

UPDATE OF PERSONAL PARTICULARS

- Important Notes:**
1. The update of particulars will not be applicable to any Group Insurance corporate policy purchased by your employer. Please advise your Human Resource personnel to inform us of the required updates.
 2. We will not accept any request to update to Distribution Representative's address and/or contact details unless proof of relationship (spouse/child/parent), or proof of ID showing the new address is provided.
 3. For Policy Owners and Life Assured of Supreme Health policies, please maintain a valid Singapore ID number (i.e. NRIC/FIN number) for the premium deduction from your Medisave account (unless the policy is paid using cash).
 4. An acknowledgement letter will be sent to you on your submitted request(s). For update of address, an acknowledgement letter will also be sent to your former address.
 5. The update will be made within 30 days after receiving the request. We will inform you if it is not reasonably practicable to make the update.

A POLICY OWNER DETAILS

My details per Great Eastern's records **before the updates** are as follows:

| | | | |
|------------------------------|----------------------|-----------------|---------------------------------|
| Full Name | BLOCK LETTERS | | |
| Identification Number | IDENTITY CARD NUMBER | PASSPORT NUMBER | FIN /ENTITY REGISTRATION NUMBER |

B UPDATE OF CONTACT DETAILS FOR POLICY OWNER

I wish to update for: *(Please tick one only)*

Myself, OR

My Life Assured/ Insured/ Nominee/ Beneficiary/ Trustee;
(Kindly use a separate form if you are updating for more than one individual)

The details of my Life Assured/ Insured/ Nominee/ Beneficiary/ Trustee **before the updates** are as follows:

| | |
|-----------------------|--|
| Full Name | BLOCK LETTERS |
| Identification Number | IDENTITY CARD NUMBER/PASSPORT/FIN/ENTITY REGISTRATION NUMBER |

Name
Please provide a copy of deed poll/ identity card/ passport

BLOCK LETTERS

Gender
Please provide a copy of identity card/ birth certificate/ passport

Male Female

Date of Birth
Please provide a copy of identity card/ birth certificate/ passport

DD/MM/YYYY

Identification Number
Please provide a copy of identity card/ passport

BLOCK LETTERS

Is there an Update in Citizenship?
Please provide a copy of identity card/ passport

No Yes, my new Citizenship is:

Residential Address
Please provide a copy of identity card/ passport with address

Postal Code:

Special Instruction: Fill in this section if your Mailing Address **differs** from your Residential Address.

Mailing Address
Please provide a copy of utility bill/ telecommunication bill/ credit card bill

Postal Code:

The New address shall apply to **ALL** your Great Eastern policies. If it applies to particular policies only, please specify the policy numbers below:

| | | |
|------------------------------|--------|---|
| Contact Number/ Email | Mobile | (+ (Country Code)) - (Area Code (if any) for foreign numbers) and (Contact Number) |
| | | <input type="checkbox"/> Also use this mobile number for my SMS Token |
| | Home | (+ (Country Code)) - (Area Code (if any) for foreign numbers) and (Contact Number) |
| | Office | (+ (Country Code)) - (Area Code (if any) for foreign numbers) and (Contact Number) |
| | Email | |

C UPDATE OF SIGNATURE

Important Notes:

1. Form with original ink is required.
2. The new signature shall apply to all your Great Eastern Life and Great Eastern General Insurance policies.
3. If you cannot recall your current signature or if your signature is a thumbprint, please visit our Customer Service Centre to request the update. Please bring along your NRIC / Passport for verification purposes.

| | |
|---|----------------------------------|
| <u>Current Signature/ Thumbprint (as per Great Eastern's records)</u> | <u>New Signature/ Thumbprint</u> |
| | |

FOR OFFICIAL USE (WALK-IN)

| | |
|-------------------------------------|--|
| Great Eastern's Attending Officers: | Notary Public: |
| Name: _____ Name: _____ | |
| Signature: _____ Signature: _____ | Signature of Notary Public or other Officer empowered by law to administer Oaths, Affirmations or Affidavits |
| Date: _____ Date: _____ | Date: _____ |

D DECLARATION AND AUTHORISATION BY POLICY OWNER

I hereby give my authorisation to make the corrections / changes indicated above.

By providing the information here, I agree and consent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") collecting, using, disclosing and sharing amongst themselves my personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to provide the products or services which I am applying for.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greasternlife.com/sg/en/privacy-and-security-policy.html> and which I confirm I have read and understood.

I/We agree that I/we will update the Company promptly of any change or addition to the information provided herein about me/us, the life assured, the beneficiary named in this proposal or of the policy and any other relevant persons (if any, and collectively with the life assured and the beneficiary the "Relevant Persons") as the Company may reasonably require.

| | | | |
|--|---|----------------|------------|
| Signature of Policy Owner <small>(Note: digital signature is not accepted)</small> | As per existing record. <small>If there is an update of Signature, please use your new Signature in (C).</small> | Contact Number | |
| | | Date | DD/MM/YYYY |

FOR INTERNAL USE

| | |
|--|--|
| <u>Requesting Officer</u> | <u>Department /Section Head</u> |
| Name/Department/Ext./Signature Date: Remark/Instructions: | Name/Department/Ext./Signature Date: Remark/Instructions: |
| <u>CDMU Officer 1</u> | <u>CDMU Officer 2</u> |
| Date: | Date: |