

**Policy No.:**

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**Financial Rep. IAC No.:**

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**Financial Rep. Name:** \_\_\_\_\_

**Rep. No.:**

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**Box No. / Branch Code:**

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**WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW. OTHERWISE, YOU MAY RECEIVE NOTHING FROM THE POLICY.**

Please \*delete/tick where necessary

[illegible]

Gender \* Male / Female

Country of Address \_\_\_\_\_

Country of Address \_\_\_\_\_

If mailing address differs from residential address, please provide the reason(s) \_\_\_\_\_

Home Tel \_\_\_\_\_ Mobile Tel \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Exact Duties Involved \_\_\_\_\_

Special Instructions:

Cheque payments made to our Financial Representatives have to be made through our ePayment service.

If the premium is paid by CHEQUE, please write the name of the Proposer and the NRIC No. on the reverse side of the Cheque.

The cheque should be crossed and made payable to “The Great Eastern Life Assurance Co. Ltd”.

Effective from 1 March 2023, our Financial Representatives will no longer accept cash. Should you require cash payment services for your payment of premiums, please visit our Great Eastern Service Centre cashier counters.

Premium payable by ☐ CPF Savings ☐ Cash

*CPF Savings will be the default if not specified*

☐ Direct Credit via Bank Account

Name of Bank : **Overseas-Chinese Banking Corporation Limited**

Bank Account No.:

### Important Notes:

- (1) Direct crediting of payout(s) (where applicable) can only be paid to a Singapore OCBC Bank account belonging to the legal owner of the policy. The Singapore OCBC Bank account must be a savings or current account.
- (2) Direct crediting of payout(s) (where applicable) is not applicable for policies issued under trust nomination.
- (3) Direct crediting of payout(s) (where applicable) can only be paid to the legal owner of age 18 years and above.
- (4) GE will correspond with you when payout(s) (where applicable) is due, if there is no request for Direct Credit of payment.

I/ We confirm that I/ we am/ are the legal and beneficial owner of the following bank account ("Account") and the Account number is correct. I/ We hereby authorise and instruct The Great Eastern Life Assurance Company Limited ("GE") to deposit any payout(s) (where applicable) that are payable to me/ us from time to time into this Account, as well as to verify my/ our Account with the following bank (where necessary). If the Account is denominated in a different currency from the currency of the monies payable under the policy applied for in this proposal form, I/ we understand that any amount to be credited into the Account will be subject to the bank's prevailing rates and charges. I/ We undertake not to hold GE liable for any costs, damages, losses and/ or expenses that I/ we may incur or suffer as a result of my/ our foregoing instruction.

☐ Direct Credit via PayNow

I/ We confirm that I/ we have registered with PayNow and I/ we have linked my/ our Singapore NRIC/FIN/UEN to my/ our bank account ("PayNow Account") whereby I/ we am/ are the legal and beneficial owner of the PayNow Account. I/ We hereby authorise and instruct The Great Eastern Life Assurance Company Limited ("GE") to deposit any payout(s) (where applicable) that are payable to me/ us from time to time into my/ our PayNow Account as well as to verify my/ our PayNow Account with the respective Bank (where necessary). If the PayNow Account is denominated in a different currency from the currency of the monies payable under the policy applied for in this proposal form, I/ we understand that any amount to be credited into the PayNow Account will be subject to the bank's prevailing rates and charges. I/ We undertake not to hold GE liable for any costs, damages, losses and/ or expenses that I/ we may incur or suffer as a result of my/ our foregoing instruction.

