



ElderShield / MyCare

CHANGE OF PREMIUM PAYMENT METHOD

SECTION A: PERSONAL PARTICULARS

Name as in NRIC/Passport (in BLOCK LETTERS)				
NRIC No.				Policy No.
Contact No.	(H)	(O)	(HP)	Email

NOTE : This authorisation shall supersede all previous payment method instructions and will be used for future premium payments unless otherwise advised in writing.

I wish to arrange for premium payment method as follows (Please tick where applicable):

- To deduct from my own CPF Medisave Account only. *(Please complete Section C)*
- Spouse's / Children's / Grandchildren's / Parents' CPF Medisave Account. *(Please complete Section C)*
- Interbank GIRO. *(Please note that GIRO will only take effect next year and a fresh GIRO form is to be completed)*
- Cheque. I enclose cheque of S\$ _____. Bank / Cheque No. _____ / _____.
(Please make cheque payable to Aviva Ltd and write your Name, NRIC and Policy Number on the reverse side of your cheque).

SECTION C: AUTHORISATION BY CPF ACCOUNT HOLDER(S) *(For payment using CPF Medisave Account only)*

For payment through own/ spouse's/ children's/ grandchildren's/ parent's CPF Medisave Account, please complete the following:

- I authorise the Central Provident Fund Board to deduct premium(s) due for the Policyholder to be covered under this ElderShield Policy and/or MyCare Policy from my Medisave Account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), and the Central Provident Fund (Withdrawals for ElderShield Scheme) Regulations 2002 made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by Central Provident Fund Board from time to time.
- I authorise the Central Provident Fund Board to deduct the available amount in my Medisave Account in the event that the balance in my Medisave Account is not sufficient to pay for an amount up to the premium due.
- I authorise the Central Provident Fund Board to disclose/seek information on a confidential basis to/from any insurer(s) such information relating to the deduction from my Medisave Account as Central Provident Fund Board shall reasonably consider appropriate.
- I understand that for ElderShield Supplement plans, the maximum Medisave deduction is \$600.00 per life to be insured per calendar year only. Any excess over this limit has to be paid by cash.**

CPF A/C Holder's Name	Date of Birth (dd/mm/yyyy)	CPF A/C No.	Relationship to Applicant	* % of Premium	Signature of A/C Holder & Date

**Total CPF contribution must add up to 100%. If there is no indication, total contribution will be taken as 100%.*

.....
Signature of Policyholder

.....
Date



APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION

Date (dd/mm/yy) Name of billing organisation ("BO"): **Aviva Ltd**

To: Name of Financial Institution Name of Policyholder

Branch Life Insurance Policy Number

- a) I/We hereby instruct you to process the BO's instruction to debit my/our account.
- b) You are entitled to reject the BO'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.
- c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

My/Our Name(s) My/Our NRIC Number(s)

Mr/Mdm/Ms/Mrs/Dr#

Mr/Mdm/Ms/Mrs/Dr#

My/Our Account Number My/Our Contact Number(s)

My/Our Residential Address Office Tel No.

Home Tel No.

My/Our Signature(s)/Thumbprint(s)*

(As in Financial Institution's Records)

*For thumbprints, please go to the branch with your identification

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank Branch Billing Organisation's Account Number Billing Organisation's Customer Reference Number

Bank Branch Account Number to be debited Life Insurance Policy Number

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

- Signature/Thumbprint# differs from Financial Institution's records
- Signature/Thumbprint# is incomplete/unclear
- Wrong account number
- Account operated by Signature/Thumbprint#
- Amendments not countersigned by customer
- Others

Name of Approving Officer Authorised Signature Date

#Please delete where applicable