APPLICATION FOR CHANGE



Great Eastern Life Policy No.:	Overseas Assurance Corporation Policy No.:														
Name of Policyholder :															
	NRIC / Passport No :														
PAYMENT CHANGES															
	arterly Monthly. (Please use GIRO for monthly mode.)														
POLICY CHANGES															
2. Reduction in sum assured															
Basic Policy	From \$ To \$														
Riders: Type	To \$														
	Doy IManth I Vaca														
Cancellation of rider / Supplementary Benefit: Type	Day Month Year														
4. Conversion of Term Rider / Policy into permanent policy,															
Full / Partial conversion of sum assured of \$(*Please delete accordingly)	and the remaining sum assured to be *cancelled / remained unchanged.														
Request for review of occupational extra. State the nature of Life Assured's current occupation:															
Conversion of policy into: Reduced Paid Up Extended Term Assurance.															
Any existing cash bonus, survival benefit and / or riders with cash value	will be paid as at date of conversion.														
PERSON CHANGES															
7. Correction / Change of Name NRIC for Policyh	older Life Assured Assignee to:														
(Please attach photocopy of NRIC / Passport / Deed Poll)															
CHANGE OF SIGNATURE															
8.															
Old Signature. If cannot recall, pls thumbprint & attach a copy of NRIC	New Signature/ Current Signature														
ADDRESS CHANGE															
9. Please change my address and personal contacts:	Change of address apply to:														
	GE Accident & Health Policies														
Postal Code	GE Policies OAC Policies														
Email Address:															
Home Tel NoOffice Tel No Handphone No Pager No															
10. Others:															
Current Signature of Policyholder / Assignee / Trustee	Current Signature of Policyholder / Assignee / Trustee														
Name of Policyholder / Assignee / Trustee	Name of Policyholder / Assignee / Trustee														
Contact No. & Date	Contact No. & Date														
Contact No. & Date	Contact No. & Date														
E-mail Address	E-mail Address														
Any photocopied / downloaded forms submitted must be an exact duplication photocopied / downloaded forms submitted which are not exact duplicates.	te of the original. The Company will not be responsible for the validity of any														

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G) The Overseas Assurance Corporation Limited (Reg. No. 1920 00003W) **Customer Service Department**

REMOVAL OF BENEFICIARY UNDER IMPLICIT TRUST



Important Note

1. Under Section 73 of the Conveyancing and Law of Property Act, when the spouse and / or children is/ are named as the beneficiary/ beneficiaries at the inception of the policy, a trust is deemed to have been created for the benefit of the beneficiary/ beneficiaries therein named. Consent from the existing beneficiary/ beneficiaries will be required for removal of beneficiary.

	 All existing benefiaries required to give consent must be above 21 years of age. If any of the beneficiaries required to g consent is below 21 years of age, no removal of beneficiary is allowed. If the trust is removed, the policy will be put under "Estate". 															o gi	ive																																			
	_		_													1								ſ		1.	_								_								Γ						_			
	Gre								ol ol	icy	/ N	lo.	.:			<u> </u>					_	+		Į			Ove	rse	as	S A	SSI	ura	ınc	e (Co	rpo	ora	tio	ገ F	Polic	СУ	No.	: [—			_	<u>_</u>	느	Ļ	<u> </u>	_	
Naı	Name of Policyholder :														1				Ļ									_													Ļ	Ļ	1	_								
	NRIC														RIC	: / I	Pa	ssp	oor	t٨	VО	: [
l, th	e ov	vn	er	of 1	he	al	00	ve	рс	lic	y(i	es	s),	wis	h to	o r	em	OV	e th	ne f	ollo	win	g b	en	efic	ciar	ies o	curr	ren	itly	in r	my	ро	licy	(ie	es)																
Na	Name of Beneficiary														N	NRIC / Birth Certificate / Passport No.											0.	. Relationship to Policyholder																								
																																											_						_			
																																											_		_	_	_		_			-
	Signature of Policyholder Contact No. Email Address																				-			Dat	te																											
Co																						-					and	l dis	scla	aim	ı all	l in	ter	est	ar	nd k	oer	nefit	ur	nder	r th	ne sa	aid	po	licy.							
Dat	ed a	t_												_ t	his	3 —					_da	ау о	of					. 20.																								
Sigi	gnature of Existing Beneficiary Signature of Existing E													ıg B	Bene	efici	ary	У					-			Sig	na	ture	e of	f Exi	stir	ng l	 Ben	nefic	ciar	у																
Nar	ne o	e of Existing Beneficiary Name of Existing Beneficiar												ary		Name of Existing Beneficiary																																				
NRI	C / F	Pa	ssp	ort	: N	0.										_			N	IRIO	C /	Pas	sp	ort	No).						NRIC / Passport No.																				
Cor	tact	N	0.					Contact No.											C	ont	act	t No).												-			Co	nta	ct N	lo.											—

Any photocopied / downloaded forms submitted must be an exact duplicate of the original. The Company will not be responsible for the validity of any photocopied / downloaded forms submitted which are not exact duplicates.

