

**DEPENDANTS' PROTECTION SCHEME  
CHANGE PAYMENT METHOD & AUTHORISATION**

**A DETAILS OF POLICY AND POLICYHOLDER**

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

**B PAYMENT INSTRUCTIONS**

Please tick the relevant box(es) below:

- I would like to re-deduct the current premium for the policy indicated Section A; and/or
- I would like to change the payment method for my current and future premiums for the policy indicated in Section A as follows:
- CPF – Deduction from my CPF Ordinary Account and/or Special Account only**
- (a) I authorise the Central Provident Fund Board (the “CPF Board”) to deduct premium(s) from my Ordinary and/or Special Account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), and the regulations made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF Board from time to time.
- (b) I authorise the CPF Board to disclose information/seek information on a confidential basis to/from my insurer(s) such information relating to:
- (i) payment of premiums due under this proposal, including the deduction of premiums from my Ordinary and/or Special Account in accordance
- (ii) the making of refunds under this proposal, as the CPF Board shall reasonably consider appropriate.
- CHEQUE**
- To pay full premium by cheque (I will send a crossed cheque made payable to “Great Eastern Life” with my policy number, NRIC and contact number on the reverse side of the cheque)
- One-time request. Only for current premium. Future premium payments shall be deducted from my CPF Ordinary and/or Special Account previously instructed or as indicated above.
- For current and future premium payments. I will send a crossed cheque yearly.
- GIRO**
- Please attach the GIRO form.

<b>Signature of Policyholder</b>	<b>Date</b>

**GIRO APPLICATION FORM**



**PART 1: Details of Applicant**

Important Notes: Please read before completing the form.

- 1 Use separate forms for GE Life (10 digit), GE Life (8 digit) and A&H policies.
- 2 Premium amount may be age dependent for health policies.
- 3 Prior to the approval of your Giro application, please continue to pay your premiums by cash / cheque.

Date: \_\_\_\_\_

Name of Insurance Company:

The Great Eastern Life Assurance Company Limited

To: Name of Bank

Policyholder's Name:

NRIC/Passport No.: \_\_\_\_\_

For ElderShield (ESH) / GREAT CareShield (GCS) and GREAT SupremeHealth (GSHP) only:

Please tick only one option per plan.

- Full premium amount via Giro for ESH / GCS
- ESH / GCS to deduct balance amount after CPF MediSave deduction
- Full premium amount via Giro for GSHP
- GSHP to deduct excess of CPF MediSave withdrawal limit

**Policy Number(s)**

1)		5)		9)	
2)		6)		10)	
3)		7)		11)	
4)		8)		12)	

- I/ We instruct you to process the above Insurance Company's instructions to debit my/ our account.
- You are entitled to reject the Insurance Company's debit instruction if my/ our account does not have sufficient funds and charge me/ us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- This authorization will remain in force until terminated by your written notice send to my/ our last address known to you or upon receipt of my/ our written revocation through the Insurance Company.

Bank Accountholder's Name:

\_\_\_\_\_

Contact Number: \_\_\_\_\_

Bank Account Number:

\_\_\_\_\_

Signature/ Thumbprint\*/ Company Stamp:

\_\_\_\_\_

(As in Bank's records)

**\*For thumbprint, please go to any branch of your bank with identification document for verification**

**PART 2: Information for Insurance Company's completion**

<input type="checkbox"/>	Bank's SWIFT BIC OCBCSGSGXXX	GEL's Life A/C (10 Digit) 501036925001	<input type="checkbox"/>	Bank's SWIFT BIC OCBCSGSGXXX	GEL's A&H A/C 501036925008
<input type="checkbox"/>			<input type="checkbox"/>	Bank's SWIFT BIC OCBCSGSGXXX	GEL's Life A/C (8 Digit) 501125678002

**PART 3: For Bank's Completion**

To: Insurance Company

This Application is hereby REJECTED (please tick) for the following reason (s):

- Signature differs from Bank's records
- Signature irregular from Bank's records
- Account operated by signature/ thumbprint
- Wrong account number
- Amendments not countersigned by customer
- Others: \_\_\_\_\_

\_\_\_\_\_  
Name of Bank Officer

\_\_\_\_\_  
Signature of Bank Officer

\_\_\_\_\_  
Date

Postage will be paid by addressee. For posting in Singapore only.

**BUSINESS REPLY SERVICE  
LICENCE NO. 01008**



To: Customer Service  
The Great Eastern Life Assurance Company Limited  
1 Pickering Street #01-01  
Great Eastern Centre  
Singapore 048659

**GIRO APPLICATION**

**Thank you for using GIRO - The Easy Way**

GIRO gives you total convenience. It makes life easier by automatically deducting your premiums on time.

With GIRO you:

- save the trouble of remembering your premium due dates/ writing cheques
- ensure that your policy does not lapse
- avoid unnecessary late payment interest
- have peace of mind even when you are overseas

Once your application has been processed, simply ensure that you have sufficient funds in your bank account to cover your premium payments.

**PART 4: For Change Payment Frequency**

To: Great Eastern Life Customer Service Department

**Please deduct from the Bank Account as stated in Part 1 of the application form.** (Please tick as required)

**Life Policy**

For Change of Payment Frequency of premium  yearly  half-yearly  quarterly  monthly

**A&H Policy** (Not applicable for GREAT SupremeHealth Plan, ElderShield Plan and GREAT CareShield Plan)

For Change of Payment Frequency of premium  yearly  monthly

**Note:**

1. Only the policyholder can subsequently inform the insurance company in writing to alter this instruction which will supersede any existing arrangement then.
2. If your premium should alter later due to changes in policy contractual terms, the amount deducted will be changed.

\_\_\_\_\_  
Signature of Policyholder as per policy contract