GREATLINK PLANS APPLICATION FORM FOR AMENDMENTS



Important Note: 1. The actual is approved 2. All limits are not me					ved	an	d pa	IVE	ent	is r	ece	ive	d. P	roce	SS	ina i	5 3	3 day	5	for c	ash /	CPF	-SA	V SR	S D	lans	an	id 5	da	vs f	for (CPE	F-O	Δn	lane	•					
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1. SWITCHING OF FUNDS I declare that I have decided to switch my funds out of my own accolals a agreed that I will not hold the company liable for any financial I a result of this switch. Switch From Please Specify: "All" or No. of Units or (\$) 2. CHANGE OF FUNDS ALLOCATION / REDUCTION IN OR RECURRENT SINGLE PREMIUM Name of Fund New premium after Change / Reduction (\$)								rd los Sw	and dises the second of the se	do ha To	so a at I ma o: Na	me	of F	red a	S	For your information • For subsequent switch within policy year, the \$25 switch fee will be deducted from the fund value. • If there is more than 1 fund being switch to, please specify the fund from which the \$25 is to be deducted. • For switching of Funds with change of Funds allocation in regular/recurrent premium, please complete items 1 and 2. Minimum value to be switched per Fund is \$1000 and the value of the remaining units per fund after the switch should be at least \$1000. • The Company reserves the right to close a unit fund and prevent any allocation of premiums or any fund switching to that unit fund which is to be closed by giving at least 1 month's notice to the policyholder before the Unit Fund is closed. • Each asset class of the Lifestyle funds will be managed by a fund manager appointed by the Company. The Company may at any time at its absolute discretion without notice, change any of the fund managers in charge of each asset class of Lifestyle funds and substitute a new fund manager.																									
3.		C	UR	R	ENT					PRI	M	UN	1	oreside to	e de	Prei	0750		R	dd	lition: urrer e: wef	nt :	Singl	e l	rem	ium		01+ 02 03	En Glo Pa Eu	ing lana sh f EAt han obal n-As	gen und V Gr cer l Sup sia F	rowt Fun Equ	th F	han und und Fun	ges I d	MI I		0.30 1.00 1.00 1.00 1.17 1.85	000	% p % p % p % p	.a .a .a .a
3.1 Is the life assured(s) now receive treatment from a doctor or intereason? 3.2 Has the life assured(s) ever he out whether on own accord or such as X-Ray, ultrasound, EC examination, CT Scan, biopsy, years? 3.3 Has the life assured(s) and/or por have been treated for a) Can c) diabetes, d) epilepsy, e) hig disease, h) kidney disease, i) disorders, k) nervous system dim) hearing or speech problems throat, n) AIDS or HIV, o) physical.							ne quiving tend and r or CCG v, bl pare gh I i) he disco is o is sight	equestions, please complete overleaf, ing or considering to receive medical anding to consult any doctor for any ad any medical investigation carried on the recommendation of a doctor CG, echocardiography, barium meal blood or urine test, etc in the past 3 arents ever had, or been told to have, cer, b) growth or tumour of any kind, h blood pressure, f) stroke, g) heart hepatitis or liver disorders, j) lung sorders, l) gynaecological disorders, or any disorders of the ear, nose or cal defects eg. backache?										YES NO								07 Global 100 Growth Fund 1.7500% p.a 08+ Global Optimum Fund 1.2500% p.a 1.7500% p.a 1.75															
Sign	natur	re	of A	SSI	ıred	/1	ega	10	wne	r	-6:			Co	ntac	t No), ar	nd F	ate		- 0	d.R		3										(1)	100	111		anh!	472		

The Great Eastern Life Assurance Company Limited The Overseas Assurance Corporation Limited

