

1. Name of Policy Owner: _____

NRIC/ Passport: _____

Relationship: _____

Prudential Policy No.: _____

2. Name of Policy Owner: _____

NRIC/ Passport: _____

Relationship: _____

Prudential Policy No.: _____

3. Name of Policy Owner: _____

NRIC/ Passport: _____

Relationship: _____

Prudential Policy No.: _____

I hereby authorise Prudential to charge the premium(s) of the above policy(s) to my DBS/POSB Credit Card.

This section is applicable to customers applying for eligible Prudential products and third party Family Member payors.

1. You can apply for Regular Premium Payment** ("RPP") and charge the premium(s) of the policy(s) belonging to you and your Family Members^^ to your DBS/POSB Credit Card.
2. Upon the approval of your application, the premium(s) will be charged to your DBS/POSB Credit Card on the due date of the premium(s) and your DBS/POSB Credit Card statement will show the proposal/policy number(s) and the amount deducted. No renewal premium notices or official receipts will be issued. The relevant entries in your DBS/POSB Credit Card statement will be recognised as evidence of your payments.
3. If you are not the owner of a policy, you shall have no right under the Contracts (Rights of Third Parties) Act, Cap 53B, to enforce any of the Terms and Conditions of such policy. This is regardless of whether or not you have made premium payments on the policy.

* Not applicable for DBS American Express/Corporate/Debit Cards.

** Terms and Conditions of Regular Premium Payment ("RPP") apply. You may obtain a copy of these Terms and Conditions from Prudential by calling the Customer Service Hotline at 1800 333 0 333. The following policies are not eligible under this ("RPP"): Prushield policies, US Dollar policies, single premium policies, recurring single premium policies, top-up premiums and policies purchased under CPF Investment Scheme and Supplementary Retirement Scheme.

^^ Family members: Spouse, children, parents, parent-in-laws, brothers and sisters.

TECHNOLOGY & OPERATIONS – CHEQUE & GIRO
2 CHANGI BUSINESS PARK CRESCENT
#07-05 DBS ASIA HUB
SINGAPORE 486029

DBS Bank Ltd



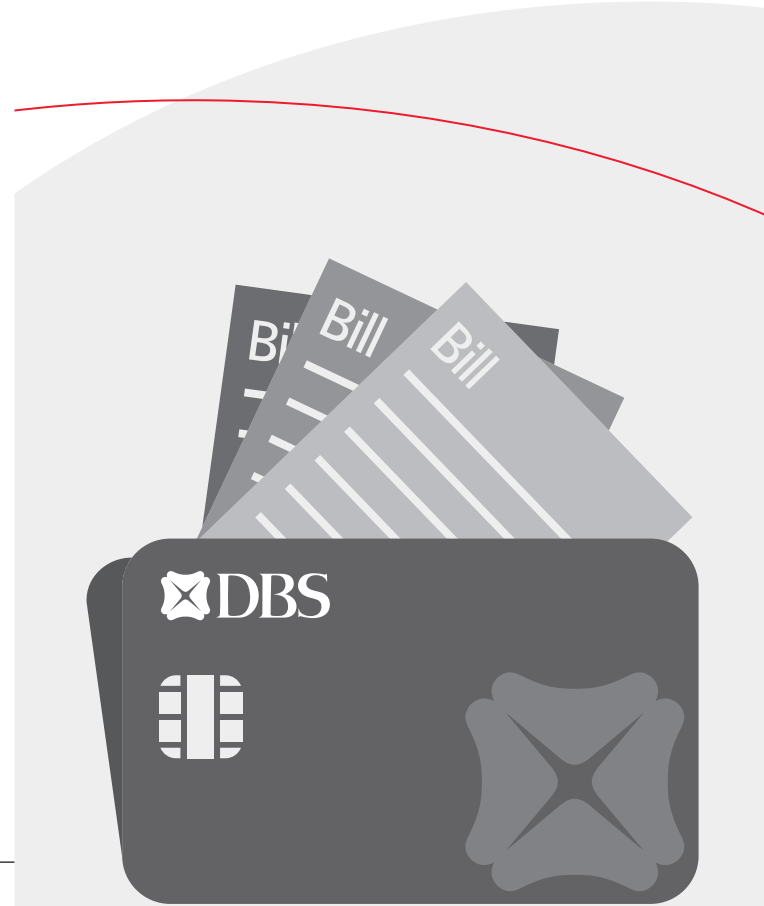
BUSINESS REPLY SERVICE
PERMIT NO. 08608

Postage will be paid by addressee. For posting in Singapore only.



