



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

SECTION A: POLICY DETAILS	
<input type="checkbox"/> ElderShield (for policy with Aviva Ltd only) Policy Number:	<input type="checkbox"/> MyCare / MyCare Plus Policy Number:
Policyholder's Name:	NRIC/Passport Number: <i>If you cannot remember your policy number, please consent to us using your NRIC/Passport Number for the purpose of processing this request by providing your NRIC/Passport Number</i>
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 Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva.</p> <p>I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries whether located in Singapore or elsewhere, for the above purposes.</p> <p>For full details of the purposes of collection, use and disclosure of your personal data, please visit http://www.aviva.com.sg/pdpa.html</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 ElderShield Policy and/or MyCare / MyCare Plus Policy from my Medisave Account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), and the Central Provident Fund (Withdrawals for ElderShield Scheme) Regulations 2002 made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by Central Provident Fund Board from time to time.
2. I authorise the Central Provident Fund Board to deduct the available amount in my Medisave Account in the event that the balance in my Medisave Account is not sufficient to pay for an amount up to the 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 Supplement plans, the maximum Medisave deduction is \$600.00 per life to be insured per calendar year only. Any excess over this limit 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

* 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	

APPLICATION FOR INTERBANK GIRO



Important Notes:

1. Please provide all information to avoid unnecessary delay in the processing of the application.
2. Amendments made on this form must be countersigned by Account Holder. The use of correction tape/fluid is not allowed.
3. Please provide relationship and reason if Account Holder is different from Policy Owner and submit the Account Holder's identification together with the application.
4. The approval process for the GIRO application will take approximately one month by bank.
5. For POSB/DBS Account Holders, you can apply for GIRO via iBanking. Go to Pay (Bills and Card) → Add GIRO Arrangement → Select Billing Organisation as *Aviva Ltd_Life 1* (for Life policy, ElderShield, MyCare, MyCare Plus) or *Aviva IND HEALTH INS* (for MyShield, MyHealthPlus)
6. Before you receive our notification on GIRO approval, please continue to pay your premium in the usual manner.

By completing this Application Form, I/We am instructing and authorising:

- a. Aviva to debit my/our bank account to pay for my policy/policies.
- b. The Bank to reject Aviva's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at Aviva's discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- c. This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through Aviva.

Personal Data Consent

I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva.

I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

Please complete this form and return original form to Aviva Ltd ("Aviva")

Date (dd/mm/yyyy):		Billing Organisation: Aviva Ltd	
Bank Name (please tick one bank below): <input type="checkbox"/> POSB/DBS <input type="checkbox"/> OCBC <input type="checkbox"/> UOB <input type="checkbox"/> Citibank <input type="checkbox"/> Maybank <input type="checkbox"/> HSBC (Corporate) <input type="checkbox"/> RHB <input type="checkbox"/> Standard Chartered <input type="checkbox"/> HSBC (Personal) <input type="checkbox"/> Others: _____		Signature(s) / Thumbprint(s) ^ (as in Bank's Record):	
Bank Account Number:		<i>^For thumbprint, please go to any branch of your bank with identification for verification.</i>	
Bank Account Holder's Name(s): Mr/ Mdm/ Ms/ Dr		Account Holder's NRIC(s):	Contact Number:
Policy Number(s)*	Policy Owner's NRIC No.	Relationship to Account Holder	Reason if Account Holder is not Policy Owner

**Please write the Policy Number(s) which you wish to apply for GIRO using this bank account number only*

For Aviva's Completion

SWIFT BIC DBSSSGSGXXX Please use above SWIFT BIC for following reference no(s).	Aviva's Bank Account No. 0270007597
SWIFT BIC DBSSSGSGXXX Please use above SWIFT BIC for following reference no(s).	Aviva's Bank Account No. 0039001886

For Bank's Completion

To : Aviva Ltd

This Application(s) is hereby **REJECTED** (please tick) for the following reason(s):

<input type="checkbox"/> Signature/Thumbprint# differs/irregular# from bank's records	<input type="checkbox"/> Wrong account number
<input type="checkbox"/> Signature/Thumbprint# is incomplete/unclear#	<input type="checkbox"/> Amendments not countersigned by customer
<input type="checkbox"/> Account operated by Signature/Thumbprint#	<input type="checkbox"/> Others: _____

please delete where applicable

Name of Approving Officer

Authorised Signature

Date