Customer Service Department

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GREATLINK PLANS APPLICATION FOR ADDITIONAL INSURANCE



Great Eastern Life Policy No.: Name of Policyholder:	NRIC / I	Passp	ort	No	: [П			_		_	_	-	_	-						
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Name of Policyholder:				-	-	=					H	+	-	+	_			_	_	_	
Name of Policyholder .	Ш										L	-			1	3.1					
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			7						-		-	_	-					7	-	7	
Total Basic Sum Assured: Total L	iving Ass	uranc	e E	3ene	efit	Su	m	Ass	sure	ed:	Г	F			T	-			T		
Any changes in Basic/Living Assurance Benefit sum assured will take effect from the ne Limits to Basic and LAB Sum Assured are: • Minimum Basic Sum Assured – 5 times the Annual Premium and 125% of the Single in Maximum LAB Sum Assured - Lower of 8 times the Basic Sum Assured or \$1m per life. Maximum Sum Assured under the Basic and LAB varies according to age, sex, health Please answer the following questions relating to the Life Assured(s):	Premium, M	inimum	LA	B Su	ım ,	Assı	urec				08 L		DVI	The state of the s	art I	YES	OH OH	N	10	1	
Is the life assured(s) now receiving or considering to receive medical treatment	t from a do	ctor or	inte	endin	ng t	0 00	ons	ult a	пу	doc	tor f	or a	inv			П		r	ĭ		
reason?																_					
Has the life assured(s) ever had any medical investigation carried out whether on own accord or on the recommendation of a doctor such as X-ray, ultrasound, ECG, echocardiography, barium meal examination, CT scan, biopsy, blood or urine test, etc., in the past 3 years? How the life percentage has to stand according to the test of the life percentage has the past of the past																					
. Has the life assured(s) been tested, counselled or treated for HIV or AIDS or advised to abstain from donating blood? Does the life assured(s) smoke or have you smoked in the last 12 months?																Ц					
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Has any proposal for life or health assurance on the life assured(s) to this or any other office been declined, deferred or accepted at other than normal terms?																					
Has the life assured(s) and/or parents ever had, or been told to have, or have been treated for a) cancer, b) growth or tumour of any kind, c) diabetes, d) epitepsy, e) high blood pressure, f) stroke, g) heart disease, h) kidney disease, i) hepatitis or liver disorders, j) lung disorders, k) nervous system disorders, l) gynaecological disorders, m) hearing or speech problems or any disorders of the ear, nose or throat, n) AIDS or HIV, o) physical defects eg. backache?																					
7. Has the life assured(s) ever suffered from or received treatment for:																			40		
a. any disease of the brains, nervous breakdown, unconsciousness, fits, epileps	sy, paralysi	or me	enta	il, fur	ncti	ona	or	ner	vou	s di	sorc	ier?				Ц					
b. any complaints of the eye, ear, throat or nose?																Ц					
c. asthma, bronchitis, pneumonia, pleurisy, tuberculosis, persistent cough, spitti	ing of blood	or oth	er r	espi	rato	ry il	line	ss?								Ц		L	_		
d. raised cholesterol, high blood pressure, heart attack, stroke, rheumatic fever, Kawasaki disease, heart murmur, mitral valve prolapse or other heart valve disorder, breathlessness, irregular / fast heart rate, chest discomfort / pain or any other disorders of the heart of blood vessels?																		L	_		
e. disorders and disease of the muscles, skin, glands, bones, joints or limbs?																					
 disorders and disease of the muscles, skin, giands, bones, joints or limbs? stomach ulcer or other digestive disorders, chronic or recurrent diarrhoea, hepatitis, disorders of the liver, stomach, gall bladder of intestines, ruptures or hernia, fistula or piles? 																					
g. nephritis, kidney stones, tumour, sugar or protein in the urine, diabetes, thyroid or other endocrine disorders, urinary tract abnormalities or any sexually transmitted diseases?																					
h. cancer growth or tumour of any kind?																					
i. other illnesses, disorders, operation, disability, accident, hospitalization, or ur	nexplained	weight	los	s?														1			
8. Please indicate height and weight of life assured. HeightWei	ight	bulb le		i et to																	
For Female Applicants only:																					
9. a. Is the life assured(s) now pregnant? If yes, please state number of months.			5																		
b. Has the life assured(s) ever had any complication in previous pregnancies?																					
c. Has the life assured(s) ever been found to have or are you aware of any brea	st lump or	disease	e of	the	bre	ast	?														
d. Has the life assured(s) ever had any abnormal Pap Smear test or been tole months?	d by any do	octors I	o h	ave	ar	epe	at t	lest	with	nin 1	he	nex	t 6								
e. Has the life assured(s) ever had recurrent/persistent irregular / painful / unust	ually heavy	menst	rual	tion?																	
f. Has the life assured(s) ever been advised to have mammogram, biopsy, ope gynaecological investigations?	ration of th	e breas	st, u	ultras	ou	nd o	of th	ne pe	elvi	s or	any	oth	ner								
Declaration I declare that to the best of my knowledge and belief, the information given is tru influence the assessment and acceptance of this application. I understand and agree that payment received (if any) before acceptance of this pro I have applied for and that the said additional assurance shall not take effect until	oposal by ti	ne Con	npa	ny d	oes	not	t bir	nd th	ne (Com	pan	y to	an	y ad	ditio						
Dated atofof	20						F	or (Off	ice	Use	9								7	
County) on					5																

The Great Eastern Life Assurance Company Limited The Overseas Assurance Corporation Limited Customer Service Department

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