



ElderShield

CHANGE OF INSURER FORM

If you choose to change your ElderShield insurer, please sign and return this form to us before the **POLICY COMMENCEMENT DATE** as stated in the **SCHEDULE**. You may also use this form during the **FREELOOK** period.

If you choose to change your ElderShield insurer after the **FREELOOK** period, please complete the **APPLICATION FORM** instead.

New Business Department
Aviva Ltd
4 Shenton Way
#01-01 SGX Centre 2
Singapore 068807

Fax: (65) 6827 7475

Dear Sir/Mdm

ELDERSHIELD INSURANCE SCHEME

Policy No.

Name of Policyholder NRIC No.

Gender Male / Female[#] Date of birth Nationality
(dd/mm/yyyy)

Address

Contact No. (H) (O) (HP) Email

I wish to change my ElderShield insurer to **Aviva Ltd**. I agree to authorise **Great Eastern / NTUC Income[#]** to transfer all information regarding my ElderShield policy to **Aviva Ltd**.

Thank you.

.....
Signature / Thumb Print of Policyholder

.....
Date

#Please delete accordingly.