

Please keep this copy for reference.

About your plan

GREAT Life Advantage 4 Plus is a regular premium whole of life investment-linked policy designed to meet your protection needs. It provides financial protection against death, total and permanent disability ("TPD") and terminal illness ("TI"). It also provides child cover benefit that pays a lump sum when a child of the life assured dies, suffers from TPD or is diagnosed with a TI.

Optional riders are available for attachment. This will provide additional protection against accidental events, diagnosis of critical illness ("CI") of varying stages and your other protection needs.

This plan also gives you access to professionally managed ILP sub-funds ("funds"). The premiums you pay will be used to create units in the funds and the value of the policy will vary directly with the performance of the funds.

Please note that this product is an unlisted Specified Investment Product.

The provider of your plan

GREAT Life Advantage 4 Plus is provided by The Great Eastern Life Assurance Company Limited, at 1 Pickering Street, #01-01, Great Eastern Centre, Singapore 048659.

The Great Eastern Life Assurance Company Limited is a wholly owned subsidiary of Great Eastern Holdings Limited and a member of the OCBC Group.

Please keep this copy for reference.

Benefits

Death benefit

We will pay the following in one lump sum if the life assured dies while the policy is in force:

- (a) the basic sum assured; and
- (b) the account value,

less any debt under the policy.

In the event that the terminal illness benefit described below is not fully paid for a prior claim for the terminal illness benefit, the death benefit payable will be based on the adjusted basic sum assured (described below in relation to the terminal illness benefit) when a claim is subsequently admitted for the death benefit.

If there is a Continuation Event (described below in relation to the TPD benefit) due to a prior claim for the TPD benefit, we will pay the account value in one lump sum when a claim is subsequently admitted for the death benefit.

Total and permanent disability (TPD) benefit

We will pay the death benefit in one lump sum if the life assured suffers from TPD while the policy is in force.

	Life assured suffers from a state of incapacity which is total and permanent, and which	Applicable period
If the life assured is more than 15 years old	(a) is such that there is not at that time, nor at any time thereafter, any work, occupation or profession which the life assured can ever perform or follow sufficiently to earn or obtain any wage, remuneration or profit; or	This occurs before the policy anniversary on which the life assured is age 65 next birthday.
	(b) takes the form of <u>total and irrecoverable loss</u> of: (i) the sight in both eyes; (ii) the use of two limbs at or above the wrist or ankle; or (iii) the sight in one eye and the use of one limb at or above the wrist or ankle.	This applies for the whole of the term of the policy.

Please keep this copy for reference.

	Life assured suffers from a state of incapacity which is total and permanent, and which	Applicable period
If the life assured is 15 years old or less	(a) is such that the life assured is confined to a home, hospital or other institution requiring constant care and medical attention for at least 6 consecutive months; or	This occurs before the life assured turns 16 years old.
	(b) takes the form of <u>total and irrecoverable loss</u> of: (i) the sight in both eyes; (ii) the use of two limbs at or above the wrist or ankle; or (iii) the sight in one eye and the use of one limb at or above the wrist or ankle.	This applies for the whole of the term of the policy.

TPD must, in the opinion of a registered medical practitioner, be deemed to be total and permanent.

However, if the life assured suffers from TPD before turning age 1, we will instead pay the sum of twenty percent (20%) of the Basic Sum Assured plus the Account Value in one lump sum.

In the event that the terminal illness benefit described below is not fully paid for a prior claim for the terminal illness benefit, the TPD benefit payable will be based on the adjusted basic sum assured (described below in relation to the terminal illness benefit) when a claim is subsequently admitted for the TPD benefit.

The maximum amount which we will pay in benefit for TPD for all policies and riders we have issued for the same life assured is S\$5,000,000. The amount payable for a claim for TPD under the child cover benefit (described below) shall not count towards this S\$5,000,000 limit.

If one or more Additional CI Unit-Deducting Rider(s) (UDRs)[#] are attached to the policy and is/are in force at the time of the admission of the claim for the TPD benefit and the payment of the TPD benefit, a Continuation Event will be triggered and the policy will not be terminated.

Following the Continuation Event:

- (a) the basic sum assured will be reduced to zero;
- (b) the Additional CI UDR(s) will remain in force. All other riders, if any, will be terminated;
- (c) the basic regular premium of the base plan, GREAT Life Advantage 4 Plus, will continue to be payable;

Please keep this copy for reference.

- (d) the insurance charges for the Additional CI UDR(s) will continue to be deducted from the account value; and
- (e) no insurance charges will be deducted for the base plan, GREAT Life Advantage 4 Plus.

An "Additional CI UDR" refers to a unit-deducting rider attached to the policy whereby the payment of benefit for critical illness under such rider will not reduce or affect the basic sum assured under the base plan, GREAT Life Advantage 4 Plus.

For the purpose of GREAT Life Advantage 4 Plus, the Additional CI UDRs would be:

- (i) GREAT CI Advantage Rider; and
- (ii) GREAT CI Advantage Plus Rider.

Terminal illness (TI) benefit

We will pay the death benefit in one lump sum (subject to the TI benefit limit described below) on a conclusive diagnosis of a TI, being an illness that is expected to result in the life assured's death within 12 months from the diagnosis.

The TI benefit limit refers to the maximum total amount of the benefit that we will pay for terminal illness, being \$20,000,000 (in absolute dollar terms and regardless of currency) under the policy and all policies and riders issued by us on the same life assured. However, the amount of the account value paid on a claim for the TI benefit under GREAT Life Advantage 4 Plus will not count towards this limit. Only the basic sum assured of GREAT Life Advantage 4 Plus will count towards this limit.

