Written Consent for New Applicants / Existing Representatives with External **Engagement**

To: Great Eastern Life Assurance Company Limited (GEL)	
	("the Third Party1")
has been informed by	("the
Representative") of	(NRIC No.) regarding his / her intention to
be appointed / current appointment	(delete where applicable) as a Distribution Representative to
provide Financial Advisory services or	n behalf of GEL.
The Third Party hereby gives its cons	sent for the Representative to act concurrently as a Distribution
Representative.	
Third Party's Authorised Signatory's Signature and Date:	
Name of Third Party's Authorised Signatory ² :	
Designation:	
Contact Details (Email and Contact Number):	
Company Stamp ³ :	
Kindly ensure that all required fi	elds are completed. Incomplete submissions will not be

accepted.

Note:

Subjected to the approved licensing activities, the following financial advisory services may be provided by the Distribution Representative

- Advising on Investment Products (Life Policies)
- Arranging Contracts of Insurance in respect of Life Policies

¹ The term "Third Party" refers an individual / entity / organisation whom / which the Representative engages with, for the purpose of any employment, business, trade, profession or vocation, whether or not for remuneration.

² Authorised Signatory refers to the personnel authorised to sign on the Letter of Consent on behalf of the Third Party.

³ In the absence of Company Stamp, kindly provide other documents to attest to the Authorised Signatory's identification as a staff of the Third Party (e.g. name card, attestation letter, respondent to respond from the Third Party's corporate email address).