* P Y M B I L *

Singlife with AVIVA

CREDIT CARD AUTHORISATION FORM

Important Notes:

1) Any amendment must be countersigned by Cardholder.
2) All prevailing foreign exchange rates to be incurred arising out of this authorisation form will be fully borne by the Cardholder or Policy Owner. The Credit Card statement will show the conversion amount at the issuing bank's prevailing rate
3) For Zurich Protect-Prestige, payment through Credit Card is only available for:
   - Policy in SGD currency and Policy Owner's residential address is oversea, or
   - Policy in Non-SGD currency
4) Policy Owner's mobile number and email address provided will replace our records accordingly.

Policy Details

If Cardholder is different from Policy Owner, please indicate relationship and reason for 3rd party payment and submit the Cardholder's identification documents together with this application.

Policy Number(s)	Name of Policy Owner	Relationship to Cardholder	Reason if Cardholder is not Policy Owner

Authorisation and Declaration

I/We consent to this authorisation being in force until terminated by me/us or upon receipt of my/our written revocation to Singapore Life Ltd. ("Singlife").

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 am/We are aware that I/we should visit your website regularly to ensure that I am/we are well informed of the updates.

Credit Card Account Details

Visa / Mastercard Authorisation (This authorisation supersedes any previous instruction)

I authorise Singapore Life Ltd. to charge the premium(s) to my credit card account for the above insurance policy(ies).

Cardholder's Name *(as in Bank's Record):*	**Cardholder's NRIC/Passport No:**	**Issuing Bank:**

Credit Card Number:

►*Select Visa or MasterCard* ◯ Visa ◯ MasterCard

►*Write the 16-digit card number in the below box*

				-					-					-				

Card Expiry Date:

►*MM/YY*

M	M	/	Y	Y

Signature of Cardholder *(as per Credit Card):*	Mobile number	**Date:** ► *DD/MM/YYYY*
	Email address	

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Company Reg.No.: 196900499K GST Reg.No.: MR-8500166-8 | Navigator Investment Services Ltd Company Reg.No.: 200103470W GST Reg.No.: 20-0103470-W