

CASH BENEFITS REQUEST FORM

| | | | | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|----------------------------|--|
| POLICY NUMBER | | | | | | | | | | | DATE | |
| NAME OF LEGAL OWNER (1) | | | | | | | | | | | NRIC / PASSPORT NO. | |
| NAME OF LEGAL OWNER (2) | | | | | | | | | | | NRIC / PASSPORT NO. | |

| | |
|--|-------------------------------------|
| A | WHAT YOU SHOULD TAKE NOTE OF |
| <p>1. Any photocopied / downloaded forms submitted must be an exact duplicate of the original. The Great Eastern Life Assurance Company Limited ("the Company") will not be responsible for the validity of any photocopied / downloaded forms submitted which are not exact duplicates.</p> <p>2. Signature(s) of the Legal Owner(s) on this form should be similar to that in our records.</p> <p>3. For company-owned policy, please provide a list of signatories authorised to sign this form. This form must bear the company stamp. Please also submit a photocopy of the NRIC/Passport of the authorised signatory and a copy of the ACRA business profile (extracted not more than 14 days from the date of submission of this form).</p> <p>4. PayNow is applicable for policyholders who have their Singapore NRIC linked with the participating banks. Please ensure that you have registered with PayNow and have linked your Singapore NRIC to your bank account ("PayNow Account") whereby you are the legal and beneficial owner of the PayNow Account. You also hereby authorise and instruct the Company to deposit the payment that is payable to you into your PayNow Account as well as consent to the participating banks disclosing any personal data as is reasonably required by the Company to verify your PayNow Account. In the event that the PayNow transaction is unsuccessful for whatever reason, you agree and acknowledge that a cheque for the payment will be issued to you. You undertake not to hold the Company liable for any costs, damages, losses and/or expenses that you may incur or suffer as a result of the foregoing instruction. This is not applicable to Trust policy or policy under Trust Nomination.</p> <p>5. For CPF / SRS Funded policies, the preferred settlement option of PayNow and Direct Crediting are not applicable.</p> <p>6. For Policy with Cash Bonus ("CB") and Survival Benefit ("SB"), collectively known as Cash Benefits, any request will be updated for both CB and SB. For withdrawal, monies in CB will be withdrawn first, then followed by SB.</p> | |

| | |
|---|---------------------------|
| 1 | TYPE OF WITHDRAWAL |
| <input type="checkbox"/> ONE-TIME FULL WITHDRAWAL <input type="checkbox"/> CURRENT and FUTURE FULL WITHDRAWAL | |
| <input type="checkbox"/> PARTIAL of \$ _____ <i>Minimum withdrawal amount is \$1000 AND to leave at least \$1000 in the CB/SB account(s)</i> | |
| SETTLEMENT OPTION | |
| <input type="checkbox"/> ⁴ PayNow to my Singapore NRIC linked bank account. | |
| <input type="checkbox"/> Credit into my personal bank account: Name of Bank: _____ Account Number: _____ Please provide a copy of your bank statement/ passbook / e-statement showing your name and account number only (with transaction and other details blanked out) for verification. | |

| | |
|---|------------------------------|
| 2 | OFFSET POLICY PAYMENT |
| PURPOSE OF PAYMENT FOR POLICY NUMBER _____ | |
| <input type="checkbox"/> POLICY PREMIUM of \$ _____ / _____ INSTALMENT(S) | |
| <input type="checkbox"/> AUTOMATIC PREMIUM LOAN (APL) of ALL OUTSTANDING / \$ _____ | |
| <input type="checkbox"/> POLICY LOAN of ALL OUTSTANDING / \$ _____ | |
| <input type="checkbox"/> UTILISE the Cash Benefits for the ABOVE MENTIONED policy whenever the amount is due to pay premium. By selecting this option, I am aware that any excess will be left on deposit with the Company. | |

| | |
|---|-------------------|
| 3 | ACCUMULATE |
| <input type="checkbox"/> ACCUMULATE the Cash Benefits with the Company to earn interest at a rate determined by the Company. By selecting this option, I am aware that the interest rate may vary from time to time without prior notice. | |

| | |
|--|--------------------|
| 4 | DECLARATION |
| I, the legal owner of the said policy, would like to proceed with the above instruction for the above stated policy (ies). I have read, fully understand and agreed to the conditions listed in Part A. 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. | |
| Signature of Legal Owner(s) | Contact No |