

DEPENDANTS' PROTECTION SCHEME APPLICATION FOR OPT OUT

Why You Should Stay Covered with Dependant's Protection Scheme (DPS)

1. If you are planning to cancel your DPS policy, we urge you to review the benefits of the scheme before making a decision.
2. DPS offers financial protection at affordable premiums and the convenience of using your CPF Ordinary Account (OA) and/or Special Account (SA) to pay the premiums.

In addition, DPS also allows you to:

- Enjoy term-life insurance coverage up to S\$70,000
- Protect your loved ones in the event of total permanent disability, terminal illness or death
- Gain access to special pricing offers and range of member benefits

For more information regarding DPS, please visit gogreat.sg/dps.

3. If you still wish to opt out, please complete this form and email it to dps-sg@greatasteernlife.com. Alternatively, you may choose to mail the form to us.

A DETAILS OF POLICY AND POLICYHOLDER

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

B DECLARATION FOR OPT-OUT

I do not wish to be covered under DPS with Great Eastern Life and hereby apply to opt out of the scheme. I understand that if I want to rejoin the scheme with Great Eastern Life in the future, I will be required to make a health declaration and it will be subject to satisfactory health underwriting.

Please tick the box below if you wish to receive your refund of premiums, if any, via PayNow (if the payments were previously made by cash), otherwise a cheque will be issued to you for such payments:

Yes, I would like to receive the payment via PayNow.

I confirm that I have registered with PayNow and I have linked my Singapore NRIC to my bank account ("PayNow Account") whereby I am the legal and beneficial owner of the PayNow Account. I hereby authorise and instruct The Great Eastern Life Assurance Company Limited to deposit the payment that is payable to me into my PayNow Account as well as to verify my PayNow Account with the respective Bank (where necessary). In the event that the PayNow transaction is unsuccessful, I agree and acknowledge that a cheque for the payment will be issued to me.

Signature of Policyholder	Date
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