DBS Recurring Bill Payment

Combine multiple bills in one payment.



It's time to say goodbye to writing separate cheques and making alternative payments for your bills. With DBS Recurring Bill Payment, all you need is one account to manage everything!

Benefits at a glance:

- ✓ One payment for all your bills
- ✓ No more long queues
- ✓ Be on time for your bill payment
- ✓ Earn DBS Rewards points†

† DBS Rewards points are not applicable for transactions made on POSB MasterCard Credit Card, POSB Everyday Card, DBS AirAsia MasterCard or CapitaCard Visa Platinum Credit Card.

Terms and Conditions:

1. You warrant that the information you have provided is true and correct and authorise DBS Bank and POSB Bank ("Bank") to disclose such details to the relevant organisations as may be necessary, in the Bank's sole discretion, to facilitate your participation in this service. Your DBS/POSB Credit Card ("Card") must be in good standing, valid for at least 3 months from the date of this application and remain valid for the monthly bills to be debited successfully.
2. Please allow up to 8 weeks for processing of your application.
3. Please continue to pay your bill to the relevant billing organisation(s) until the payment amount shown on the invoice/bill issued by the billing organisation(s) is reflected on your monthly Card statement.
4. All applications are subject to approval from the Bank and relevant billing organisation(s).
5. Should you cancel or lose your Card, please make alternative payments arrangements to the relevant billing organisation(s).
6. In the event of any change in your Card number or change in Card expiry date for either the main card or supplementary card used for the recurring payment(s), you will notify the relevant billing organisation(s) of the same.
7. Should there be any changes in your personal details provided herein, please ensure that you update the relevant billing organisation(s).
8. If your existing account(s) is/are paid by GIRO, the GIRO payment arrangement will be terminated.
9. Please contact the relevant billing organisation(s) to make alternative payment arrangements should you wish to terminate this payment arrangement.
10. If any payment charged to your Card is unsuccessful for any reason whatsoever, you will be responsible for arranging payment to that billing organisation(s) by other means.
11. All correspondence regarding your Recurring Bill Payment application will be sent to your last known address on the Bank's records.
12. The Bank will not be liable for any loss, expenses, delays, mistakes, neglect or omission in the transmission of payment under this facility or for any unsuccessful payment.
13. The Bank reserves the right to amend these Terms and Conditions and reject or decline any application in its sole discretion without giving any reasons.

DBS Bank Ltd Co. Reg. No.: 196500304E July 2014



www.dbs.com.sg

Asia's Safest, Asia's Best

Safest Bank, Asia 2009–2013, Global Finance
Best Managed Bank, Asia Pac 2013, The Asian Banker
Best Bank, Asia Pac 2014, Global Finance

DBS/POSB CREDIT CARD RECURRING BILL PAYMENT APPLICATION FORM

Use of correction fluid is not allowed. Kindly counter-sign against any amendment made.

Yes, I would like to pay my bills with my DBS/POSB Credit Card.

Name: _____

Mailing Address: _____

NRIC/Passport No.: _____

Home Tel No.: 6 _____

Mobile Tel No.: _____

DBS/POSB Credit Card No.:

Card Expiry Date: _____ (MMYYYY)

By signing this form, I certify that I have read and agree to the Terms and Conditions stated herein and hereby authorise and give my consent to the respective billing organisation(s) to charge the bills/fees/charges/premiums to my DBS/POSB Credit Card. The approval of this authorisation will supercede existing payment instructions with the respective billing organisations listed on this form. My account name with the relevant billing organisations is the same as the name shown on my DBS/POSB Bank Credit Card statement, unless otherwise specified. DBS will not notify me separately with regards the status of this application.

Signature of Applicant

Date

STARHUB LTD



StarHub Ltd Account No.(s): • _____

• _____

• _____

I hereby authorise StarHub Ltd to charge my monthly StarHub Ltd bills for the above-stated Account No.(s) to my DBS/POSB Credit Card. This arrangement will supercede existing payment arrangement that I have made with StarHub Ltd. I agree to StarHub Ltd collecting, using and disclosing my personal data for the purposes of processing this recurring payment arrangement, payments and refunds.

