

UPDATE OF PERSONAL PARTICULARS

- Important Notes:**
1. The update of particulars will not be applicable to any Group Insurance corporate policy purchased by your employer. Please advise your Human Resource personnel to inform us of the required updates.
 2. We will not accept any request to update to Distribution Representative's address and/or contact details unless proof of relationship (spouse/ child/ parent), or proof of ID showing the new address is provided.
 3. An acknowledgement letter will be sent to you on your submitted request. For update of address, an acknowledgement letter will also be sent to your former address.
 4. **Remember to sign and complete "Declaration and Authorisation by Policy Owner" on Page 3.**

YOUR PARTICULARS (Form is for 1 person only, please submit a separate form for additional request)

Policy No.	
Policy Owner's Name (as in NRIC/ Passport/ FIN)	
NRIC/ Passport No. / FIN	

YOUR NEW ADDRESS

Please attach one of the below supporting documents with your name and new residential address printed on it with this request. Remember to indicate your name and ID number on this document.

- Copy of Singapore NRIC with your new address (both front and back)
- Rental Agreement
- Utility Bill or Telephone Bill
- Government Agency Letter (e.g. CPF Board, HDB, IRAS, LTA etc.)
- Bank Statement

The below address is applicable to **ALL** My Great Eastern Policies. If it applies to specific policy(ies), please state the policy numbers below.

Residential Address for the above named policy owner

Block/ House No.		Unit No.		Postal Code	
Street					
City *					
Country	<input type="checkbox"/> Singapore <input type="checkbox"/> Foreign, Please Specify:				

If your mailing address is different from your residential address, please provide reason below:

Mailing Address (if different from Residential Address)

Block/ House No.		Unit No.		Postal Code	
Street					
City *					
Country	<input type="checkbox"/> Singapore <input type="checkbox"/> Foreign, Please Specify:				

* For foreign address only.

YOUR CONTACT DETAILS

Mobile No.	+ (Country Code) – (Area Code for foreign no.) + (Contact No.) <input type="checkbox"/> Also use this mobile number for SMS token (for OTP)
Home No.	+ (Country Code) – (Area Code for foreign no.) + (Contact No.)
Office No.	+ (Country Code) – (Area Code for foreign no.) + (Contact No.)
Email	

UPDATE OF PERSONAL PARTICULARS

Declaration and Authorisation by Policy Owner

I hereby give my authorisation to make the corrections/ changes indicated on this form.

By providing the information here, I agree and consent to Great Eastern, its related corporations (collectively, the “Companies”), as well as their respective representatives and agents (“Representatives”) collecting, using, disclosing and sharing amongst themselves my personal data, and disclosing such personal data to the Companies’ authorized service providers and relevant third parties for purposes reasonably required by the Companies to provide products or services which I am applying for.

These purposes are set out in Great Eastern’s Privacy Statement, which is accessible at <http://www.greataeasternlife.com/sg/en/privacy-and-security-policy.html> and which I confirm I have read and understood.

I/We agree that I/we will update the Company promptly of any change or addition to the information provided herein about me/us or the life assured, the beneficiary named in this proposal or of the policy and any other relevant persons (if any, and collectively with the life assured and the beneficiary the “Relevant Persons”) as the Company may reasonably require.

Signature of Policy Owner (Note: digital signature is not acceptable)	As per existing record. If there is an update of your specimen signature, use your new signature. If Company, please place the company stamp and provide Name and ID No. of the authorised signatory below.	Contact No.	
		Date	
Name of authorised signatory:		ID No. of authorised signatory	

For Internal Use

Requesting Officer	Department / Section Head
_____ Name / Department/ Ext. / Signature Date: Remarks/ Instructions:	_____ Name / Department/ Ext. / Signature Date: Remarks/ Instructions:
CMDU Officer 1	CMDU Officer 2
Date: _____	Date: _____