

To:

The Great Eastern Life Assurance Company Limited
Group Insurance Department
1 Pickering Street
#10-01 Great Eastern Centre
Singapore 048659

Important note: This form needs to be completed as part of the customer due diligence in compliance with MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism.

LIST OF AUTHORISED SIGNATORIES AND CONNECTED PARTIES FOR INSURANCE APPLICATION & ACCEPTANCE

Policyholder Name: _____ **Policy Number:** _____

1. Please state all the authorised signatories and connected parties in a legal organization(including partnership)/legal arrangement.
2. "Connected Parties" refers to the person or persons connected to the customer such as any directors or any natural persons having executive authority in the legal entity, partners of a partnership and managers in a limited liability partnership or limited partnership. This also includes trustees, settlors, protectors, founders of a foundation and beneficiaries (of a trust, fund or foundation).
3. Where there are more connected parties and authorised signatories, please provide the details on additional forms.
4. Verification of all authorised signatories who are (a) Singapore Citizen/PR - NRIC or (b) Foreigner - Passport

Authorised Signatories (Persons appointed to act on behalf of Policyholder)

Full name* (as in NRIC/ Passport)	Designation	NRIC/Passport No*	Date of Birth (DDMMYYYY)	Nationality
Residential Address*			Signature	

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Residential Address*			Signature	

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Residential Address*			Signature	

Connected Parties (Persons with Executive Authority²)

Full name* (as in NRIC/ Passport)	Designation	NRIC/Passport No*	Date of Birth (DDMMYYYY)	Nationality

Declaration by a Company Board Director/Person with Executive Authority:

I declare and confirm that the information provided in this form is accurate and complete.

(Only for renewals) If the above is partial, the complete information will be furnished by (mm/yyyy): _____

Name: _____

Signature: _____

Designation: _____

NRIC/ Passport No.: _____

Company Stamp: _____

Date: _____

* Please provide the name (including aliases) as in NRIC/ Passport. Proof of address (for e.g. telco or utility bills, etc.) is required if:

- 1) address differs from the one stated in the NRIC, or
- 2) passport or employment pass is submitted