## Section D : Medical Underwriting Questions

1. Height  •  m Weight  •  kg

Yes No

2. Has any insurer ever declined or postponed your application or reinstatement for life or health insurance?  
(If Yes, please provide further details below)

☐ ☐

Name of Insurer	Type of Policy	Reasons

3. Has any insurer accepted your application or reinstatement for life or health insurance with special terms (e.g. loading or exclusions)?  
(If Yes, please provide further details below)

☐ ☐

Name of Insurer	Type of Policy / Loading / Exclusion	Reasons

4. Have you ever made or plan to make any life, health or accident claims, including corporate insurance, from us or any other insurer?  
(If Yes, please provide further details below)

☐ ☐

Type of claim (eg. critical illness, hospitalisation, disability, accident)	Details of claims	Date of claim	Name of insurer

5. Have you ever had, been told to have or been treated with any of the following medical conditions?

☐ ☐

a) Ischaemic heart disease/coronary heart disease, heart valve disorders or arrhythmia (irregular heartbeats), b) stroke/cerebrovascular disorders or arteriovenous malformation, c) renal failure or renal dialysis, d) diabetes with complications, e) chronic liver disorders, liver cirrhosis, hepatic encephalopathy, liver failure, f) dementia/Alzheimer's disease, g) severe psychiatric or mental illness, h) motor neuron disease, i) muscular dystrophy, j) paralysis (hemiplegia/paraplegia/quadruplegia), k) multiple sclerosis, l) rheumatoid arthritis with complications, m) systemic lupus erythematosus with complications, n) parkinson's disease with complications, o) pulmonary hypertension or chronic lung disease, p) aplastic anaemia, thalassaemia major or severe blood disorders, q) cancer, growth or tumour, r) drug addiction or alcoholism, s) AIDS/HIV infection or t) any other illness, disorder, injury, physical disability or abnormality not listed above?

(If Yes, please provide further details below)

Medical Condition	Date / Symptoms / Signs	Date of Investigation / Type of tests done / Results / Name of clinic / hospital	Treatment (name of drug) / Surgery (period of hospital admission)	Present condition: (Please tick)
				<input type="checkbox"/> Still on follow-up <input type="checkbox"/> Receiving treatment or <input type="checkbox"/> Fully recovered & discharged
				<input type="checkbox"/> Still on follow-up <input type="checkbox"/> Receiving treatment or <input type="checkbox"/> Fully recovered & discharged
				<input type="checkbox"/> Still on follow-up <input type="checkbox"/> Receiving treatment or <input type="checkbox"/> Fully recovered & discharged

6. Excluding the medical conditions or symptoms that you have already told us about, have you had or been advised by a doctor to have surgery, medical tests or investigations such as blood test, urine test, x-ray, ECG, ultrasound, imaging scan, biopsy, mammogram, pap smear, prostate check etc during the past 5 years? Yes ☐ No ☐

(If Yes, please provide further details below)

Date	Type of test(s)/ surgery done	Reason for test(s) / surgery done	Results	Name of clinic / hospital	Follow up / treatment required (Please tick)
					<input type="checkbox"/> No follow up / treatment required <input type="checkbox"/> Follow up / treatment required <input type="checkbox"/> Type of treatment: _____ <input type="checkbox"/> Name of drug: _____
					<input type="checkbox"/> No follow up / treatment required <input type="checkbox"/> Follow up / treatment required <input type="checkbox"/> Type of treatment: _____ <input type="checkbox"/> Name of drug: _____

7. Do you intend to have any surgery, tests or investigations in the coming year? Yes ☐ No ☐
- (If Yes, please provide further details below)

Date	Type of test(s)/ surgery done	Reason for test(s) / surgery done	Results	Name of clinic / hospital	Follow up / treatment required (Please tick)
					<input type="checkbox"/> No follow up / treatment required <input type="checkbox"/> Follow up / treatment required <input type="checkbox"/> Type of treatment: _____ <input type="checkbox"/> Name of drug: _____
					<input type="checkbox"/> No follow up / treatment required <input type="checkbox"/> Follow up / treatment required <input type="checkbox"/> Type of treatment: _____ <input type="checkbox"/> Name of drug: _____

