

Q4 Are there any day to day activities such as doing housework, preparing meals, shopping, using public transport, or any hobby which you have stopped doing in the last year due to your health or disability conditions? If "Yes", please provide details.

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SECTION D: PREMIUM PAYMENT METHOD

I wish to arrange for premium payment method for my current and future premiums as ticked below:

- Own / spouse's / children's / grandchildren's / parents' CPF Medisave Account (Please complete Section E)
- Interbank GIRO (Please complete GIRO form)
- Cheque (Please make cheque payable to Aviva Ltd and write your Name, NRIC and Policy Number on the reverse side of your cheque)

SECTION E: AUTHORISATION BY CPF ACCOUNT HOLDER(S) (For payment using CPF Medisave Account only)

1. I authorise the Central Provident Fund Board to deduct premium(s) due for the Policyholder to be covered under this ElderShield 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 Medisave Account as Central Provident Fund Board shall reasonably consider appropriate.

For payment through own/spouse's/children's/grandchildren's/parent's CPF Medisave Account, please complete the following:

CPF A/C Holder's Name	Date of Birth (dd/mm/yyyy)	CPF A/C No.	Relationship	% of Premium*	Signature of A/C Holder & Date
.....
.....
.....
.....

*Total CPF contribution must add up to 100%. If there is no indication, total contribution will be taken as 100%.

SECTION F: DECLARATION

1. I hereby declare that the foregoing information is true and correct and I have not withheld any material information, whether written by me or by anyone else on my behalf and I accept full responsibility for them.
2. I hereby agree to purchase only one ElderShield Policy using Medisave with any insurer.
3. I agree and authorise any medical source, insurance office or organisation to release to Aviva Ltd, and Aviva Ltd to release to any of the prior mentioned organisations relevant information concerning me at any time, irrespective of whether the proposal is accepted by Aviva Ltd.
4. I agree to take sole responsibility to ensure this product is appropriate to my financial needs and insurance objectives.

Declared on (Date) Signature of Applicant

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION

Date (dd/mm/yy) _____	Name of billing organisation ("BO"): Aviva Ltd
To: Name of Financial Institution _____	Name of Policyholder _____
Branch _____	Life Insurance Policy Number _____

- a) I/We hereby instruct you to process the BO's instruction to debit my/our account.
- b) You are entitled to reject the BO'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.
- 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 the BO.

My/Our Name(s)	My/Our NRIC Number(s)
Mr/Mdm/Ms/Mrs/Dr# _____	_____
Mr/Mdm/Ms/Mrs/Dr# _____	_____
My/Our Account Number _____	My/Our Contact Number(s)
My/Our Residential Address _____	Office Tel No. _____
_____	Home Tel No. _____

My/Our Signature(s)/Thumbprint(s)*

(As in Financial Institution's Records)
 *For thumbprints, please go to the branch with your identification

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account Number	Billing Organisation's Customer Reference Number
7 1 7 1	0 2 7	0 2 7 0 0 0 7 5 9 7	
Bank	Branch	Account Number to be debited	Life Insurance Policy Number

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

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

Name of Approving Officer	Authorised Signature	Date
_____	_____	_____

#Please delete where applicable

ELDERSHIELD PREMIUM TABLE
for Policyholders turning age 40 after 30 September 2007

Entry Age	No. of Premium Payments	Annual Premiums (S\$)	
		Male	Female
40	26	174.96	217.76
41	25	182.03	227.11
42	24	189.71	237.29
43	23	198.12	248.41
44	22	207.36	260.60
45	21	217.53	274.03
46	20	228.78	288.87
47	19	241.27	305.32
48	18	255.21	323.68
49	17	270.83	344.23
50	16	288.44	367.40
51	15	308.44	393.70
52	14	331.34	423.79
53	13	357.79	458.55
54	12	388.67	499.13
55	11	425.19	547.10
56	10	469.03	604.68
57	9	522.60	675.03
58	8	589.48	762.94
59	7	675.36	875.94
60	6	789.68	1026.56
61	5	949.43	1237.34
62	4	1188.56	1553.35
63	3	1586.26	2079.69
64	2	2380.17	3131.62

1. Premiums quoted in this schedule are applicable to:
 - a) New Policyholders who join the revised ElderShield Scheme from the Scheme Commencement Date under the Auto-Coverage Arrangement or the Opt-In Arrangement; and
 - b) Existing Policyholders who join the revised ElderShield Scheme (with underwriting) from the Scheme Commencement Date.
2. Regular premiums shall be based on the age at which the Policyholder joined Eldershield.
3. Premiums quoted are inclusive of 7% GST.