

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:

To: Name of Bank

The Great Eastern Life Assurance Company Limited

Policyholder's Name:

For ElderShield policy only: Please tick only one option

- To deduct any balance premium amount required after insufficient amount is deducted through Medisave
- Full premium amount via Giro

NRIC/Passport No.: _____

Policy Number(s)			
1)		5)	
2)		6)	
3)		7)	
4)		8)	
		9)	
		10)	
		11)	
		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 Supreme Health Plan and ElderShield 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