

APPLICATION FOR INTERBANK GIRO



Please return original form to Aviva Ltd ("Aviva").

For Applicant's Completion

Important Notes: Please read before completing the form.

- The use of correction tape is not allowed. Amendments made on this form must be countersigned by Account Holder.
- Please provide relationship and reason if Account Holder is different from Policy Owner and submit the Account Holder's identification documents together with the application.

| | | | | |
|--------------------|-----------------------|------------------------------------------------|--------------------------------|---------------------------------------------------------|
| Date (DD/MM/YYYY): | | Billing Organisation ("BO") : Aviva Ltd | | |
| To (Name of Bank): | | | | |
| Policy Number* | Name of Policy Owner: | NRIC Number | Relationship to Account Holder | Reason if Account Holder is different from Policy Owner |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*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.

| | |
|----------------------------------------------------|-----------------------------------------------------------|
| My/Our Bank Account Holder's Name(s): Mr/Mdm/Ms/Dr | My/Our Signature(s)/Thumbprint(s)^(as in Banks's Record): |
| My/Our Bank Account Number: | |
| My/Our NRIC Number(s): | |
| My/Our Contact Number (Home / Handphone): | |

***If your account is operated by thumbprint, please visit the bank with your identify card. Your thumbprint needs to be witnessed and verified by the Bank's staff.**

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 Number | (✓) | Aviva's Customer Reference Number(s): |
|------|--------|-----------------------------|--------------------------|---------------------------------------|
| 7171 | 027 | 0270007597 | <input type="checkbox"/> | |
| Bank | Branch | Aviva's Bank Account Number | | Aviva's Customer Reference Number(s): |
| 7171 | 003 | 0039001886 | <input type="checkbox"/> | |

| Bank | Branch | Account Number to be Debited |
|------|--------|------------------------------|
| | | |

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: _____ |
- # please delete where applicable

| | | |
|---------------------------|----------------------|------|
| Name of Approving Officer | Authorised Signature | Date |
| | | |

Application for Premium Payment by GIRO

- 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 approval.
- It would take 1 to 3 weeks for your bank to approve your application.
- For DBS/POSB accountholders, you can avoid the hassle of completing the **INTERBANK GIRO FORM** by applying for GIRO via iBanking.

Login to ibanking and select:

| |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pay (Bills and Cards) → Add GIRO Arrangement → Select Aviva Ltd_Life 1 (for life products) or Aviva IND HEALTH INS (for Health Products: MyShield & MyShield Plus) as Billing Organisation → enter your policy number as the reference number. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- We'll inform you when your GIRO application is approved. Before you receive our notification, please continue to pay your premium in the usual manner.
- If the deduction date falls on a weekend or Singapore Public Holiday, the deduction shall take place on the next working day.
- Please note that for every unsuccessful deduction, your bank may impose a service charge.
- For termination of GIRO arrangement, please inform Aviva in writing 3 weeks before the premium becomes due.