

# PROPOSAL FORM

Underwritten by The Great Eastern Life Assurance Company Limited (Reg.No. 1908000011G) ("Great Eastern Life")  
A wholly-owned subsidiary of Great Eastern Holdings Ltd, and a member of the OCBC Group

**WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP. 142), YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY.**

**Important Definitions:** For all terms and conditions, please refer to the policy documents which will be sent to you upon acceptance of your application.

**YES! I wish to enrol in the Smart Life**

## MONTHLY PLAN DETAILS *(please tick accordingly)*

Plan Details		Monthly Premium based on age next birthday (S\$)					
		30 & below	31 - 39	40 - 49	50 - 54	55 - 60	61-65 Renewal only
Plan 1	Sum Assured S\$ 50,000	<input type="checkbox"/> S\$ 9.00	<input type="checkbox"/> S\$ 11.00	<input type="checkbox"/> S\$ 20.00	<input type="checkbox"/> S\$ 36.00	<input type="checkbox"/> S\$ 88.00	<input type="checkbox"/> S\$ 88.00
Plan 2	Sum Assured S\$ 100,000	<input type="checkbox"/> S\$ 18.00	<input type="checkbox"/> S\$ 22.00	<input type="checkbox"/> S\$ 40.00	<input type="checkbox"/> S\$ 72.00	<input type="checkbox"/> S\$ 176.00	<input type="checkbox"/> S\$ 176.00

Premiums are calculated based on age next birthday as at policy effective date and will increase as the insured moves up the next age band. Premiums are not guaranteed and are subject to revision based on portfolio experience.

## PROPOSER'S PARTICULARS *(please fill in block letters)*

Name as in NRIC [Mr/Ms] (Underline Surname): \_\_\_\_\_

NRIC/Passport No: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gender:  Male  Female

Residential Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Contact No: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile)

**YES! I want my spouse to enjoy this offer too! Please call me to enrol my spouse.**

## DECLARATION & PAYMENT AUTHORISATION

**Declaration:** I declare that the answers given in this Proposal are true and to be best of my knowledge. I agree that this Proposal and Declaration shall be deemed incorporated in such contract, subject to Terms and Conditions of the Policy. I agree that all pre-existing conditions are not covered by this policy. I authorise Great Eastern Life to obtain and verify any information relating to me, at its discretion, in the event of claims. I agree to be contacted by Great Eastern Life on any matters related to the policy. I declare that I am not an undischarged bankrupt, that no Statutory Demand has been served on me and no bankruptcy order has been made against me. I declare that this proposal is not intended to replace an existing policy or unit trust with any financial institution, and which may not be in my best interest. I declare that I ultimately own or have effective control over this insurance policy. I understand that life insurance is a long-term financial commitment and I am aware that I can seek advice from a financial adviser before I sign on this proposal form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to meet my financial needs and insurance objectives. I agree that the faxed copy of the Proposal form will serve as the proposal.

## PAYMENT BY OCBC CREDIT CARD

Name of Cardholder (as on Card): \_\_\_\_\_

Please charge my premium to my card with details as follows:

*(Please indicate your card no. and details)*

OCBC Credit Card:

Card Expiry Date:

- I hereby authorise OCBC Bank/my Issuing Bank to process Great Eastern Life's (the Billing Organisation, B.O.) instructions to debit my card.
- OCBC Bank is entitled to reject Great Eastern Life's debit instructions if my card does not have sufficient limit and charge me a fee for this.
- This authorisation will remain in force until OCBC Bank receives a written notice from Great Eastern Life that I have notified Great Eastern Life of my intention to terminate payment of the premiums via the above OCBC Credit Card.

\_\_\_\_\_  
Cardholder's Signature & Date

\_\_\_\_\_  
Proposer's Signature & Date

Please fax your duly completed Proposal Form to 6532 3478 or you may mail it back to us.

IMPORTANT - PLEASE DO NOT ENCLOSE ANY CASH/CHEQUE.