If the amount payable under the TI benefit is:

- (a) less than or equal to the TI benefit limit (or the available balance of such limit, as the case may be), this amount will be paid as full payment of the TI benefit and the policy will terminate.
- (b) more than the TI benefit limit (or the available balance of such limit, as the case may be), we will only pay an amount equal to the TI benefit limit (or the available balance of such limit, as the case may be), whereby the TI benefit will not be fully paid. The policy will continue to be in force with the basic sum assured reduced accordingly. The benefits of the policy, including the death benefit and TPD benefit, will thereafter be computed based on this adjusted basic sum assured. All fees and charges of the policy will continue to apply.

If there is a Continuation Event (described above in relation to the TPD benefit) due to a prior claim for the TPD benefit, we will pay the account value in one lump sum when a claim is subsequently admitted for the TI benefit.

We require the diagnosis to be supported by a specialist and confirmed by our appointed doctor.

The specialist medical practitioner treating the condition must provide:

- (a) supporting evidence of the condition;
- (b) possible medical treatment;
- (c) prognosis after undergoing the possible medical treatment; and

Please keep this copy for reference.

- (d) certification that the life assured is expected to live for no more than 12 months despite all possible medical intervention.

We reserve the right to appoint an independent medical specialist who is an expert in the condition to confirm the diagnosis and prognosis.

Child cover benefit

We will pay S\$20,000 in one lump sum if a child of the life assured dies, or suffers from TPD, or is diagnosed with TI while the policy is in force.

Payment of the child cover benefit will not reduce the death, TPD or TI coverage of GREAT Life Advantage 4 Plus for the life assured.

This benefit also covers children of the life assured who are not born as at the date of issue of the policy. The child cover benefit is only payable when the child is age 18 next birthday or younger at the time of his/her death, or his/her suffering of TPD or his/her diagnosis of TI (as may be applicable).

The maximum amount we pay for this benefit is limited to S\$20,000 for each child under the policy and all other policies and riders issued by us which provide such benefit for that child, regardless of whether the life assured of such policy or rider (as the case may be) is or is not the same parent.

Non-lapse guarantee benefit

During the first 10 policy years, the policy and its attaching rider(s) will not lapse even if the account value falls to zero or below, provided that:

- (a) all basic regular premiums and premiums for cash-paying riders (if any) are paid before the expiry of the respective grace periods; and
- (b) no partial withdrawal has been made.

If the above conditions are not fulfilled, the non-lapse guarantee benefit will automatically cease.

When the non-lapse guarantee benefit is in effect, we will continue to deduct from the account value, fees and charges of the policy and insurance charges of any unit-deducting rider attached to the policy which will be considered as debts owed to us. We will first deduct any debts owed to us from the account value when it becomes positive.

When the non-lapse guarantee benefit ceases and the account value is insufficient to pay the debts owed to us, we will deduct the remaining amount of the account value and the policy and any attaching riders will lapse.

If a Continuation Event (described above in relation to the TPD benefit) occurs during the first 10 policy years, the non-lapse guarantee benefit will remain in effect provided that conditions (a) and (b) are fulfilled.

If the policy is reinstated, provided that conditions (a) and (b) are fulfilled, the non-lapse guarantee benefit will resume after the reinstatement until the end of the 10th policy year.

Premiums

Please keep this copy for reference.

Premium payment term

Basic regular premium is payable throughout the term of the policy. Any premiums for cash-paying rider(s) are to be paid in addition to the basic regular premium following the same premium frequency as the base plan. No partial payment of premiums, i.e. basic regular premium and premium of the cash-paying riders (if any), will be accepted.

Please refer to the section on “Flexible options” below as to how you may vary your basic regular premium.

Premium charge for basic regular premium

A premium charge will be deducted from each payment of the basic regular premium. The remaining amount of basic regular premium plus premium reward (if any) (described below) will be apportioned to create and grant units in the fund(s) in accordance with the premium apportionment which you have instructed. The schedule of rates for the premium charge is as follows:

For payment of the basic regular premium made in respect of	Premium charge as a percentage of the basic regular premium paid
1 st policy year	76.00%
2 nd policy year	51.00%
3 rd policy year	26.00%
4 th to 6 th policy years	4.00%
7 th and subsequent policy years	0.00%

Premium reward

An amount equivalent to 2% of each payment of the basic regular premium will be added to each payment of the basic regular premium from the 10th policy year onwards, provided that the basic regular premium payable for the first 9 policy years is paid up to date.

In the event of a premium holiday whereby the basic regular premium is not paid up to date by the start of a policy year for which a premium reward would be payable, we will not pay the premium reward until the basic regular premium for the first 9 policy years have been fully paid.

If the basic regular premium is increased during the premium payment term, the increase in the premium reward arising from the increase in the basic regular premium will only be given for payments of basic regular premium made from the next policy anniversary after the expiry of a period of at least 9 policy years from the date of increase of the basic regular premium, and provided that the increased basic regular premium payable for the first 9 policy years from the date of such increase has been fully paid.

If the increased basic regular premium payable has not been fully paid by the start of a policy year for which the premium reward in respect of the increase in the basic regular premium would be payable, the premium reward would not

Please keep this copy for reference.

be paid in respect of the increase in the basic regular premium until the increased basic regular premium has been fully paid for a period of 9 policy years from the date of such increase. The premium reward in respect of such increase in the amount of basic regular premium will be paid from the next policy anniversary after the increased basic regular premium for the requisite period has been fully paid.

After deduction of the premium charge, the amount of the remaining basic regular premium plus premium reward (if any) will be apportioned to create and grant units in the fund(s) in accordance with the premium apportionment which you have instructed.

Premium frequency

You can choose to pay the basic regular premium on a monthly, quarterly, half-yearly or yearly basis, subject to the following minimum amounts.

