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Simply go to Services > Payment > Change payment method



A member of the OCBC Group

GIRO APPLICATION FORM

PART 1: Details of Applicant

Important Notes: Please read before completing the form

- 1 Use separate forms for GE Life (10 digit), GE Life (8 digit) and A&H policies
- 2 Premium amount may be age dependent for health policies
- 3 Approval will take at least one month. Prior to that, please continue to make premium payments

Date: _____

Name of Insurance Company:

The Great Eastern Life Assurance Company Limited

To: Name of Bank

Policyholder's Name:

NRIC/Passport No.: _____

For ElderShield (ESH) / GREAT CareShield (GCS) and GREAT SupremeHealth (GSHP) only:

Please tick only one option per plan.

- Full premium amount via Giro for ESH / GCS
- ESH / GCS to deduct balance amount after CPF MediSave deduction
- Full premium amount via Giro for GSHP
- GSHP to deduct excess of CPF MediSave withdrawal limit

Policy Number(s)

1)		4)		7)	
2)		5)		8)	
3)		6)		9)	

- I/ We instruct you to process the above Insurance Company's instructions to debit my/ our account.
- You are entitled to reject the Insurance Company's debit instruction if my/ our account does not have sufficient funds and charge me/ us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- This authorization will remain in force until terminated by your written notice send to my/ our last address known to you or upon receipt of my/ our written revocation through the Bank.
- I/ We warrant that I am /we are (i) the proposer/ policyholder; or (ii) a Family Member of the proposer/ policyholder, where "Family Member" shall mean spouse, child(ren), parent(s), sibling(s), son-in-law and daughter-in-law.

Bank Accountholder's Name:

Contact Number: _____

Bank Account Number:

Signature/ Thumbprint*/ Company Stamp:

(As in Bank's records)

***For thumbprint, please go to any branch of your bank with identification document for verification**

PART 2: Information for Insurance Company's completion

<input type="checkbox"/>	Bank's SWIFT BIC OCBCSGSGXXX	GEL's Life A/C (10 Digit) 501036925001	<input type="checkbox"/>	Bank's SWIFT BIC OCBCSGSGXXX	GEL's A&H A/C 501036925008
<input type="checkbox"/>			<input type="checkbox"/>	Bank's SWIFT BIC OCBCSGSGXXX	GEL's Life A/C (8 Digit) 501125678002

PART 3: For Bank's Completion

To: Insurance Company

This Application is hereby REJECTED (please tick) for the following reason (s):

- Signature differs from Bank's records
- Signature irregular from Bank's records
- Account operated by signature/ thumbprint
- Wrong account number
- Amendments not countersigned by customer
- Others: _____

Name of Bank Officer

Signature of Bank Officer

Date

Please delete where not applicable

CS105 MAR 2024

Postage will be paid by addressee. For posting in Singapore only.

**BUSINESS REPLY SERVICE
LICENCE NO. 01008**



To: Customer Service
The Great Eastern Life Assurance Company Limited
1 Pickering Street #01-01
Great Eastern Centre
Singapore 048659

Thank you for using GIRO - The Easy Way

GIRO gives you total convenience. It makes life easier by automatically deducting your premiums on time.

With GIRO you:

- save the trouble of remembering your premium due dates
- ensure that your policy does not lapse
- avoid unnecessary late payment interest
- have peace of mind even when you are overseas

Once your application has been processed, simply ensure that you have sufficient funds in your bank account to cover your premium payments.

Set your GIRO payment arrangement or change payment frequency instantly via Great Eastern app. *Simply go to Services > Payment > Change payment method or Change payment frequency.*



GIRO APPLICATION