

UPDATE OF PERSONAL PARTICULARS

- Important Notes:**
- The update of particulars will not be applicable to any Group Insurance corporate policy purchased by your employer. Please advise your Human Resource (HR) personnel to inform us of the required updates.
 - We will not accept any request to update to Distribution Representative's address and/or contact details unless proof of relationship (spouse/child/parent), or proof of ID showing the new address is provided.
 - For Policy Owners and Life Assured of Supreme Health policies, please maintain a valid Singapore ID number (i.e. NRIC/FIN number) for the premium deduction from your Medisave account (unless the policy is paid using cash).
 - An acknowledgement letter will be sent to you on your submitted request(s). For change of address, an acknowledgement letter will also be sent to your former address.
 - The update will be made within 30 days after receiving the request. If it is not reasonably practicable to make the update, we will inform you.

A PARTICULARS OF POLICY OWNER/ LIFE ASSURED/ NOMINEE/ BENEFICIARY / TRUSTEE																													
My details per Great Eastern's records before the changes are as follows:																													
Full Name of Policy Owner	<i>BLOCK LETTERS</i>	Identification Number of Policy Owner	<i>Identity Card/Passport/FIN/Entity Registration Number</i>																										
I wish to update the Personal Particulars for:																													
<input type="checkbox"/> Myself <input type="checkbox"/> My Life Assured# <input type="checkbox"/> My Nominee/Beneficiary# <input type="checkbox"/> My Trustee# <div style="text-align: right; font-size: small; margin-top: 5px;">#Kindly use a separate form if you are updating for more than one individual.</div>																													
Full Name of Life Assured/ Nominee/ Beneficiary/ Trustee	<i>BLOCK LETTERS</i>	Identification Number of Life Assured/ Nominee/ Beneficiary/Trustee	<i>Identity Card/Passport/FIN/Entity Registration Number</i>																										
B CORRECTION / CHANGE OF PERSONAL DETAILS (Please tick the change required)																													
<input type="checkbox"/>	Change of Name <i>Please provide a copy of Deed Poll or Identity Card or Passport</i>	<i>BLOCK LETTERS</i>																											
<input type="checkbox"/>	Correction of Gender <i>Please provide a copy of Identity Card or Birth Certificate or Passport</i>	<input type="checkbox"/> Male	<input type="checkbox"/> Female																										
<input type="checkbox"/>	Correction of Date of Birth <i>Please provide a copy of Identity Card or Birth Certificate or Passport</i>	<i>DD/MM/YYYY</i>																											
<input type="checkbox"/>	Change of Identification Number <i>Please provide a copy of Identity Card or Passport</i>	<i>BLOCK LETTERS</i>																											
Is there a Change in Citizenship? <i>Please provide a copy of Identity Card or Passport</i>		<input type="checkbox"/> No	<input type="checkbox"/> Yes, my new Citizenship is:																										
<input type="checkbox"/>	Change of Address for ALL Great Eastern Life and Overseas Assurance Corporation policies	Residential Address <i>Please provide a copy of Identity Card or Passport with address</i>	Postal Code:																										
		Mailing Address <input type="checkbox"/> Mailing address same as Residential address <i>If Mailing Address is different from the Residential Address, please provide a copy of your utility bill or telecommunication bill.</i>	Postal Code:																										
If the new Address applies to particular policies only, please specify the policy numbers:																													
<input type="checkbox"/>	Change of Contact Number/ Email	Mobile	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 5%; font-size: small;">+</td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; font-size: small;">-</td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; font-size: small;">-</td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> </tr> <tr> <td colspan="13" style="font-size: small;">+ (Country Code) - (Area Code (if any) for foreign numbers) - (Contact Number)</td> </tr> </table> <input type="checkbox"/> Also use this mobile number for my SMS Token	+		-		-									+ (Country Code) - (Area Code (if any) for foreign numbers) - (Contact Number)												
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		Home	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 5%; font-size: small;">+</td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; font-size: small;">-</td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; font-size: small;">-</td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> </tr> <tr> <td colspan="13" style="font-size: small;">+ (Country Code) - (Area Code (if any) for foreign numbers) - (Contact Number)</td> </tr> </table>	+		-		-									+ (Country Code) - (Area Code (if any) for foreign numbers) - (Contact Number)												
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		Office	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 5%; font-size: small;">+</td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; font-size: small;">-</td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; font-size: small;">-</td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> <td style="width: 10%; border-bottom: 1px solid black; height: 15px;"></td> </tr> <tr> <td colspan="13" style="font-size: small;">+ (Country Code) - (Area Code (if any) for foreign numbers) - (Contact Number)</td> </tr> </table>	+		-		-									+ (Country Code) - (Area Code (if any) for foreign numbers) - (Contact Number)												
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		Email																											
<input type="checkbox"/>	Change of Occupation																												

C CHANGE OF SIGNATURE	
<input type="checkbox"/>	<p>a. The new signature shall apply to all your Great Eastern Life and Overseas Assurance Corporation policies.</p> <p>b. If you cannot recall your current signature or if your signature is a thumbprint, please visit our Customer Service Centre to request the change. Please bring along your NRIC / Passport for verification purposes.</p>
<u>Current Signature/Thumbprint (as per Great Eastern's records)</u>	<u>New Signature/Thumbprint</u>
FOR OFFICIAL USE (FOR WALK-IN)	
<p>Great Eastern's Attending Officers:</p> <p>Name: _____ Name: _____</p> <p>Signature: _____ Signature: _____</p> <p>Date: _____ Date: _____</p>	<p>Notary Public:</p> <p>.....</p> <p>Signature of Notary Public or other Officer empowered by law to administer Oaths, Affirmations or Affidavits</p> <p>Date: _____</p>

D DECLARATION AND AUTHORISATION BY POLICY OWNER	
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<p>I hereby give my authorisation to make the corrections / changes indicated above.</p> <p>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' authorised service providers and relevant third parties for purposes reasonably required by the Companies to provide the products or services which I am applying for.</p> <p>These purposes are set out in Great Eastern's Privacy Statement, which is accessible at http://www.greatasteernlife.com/sg/en/privacy-and-security-policy.html and which I confirm I have read and understood.</p> <p>I/We agree that I/we will update the Company promptly of any change or addition to the information provided herein about me/us, 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.</p>			
<p>Signature of Policy Owner</p> <p><i>(Note: digital signature is not accepted)</i></p>	<p><i>As per existing record.</i></p> <p><i>If there is an update of Signature, please use your new Signature in (C).</i></p>	Contact	
		Date	<i>DD/MM/YYYY</i>

FOR INTERNAL USE	
<p><u>Requesting Officer</u></p> <p>.....</p> <p>Name/Department/Ext./Signature</p> <p>Date:</p>	<p><u>Department /Section Head</u></p> <p>.....</p> <p>Name/Department/Ext./Signature</p> <p>Date:</p>
<p>.....</p> <p>CDMU Officer 1</p> <p>Date:</p>	<p>.....</p> <p>CDMU Officer 2</p> <p>Date:</p>