made by cash, the default option for the refund of premiums will be via PayNow[^].

[^] I confirm that I have registered with PayNow and I have linked my Singapore NRIC to my bank account ("PayNow Account") whereby I am the legal and beneficial owner of the PayNow Account. I also hereby authorise and instruct The Great Eastern Life Assurance Company Limited ("the Company") to deposit the payment that is payable to me into my PayNow Account, as well as consent to the participating banks disclosing any personal data as is reasonably required by the Company to verify my PayNow Account. In the event that the PayNow transaction is unsuccessful for whatever reason, I agree and acknowledge that a cheque for the payment will be issued to me.

I undertake not to hold the Company liable for any costs, damages, losses and/or expenses that I may incur or suffer as a result of the foregoing instruction.

Please tick the box below if you wish to receive your payment via cheque instead. For payment via cheque, an additional 7 to 14 working days will be required for cheque to be prepared and dispatched.

Yes, please mail the cheque to me.

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