Premium frequency	Minimum basic regular premium
Annually	S\$1,200
Half-yearly	S\$600
Quarterly	S\$300
Monthly	S\$100

You can change the frequency of premium payments before your next premium due date.

Flexible options

Choice to apply for the plan based on simplified underwriting

If the following criteria are fulfilled:

- (a) the life assured is age 55 next birthday or younger; and
- (b) only the base plan being GREAT Life Advantage 4 Plus or GREAT Life Advantage 4 Plus and GREAT CI Advantage rider will be purchased, and the proposed total coverage is equal to or less than S\$300,000[®],

you would be eligible to apply for the plan based on simplified underwriting by just answering 2 simplified issue underwriting (SIO) questions.

What is simplified underwriting?

For simplified underwriting, you only need to answer a few questions posed instead of the full list of medical underwriting questions. If your responses are negative to the questions posed, your application will be processed for acceptance by us. Otherwise, the application will be subject to full underwriting whereby you would have to answer the full list of medical underwriting questions.

Please keep this copy for reference.

When the policy is issued with simplified underwriting, the policy will be issued with an endorsement. We will not pay the benefits for death, or TPD or TI diagnosed due to any pre-existing condition within 12 months from the date of issue of the policy or reinstatement (if applicable) of the policy.

Important note:

You may elect to undergo full underwriting even if you are eligible for simplified underwriting.

® The amount of coverage is aggregated across the GREAT Life Advantage series and their attaching critical stage critical illness riders.

Premium holiday and premium holiday charge

The policy will be regarded to be on premium holiday if basic regular premium due are unpaid after the grace period of 30 days.

The non-lapse guarantee benefit will cease should the policy go into premium holiday during the first 10 policy years.

When the policy is on premium holiday, the policy will continue to be in force. We will continue to deduct the following from the account value:

- (a) any fees and charges relating to the policy;
- (b) insurance charges for attaching unit-deducting riders (if any);
- (c) premiums in arrears for attaching cash-paying riders (if any); and
- (d) any debts owed to us,

by cancelling units amounting to an equivalent value.

If the account value is not sufficient for deduction of charges, we will deduct the remaining amount of the account value and the policy and its riders will lapse. Any remaining outstanding amounts not deducted from the account value will constitute debts owed to us.

Any deduction of premiums, within the first 2 policy years, for cash-paying riders from the account value will be subject to partial withdrawal charges (if any).

When the policy is on premium holiday during the first 2 policy years, we will deduct a monthly premium holiday charge from the account value by cancelling units to the value equivalent to the premium holiday charge. The number of units to be cancelled will be in proportion to the value of each fund which you have selected for your policy following the date on which the premium holiday charge is due for each policy month. These units will be valued at the unit price(s) of the respective funds available on the next valuation date following the date on which the premium holiday charge is due for each policy month.

The premium holiday charge is determined by multiplying 100% with the Annualised Premium and dividing the resulting value by 12. "Annualised Premium" refers to the total amount of basic regular premium(s) payable by the policyholder for a policy year.

The policy will continue to be in force if the account value is positive. The policy will lapse when the account value is insufficient to pay for all the amounts due.

Please keep this copy for reference.

The premium holiday ends when you resume payment of the basic regular premium or when the policy lapses or terminates, whichever is earlier.

We may change the premium holiday charge by notifying you 1 month prior to the change.

You are advised to read the policy contract for all the conditions.

Premium holiday charge refund privilege

Upon reinstatement of the policy, we will refund the premium holiday charges paid (if any), provided all the following conditions are satisfied:

- (a) the policy lapsed during the first 2 policy years due to insufficient account value to pay the fees and charges relating to the policy, insurance charges of any unit-deducting riders, premiums for any cash-paying riders, and/or debts owed to us (if any);
- (b) the policy is reinstated within 6 months from the date on which the policy lapsed;
- (c) all outstanding basic regular premium have been paid up to date; and
- (d) there were no partial withdrawals made before the lapse of the policy.

This privilege can only be utilised once during the term of the policy.

The refund will be apportioned according to your instructed premium apportionment to create and grant units in the fund(s) which you have selected. The number of units created and granted will be determined by reference to the unit price(s) available on the next valuation date as decided by us.

Varying the basic regular premium

You may change the amount of your basic regular premium subject to our consent and such other terms and conditions as we may impose. An increase or reduction in basic regular premium does not automatically increase or reduce the basic sum assured respectively.

Increase in basic regular premium

An increase in basic regular premium is subject to financial underwriting, except when the increase is due to exercise of the Guaranteed Increase of Basic Sum Assured (GISA) Option (described below). If you choose to increase your basic regular premium, the increase in the basic regular premium will be treated as a new premium stream for the purpose of deducting the premium charge and will be subject to the premium charge for each policy year starting from the rate for the premium charge for the 1st policy year.

Reduction in basic regular premium

Reduction of the basic regular premium is not allowed in the first 2 policy years. A reduction in basic regular premium is allowed from the 3rd policy year onwards so long as it satisfies the minimum basic premium requirement. Any reduction in the basic regular premium payable will also be subject to the basic regular premium for the first 2 policy years being fully paid and such other terms and conditions imposed by us.

Please keep this copy for reference.

If the reduction in basic regular premium is not accompanied with reduction or removal of the coverage under the policy, the policy may not be able to build sufficient account value to pay for the charges of the policy and the policy may lapse earlier than you expect.

The revision to the basic regular premium will take effect from the next due date of payment of the basic regular premium. The revised basic sum assured resulting from the revised basic regular premium will take effect from the next due date of payment of the insurance charge.

Varying the basic sum assured

You may change the basic sum assured subject to our consent and such other terms and conditions as we may impose. However, no change of the basic sum assured is allowed once a Continuation Event (described above in relation to the TPD benefit) has occurred.

