

UPDATE OF PERSONAL PARTICULARS

Important Note: Remember to sign and complete “Declaration and Authorisation by Policyholder” on Page 3.

YOUR PARTICULARS (Form is for 1 person only, please submit a separate form for additional request)

Policy No.	
Policy Owner's Name (as in NRIC/ Passport/ FIN)	
NRIC/ Passport No. / FIN	

YOUR NEW SPECIMEN SIGNATURE

- a. All signature signed on this form has to be in original ink. Scanned or photocopied copy is not acceptable.
 b. The new signature shall apply to all your policies under Great Eastern Life and Great Eastern General.
 c. If you cannot recall your current signature or if your signature is a thumbprint, please visit our Customer Service Centre to request for this change. Please bring along your NRIC / Passport etc for verification purpose.

<u>Current Signature / Thumbprint (as per Great Eastern's records)</u>	<u>New Signature / Thumbprint</u>

FOR OFFICIAL USE (FOR WALK-IN)

Great Eastern's Attending Officers: Name: _____ Name: _____ Signature: _____ Signature: _____ Date: _____ Date: _____	Notary Public: Signature of Notary Public or other Officer empowered by law to administer Oaths, Affirmations or Affidavits Date: _____
--	--

CORRECTION / CHANGE IN PERSONAL PARTICULARS

Please attach one of the below supporting documents which reflect the detail(s) to be corrected/ changed printed on it. Remember to indicate your name and ID number on this document. For Policy Owners and Life Assured of SupremeHealth policies with premium paid using CPF Medisave Account, please maintain a valid Singapore ID number (i.e. NRIC/ FIN number) for the premium deduction from your CPF Medisave account.

Type of Change	Acceptable supporting document.
Name	Copy of Deed Poll, Copy of IC (both front and back) or Copy of Passport
Date of Birth / Gender	Copy of Birth Cert, Copy of IC (both front and back) or Copy of Passport
Identification No.	Copy of IC (Singapore, Malaysian, Brunei) or Fin Card or Work Permit Card (both front and back) or Copy of Passport
Citizenship	Copy of Singapore NRIC (both front and back) or Copy of Passport

I wish to update the Personal Particulars for (please select **one**, use separate form each person):
 Myself My Life Assured

Name	(Old)			
	(New)			
DOB	DD / MM / YYYY	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
ID No.	(Old)			
	(New)			
Citizenship	<input type="checkbox"/> No Change <input type="checkbox"/> My new citizenship is			

UPDATE OF PERSONAL PARTICULARS

Declaration and Authorisation by Policy Owner

I hereby give my authorisation to make the corrections/ changes indicated on this form.

By providing the information here, I agree and consent to Great Eastern, its related corporations (collectively, the “Companies”), as well as their respective representatives and agents (“Representatives”) collecting, using, disclosing and sharing amongst themselves my personal data, and disclosing such personal data to the Companies’ authorized service providers and relevant third parties for purposes reasonably required by the Companies to provide products or services which I am applying for.

These purposes are set out in Great Eastern’s Privacy Statement, which is accessible at <http://www.greataeasternlife.com/sg/en/privacy-and-security-policy.html> and which I confirm I have read and understood.

I/We agree that I/we will update the Company promptly of any change or addition to the information provided herein about me/us or the life assured, the beneficiary named in this proposal or of the policy and any other relevant persons (if any, and collectively with the life assured and the beneficiary the “Relevant Persons”) as the Company may reasonably require.

Signature of Policy Owner (Note: digital signature is not acceptable)	As per existing record. If there is an update of your specimen signature, use your new signature. If Company, please place the company stamp and provide Name and ID No. of the authorised signatory below.	Contact No.	
		Date	
Name of authorised signatory:		ID No. of authorised signatory	

For Internal Use

Requesting Officer		Department / Section Head	
_____ Name / Department/ Ext. / Signature Date: Remarks/ Instructions:		_____ Name / Department/ Ext. / Signature Date: Remarks/ Instructions:	
CMDU Officer 1		CMDU Officer 2	
_____ Date:		_____ Date:	