### Section E : Authorisation by CPF Account Holder

- 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 agree that (i) acceptance of this proposal shall be at GE's sole discretion at all times; and (ii) GE will have no liability until GE has accepted this proposal through its issuance of a letter of acknowledgement to me and I have paid the first premium in full.
- I hereby consent to the transfer and disclosure, at any time and without notice or liability to me of any medical information on me in the insurer's possession to the CPF Board for:
  - the purpose of making of a claim under the DPS or any other insurance scheme referred to in the Central Provident Fund Act 1953 which I may be insured under; or
  - any purpose connected with the administration or operation of the accounts maintained by the Board for me under the Central Provident Fund Act 1953. I hereby agree that this consent shall not be affected by any subsequent physical or mental disorder, disability or incapacitation which I may suffer from. In addition, I hereby agree that this consent shall remain valid notwithstanding my death.

### Section F : Declaration

- I declare that the information I have given to The Great Eastern Life Assurance Company Limited ("GE") and any of its medical examiners in this proposal form and any documents are true and complete and I am fully responsible for the truth of the information given in these documents. If I have withheld any information or given false information in this proposal and any documents, and GE issues the policy, I agree GE reserves the right to re-underwrite, terminate or void the policy. I agree that all information given in relation to this proposal together with any documents I provide or I will provide in relation to myself under this policy will form the basis of the contract of insurance and any temporary insurance (if any), I agree that I will be legally bound by the information given once this proposal form is signed.
- I agree to inform GE about any change in my health and/or any facts which are likely to influence the assessment and acceptance of this proposal arising between the date of this proposal and the date GE issues the policy. Once GE receives this information, GE is entitled to decide whether to accept or reject this proposal.
- I agree that should I decide not to take up the proposal under the standard or revised terms offered by GE or if the proposal is officially accepted by GE and I decide to terminate the policy within 14 days from the policy commencement date, GE will refund the full premium to me.
- I authorise and agree to the following:
  - Any medical source, insurance office, reinsurer or organisation can release my relevant information to GE and vice versa, regardless of whether GE accepts this proposal;
  - GE or any of its approved medical examiners or laboratories can carry out the necessary medical assessments and tests to underwrite and assess my health in relation to this proposal and any claims I make under it: and

(c) GE can use or reveal as GE reasonably considers appropriate, any information GE has collected or holds (whether provided in this proposal or otherwise) to allow GE, its related companies or independent third parties, within or outside Singapore, to deal with any matters relating to this proposal or policy or any other policies that I currently have with GE.

A copy of this authorisation shall have the same effect as the original.

- 5 I agree that the policy will be issued as a Singapore policy and that the policy will be entered in the register of Singapore policies.
- 6 I/ We confirm that I am/ we are not an undischarged bankrupt and that no bankruptcy application (including any statutory demands) or order has been made against me/ us in the last 12 months. In the event that this declaration is found to be inaccurate or untrue, I/ We agree that GE shall be entitled (at its sole discretion) to terminate or void the policy, and/or make any payments or refunds to the relevant party as the Official Assignee or Private Trustee, as the case may be, may instruct.

- 7 For hardcopy policy document - I agree that my policy will be mailed directly to me according to the mailing address as provided in the proposal form. For electronic policy document- I agree that when the policy document is available, i will receive the same by email to the email address provided in the proposal form or where applicable, any email address which I provide to GE in writing, whichever is latest according to GE's records.

I further agree that my policy document will be deemed to have been received by me on the day GE has successfully delivered the aforesaid email ("Relevant Day"). I understand and acknowledge that i may terminate the policy within the free-look period (as set out in my/ our policy contract), in accordance with the terms of the policy. For the avoidance of doubt, the free-look period commences the day after the Relevant Day.

- 8 I agree that GE will contact me and send all policy communications for this policy and my existing policy(ies) to my mailing address, mobile number and email address ("Contact Details") as provided in the proposal form or where applicable, to the Contact Details which I provide GE in writing, whichever is the latest according to GE's records. I further agree that GE may send me hardcopy policy communications, where electronic copies are unavailable.

