

**APPLICATION FOR TERMINATION / PAID-UP FOR  
ELDERSHIELD / GREAT CARESHIELD**

**A DETAILS OF POLICY AND POLICYHOLDER**

|                           |             |                  |
|---------------------------|-------------|------------------|
| Plan Type                 | ElderShield | GREAT CareShield |
| Policy No.                |             |                  |
| Full Name of Policyholder |             |                  |
| NRIC No.                  |             |                  |
| Email Address             |             |                  |
| Contact No.               | Mobile:     | Home:            |

**B INSTRUCTIONS TO TERMINATE / CONVERT TO PAID-UP**

Notes

1. The policy will be cancelled with effect from the next renewal date unless the cancellation is within the 60-day FreeLook period from the policy commencement date.
2. Your Supplementary Plan(s) (if any) will be cancelled automatically upon the cancellation of your basic ElderShield / CareShield Life.
3. If you wish to reinstate back to full coverage from paid-up or to rejoin the scheme, you will need to make a health declaration, subject to approval of underwriting.

Please tick one of the boxes below:

- I wish to convert the policy(ies) indicated in Section A to paid-up
- I wish to cancel the policy(ies) indicated in Section A

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**