

AUTHORISATION FORM FOR PAYNOW / DIRECT CREDIT

 POLICY NO.:

 DATE : / /

 NAME OF POLICYHOLDER :

 NRIC NO. / PASSPORT NO.:

Please select to deposit:

- Survival Benefits / Cash Bonus
 Dividends
 Maturity
 Annuity

 ^PayNow

By selecting this option, I/we confirm that I/we have registered with PayNow and I/we have linked my/our Singapore NRIC 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 Company to deposit Survival Benefits / Cash Bonus / Dividends / Maturity / Annuity payment(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 this policy, 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 the Company liable for any costs, damages, losses and/or expenses that I/we may incur or suffer as a result of my/our foregoing instruction.

In the event that the PayNow transaction is unsuccessful, I/we agree and acknowledge that cheque(s) for the payment(s) will be issued to me/us.

[^]PayNow will only be applicable for payment up to S\$200,000 and for policyholders who have their Singapore NRIC linked with the participating banks.

 *Direct Credit

By selecting this option, I/we confirmed that I/we are the legal and beneficial owner of the Bank Account ("Account") indicated below.

I/We hereby authorise and instruct the Company to deposit Survival Benefits / Cash Bonus / Dividends / Maturity / Annuity payment(s) (where applicable) that are payable to me/us from time to time into my/our Account below as well as to verify my/our Account with the respective Bank (where necessary).

If the Account is denominated in a different currency from the currency of the monies payable under this policy, 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 the Company liable for any costs, damages, losses and/or expenses that I/we may incur or suffer as a result of my/our foregoing instruction.

 Name of Account Holder(s)

 Name of Bank

 Bank Account No.

* Copy of the bank book or bank statement has to be submitted together with this request.

* Direct crediting can only be done to Singapore bank account belonging to the legal owner of the policy.

Signature of Policyholder <i>(Signature consistent as that in Original Policy Document)</i>		Contact No. / Email Address	
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