

**APPLICATION FOR ADVANCE PREMIUM ACCOUNT (APA) AND  
AUTHORISATION FOR PREMIUM PAYMENT FROM THE APA  
(Not applicable for Investment-Linked Plan)**



Proposal No.

Policy No.

Advance Premium Deposit Amount : RM

**A. TERMS & CONDITIONS**

I hereby request to deposit the excess of moneys paid by me in advance, after deducting the current required premium due under the above numbered Policy, into an APA with the Company for the purpose of future premium payment towards the above numbered Policy.

I further authorise the Company to deduct any funds in my APA to pay for the required premium due under the Policy. I understand and agree that such deduction will be made by the Company thirty (30) days before each and every premium due date subject to the following terms and conditions:

1. The Policy must be in force;
2. The premium payment for the Policy must be by yearly mode;
3. The Policy must be free of Automatic Premium Loan and Cash Loan at the time this application is approved;
4. To get started, I will need to deposit to my APA a minimum of 2 years' premiums but the sum deposited shall not exceed the sum of all future premiums due under the Policy;
5. In the event that my APA has been effected, any premium payment facility through Giro auto debit or credit card deduction shall terminate automatically without prior notice to me. I can only reinstate such payment facility if my APA has been closed and I have signed a new application with the Company for such payment facility;
6. Any balance of moneys left in my APA will accumulate interest at the prevailing rate to be determined solely by the Company from time to time starting from the date the moneys are deposited into my APA or from the Risk Commencement Date of the Policy, whichever is later, until the date the same is deducted from my APA;
7. At any time, I may close my APA upon which, I will withdraw in full any balance of moneys together with the accumulated interest thereon available in my APA. Only full withdrawal of APA is allowed;
8. If at any time the fund available in my APA is not sufficient to pay for the required premium thirty (30) days before the premium due date, I shall pay the shortfall amount to the Company on or before the premium due date. The Company reserves the right not to deduct any funds in my APA towards payment of the required premium until the shortfall amount is received by the Company on or before the premium due date. If the shortfall premium is not received by the Company on or before the premium due date, the Policy may lapse.
9. All questions must be fully completed and select the appropriate boxes.

**B. PERSONAL DATA PROTECTION NOTICE *NOTIS PERLINDUNGAN DATA PERIBADI***

For information on how we process your personal data and your rights over your personal data, kindly refer to our Personal Data Protection Notice posted at [greateasternlife.com](http://greateasternlife.com), or obtain a copy from our Customer Service Officer.

*Untuk maklumat berkenaan pemprosesan data peribadi dan hak anda ke atas data peribadi anda, sila rujuk Notis Perlindungan Data Peribadi yang dipaparkan dalam laman web [greateasternlife.com](http://greateasternlife.com), atau dapatkan salinan daripada Pegawai Perkhidmatan kami.*

If you have any inquiry (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our **Customer Service Careline** at 1300-1300 88 / (603) 4259 8333.

*Sekiranya anda mempunyai sebarang pertanyaan (seperti mengehadkan pemprosesan maklumat tertentu, termasuk penarikan balik keizinan untuk menerima maklumat pemasaran), anda boleh menghubungi **Customer Service Careline** di 1300-1300 88 / (603) 4259 8333.*

For any complaints related to your personal data, you may write to [GELMDPO@greateasternlife.com](mailto:GELMDPO@greateasternlife.com).

*Untuk sebarang aduan berkaitan data peribadi anda, sila kemukakan secara bertulis kepada [GELMDPO@greateasternlife.com](mailto:GELMDPO@greateasternlife.com).*

**C. SOURCE OF FUND AND WEALTH**

To be completed by proposer / policy owner :-

1. What is the source of funds used to pay the premium?

(You may choose more than one option.)

- Employment related income e.g. salary, commission, bonus, EPF, pension
- Business income e.g. profits
- Investment income e.g. shares, bonds, unit trust, rental income
- Savings or deposit
- Policy claims, maturity or surrender
- Others e.g. inheritance, gift, allowance, loan etc.

2. How did you accumulate your wealth (i.e. your total assets)?

(You may choose more than one option.)

- Employment related income e.g. salary, commission, bonus, EPF, pension
- Business income e.g. profits
- Investment income e.g. shares, bonds, unit trust, rental income
- Savings or deposit
- Policy claims, maturity or surrender
- Others e.g. inheritance, gift, allowance, loan etc.

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**D. OCCUPATION / SELF-EMPLOYED DETAILS**

To be completed by proposer / policy owner :-

Occupation / Self Employed Details	Policy Owner
(i) Occupation	
(ii) Exact nature of work	
(iii) Nature of Business	

**E. DECLARATION AND AUTHORISATION BY POLICY OWNER**\_\_\_\_\_  
Signature of Policy Owner\*

Name: \_\_\_\_\_

NRIC No.: \_\_\_\_\_

Tel / Mobile No.: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Witness\*\*

Name: \_\_\_\_\_

NRIC No.: \_\_\_\_\_

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

**\*FOR COMPANY/ ENTITY** - the form must be signed by authorised person and stamped with the company's/entity's official rubber stamp.

**\*\*STATEMENT OF WITNESS**

I hereby witness and certify that the signature in this form was made before me and that to my own personal knowledge it is the signature of the Policy Owner under the Policy No. as mentioned above.

**\*\*\*IMPORTANT NOTE**

If you have changed your address or contact number (contact number is to be used for future official communication), please update your contact details via eConnect (*e-Connect >> My Service Request >> Update Personal Details*).