



CHANGE OF PREMIUM PAYMENT METHOD

SECTION A: POLICY DETAILS

Policy Number	NRIC No.
Name of Assured/Life Assured	

SECTION B: PAYMENT METHOD(S)

I wish to arrange for premium payment method as follows (Please tick where applicable):

- CPF MediSave Account through own account only.**
(Please complete Section D)
- CPF MediSave Account through Spouse's / Child's / Grandchild's / Parent's / Sibling's account.**
(Please complete Section D)
- CPF MediSave Account and GIRO.**
Please complete Section D and login to the MySinglife portal (<https://mysinglife.singlife.com/account/login>) to set up an eGIRO arrangement if you are a DBS/POSB, Citibank, OCBC, UOB, Standard Chartered Bank, Maybank, Bank of China, HSBC, Maribank and ICBC account holders. For all other banks, please complete the Interbank GIRO form.
✓ Maximum withdrawal amount will be deducted from CPF MediSave and balance from GIRO.
- CPF MediSave Account and Credit Card.**
Please complete Section D and login to the MySinglife portal (<https://mysinglife.singlife.com/account/login>) to add or update your credit card details.
✓ Maximum withdrawal amount will be deducted from CPF MediSave and balance from Credit Card.
- GIRO only.**
Please login to the MySinglife portal (<https://mysinglife.singlife.com/account/login>) to set up an eGIRO arrangement if you are a DBS/POSB, Citibank, OCBC, UOB, Standard Chartered Bank, Maybank, Bank of China, HSBC, Maribank and ICBC account holders. For all other banks, please complete the Interbank GIRO form.
✓ Full premium will be deducted from GIRO.
- Credit Card only.**
Please login to the MySinglife portal (<https://mysinglife.singlife.com/account/login>) to add or update your credit card details.
✓ Full premium will be deducted from Credit Card.

SECTION C: PERSONAL DATA CONSENT

I consent to Singapore Life Ltd. ("Singlife") collecting, using and/or disclosing my personal data for the following purposes:

- for the processing of the transaction as described above and any such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my relationship with Singlife; and
- for statistical, research, audit, compliance and regulatory purposes.

I also consent to Singlife disclosing and transferring my personal data to (i) Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my financial adviser, where applicable); (ii) the Government of Singapore, where applicable; (iii) statutory boards, where applicable; and (iv) organisations approved by the Government of Singapore, where applicable, whether located in Singapore or elsewhere, for the above purposes and managing my relationship with Singlife related group of companies.

Where applicable, I confirm that for the personal data of other individuals (contained in this form) that I have disclosed to Singlife, that I have prior to disclosing such personal data to Singlife, obtained the appropriate consent from the individual(s) to:

- permit me to collect, use and/or disclose the individual's(s') personal data to Singlife for the above purposes;
- permit Singlife to collect, use and/or disclose the individual's(s') personal data for the above purposes; and
- permit Singlife to disclose and/or transfer the individual's(s') personal data to (i) Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my financial adviser, where applicable); (ii) the Government of Singapore, where applicable; (iii) statutory boards, where applicable; and (iv) organisations approved by the Government of Singapore, where applicable, whether located in Singapore or elsewhere, for the above purposes and managing my relationship with Singlife related group of companies.

I confirm that I have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (which may be found on <https://singlife.com/en/pdpa>) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I am aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me/us upon posting and/or where I continue to use the relevant products and services offered by Singlife to which such terms relate to.

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SECTION D: AUTHORISATION BY CPF ACCOUNT HOLDER(S) (For payment using CPF MediSave Account only)

For payment through own and family members' CPF MediSave Account, please complete the following:

1. I authorise the Central Provident Fund Board to deduct premium(s) due for the Policyholder to be covered under this Policy from my MediSave 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 from time to time.
2. I authorise the Central Provident Fund Board to deduct the amount that is available in my MediSave Account, in the event that the balance in my MediSave Account is insufficient to meet the full premium due.
3. I authorise the Central Provident Fund Board to disclose/seek information on a confidential basis to/from any insurer(s) such information relating to the deduction from my CPF MediSave Account as Central Provident Fund Board shall reasonably consider appropriate.
4. I understand that for ElderShield/CareShield Life Supplement plans, the maximum MediSave deduction is S\$600 per life assured per calendar year only. In the event that the policy is backdated or reinstated, there may be a need for 2 premium deductions in the same calendar year and as a result the total premiums deducted may exceed the maximum withdrawal limit for that calendar year. If the premium exceeds the maximum withdrawal limit or there is insufficient fund in the MediSave Account, the excess or balance amount has to be paid by cash.
5. I consent to Singlife collecting, using and/or disclosing my personal data for the processing of the transaction as described in this form; for statistical, research, compliance, audit and regulatory purposes; and for such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my relationship with Singlife.
6. I also consent to Singlife disclosing and transferring my personal data to (i) Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including the Policyholder's financial adviser, where applicable); (ii) the Government of Singapore, where applicable; (iii) statutory boards, where applicable; and (iv) organisations approved by the Government of Singapore, where applicable, whether located in Singapore or elsewhere, for the above purposes.
7. I have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (which may be found on <https://singlife.com/en/pdpa>) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I am aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me upon posting until such time when I withdraw the consent or revoke the CPF MediSave Account arrangement indicated here.

CPF Accountholder's Name	Date of Birth (dd/mm/yyyy)	CPF Account Number	Relationship to Life Assured	% of Premium*	Signature of Accountholder & Date (dd/mm/yyyy)

* Total CPF contribution must add up to 100%. If there is no indication, the total contribution will be taken as 100%.

Important note:

- a. Completed form is to be submitted at least 30 days before the next renewal date and the changes will be effective on the next renewal date upon approval by us.
- b. This authorisation shall supersede all previous payment method instructions and will be used for future premium payments unless otherwise advised in writing.
- c. Mobile number and email address provided will replace our records accordingly.

Signature of Assured/Life Assured	Mobile number	Date: ▶ DD/MM/YYYY
	Email address	