Increase in basic sum assured

Any increase in the basic sum assured is subject to medical underwriting, except when the increase is due to exercising the GISA Option (described below). However, if a premium increment results from the exercise of the GISA Option where the coverage of an attaching payer benefit rider, premium waiver rider or critical illness rider attached to the policy is increased, medical underwriting may be required.

An increase in the basic sum assured may result in an increase in the basic regular premium payable.

Reduction in basic sum assured

You may reduce your basic sum assured, subject to the minimum sum assured requirement.

You may also exercise the option to reduce the basic sum assured to zero while maintaining the same amount of basic regular premium payable when:

- (a) the life assured has reached the age of 55 years; and
- (b) on the later of the 10th policy anniversary, or at least 10 years from the last increase of the basic regular premium.

The revised basic sum assured will take effect from the next due date of payment of insurance charge. The revised basic regular premium resulting from the revised basic sum assured will take effect from the next due date of payment of the basic regular premium.

Guaranteed increase of sum assured option (GISA Option)

You may increase the basic sum assured of your policy without medical underwriting upon the occurrence of any of the following milestone events before the policy anniversary on which the life assured is age 60 next birthday:

- 1) on the 3rd policy anniversary;
- 2) the date the life assured attains the age of 21;
- 3) the date the life assured enters full time employment after graduation from a tertiary institution;

Please keep this copy for reference.

- 4) the date the life assured completes a full marathon or triathlon;
- 5) the date of the life assured's legal marriage;
- 6) the date of birth of a child of the life assured;
- 7) the date the life assured legally adopts a child; or
- 8) the date of the life assured's child entering primary school or secondary school or university (or equivalent educational institution on a full-time basis) before age 21.

What you should know when exercising the GISA Option:

- (a) You can exercise the GISA Option up to a maximum of 2 times under this plan, provided the dates of the milestone events used for the 2 exercises are different.
 - Only milestone events 5), 6) and 7) may be exercised 2 times under this plan and provided that the milestone events used for the 2 exercises occur on different dates.
 - Other milestone events may be exercised only once under this plan.
- (b) You can only exercise the GISA Option for a particular milestone event for only 1 investment-linked base plan (whether having the same plan name as this plan or otherwise), issued by us on the same life assured which provides death, TPD and/or TI benefits. This is regardless of the number of investment-linked base plans in force with such option.
- (c) The GISA Option can only be exercised:
 - (i) 12 months after the date of issue of your policy and the relevant milestone event must occur at least 12 months after the date of issue of your policy;
 - (ii) within 180 days from the date of the milestone event;
 - (iii) if all premiums on your policy or any of its attaching rider(s) are paid up to date and the policy is not on premium holiday; and
 - (iv) if your policy, together with its attaching rider(s), is issued with no health loading, no special condition(s) and no exclusion(s).
- (d) The maximum increase in the basic sum assured for each exercise of the GISA Option is:
 - (i) S\$100,000; or
 - (ii) 50% of the basic sum assured as at the date of commencement of your policy,whichever is lower.

The maximum aggregate increase in coverage using the GISA Option under all investment-linked policies and/or riders we have issued for the same life assured which provide(s) benefits for death, TPD and/or TI shall not exceed S\$200,000.

- (e) At the point of exercising the GISA Option:

Please keep this copy for reference.

- (i) the life assured must not be suffering from TPD, or diagnosed with TI or any stage of CI;
- (ii) there must not have been any claim for TPD, TI, or any stage of CI under all policies and riders issued by us on that life assured.

You are advised to read the policy contract for all the terms and conditions relating to this option.

Single premium top-ups

You can make single premium top-ups to your policy provided that:

- (a) the single premium top-up is made after the inception of your policy; and
- (b) all the basic regular premium due and premiums for attaching cash-paying riders (if any) are paid up to date.

The minimum for each single premium top-up is S\$1,000 and the value of units apportioned to each selected fund must be at least S\$200. The maximum amount of each single premium top-up should not exceed the maximum amount which is stipulated by us from time to time, subject to financial underwriting.

A premium charge of 5% will be deducted from each payment of the single premium top-up and the remaining amount of the single premium top-up will be apportioned to create units in the fund(s) selected based on your instructions as to premium apportionment for the purpose of that single premium top-up.

We reserve the right not to accept the single premium top-up or to subject the life assured to simplified medical underwriting before our acceptance of the single premium top-up and to such other terms and conditions as we may impose.

You will not be able to make any single-premium top-ups if the policy is on premium holiday.

Single premium top-ups will not increase the basic sum assured of the policy.

Changing premium apportionment

As your preference for risk and returns may change over time, you may change the premium apportionment used to create units in the available fund(s) at any time at no charge. After the request is accepted by us, all future basic regular premium will be apportioned to the fund(s) in accordance with the new premium apportionment.

Fund switch

You can request us to switch all or any of the units of one fund to another fund offered under the policy at no additional fee.

For a partial switch of the units of one fund to units of another fund, the value of units being switched from one fund to another and the value of the remaining units in the original fund after the switch must be at least S\$500 or such minimum amount as we may stipulate from time to time.

Please keep this copy for reference.

Automatic fund rebalancing (AFR)

You can opt to have your units in the various fund(s) automatically rebalanced at every policy anniversary to conform to your last-instructed premium apportionment, subject to various terms and conditions. We will notify you 1 month before we perform the AFR.

We will only perform the AFR if the prevailing proportion of the fund value of any one fund has deviated at least 5% from the last-instructed premium apportionment and the value of the deviation is at least S\$50.

We will suspend the AFR if at any time:

- (a) the non-lapse guarantee benefit has been activated due to the account value of the policy falling to zero and below;
- (b) you have made a single premium top-up;
- (c) you have performed a fund switch; or
- (d) you have made a partial withdrawal of the account value.

