

**APPLICATION FOR TERMINATION / PAID-UP FOR  
ELDERSHIELD SUPPLEMENT / GREAT CARESHIELD**

**A DETAILS OF POLICY AND POLICYHOLDER**

Plan Type	ElderShield Supplement	GREAT CareShield
Policy No.		
Full Name of Policyholder		
NRIC No.		
Email Address		
Contact No.	Mobile:	Home:

**B INSTRUCTIONS TO TERMINATE / CONVERT TO PAID-UP**

Notes

1. The policy will be cancelled with effect from the next renewal date and there is no refund of premium.
2. If the cancellation is within the 60-day FreeLook period from the policy commencement date, full refund of premiums will be made.
3. Your Supplementary Plan(s) (if any) will be cancelled automatically upon the cancellation of your basic ElderShield / CareShield Life.
4. If you wish to reinstate back to full coverage from paid-up or to rejoin the scheme, you will need to make a health declaration, subject to approval of underwriting.

**I wish to cancel the policy(ies) indicated in Section A. I understand that if the policy is eligible for paid-up, it will be converted into a paid-up policy with a reduced monthly benefit and without the need for me to pay any more premiums.**

**Where refund of premium is applicable:**

For premium payments made by cash, the default option for the refund of premiums will be via PayNow<sup>^</sup>.

<sup>^</sup> I confirm that I have registered with PayNow and I have linked my Singapore NRIC to my bank account ("PayNow Account") whereby I am the legal and beneficial owner of the PayNow Account. I also hereby authorise and instruct The Great Eastern Life Assurance Company Limited ("the Company") to deposit the payment that is payable to me into my PayNow Account, as well as consent to the participating banks disclosing any personal data as is reasonably required by the Company to verify my PayNow Account. In the event that the PayNow transaction is unsuccessful for whatever reason, I agree and acknowledge that a cheque for the payment will be issued to me.

I undertake not to hold the Company liable for any costs, damages, losses and/or expenses that I may incur or suffer as a result of the foregoing instruction.

Please tick the box below if you wish to receive your payment via cheque instead. For payment via cheque, an additional 7 to 14 working days will be required for cheque to be prepared and dispatched.

Yes, please mail the cheque to me.

**Signature of Policyholder**

**Date**