

SURVIVAL BENEFITS/CASH BONUS OPTION FORM

Proposal No.

New NRIC No. - -

Policy No.

Old NRIC/Birth Certificate/
Passport No.

I elect to utilise the survival benefits / cash bonuses as follows: (Please put a in the box provided to indicate your option)

* Please refer to the policy document for the options available to the policy

- Option 1 To receive each survival benefit / cash bonus, if any, when it is payable.
- Option 2 To apply the survival benefits / cash bonuses to pay Automatic Premium Loan, if any, and premium due until the survival benefits / cash bonuses are exhausted. Thereafter to leave the balance, if any, with the Company.
- Option 3 To leave all survival benefits / cash bonuses on deposit with the Company.
- Option 4* Option (3) for years from the Date of Commencement of the policy and Option (2) thereafter.

I further understand and agree that :-

1. The Company shall apply the survival benefits / cash bonuses for the Policy in accordance with my selected option.
2. Interest will be payable on the accumulated cash bonuses or the balance thereof left on deposit with the Company at such rate of interest that the Company may determine from time to time without giving notice to me and my entire accumulated survival benefits / cash bonuses may be withdrawn at any time that I elect, subject always to the provisions of this Form.
3. The actual cash bonuses, if any, that would be declared may change from time to time, depending on the operating and investment results experienced by the Company.
4. If there is any Cash Loan or Automatic Premium Loan attaching to the Policy at the time the survival benefits is payable, this indebtedness shall be set off against the survival benefits. (Applicable for survival benefits option only).
5. For Option 3 and Option 4, if the total indebtedness exceeds the surrender value (excluding bonuses) of the policy at any time, these options shall thereafter automatically change to Option 2.
6. The instructions given by me in this form replace all other prior instructions, which I may have given to you and in the event of any inconsistency between the provisions of this form and the Policy or endorsements thereon, this form shall prevail.

"Total indebtedness" means the aggregate of Automatic Premium Loan with accrued interest, Cash Loan with accrued interest and premium due.

Note: If the above request involves any payment, it is mandatory to submit Direct Credit Facility Form.

DATA PROTECTION NOTICE

For information on how we process your personal data and your right over your personal data, kindly refer to our Personal Data Protection Notice posted at greateasternlife.com.

If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our **Customer Service Careline** at 1300-1300 88 or Privacy Officer at +603 4813 3796, or write to the company.

Signature of Proposer/Policyowner/Absolute Assignee

Signature of Conditional Assignee

Name: _____

Name: _____

NRIC No.: _____

NRIC No.: _____

Date: _____

Date: _____

Tel No.: _____

Tel No. : _____

STATEMENT OF WITNESS

I hereby witness and certify that the signature(s) in this form was/were made before me and that to my own personal knowledge it is the signature(s) of the Policy Owner/Life Assured/Assignee under the Policy No. as mentioned above.

*For Entity/Bank - Signature of Authorized Person with Company Stamp is required

Signature of Witness

Signature of Witness

Name: _____

Name: _____

NRIC No.: _____

NRIC No.: _____

Date: _____

Date: _____

Tel No.: _____

Tel No. : _____