In the event whereby AFR has been suspended and you wish to re-activate the option, you must submit a request for the AFR to be performed at the next policy anniversary following such request, and also provide specific instruction as to whether the AFR should be performed according to your last-instructed premium apportionment or a new premium apportionment to be instructed.

We reserve the right to impose a fee for each request for AFR or to amend the terms and conditions of AFR at any time by giving you at least 1 month's notice.

Add supplementary benefits according to your need(s)

You may wish to add optional supplementary benefits by attaching cash-paying or unit-deducting riders to your plan. These riders provide additional coverage including against critical illness of varying stages, accidental events and for disability income.

Please consult your financial representative for more information on the supplementary benefits that are available.

Partial withdrawal and partial withdrawal charge

You may make a partial withdrawal from the account value of the policy by requesting us to cancel some of the units in the fund(s) you have at any time or by specifying an amount you wish to withdraw, provided the account value of the policy is positive.

We may deduct a partial withdrawal charge from the amount to be withdrawn depending on the policy year during which the partial withdrawal occurs. The partial withdrawal charge is equal to the amount to be withdrawn multiplied by the percentage which corresponds to the policy year in which you make the partial withdrawal from the account value. The percentages are shown in the table below.

Policy year during which the partial withdrawal occurs	Percentage of amount to be withdrawn from the account value for computing partial withdrawal charge
--	---

Please keep this copy for reference.

1	100%
2	100%

If you withdraw some of your units in the funds, the minimum value of units withdrawn and the value of remaining units in that fund after withdrawal must be at least S\$500 or such minimum amount as we may stipulate from time to time.

Do note that with partial withdrawal(s), there is potential risk that the account value may not be sufficient to cover the relevant charges, thereby causing the policy to lapse.

We may change the partial withdrawal charge by notifying you at least 1 month prior to changing the partial withdrawal charge.

For the avoidance of doubt, any deductions by us from the account value for payment of premium of cash-paying rider(s) will be taken as if the policyholder had applied for a partial withdrawal of the amount corresponding to the premium for such cash-paying rider(s) and may be subject to a partial withdrawal charge.

Surrender and surrender charge

You may surrender your policy for its account value at any time. We will pay you an amount equal to the value of the cancelled units at the unit prices of the respective fund(s) on the next valuation date after we receive your request, less a surrender charge (if any) payable and any debts owed to us.

The surrender charge is equal to the account value of your policy at the point of surrender multiplied by the percentage which corresponds to the policy year in which you surrender the policy. The percentages are shown in the table below.

Policy year during which the surrender occurs	Percentage of account value for computing surrender charge
1	100%
2	100%

We may change the surrender charge by notifying you at least 1 month prior to changing the surrender charge.

Your coverage will be terminated once you have surrendered your policy.

Fees and charges

Bid-offer spread

No bid-offer spread is applied to the policy.

Please keep this copy for reference.

Policy fee

We will deduct a policy fee of S\$5 monthly by cancelling units from the fund(s) you have invested in.

We may change the policy fee by notifying you 1 month prior to changing the policy fee.

Insurance charge

We will deduct a monthly insurance charge based on the net sum assured of the policy, by cancelling units to the value equivalent to the insurance charge. The number of units to be cancelled will be in proportion to the fund value of each fund following the date on which the insurance charge is due each month. Units are valued at unit price(s) of the respective fund(s) available on the next valuation date following the monthly due date of the insurance charge.

What is net sum assured?

Net sum assured refers to the basic sum assured of your GREAT Life Advantage 4 Plus policy.

Insurance charge to be deducted for each policy month

= (net sum assured x insurance charge rate per annum) / 12,000

The insurance charge rates per annum which are used to determine the insurance charge payable for each policy month are guaranteed and will not be subject to change during the term of the policy.

Please refer to the Appendix for the rates of insurance charge which are applicable to standard lives.

Funds

Available funds

You may invest in one or more of the GreatLink Funds that do not pay dividends. For a list of the available funds, please visit our website at:

<https://www.greateasternlife.com/sg/en/personal-insurance/our-products/wealth-accumulation/prestige-portfolio/fund-screener.html>

Details of each fund can be found in their respective fund document, which will explain the risk that is specific to the fund. The following documents are also made available for you to better understand each fund:

- Prospectus/Fund Details/Fund Summary (where applicable);
- Product Highlights Sheet ("PHS");
- Provider's Factsheet;
- Semi-annual and Annual Reports; and
- Performance charts.

Please note that every fund or combination of funds has its own investment objectives, horizon, liquidity, and level of risk. You are advised to select fund(s) that match your risk profile, needs and preferences.

Please keep this copy for reference.

Obtaining fund prices

The unit prices are available on our website. We may from time to time change our website address without notice to you. We may also make the unit prices available in any other way we choose from time to time.

All published and quoted prices do not represent the actual unit prices on the date of publication or quotation as the unit price of each fund is priced on a forward-pricing basis.

Fees and charges for the funds

We will deduct a fund management charge and custodian fee from the fund value at each asset valuation, before the determination of the unit prices. These charges are a percentage per year of the value of each fund.

Please refer to the Fund Details and PHS (provided separately by your financial representative) for the fund(s) selected. The Fund Details / Fund Summary (where applicable) and PHS can also be downloaded from our website.

We may revise these charges and fees from time to time, but they will not be more than the maximum amounts indicated, if any.

Fund audit

All funds are audited by PricewaterhouseCoopers certified public accountants.

Semi-annual and Annual Reports

You will receive a statement of your policy at least once a year.

The financial year-end is on 31 December every year. The Semi-annual and Annual Reports will be made available to you within 2 and 3 months from the last date of the period to which the report relates respectively. The latest Semi-annual and Annual Reports will be made available on our website.