Important note: Please **complete and attach** your original StarHub Ltd Payment Slip (at the bottom of StarHub Ltd bill), sign and mail it with this application form.

M1 LIMITED



M1 Bill Account No.(s): _____

I hereby authorise M1 to charge my monthly M1 bills for the above-stated Account No.(s) to my DBS/POSB Credit Card.

SP SERVICES#



Utility Account No.(s): _____

I hereby authorise SP Services to charge my monthly SP Services bills for the above-stated Account No.(s) to my DBS/POSB Credit Card.

Important note: This authorisation will remain in full force until terminated in writing by me to SP Services or the account with SP Services is closed whichever is earlier. I understand that this is applicable only to accounts under the name of Main or Supplementary Cardholder.

CALIFORNIA FITNESS



Membership No.: _____

I hereby authorize J.V. Fitness Pte Ltd, trading as California Fitness to charge my monthly subscription fee/locker fee to my DBS/POSB credit card. This arrangement will supercede any prior payment arrangement that I have made with California Fitness.

TOWN COUNCILS#

Please indicate your choice of Town Council(s) by ticking (✓) any of the boxes below.

Aljunied-Hougang-Punggol East Town Council

Reference No.: _____ - _____ - _____ - _____



Ang Mo Kio Town Council

Reference No.: _____ - _____ - _____ - _____



Bishan-Toa Payoh Town Council

Reference No.: _____ - _____ - _____ - _____



Holland-Bukit Panjang Town Council

Reference No.: _____ - _____ - _____ - _____



Marine Parade Town Council

Reference No.: _____ - _____ - _____ - _____



Moulmein-Kallang Town Council

Reference No.: _____ - _____ - _____ - _____



Nee Soon Town Council

Reference No.: _____ - _____ - _____ - _____



Pasir Ris-Punggol Town Council

Reference No.: _____ - _____ - _____ - _____



Sembawang Town Council

Reference No.: _____ - _____ - _____ - _____



Tampines Town Council

Reference No.: _____ - _____ - _____ - _____



Tanjong Pagar Town Council

Reference No.: _____ - _____ - _____ - _____



West Coast Town Council

Reference No.: _____ - _____ - _____ - _____



I hereby authorise the above selected Town Council(s) to charge my monthly Service and Conservancy Charges (S&CC) to my DBS/POSB Credit Card.

Not applicable for DBS American Express Cards.

COMMUNITY CHEST



Do your bit for our children by pledging a donation through the Community Chest.

How Your Donation Helps

\$S10 allows one special education student with multiple disabilities to receive therapy for a week, such that the student can feed and dress himself or herself.

\$S30 allows one child below 6 years old with learning disabilities to undergo early intervention training for a week to help him or her walk and climb.

I pledge (please tick):

Donation amount: \$S10 \$S30 Other: \$S _____

Frequency: Monthly One-time

I hereby authorise Community Chest to charge my donation to my DBS/POSB Credit Card. I understand that my details may be submitted to Community Chest to facilitate the relevant tax deduction for my donation.

Important note: If a donation is authorised with incomplete information, the default pledge amount to Community Chest will be \$S10 on a monthly basis payable with your DBS/POSB Credit Card.

MSIG*



1. Name of Policy Owner: _____

Policy No.: _____

2. Name of Policy Owner: _____

Policy No.: _____

3. Name of Policy Owner: _____

Policy No.: _____

I hereby authorise MSIG to charge the premium(s) of the above policy(s) to my DBS/POSB Credit Card.

This Facility is available to customers applying for/who currently have MSIG Insurance (Singapore) Pte Ltd Products purchased through DBS Bank.

1. You can charge the recurring premium(s) of the policy(s) belonging to you to your DBS/POSB Credit Card.

2. Upon the approval of your application, the premium(s) will be charged to your DBS/POSB Credit Card on the due date of the premium(s) and your DBS/POSB Credit Card statement will show the proposal/policy number(s) and the amount deducted. No renewal premium notices or official receipts will be issued. The relevant entries in your DBS/POSB Credit Card statement will be recognised as evidence of your payments.

3. If you are not the owner of a policy, you shall have no right under the Contracts (Rights of Third Parties) Act, Cap 53B, to enforce any of the Terms and Conditions of such policy. This is regardless of whether or not you have made premium payments on the policy.

* Not applicable for DBS American Express/Corporate/Debit Cards.