



Change of Premium Payment Method (ElderShield / MyCare)

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 Number:		
Contact Number(s):	(Home)	(Office)	(Mobile)
Email Address:			
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 / Children's / Grandchildren's / Parent's account. (Please complete Section D)			
<input type="checkbox"/> CPF Medisave Account and GIRO. (Please complete Section D and Application for Interbank GIRO form) ✓ Maximum withdrawal amount will be deducted from CPF Medisave and balance 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 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

Date



APPLICATION FOR INTERBANK GIRO
Please return original form to Aviva Ltd ("Aviva")

For Applicant's Completion

Date (DD/MM/YYYY):	<input type="text"/>	Name of Billing Organisation ("BO") : Aviva Ltd
To: Name of Bank	<input type="text"/>	Bank Branch:
	<input type="text"/>	<input type="text"/>

Policy Number(s)*:	Name of Policy Owner(s):	NRIC Number(s):	Relationship to Account Holder: Required if Account Holder is not Policy Owner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- * Please write the Policy Number(s) which you wish to apply for GIRO using this bank account number only
- I/We hereby instruct you to process Aviva's instruction to debit my/our account.
 - You are entitled to reject Aviva's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
 - 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.
 - The use of correction tape is not allowed. Amendments made on this form must be countersigned by applicant.

My/Our Bank Account Name(s): Mr/Mdm/Ms/Dr	My/Our Signature(s)/Thumbprint(s)^ (as in Bank's Record):
<input type="text"/>	
My/Our Bank Account Number:	
<input type="text"/>	
My/Our NRIC Number(s):	
<input type="text"/>	^ If your account is operated by thumbprint, your thumbprint needs to be witnessed and verified by the Bank's staff.
My/Our Contact Number (Home / Handphone):	
<input type="text"/>	

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>.

For Aviva's Completion

Bank	Branch	Aviva's Bank Account No.	(√)	Aviva's Customer Reference No.(s):
7171	027	0270007597	<input type="checkbox"/>	<input type="text"/>
Bank	Branch	Aviva's Bank Account No.		Aviva's Customer Reference No.(s):
7171	003	0039001886	<input type="checkbox"/>	<input type="text"/>
Bank	Branch	Account Number to be Debited		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

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:

Name of Approving Officer:	Authorised Signature:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

please delete where applicable

Application for Premium Payment by GIRO

- When completing the application form, please provide all relevant information in full to avoid unnecessary delay in the processing of your application.
- Upon receipt of your application form, we will send it to your bank for verification.
- It would take 1 to 3 weeks for your bank to approve your application herein.
- For DBS/ POSB accountholders, you can avoid the hassle of completing the **INTERBANK GIRO FORM** by applying for GIRO via iBanking.

Go to ibanking and select:

*Payment → GIRO: Manage GIRO Arrangements → Add GIRO Arrangement → Select **Aviva Ltd_Life 1** (for life products) or **Aviva IND HEALTH INS** (for Health Products: MyShield & MyHealthPlus) as Billing Organisation.*

- When your GIRO application has been approved, we will inform you of the commencement date of the premium deduction in writing. Before you receive our notification, please continue to pay your premium in the usual manner.
- If the deduction date falls on weekend or Public Holiday, the deduction shall take place on the next working day.
- Please note that for every unsuccessful debit due to insufficient fund, your bank may impose a service charge.
- For termination of GIRO arrangement, please inform Aviva in writing, three (3) weeks before the premium becomes due.
- For assistance, please contact our Customer Service Executives on hotline number (65) 6827 7788. Our operating hours are from 8.45 a.m. to 5.30 p.m., Mondays to Fridays, excluding Singapore Public Holidays.