Fund transactions

Creation/cancellation of units in funds

All fund transactions in your policy will be done via creation and cancellation of units in your funds, based on the respective unit price of the fund selected by you.

(a) Pricing of units

Pricing of units is done on a forward-pricing basis and single-pricing basis.

Forward-pricing basis

The unit price on each dealing day, i.e. it refers to a business day or such other day as we may decide from time to time, will be based on the net asset value calculated by the relevant fund manager as at the next valuation date for that fund. This means that we will not know beforehand the unit prices at which instructions will be carried out.

Single-pricing basis, which is also referred to as bid-bid basis

The price at which units are created and the price at which the units are cancelled are based on the bid price.

Please keep this copy for reference.

(b) Dealing deadline

The dealing deadline is noon Singapore time on each dealing day or any other time we decide by giving you at least 1 month's notice. For us to process your instruction on the same dealing day, we must receive your instructions by the dealing deadline. If we receive your instructions after the dealing deadline, your instructions will be deemed to have been received by us on the next dealing day.

As the unit prices of policy units of the funds may be in currencies other than the Singapore dollar, we will convert the unit prices of these funds into Singapore dollars, at an exchange rate decided by us, before buying or selling the policy units.

(c) Creation of units

We will create and grant to you, the number of units in each fund of your choice, based on the relevant bid price at the next valuation date.

Numerical example of how units are created after the deduction of the premium charge:

Basic regular premium ("BRP")	=	S\$1,000
Premium charge	=	76%
Notional bid price	=	S\$1.000
Number of new units created	=	$\frac{\text{BRP} \times (100\% - \text{Premium charge})}{\text{Bid price}}$
	=	$\frac{\text{S\$1,000} \times 24\%}{\text{S\$1.000}}$
	=	240 units

Above example is for illustrative purpose based on basic regular premium paid in respect of the first policy year and does not denote the minimum premium allowed.

(d) Cancellation of units

You may cancel some or all units in the fund(s) that you have at any time i.e. partial withdrawal or surrender. We will cancel the number of units in each fund of your choice, based on the relevant bid price at the next valuation date.

Numerical example of how withdrawal proceeds are calculated:

Withdrawal amount	=	1,000 units
Notional bid price	=	S\$1.00

Please keep this copy for reference.

Amount of units withdrawn	=	Units to be withdrawn x Bid price
	=	1,000 x S\$1.00
	=	S\$1,000.00

(e) Payment of Proceeds

Upon the receipt and acceptance of your cancellation request, the proceeds shall be paid out to you:

- within 4 business days (or such other period as may be allowed by the Monetary Authority of Singapore) in the case of a fund which is a bond fund or money market fund; or
- within 6 business days (or such other period as may be allowed by the Monetary Authority of Singapore) in the case of a fund which is not a bond fund or money market fund,

unless dealings have been suspended as specified in the section “Suspension of dealings” below.

Suspension of dealings

We may suspend cancellation or creation of units in a fund if it is necessary under any of the following circumstances:

- (a) any period when any stock exchange on which any assets forming part of the funds for the time being are listed or dealt in is closed (otherwise than for non-business days) or during which dealings are restricted or suspended;
- (b) the existence of any state of affairs which, in our opinion, might seriously prejudice the interests of the policyholders holding similar policies as a whole or of any of the funds;
- (c) any breakdown in the means of communication normally employed in determining the price of a unit of any of such funds or when for any reason the prices of any of such units in any fund cannot be promptly and accurately ascertained;
- (d) any period when remittance of money which will or may be involved in the realisation of such funds or in the payment for such funds cannot, in our opinion, be carried out at normal rates of exchange;
- (e) any period when dealing of units in any or all of the funds is suspended pursuant to any order or direction of the Monetary Authority of Singapore; or
- (f) any period when our business operations in relation to the operation of the funds are substantially interrupted or closed as a result of or arising from any circumstances beyond our control including but not limited to, an act of God, fire, flood, earthquake, typhoon or other natural disaster, pestilence, war, invasion, act of foreign enemy, hostilities (whether war be declared or not), terrorism, insurrection, revolution, civil unrest, riot, strike, labour dispute, nationalisation, sanction, embargo, epidemic, pandemic,

Please keep this copy for reference.

quarantine, directive of government or regulatory authority, or interruption or failure of utility service (including but not limited to, electric power, gas, water, broadband or telecommunication service).

Risks of this plan

What can you expect of the performance of the funds?

The performance of the funds is not guaranteed. The value of the units in the funds and the income accruing to the units, if any, fluctuates according to market conditions. This will affect the account value of the policy.

Please note that past performance may not be indicative of future performance.

Please refer to Fund Details and PHS (provided separately by your financial representative) for the specific risks of the fund(s) you have chosen. The Fund Details and PHS can also be downloaded from our website.

What happens if you surrender the policy early?

Buying a life insurance policy is a long-term commitment. An early termination of the policy after the free-look period, usually involves high costs and the surrender value, if applicable. In such early surrender, you may lose part or all of the premiums paid, because the surrender value, if any, that is payable to you may be zero or less than the total premiums paid.

The illustrated amount in the surrender value column in the policy illustration shows the non-guaranteed surrender value you may expect to receive if you surrender. The actual amount you will receive depends on the value of all your selected funds based on the prices of the respective funds at the next valuation date, and this may be lower than your premiums paid.

With early surrender, your coverage will be terminated prematurely. Buying a new policy may mean we need to re-assess the life assured's health and financial circumstances. This may result in higher premiums and/or benefit exclusions due to the age and health status.

What is the worst-case scenario if you surrender your policy early?

There will be no protection if you surrender your policy early.

