

**Direct Credit Authorisation Form****Part A****Your Policy Details**

Policy Number _____ Name of Assured/Assignee _____

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. NRIC/Passport Number _____

Part B**Your Confirmation****Please select to deposit:**

- ☐ Maturity ☐ Guaranteed Cash Benefit ☐ Guaranteed Income Benefit
- ☐ Others (Please indicate): _____

I/We confirmed that I/we are the legal and beneficial owner of the Bank Account ("Account") indicated below.

I/We hereby authorise and instruct Singlife Singapore Life Ltd. to credit my proceeds into my/our bank account.

Name of Bank: _____

Account No.: _____

Note:**Please provide a photocopy of passbook/statement stating account holder name and number. Otherwise, we may issue you a cheque.****Declaration**

I/We acknowledge that Singlife Singapore Life Ltd. ("Singlife") may reject any of my/our instructions including, but not limited to, those that, in Singlife Singapore Life Ltd.'s sole and absolute discretion, are deemed incomplete, unclear or ambiguous, or if my/our signature(s) differ(s) from what was originally provided as a specimen to Singlife Singapore Life Ltd., and Singlife Singapore Life Ltd. will not be responsible for any losses that may be incurred by me/us due to such rejection of any of my/our instructions.

I/We consent to Singlife (and Singlife 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 Singlife.

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

I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. 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.

Signature of Main Life Assured
► For age next birthday 17 years and above
► Your signature must be consistent with our record

Signature of Assured / Joint Life Assured
► Your signature must be consistent with our record

Signature of Assignee / Trustee(s)*
► Your signature must be consistent with our record

Date
► DD/MM/YY

Name ► As in NRIC / Passport

Name ► As in NRIC / Passport

Name ► As in NRIC / Passport

Mobile Number

Mobile Number

Mobile Number

Email address

Email address

Email address

Important Note:

- a) * Signature of Trustee(s) are required for policies under Trust
- b) Mobile number and email address provided above will replace our records accordingly.
- c) A photocopy of the Assured/Joint Assured/Assignee(s) NRIC or Passport (if there are any changes in particulars).