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|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|-------------|--------------|
| POLICY NUMBER | | | | | | | | | | | | | | | | | | DATE | AM/PM |
| PLAN TYPE | | | | | | | | | | | | | | | | | | | |
| NAME OF POLICYHOLDER | | | | | | | | | | | | | | NRIC / PASSPORT NO. | | | | | |

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| A | WHAT YOU SHOULD TAKE NOTE |
| <p>1. This form is meant for free-look. Please submit the respective forms for termination / surrender of policy.</p> <p>2. Any photocopied / downloaded forms submitted must be an exact duplicate of the original. The Great Eastern Life Assurance Company Limited ("the Company") will not be responsible for the validity of any photocopied / downloaded forms submitted which are not exact duplicates.</p> <p>3. For company-owned policy, please provide a list of signatories authorised to sign this form. This form must bear the company stamp. Please also submit a photocopy of the NRIC/Passport of the authorised signatory and a copy of the ACRA business profile (extracted not more than 14 days from the date of submission of this form).</p> <p>4. For Free-look of the GREAT SupremeHealth policy, please indicate the corresponding GREAT TotalCare to be free-look.</p> <p>5. PayNow is applicable for policyholders who have their Singapore NRIC linked with the participating banks. Please ensure that you have registered with PayNow and have linked your Singapore NRIC to your bank account ("PayNow Account") whereby you are the legal and beneficial owner of the PayNow Account. You also hereby authorise and instruct the Company to deposit the payment that is payable to you into your PayNow Account as well as consent to the participating banks disclosing any personal data as is reasonably required by the Company to verify your PayNow Account. In the event that the PayNow transaction is unsuccessful for whatever reason, you agree and acknowledge that a cheque for the payment will be issued to you. This is not applicable to Trust policy, policy under Trust Nomination or policy under CPF Investment Scheme or SRS Accounts.</p> <p>6. Preferred settlement option of PayNow and Direct Crediting are not applicable for policies bought under CPF Investment Scheme, MediSave and SRS Accounts.</p> | |

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| 1 | TYPE OF FREELOOK |
| <input type="checkbox"/> Not Taken Up (Proposal submitted pending approval) <input type="checkbox"/> 14-day Free-Look | |
| Reason(s) | |

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| 2 | SETTLEMENT OPTION |
| <input type="checkbox"/> This is a CPF / SRS funded policy. | |
| Non-CPF / SRS funded policy | |
| <input type="checkbox"/> ⁵ PayNow to my Singapore NRIC linked bank account | |
| <input type="checkbox"/> Credit into my personal bank account: Name of Bank: _____ Account Number: _____ Please provide a copy of your bank statement/ passbook / e-statement showing your name and account number only (with transaction and other details blanked out) for verification. | |

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| 3 | ADVISER'S ACKNOWLEDGEMENT |
| I am aware of the above client's intent to freelook and acknowledge that my commission will be clawback in view of the freelook. | |
| Name of Adviser | Adviser Code |
| Signature of Adviser (OCBC Adviser, to affix Branch Stamp) | |

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| 4 | DECLARATION | FOR OFFICIAL USE |
| I, the legal owner of the said policy, would like to freelook the stated policy. I have read, fully understand and agreed to the conditions listed. 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. | | I have sighted legal owner(s) identification documents, informed on disadvantages of freelook & alternatives available. |
| Signature of Policyholder | Contact No | Signature and Stamp of Officer |