The illustrated amount you will receive is reflected in the surrender value column in the policy illustration. The amount you will receive will depend on the value of all the funds selected by you based on the respective unit prices at the next valuation date, and this may be lower than your premiums paid.

What happens if you do not pay your

If you do not pay premiums on time, your policy may lapse after 30 days grace period if your account value falls below zero.

During the first 10 policy years, if you do not pay your premiums on time, your non-lapse guarantee benefit will cease. If the account value of your policy has

Please keep this copy for reference.

premiums on time?

adequate amount to fund the fees and charges due, your policy will be on premium holiday.

Your policy may lapse due to insufficient account value being available to pay for the fees and charges.

If the policy is reinstated, subject to the stated conditions being fulfilled, the non-lapse guarantee benefit will resume after the reinstatement until the end of the 10th policy year.

What happens if your policy lapses?

There will be no protection if your policy lapses.

For policies which are issued on full underwriting basis:

You may reinstate the policy within 3 years from the date the policy lapses and the usual reinstatement conditions apply.

For policies which are issued on simplified underwriting basis or guaranteed issuance basis:

You may reinstate the policy within 6 months from the date the policy lapses and the usual reinstatement conditions apply.

Please note that reinstatement will require a declaration of the health status of the life assured.

When will you not receive the benefits of this plan?

The claim must meet the definitions of the events as shown in the contract before we can approve a claim and these events must not fall under the list of exclusions.

EXCLUSIONS

There are certain situations when we will not pay the benefits under the policy. These conditions are stated in the policy contract.

Death benefit

We will not pay the benefit if the life assured dies due to suicide, while sane or insane, within 12 months from the date we issue the policy or from the date of reinstatement (if applicable). We will terminate your policy and pay the account value calculated as the next valuation date following our receipt of notification of the death.

For policies issued on simplified underwriting basis, we will not pay the benefit if the death is due to any pre-existing condition within 12 months from the date we issue the policy or from the date of reinstatement (if applicable).

TPD benefit

We will not pay any benefits for:

- (a) TPD resulting directly or indirectly, wholly or partly, from self-inflicted injury, while sane or insane;
- (b) TPD resulting directly or indirectly, wholly or partly, from bodily injury suffered while the life assured is in or on, or boarding or descending from, an aircraft.

Please keep this copy for reference.

The above will not apply if the life assured is a:

- (i) fare-paying passenger or a crew member on an aircraft licensed for passenger service and operated by a commercial airline on a scheduled route;
- (ii) passenger who is a member of the armed forces on a military transport aircraft; or
- (iii) provider of airport ground handling, aviation catering, aircraft engineering or other aviation-related services while the aircraft is on the ground; or

(c) any pre-existing TPD.

For policies issued on simplified underwriting basis, we will not pay the benefit if the TPD is due to any pre-existing condition within 12 months from the date we issue the policy or from the date of reinstatement (if applicable).

Terminal illness benefit

We will not pay any benefits for:

- (a) terminal illness in the presence of Human Immunodeficiency Virus ("HIV") infection; or
- (b) pre-existing terminal illness.

For policies issued on simplified underwriting basis, we will not pay the benefit if the terminal illness is due to any pre-existing condition within 12 months from the date we issue the policy or from the date of reinstatement (if applicable).

Child cover benefit

We will not pay any benefit for child cover if:

- (a) the child is above age 18 next birthday at the time of his/her death, his/her suffering from TPD or the diagnosis of his/her TI;
- (b) the child's death, or diagnosis of TPD or TI (as the case may be) is within 12 months from:
 - (i) the date we issue your policy;
 - (ii) the date of birth of the child if the child was born after we issued your policy;
 - (iii) the date of legal adoption of the child if the child was legally adopted after we issued your policy; or
 - (iv) the date of any reinstatement of your policy; or
- (c) we have already paid a claim for child cover in respect of that child.

NON-DISCLOSURE

We may reject your claim if the life assured or child (as the case may be) has a pre-existing condition and:

- has not declared it in the proposal form as required for a new policy (if applicable); or

Please keep this copy for reference.

- has not declared it in the reinstatement form as required for a reinstatement (if applicable); or
- has not declared it in the application form as required for an increase in the sum assured (if applicable).

You are advised to read the contract for the exact definitions, terms and conditions, and full list of exclusions.

When will your policy be terminated?

Your policy will terminate when any of the following occurs:

- (a) the date of death of the life assured;
- (b) when the life assured suffers from TPD and such claim is admitted;
- (c) the life assured is diagnosed with TI and the TI benefit is fully paid when such claim is admitted or if there was a Continuation Event due to a prior claim for the TPD benefit, when a claim is subsequently admitted for the TI benefit;
- (d) in the event of cancellation of the policy in exercise of your right of free-look;
- (e) you surrender your policy; or
- (f) all the funds available to the policy are closed.

However, where a Continuation Event has occurred:

- (i) the admission of a claim for the TPD benefit will not terminate the policy and any attaching Additional CI UDR(s) in force; and
- (ii) the termination or lapsation of all the Additional CI UDRs in accordance with the terms of such riders, will be considered as an event which will terminate the policy and all its attaching Additional CI UDR(s) in force, in addition to the events stated above.

What is the free-look period?

After purchasing a life insurance policy, you have a 14-day free-look period starting from the day you receive your policy documents to review the documents carefully.

During this time, if you choose to cancel your policy, we will refund you:

- the premiums you have paid
- less any change in the unit price(s) of the fund(s),
- less other costs we incurred in assessing the risk of the policy including but not limited to, medical fees and other expenses, such as payments for medical check-ups and medical reports.

If your policy document is sent by post, we will assume it has been delivered and received seven (7) days after the date of posting.

Please keep this copy for reference.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the Life Insurance Association (LIA) or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

General information

This product summary is for general information only. It is not a contract of insurance. The precise terms and conditions of this insurance plan are shown in the policy contract.

