

**APPLICATION FOR REINSTATEMENT
(FOR LIFE POLICIES ONLY)**

WARNING: As required by Section 25(5) of the Insurance Act (Cap. 142), you must complete this form fully and faithfully, disclosing all facts which you know or ought to know, otherwise the insurance policy may not be valid.

Important Notes

- 1) The Great Eastern Life Assurance Company Limited will be referred to as "the Company".
- 2) Reinstatement is subject to underwriting, and payment of premiums and interest outstanding from date of lapse to reinstatement.
- 3) Upon underwriting, we may require medical information, the costs of which will be payable by the policyholder.
- 4) If there are any changes in your personal particulars, please submit the Update of Personal Particulars Form.

Additional Forms to be submitted

- 1) Pursuant to the Singapore Income Tax Act and regulations thereunder, which implement the standard for automatic exchange of financial account information in tax matters (commonly known as the "Common Reporting Standard" or "CRS"), the Company is legally obliged to obtain a self-certification form from the holder of a policy to which CRS applies, in order to determine the tax residence(s) of such policyholder. CRS does not apply to A&H policies and non-cash value policies.

Therefore please submit:

- i) the Individual Self-Certification Form if the policyholder is an individual; or
- ii) the Entity Self-Certification Form if the policyholder is a company. For Controlling Persons of a policyholder who is a passive Non-Financial Entity ("NFE"), or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution, please also complete the Controlling Persons Self-Certification Form.

Note: If you have other in-force cash value policy(ies) and have previously provided a Self-Certification Form which is still valid, you do not have to submit a new Self-Certification Form.

- 2) For Reinstatement of PaySecure/ PayAssure policy or rider, please attach additional Supplementary Form for PaySecure/ PayAssure.

POLICY NO.:

Section A: Particulars	1st Assured (Policyholder / Assignee / Parent)		2nd Assured (Child / Spouse / Joint Policyholder)	
Name				
NRIC or Passport No.				
Height / Weight	m	kg	m	kg
Annual Income (SGD)				

Section B: Underwriting Questions		1st Assured		2nd Assured	
		Yes	No	Yes	No
Please answer the following questions relating to the respective Life Assured:					
1) Since the commencement of insurance, is there any change in your smoking status, occupation and/or sporting activity(ies)? <i>If yes, please provide details below:</i>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking status: _____ sticks/day, _____ years	Occupation & duties:	Sporting activity(ies):			
2) Have you taken any addictive drugs (e.g. narcotics) or been treated for alcoholism or drug addiction? <i>If yes, please attach copy of test results and complete a separate Special Health Questionnaire.</i>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Have you ever had or been told to have or been treated for any medical condition or symptoms listed below? <i>If yes, please complete a separate Special Health Questionnaire.</i>					
a) diabetes, thyroid disorders or any other endocrine disorders?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) asthma, bronchitis, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/ discomfort, or any other lung disease or disorder?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) raised cholesterol, high blood pressure, heart attack, rheumatic fever, Kawasaki disease, heart murmur, mitral valve prolapse, breathlessness, irregular/fast heart beat, chest discomfort/pain, any other heart or blood vessels disease or disorder?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) epilepsy, fits, stroke, paralysis, memory disturbance, confusion, dementia, falls, Parkinsons disease, multiple sclerosis, motor neurone disease, weakness of limbs, prolonged headache, unconsciousness, nervous breakdown, depression, any other nervous/mental disorders, or disease of the brain?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) gastritis, stomach/duodenal ulcer, blood in stools, fistula, piles, or any other stomach/bowel disease or disorder?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disease or disorder?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) blood, protein/sugar in urine, kidney stones, infection, or any other disease or disorder of kidney, bladder or genital organs?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) slipped disc, gout, arthritis, pain/deformity/disease or disorder of the muscles, spine, limbs or joint, or severe injury?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

POLICY NO.:

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Section C: Declarations

1. I/We agree to inform the Company if there is any change in the state of health between the date of this application and before the date the reinstatement endorsement is issued by the Company. On receiving this information, the Company is entitled to accept or reject this application.
2. By providing the information set out above, I/we agree and consent to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate my/our proposal and to provide the products or services which I am/ we are applying for (including, without limitation, any policy renewals and policy upgrades, substitutions or replacements).

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greateasternlife.com/sg/en/pncpolicies.htm> and which I/we confirm I/we have read and understood.
3. I/We declare that the information given in this application and any questionnaire(s)/forms and all subsequent written notices furnished to the Company are true, correct and complete to the best of my/our knowledge and belief and that no material fact(s), that is, fact(s) likely to influence the assessment and acceptance of this application have been withheld. I/We further agree that any information that I/we have provided to the Distribution Representative are disclosed in this application.
4. I/We agree that this application form and the policy, all subsequent written notices given by the Company to me/us and all subsequent written statements given by me/us to the Company will make up the whole of the Contract of insurance between the Company and me/us.

Signature of 1st Assured (Policyholder / Assignee / Parent)
(and Company stamp, if applicable)

Date: / /

Contact No.: _____

Signature of 2nd Assured (Child* / Spouse / Joint Policyholder)
* Only required if child is 16 years old & above

Date: / /

Contact No.: _____