

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 NUSS 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 NUSS Card.
2. Upon the approval of your application, the premium(s) will be charged to your DBS NUSS Card on the due date of the premium(s) and your DBS NUSS 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 NUSS 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.

** 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.

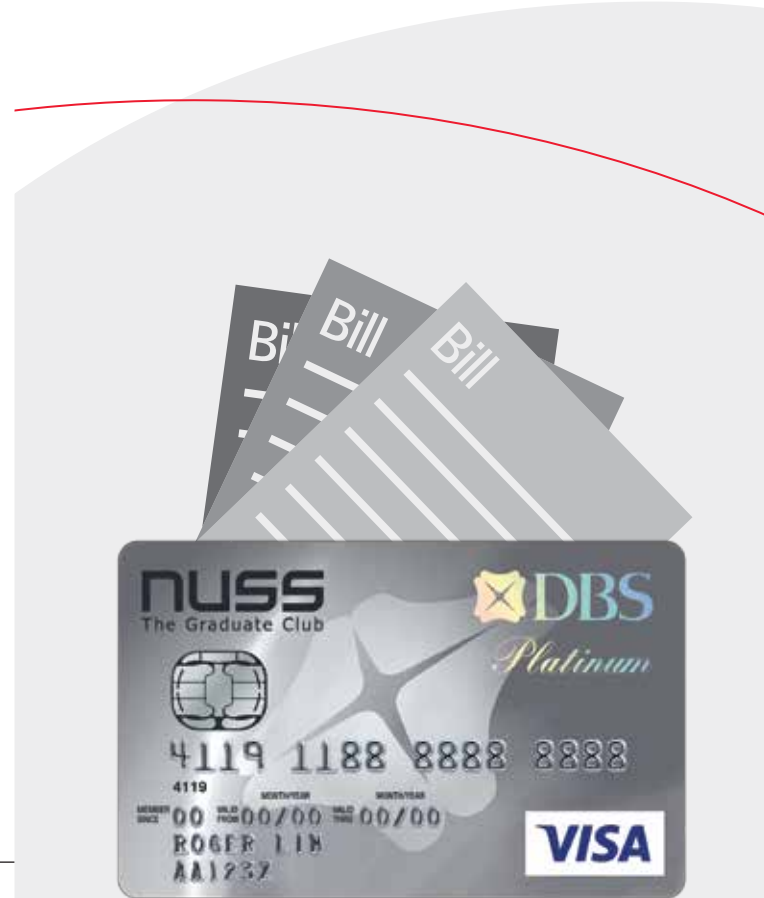
^^ Family members: Spouse, children, parents, parent-in-laws, brothers and sisters.

L5CCRN

BUSINESS REPLY SERVICE
 PERMIT NO. 08608
 DBS Bank Ltd
 TECHNOLOGY & OPERATIONS – CHEQUE & GIRO
 2 CHANGI BUSINESS PARK CRESCENT
 #07-05 DBS ASIA HUB
 SINGAPORE 486029

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

DBS NUSS Card 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 NUSS Card 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 Recurring Bill Payment Terms and Conditions:

1. You warrant that the information you have provided is true and correct.
2. Your DBS 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.
3. The processing of this application may take up to 8 weeks.
4. You should continue to pay your bill(s) 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.
5. The Bank may inform you on the status of your application if the Bank is correspondingly notified by the billing organisation(s), but the Bank is not liable for any failure to notify you of the status.
6. All applications are subject to approval from the Bank and relevant billing organisation(s), and the Bank and/or relevant billing organisation(s) reserves the right to reject/decline any application at its sole discretion without giving any reason.
7. Should you cancel or lose your Card, please make alternative payments arrangements to the relevant billing organisation(s).
8. 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 must notify the relevant billing organisation(s) of the same and the Bank is not obliged to notify on your behalf.
9. Should there be any changes in your personal details provided in this application, you must update the relevant billing organisation(s).
10. If your existing account(s) with the billing organisation(s) is/are paid by GIRO, the GIRO payment arrangement(s) will be terminated.
11. You must contact the relevant billing organisation(s) to make alternative payment arrangement(s) should you wish to terminate this payment arrangement and the Bank is not obliged to contact the relevant billing organisation(s) on your behalf.
12. 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.
13. All correspondence between the Bank and you regarding your application will be sent to your last known address on the Bank's records.
14. The Bank will not be liable for any loss, expenses, delays, mistakes, neglect or omission in the transmission of payment under this bill recurring payment facility or for any unsuccessful payment.
15. The Bank reserves the right to amend these Terms and Conditions without giving any reasons.

DBS Bank Ltd Co. Reg. No.: 196800306E Jul 2016



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

Living, Breathing Asia

DBS NUSS 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 NUSS Card.

Name: _____

Mailing Address: _____

NRIC/Passport No.: _____

Home Tel No.: 6 _____

Mobile Tel No.: _____

DBS NUSS Card No.: _____

Card Expiry Date: _____ (MMYYYY)

By submitting this form, I confirm that I have read and agree to the Terms and Conditions. I consent to DBS' collection and use of my personal data and the use and disclosure of my personal data by/to third parties (including the billing organisation(s)) for the purposes of this application. I agree to the terms of the DBS Privacy Policy and I hereby authorise the respective billing organisation(s) to charge the bills/fees/charges/premiums to my DBS NUSS 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 _____

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 NUSS 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.

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 NUSS 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 NUSS Card.

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

- You can charge the recurring premium(s) of the policy(s) belonging to you to your DBS NUSS Card.
- Upon the approval of your application, the premium(s) will be charged to your DBS NUSS Card on the due date of the premium(s) and your DBS NUSS 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 NUSS Card statement will be recognised as evidence of your payments.
- 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.

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.: _____ - _____ - _____ - _____



Jalan Besar Town Council
Reference No.: _____ - _____ - _____ - _____



Marsiling-Yew Tee Town Council
Reference No.: _____ - _____ - _____ - _____



Marine Parade 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 NUSS 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

\$S\$10 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.

\$S\$30 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: \$S\$10 \$S\$30 Other: \$S\$ _____

Frequency: Monthly One-time

I hereby authorise Community Chest to charge my donation to my DBS NUSS 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 \$S\$10 on a monthly basis payable with your DBS NUSS Card.

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 NUSS 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.