You are responsible for the accuracy and completeness of the information given to us:

- (a) in any application for the policy; and
- (b) when making any claim under the policy.

You can contact your financial representative for details on the procedures for withdrawing, surrendering or making claims under your policy. You may also visit Great Eastern's website for information on how to make a claim.

This document may be translated into Chinese. If there is any difference between the English and Chinese versions, the English version will apply.

Please keep this copy for reference.

Appendix

Rates of insurance charge for GREAT Life Advantage 4 Plus

Standard Rate of Insurance Charges Per Annum Per S\$1,000 Net Sum Assured

Age Next Birthday on Preceding (or Coincident) Policy Anniversary *	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
1	0.650	0.650	0.625	0.625
2	0.650	0.650	0.625	0.625
3	0.650	0.650	0.625	0.625
4	0.650	0.650	0.625	0.625
5	0.650	0.650	0.625	0.625
6	0.650	0.650	0.625	0.625
7	0.650	0.650	0.625	0.625
8	0.650	0.650	0.625	0.625
9	0.650	0.650	0.625	0.625
10	0.650	0.650	0.625	0.625
11	0.683	0.683	0.659	0.659
12	0.802	0.802	0.779	0.779
13	0.910	0.910	0.886	0.886
14	0.910	0.910	0.886	0.886
15	0.910	0.910	0.886	0.886
16	0.910	0.910	0.886	0.886
17	0.910	0.910	0.886	0.886
18	0.910	0.914	0.886	0.890
19	0.922	0.926	0.886	0.890
20	0.922	0.926	0.886	0.890
21	0.922	0.926	0.886	0.890
22	0.922	0.926	0.886	0.890
23	0.922	0.926	0.886	0.890
24	0.922	0.926	0.886	0.890
25	0.922	0.926	0.886	0.890
26	0.922	0.926	0.886	0.890
27	0.922	0.926	0.886	0.890
28	0.922	0.926	0.886	0.890
29	0.922	0.926	0.886	0.890
30	0.922	0.926	0.886	0.890
31	0.922	0.926	0.886	0.890
32	0.922	0.926	0.886	0.890
33	0.922	0.926	0.886	0.890
34	0.922	0.962	0.886	0.890
35	0.922	1.046	0.886	0.890
36	0.959	1.133	0.892	0.901
37	1.007	1.219	0.898	0.929
38	1.072	1.317	0.905	0.994
39	1.150	1.410	0.914	1.059

Age Next Birthday on Preceding (or Coincident) Policy Anniversary *	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
40	1.235	1.512	0.943	1.153
41	1.346	1.598	1.019	1.255
42	1.476	1.703	1.115	1.374
43	1.580	1.837	1.215	1.470
44	1.674	1.958	1.334	1.611
45	1.789	2.144	1.435	1.746
46	1.938	2.431	1.536	1.875
47	2.155	2.765	1.655	2.015
48	2.429	3.180	1.753	2.166
49	2.717	3.662	1.854	2.347
50	2.925	4.039	1.969	2.539
51	3.149	4.681	2.213	2.896
52	3.715	5.266	2.489	3.354
53	4.350	5.905	2.867	3.958
54	4.935	6.507	3.354	4.634
55	5.506	7.260	3.958	5.319
56	6.078	8.102	4.634	5.968
57	6.727	8.804	5.373	6.654
58	7.497	9.658	5.812	7.393
59	7.999	10.537	6.528	8.267
60	8.515	11.735	7.196	9.231
61	9.450	12.684	8.015	9.991
62	10.436	13.430	8.724	10.776
63	11.312	14.632	9.588	11.797
64	12.351	15.869	10.447	12.987
65	12.911	16.774	11.367	14.320
66	13.316	17.597	12.368	15.789
67	14.472	19.419	13.457	17.410
68	16.003	21.536	14.642	19.197
69	17.728	23.806	15.931	21.167
70	19.264	26.179	17.334	23.339
71	20.435	28.807	18.860	25.734
72	22.179	31.600	20.521	28.375
73	23.991	34.580	22.328	31.287
74	25.869	37.801	24.294	34.498
75	27.834	41.296	26.433	38.039
76	30.944	45.079	28.760	41.942
77	34.386	49.198	31.292	46.247
78	38.196	55.457	34.048	50.993

Product Summary

GREAT Life Advantage 4 Plus

Please keep this copy for reference.

Age Next Birthday on Preceding (or Coincident) Policy Anniversary *	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
79	41.507	60.377	37.046	56.226
80	45.328	65.669	40.307	61.997
81	48.916	72.222	43.857	68.359
82	52.876	79.428	47.719	75.375
83	56.750	87.354	51.920	83.110
84	62.336	96.071	56.491	91.640
85	68.749	105.658	61.465	101.044
86	77.120	116.201	66.877	111.414
87	85.758	127.797	72.765	122.848
88	95.858	140.549	79.172	135.456
89	105.790	154.574	86.143	149.357

Age Next Birthday on Preceding (or Coincident) Policy Anniversary *	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
90	116.390	169.999	93.728	164.685
91	126.946	186.963	101.981	181.587
92	138.011	205.619	110.960	200.222
93	148.374	226.138	120.730	220.771
94	158.300	248.703	131.360	243.428
95	169.248	273.521	142.927	268.410
96	182.275	300.815	155.511	295.956
97	198.124	330.832	169.204	326.329
98	218.834	363.845	184.102	359.820
99	239.070	400.153	200.312	396.747

* On Date of Deduction of Insurance Charge

Note: Insurance Charge for Each Policy Month = (Net Sum Assured At Start of Policy Month x Rate of Insurance Charge Per Annum) / 12,000