

## Change of Premium Payment Method For Basic ElderShield or ElderShield Supplement

### Section A: Personal particulars

Name (as shown in NRIC)	NRIC number	Policy number
Contact number (Office) <span style="float: right;">(Home)</span>	Email	
The contact number and email you indicate on this form are for us to use to contact you and check on any requests for changes (if needed). We will not add the details to our records. To change your home address, contact number and email, please fill in the 'Change of personal particulars form'.		

### Section B: Payment method

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

Own CPF Medisave account

Husband's or wife's, children's, grandchildren's, parent's CPF Medisave account (Please fill in the details below.)

Premium payment using family member's CPF Medisave account

Name of CPF account holder	Date of birth (dd/mm/yyyy)	CPF account number	Relationship to you	Percentage of premium	Signature of account holder and date (dd/mm/yyyy)

To pay the premium for PrimeShield, the maximum Medisave deduction is \$600 for each life to be insured in each calendar year only. You will have to pay any remaining amount by cash.

Authorisation by CPF account holder for payment using CPF

I authorise the Central Provident Fund Board (the 'CPF Board') to use the moneys in my Medisave account to pay the premiums due for the life to be insured named under this application, in line with the Central Provident Fund Act (Chapter 36)(the 'CPF Act'), and the regulations made under it, as well as the terms and conditions the CPF Board may make.

I authorise the CPF Board, if they reasonably consider it appropriate, and on a confidential basis, to reveal information to, or ask for information from, any insurers relating to:

- payment of premiums due under this application, including the use of moneys from my Medisave account or my new Medisave account; and
- making of refunds under this application.

Cash or cheque (Please write your name, NRIC number and contact number on the back of the cheque.)

New or third-party GIRO application (Please fill in and attach a new application form for Interbank GIRO form.) See note 1.

Note 1 : We will send you a premium notice if we cannot collect the premium from your or any other authorised account through Interbank GIRO, in which case, you must pay us the first year premium by cash or cheque.

### Declaration

I hereby declare that the foregoing information entered is true and correct and I have not withheld any material information, whether entered by me or on my behalf.

\_\_\_\_\_  
Signature or thumbprint of policyholder

\_\_\_\_\_  
Date (dd/mm/yyyy)

### For Official Use

Approved

Pending

Rejected (reason):