

**AUTHORISATION FORM FOR EXTENSION OF MEDICAL COVERAGE
PERIOD (CSD-CS99V)**

(This form is only applicable for period from 01/08/2018 to 31/05/2020)



Policy No.

101237007

Name of Life Assured

LIAU SWEET YEAN

Old NRIC/ Birth
Certificate/
Passport No.

A1319868

New NRIC No.

690709 - 06 - 5196

**Mobile Number

0122972868

**Email Address

swetyeana@gmail.com

** The information required will be used to send electronic communication by the Company.

A. CONTRACTUAL CHANGES

TERMS AND CONDITIONS

1. The extension of medical coverage period is from age 80 years next birthday to age 99 years next birthday.
2. The eligibility of the extension of the medical coverage is only applicable for life assured age 69 years next birthday and below, and is for selected basic plans as determined by the Company.
3. The medical rider for the extension of the medical coverage of the existing medical rider(s) shall follow the underwriting decision of the existing medical rider(s).
4. Existing medical rider(s) as stated above refers to the primary medical rider and secondary medical rider(s) (if any) attaching to the policy.
5. The increased insurance charge will be deducted monthly from the value of your units, starting from the policy anniversary of the basic plan when you reach age 80 years next birthday. In order to enhance the sustainability of the policy at later years, you are encouraged to increase your regular premium or perform single premium top-ups, to ensure the extended coverage of your medical coverage period with effect from the policy anniversary of the basic plan when you reach age 80 years next birthday. It is important for you to keep your policy in-force to enjoy the extended medical coverage period. For the avoidance of doubt, NO additional premiums will be required to facilitate the processing of this authorisation for extension of medical coverage period.
6. It is understood and agreed that the delivery of any communication/ documentation may be done via e-Connect, and you hereby agree to sign up as an e-Connect user for this purpose.
7. Endorsement will be issued electronically to include this benefit to your policy. To view and download the endorsement, please login to e-Connect at <https://econnect-my.greatasteallife.com>



I have read and understood the Terms and Conditions above and I would like to extend the coverage of my existing medical rider(s) to the policy anniversary of the basic plan up to age 99 years next birthday

B. DATA PROTECTION NOTICE

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 greatasteallife.com. 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 or Privacy Officer at +603 4813 3796, or write to the Company.

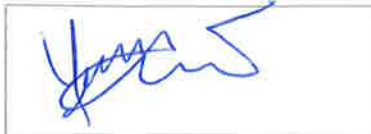
C. DECLARATION AND AUTHORISATION BY THE LIFE ASSURED AND POLICY OWNER

I hereby declare and agree to the following on behalf of myself and any person or entity who may have or claim any interest in the policy issued pursuant to this form.

1. All the information provided in this application form by me are complete and accurate.
2. I have fully read, understood and agreed with the contents of and the Terms and Conditions contained in this authorisation form.
3. I hereby confirm that save for the relevant sales brochures, sales illustrations and documents duly authorised by the Company, your agent / the FA / the FAR has not given me any document or information to induce me to enter apply for the extension of the medical coverage period.
4. I understand that the eligibility of the extension of the medical coverage is only applicable if my age next birthday is age 69 years next birthday and below, and is for selected basic plans as determined by the Company.
5. I have fully read and understood the Data Protection Notice above and I agree that the Company may process the personal information in the manner set out in the said Notice.
6. I hereby irrevocably authorise the Company to deduct the monthly insurance charges for Basic Benefit and all the attaching Investment-Linked Optional Benefits (or riders), if any, from the Total Investment Value of my policy in all circumstances including but not limited to the event when any premium due is not paid. I further understand and agree that concurrent deduction for policy fee will also be made by the Company. All these deductions shall be made in accordance with the terms and conditions as specified in my policy.

CSD-CS99V-V00-082018 (EN)

Date / /
Day Month Year



Signature of Policy Owner (**cum Trustee)
(As in Great Eastern records)

Name: LIAU SWEE YEAN

NRIC No.: 690709065196

Tel No.: 0122972868

**Policy Owner gives consent as trustee,
if applicable



Signature of Witness+

Name: CHEW YOE CHING

NRIC No.: 850913 13 6086

Tel No.: 012-6549683

D. CONSENT TO REQUEST FOR ALTERATIONS

I / We, the *Trustee(s) / Nominee(s) / Parent of the nominee(s) / Conditional Assignee, hereby irrevocably and unconditionally give my / our consent to the Policy Owner for the amendment(s) requested.

I / We further agree that we shall hold the Company harmless in respect of any and all consequences and things which may arise as a result of its compliance with the Policy Owner's instruction to any of the above deeds and acts.



Signature of *Trustee/Nominee/Parent of
Nominee/Conditional Assignee

Name: _____

NRIC No.: _____

Tel No.: _____



Signature of *Trustee/Nominee/Parent of
Nominee/Conditional Assignee

Name: _____

NRIC No.: _____

Tel No.: _____



Signature of Witness+

Name: _____

NRIC No.: _____

Tel No.: _____

*Please delete whichever not applicable

Note: If the policy is conditionally assigned, consent is required from the conditional assignee. If you are a non-Muslim and your current nominee(s) is / are your spouse, child or parent (if you have no spouse or child living at the time of nomination), then your policy is deemed to be a trust policy. Therefore, consent is required from the trustee(s) of the policy. If there is no trustee appointed, (a) the nominee who is competent to contract, or (b) where the nominee is incompetent to contract, the parent of the incompetent nominee (other than the policy owner), or where there is no surviving parent, the public trustee shall be the trustee of the policy.

+ STATEMENT OF WITNESS

I hereby witness and certify that the signature(s) in this form was/were made before me and that to my own personal knowledge it is the signature(s) of the Policy Owner/Life Assured/Assignee/Nominee/Trustee under the Policy Number as mentioned above.

E. AGENT'S / THE FAR'S / OFFICER'S DECLARATION

I hereby declare that I have sighted the original *NRIC / Passport / Birth Certificate of the Life Assured and the Policy Owner and verified the identity(ies) of the Life Assured and the Policy Owner through the use of such *NRIC / Passport / Birth Certificate.

I further declare that I have disclosed all required information and advice to the Policy Owner. I have also explained and given the Policy Owner the full set of Company's Product Disclosure Sheet relevant to the proposed products.



Signature of the *Agent / the FAR / Officer

Name: _____

If signed by FAR, please state the name of FAR's FA

A/C No.: _____