

CPF Medisave Authorisation - Letter of Consent

(I) To Professional Investment Advisory Services Pte Ltd

I, _____, hereby authorise **Professional Investment Advisory Services Pte Ltd** to obtain, from time to time, the following information from CPF Board to ascertain that I have fulfilled my obligation to contribute Medisave as a Self-Employed Person:

- (i) whether I have any outstanding Medisave contributions ("Medisave liabilities") to be made to CPF Board and the amount, if any;
- (ii) whether I have any payment arrangement with CPF Board in respect of my Medisave liabilities and if so, the details of such payment arrangement;
- (iii) whether I have ever defaulted on the payment of my Medisave liabilities under this payment arrangement with CPF Board and if so, the relevant details of such default; and
- (iv) any correspondence between CPF Board and me on the above matters.

(II) To CPF Board

I hereby authorise CPF Board to disclose, from time to time, the following information to **Professional Investment Advisory Services Pte Ltd** solely to ascertain that I have fulfilled my obligation to contribute Medisave as a Self-Employed Person:

- (i) whether I have any outstanding Medisave contributions ("Medisave liabilities") to be made to CPF Board and the amount, if any;
- (ii) whether I have any payment arrangement with CPF Board in respect of my Medisave liabilities and if so, the details of such payment arrangement;
- (iii) whether I have ever defaulted on the payment of my Medisave liabilities under this payment arrangement with CPF Board and if so, the relevant details of such default; and
- (iv) any correspondence between CPF Board and me on the above matters.

The authorisations at Part (I) and (II) are valid and irrevocable as long as I am engaged with **Professional Investment Advisory Services Pte Ltd**.

NAME: _____

NRIC NO: _____

PIAS REP CODE: _____

SIGNATURE: _____

DATE: _____