



Change of Premium Payment Method (MyCare / MyCare Plus / MyLongTermCare / MyLongTermCare Plus)

SECTION A: POLICY DETAILS	
Policy Number:	NRIC No: <i>If you cannot remember your policy number, please consent to us using your NRIC/Passport No. for the purpose of processing this request by providing your NRIC/Passport No.</i>
Policyholder's Name:	
SECTION B: PAYMENT METHOD(S)	
I wish to arrange for premium payment method as follows (Please tick where applicable):	
<input type="checkbox"/>	CPF Medisave Account through own account only. (Please complete Section D)
<input type="checkbox"/>	CPF Medisave Account through Spouse's / Child's / Grandchild's / Parent's / Sibling's account. (Please complete Section D)
<input type="checkbox"/>	CPF Medisave Account and GIRO. (Please complete Section D and Interbank GIRO form) ✓ Maximum withdrawal amount will be deducted from CPF Medisave and balance from GIRO
<input type="checkbox"/>	GIRO only (Please complete Interbank GIRO form) ✓ Full premium amount will be deducted from GIRO
SECTION C: PERSONAL DATA CONSENT	
<p>I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data (whether contained in this form or obtained from other sources; existing data in Singlife's record or to be collected in future) for the following purposes:</p> <ul style="list-style-type: none">- to issue and administer my/our existing and/or new policy(ies) and/or account(s) with Singlife and such other purposes ancillary or related to the administering of the policy(ies) and/or account(s), including the processing of my/our personal data for underwriting purposes, payment of premiums (including, where applicable, the deduction of premiums due from the Medisave accounts of the Lives Assured) and/or claims purposes;- for statistical, research, compliance, audit and regulatory purposes; and- to provide general information on product enhancements and services relevant to my/our needs or policies (including increasing benefits, adding riders/supplements and/or Lives Assured) as well as to provide financial advice or product recommendations to me/us, where applicable. <p>I/We consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to (i) Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers and intermediaries; (ii) the Government of Singapore; (iii) statutory boards; and (iv) organisations approved by the Government of Singapore, whether located in Singapore or elsewhere, for the above purpose and such other purposes as described in Singlife's Personal Data Protection Statement ("Statement").</p> <p>I/We have read and understood the Statement and Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. The Statement and Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.</p>	

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

For payment through own and family members' CPF Medisave Account, please complete the following:

1. I authorise the Central Provident Fund Board to deduct premium(s) due for the Policyholder to be covered under this Policy from my Medisave Account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), and the regulations made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed from time to time.
2. I authorise the Central Provident Fund Board to deduct the amount that is available in my Medisave Account, in the event that the balance in my Medisave Account is insufficient to meet the full premium due.
3. 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 CPF Medisave Account as Central Provident Fund Board shall reasonably consider appropriate.
4. I understand that for ElderShield/CareShield Life Supplement plans, the maximum Medisave deduction is S\$600 per life assured per calendar year only. In the event that the policy is backdated or reinstated, there may be a need for 2 premium deductions in the same calendar year and as a result the total premiums deducted may exceed the maximum withdrawal limit for that calendar year. If the premium exceeds the maximum withdrawal limit or there is insufficient fund in the MediSave Account, the excess or balance amount has to be paid by cash.

CPF Accountholder's Name	Date of Birth (dd/mm/yyyy)	CPF Account Number	Relationship to Life Assured	% of Premium *	Signature of Accountholder & Date(dd/mm/yyyy)

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

Important note:

- a. Completed form is to be submitted at least 30 days before the next renewal date and the changes will be effective on the next renewal date upon approval by us.
- b. This authorisation shall supersede all previous payment method instructions and will be used for future premium payments unless otherwise advised in writing.
- c. Mobile number and email address provided will replace our records accordingly.

Signature of Policyholder	Mobile Number	Date ▶ DD/MM/YYYY
	Email address	