For the avoidance of doubt, any updates to my Contact Details will not affect the email address and mobile number I used to register for my GREAT ID account(s).

- 9 No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit may, in the insurer's opinion, expose that insurer to the risk of or result in any breach or violation of, or non-compliance with, any sanction, prohibition, restriction or regulations now and from time to time imposed by any state or transnational organisation including but not limited to the United States of America, the United Nations, the European Union, the United Kingdom, the Republic of Singapore and any state or country where the insurer or its related entity carries on business ("Sanctions").

If the insured, policy holder, beneficial owner, life assured(s) (if applicable), beneficiary, payee or any affiliate, successor or assign of any of the foregoing (collectively the "Insured") is designated or listed as a person subject to Sanctions ("Restricted Party") or has any involvement whatsoever with any Restricted Party, whether directly or indirectly, or has been charged, or convicted or has had judgment taken against them under any local or foreign law or regulations implementing any Sanctions, the insurer shall be entitled, in its sole discretion and without incurring any liability whatsoever, to exercise any one or more of the following rights and/or remedies against the Insured, namely (i) cancel, terminate, void and/or nullify any policy, contract, transaction or business; (ii) liquidate and/or close-out any financial product or investment; (iii) withhold and/or suspend any payment, transfer and/or receipt of any money, refund or benefit; (iv) decline and/or refuse any transaction or request; and/or (v) take or refrain from taking any step or action necessary to eliminate, reduce or minimise the risk of any breach or violation of any Sanctions or exposure to any Sanctions.

The Insured shall indemnify the insurer and hold the insurer harmless from and against any and all losses, damages, costs and/or expenses suffered and/or incurred by the insurer, including but not limited to legal costs and attorney's fees.

- 10 I am aware that I can seek advice from a qualified Financial Representative before I sign this proposal form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to meet my financial needs and insurance objectives.

#### 11 Policy Application, Service and Administration

By providing the information set out above, I/ we agree and consent to GE 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/or sharing amongst themselves my/ our personal data, for purposes reasonably required by the Companies to evaluate my/ our proposal and to provide the products or services which I am/ we are 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") which is accessible from Great Eastern Singapore's website, which I/ we confirm I/ we have read and understood.

My/ our consents herein supplement but do not supersede nor replace any other consents I/ we may have previously provided to Great Eastern Persons, and my/ our consents herein are cumulative and additional to any rights which any of the Great Eastern Persons may have to collect, use, and/or disclose of my/ our Personal Data, with or without my/ our consent, to the extent permitted under applicable law.

### Section G : Financial Needs Analysis

Do you require a Financial Representative to advise and do a Financial Needs Analysis with you? (Please tick the appropriate box)

☐ No ☐ Yes (additional documents is required. Our Financial Representative will assist you.)

### BENEFIT ILLUSTRATION

a) Sum Assured:

Age (Years)	Sum Assured
59 and below	\$70,000
60-64	\$55,000

b) Premium Table:

Age (years)	Yearly Premium
34 and below	\$18
35-39	\$30
40-44	\$50
45-49	\$93
50-54	\$188
55-64	\$298

## PRODUCT SUMMARY

### Product Information

Dependants' Protection Scheme is an affordable term-life insurance that provides insured members and their families with some money to get through the first few years should the insured members pass away, suffer from Terminal Illness or Total Permanent Disability. The scheme covers you for a sum assured of \$70,000 up to the end of the policy year during which you turn 60 years old. From the policy anniversary in which you are 60 age last birthday up to the end of the policy year during which you turn 65 years old, the sum assured is \$55,000.

### Key Product Provisions

#### a) *Qualified CPF members*

The scheme covers CPF members

- (a) who are Singapore citizens or permanent residents and;
- (b) between age 16 and 65 years old (parental consent required between 16 and 20 years old);
- (c) for a sum of \$70,000 up to age 60, and a sum of \$55,000 from age 60 and above to 65.

