

**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 1953, 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)

If you would like to use GIRO, please complete and submit the GIRO Application Form.

**Signature of Policyholder**

**Date**