

**DEPENDANTS' PROTECTION SCHEME
CHANGE PAYMENT METHOD & AUTHORISATION**

A DETAILS OF POLICY AND POLICYHOLDER

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

B PAYMENT INSTRUCTIONS

Please tick the relevant box(es) below:

- I would like to re-deduct the current premium for the policy indicated 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**
- Cheque**

To pay full premium by cheque (I will send a crossed cheque made payable to "The Great Eastern Life Assurance Co. Ltd" with my policy number, NRIC and contact number on the reverse side of the cheque).

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

Signature of Policyholder

Date