#### b) *Premium Payment*

The premium is automatically deducted every year from your CPF Savings, or you may make payment of annual premiums through cash, cheque or GIRO. Premium paid is based on your attained age. Only applications with maximum sum assured will be accepted. On renewal, in the case of inadequate monies in the CPF Savings for the premium payment for the full coverage, you can either pay the difference in cash or other available payment modes within 60 days from the policy renewal date or be insured for a lower amount (the minimum sum assured is \$5,000).

#### c) *Insured Period*

You will be covered for one policy year (12 months) from the effective date of your policy. Your effective date of policy will be the date of successful premium payment.

#### d) *Renewal of DPS cover*

Your policy will be automatically renewed annually, provided there are sufficient funds in your CPF Savings to pay for the minimum sum assured of \$5,000, or if you have provided prior authorization for payment through GIRO and the renewal premium payment for full coverage was successful.

#### e) *Exclusions*

You cannot claim the benefits under DPS if any of the following events occur within the first policy year:

- (a) you committed self-inflicted injury or suicide;
- (b) you committed a criminal offence punishable by death; or
- (c) the claim arose out of your intentional criminal act.

You also cannot claim the benefits under DPS if:

- (d) you suffer from serious illness, Terminal Illness, or Total Permanent Disability before the commencement of the policy;
- (e) you have provided false or misleading statement or information; or
- (f) your claim arose from wars or any warlike operations or participation in any riot.

Under (a) to (d), the policy will be cancelled and all the premiums you paid will be refunded with interest to your CPF Savings.

Please refer to our website for the list of serious illnesses.

If your cover is subject to exclusions before 01/05/2016, the same exclusions will apply to a claim under Total Permanent Disability.

### Note:

This summary is meant for general information only. It does not serve as an insurance contract. The summary of terms and conditions of this insurance plan is specified in the certificate of insurance.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the Life Insurance Association (LIA) or SDIC websites ( [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg) ).

## Section H : Declaration by Financial Representative

1. I confirm that all the answers provided to me by the Proposer are declared in the proposal form. I have not withheld any other information which may affect GE's decision to accept this proposal.
2. I have personally seen the Proposer and explained the terms of the policy to the Proposer. I have also sighted the original proof of identity of the Proposer and certify that the particulars are the same as stated in the proposal form.

\_\_\_\_\_  
Signature of Financial Representative

\_\_\_\_\_  
Date

## Section I : Marketing Consent

Be the first to know about exclusive promotions, offers, customer rewards and/or product offerings from Great Eastern, its related corporations, business partners and our respective representatives and agents.

By submitting this form, you agree to receive marketing updates from us through your preferred contact channel(s).

Preferred contact channel(s) (You may tick more than 1 channel):

- ☐ Post  
☐ Email,  
☐ WhatsApp, SMS, and other phone-based messages  
☐ Voice calls  
☐ All the above

Your privacy is of utmost importance to us. For full details on how your data is collected, used, transferred, and how to manage your marketing preferences, please refer to the Privacy and Security Policy on Great Eastern's website (<https://www.greasternlife.com/sg/en/privacy-and-security-policy.html>).

### Warning:

If you fail to tell us an important fact in this proposal, any policy we issue may not be valid. If you are not sure whether a fact is important, we advise you include it in this proposal. This also applies if you provide information to the Financial Representative but he or she does not include it in the proposal. Please check that you are fully satisfied with the information declared in this proposal.

Signed in Singapore on

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Day) (Month) (Year)

\_\_\_\_\_  
Signature/Thumbprint of Proposer

\_\_\_\_\_  
Signature of Witness (Financial Rep.) (if any)

## Section J : Correspondence

Do you wish to receive updates and notifications about your policy via email? ☐ Yes ☐ No

## Section K : Policy Document

I would like to receive my policy document (please tick one):

*Electronic policy document will be default if not specified*

- ☐ via email (electronic policy document)  
☐ via post (hardcopy policy document)