

FORM 5 REVOCATION OF REVOCABLE NOMINATION



Guide on submitting Nomination Form

We encourage our policy owners to refer to “Your Guide to the Nomination of Insurance Nominees 2015” which is available on www.singlife.com or www.lia.org.sg before making a nomination.

A. Eligibility

- Policy owner and Life assured must be the same person 18 years old and above.
- Nominations are applicable for Life or Accident & Health (A&H) policy(ies) with death benefits.
- Annuity purchased with the minimum sum is not eligible.
- If Policy is subjected to any trust created under Section 73 of the Conveyancing and Law of Property Act 1886, trust has to be revoked with trustee(s)' and beneficiary(ies)' consent(s) before making a new nomination.
- **Applicable to Form 1 only:**
 - » Nominees for **Irrevocable Nomination (Form 1)** must be spouse and/or child.
 - » Policy must not be a Central Provident Fund (CPF), Supplementary Retirement Scheme (SRS) and Dependant Protection Scheme (DPS)

B. Completing the form

- Amendments / initialing against an amendment is not allowed.
- One set of original form submission per policy.
- **Applicable to Form 1 and 4:**
 - » Total Share of all Nominees must add up to 100%.
- Form should be signed and witnessed on the same date.
- Signature of policyowner must be consistent with our records. Please update your signature if you do not have any specimen signature maintained with us

C. Documents required

- **Applicable to Form 1 and 3:**

Trustee(s) should complete and submit:

 - » Common Reporting Standard (CRS) form.
 - » W8BEN or W9 form (W8BEN-E form if trustee is an entity)
 - » Copy of trustee(s) identity card(s) / passport (ACRA if trustee is an entity)
 - » Copy of Trustee(s)' proof of residential address
 - For Singaporean/PR: copy of identity card
 - For Passholders: recent utility bills or letters issued by a statutory or government body (dated within past 6 months).

For full list of acceptable documents, please refer to www.singlife.com.
- **Applicable to Form 1 only:**
 - » Original form is required for Trust Nomination to be registered.
 - » Copy of beneficiary(ies) identity card(s) / passport.

Please submit the completed and signed original form to:

Singapore Life Ltd. 5 Straits View, #01-18/19, Marina One The Heart, Singapore 018935

For enquiries, please contact us at 6827 9933 or email cs_life@singlife.com

INSURANCE ACT 1966

INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009

FORM 5

REVOCAION OF REVOCABLE NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

- 1) This Form can only be used to revoke a revocable nomination made in respect of one relevant policy.
- 2) Unless the context otherwise requires, this Form must be completed in full in order for the revocation of a revocable nomination to be valid.
- 3) The revocation of a revocable nomination under section 133(4) of the Insurance Act 1966 ("Insurance Act") must comply with that provision, and must be carried out using this Form, in order for the revocation to be valid.
- 4) The revocation of a revocable nomination, if valid, will take effect from the date this Form is lodged with the licensed insurer that issued the relevant policy specified in Part 1.
- 5) The revocation of a revocable nomination, if valid, will apply to the entire revocable nomination.
- 6) In order for the revocation of the revocable nomination to be valid, this Form must be signed —
 - (a) by the policy owner; and
 - (b) by 2 appropriate signatories, both of whom must either —
 - (i) witness the signing of this Form by the policy owner in person or by means of any audiovisual link, and make the declarations in Part 2; or
 - (ii) sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 2.
- 7) This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1. Otherwise, the licensed insurer will not be bound to give effect to the purported revocation of the revocable nomination by this Form.

PART 1: POLICY OWNER'S INSTRUCTIONS

In accordance with section 133(4) of the Insurance Act, I revoke the revocable nomination which I had made on

(DD/MM/YYYY)

Policy No. or other reference of the relevant policy

Where the policy number or other reference is NOT available, please provide:

(a) the plan name; and

(b) the Basic Sum Assured

Name of Insurer: Singapore Life Ltd.

Name of Policy Owner

NRIC or Passport No. of Policy Owner

Email address of Policy Owner

Signature of Policy Owner

Date (DD/MM/YYYY)

PART 2: DECLARATIONS BY APPROPRIATE SIGNATORIES

Notes:

1. Each appropriate signatory must have attained the age of 21 years.
2. An appropriate signatory must not be a nominee or the spouse of a nominee.
3. Where the revocation of revocable nomination in Part 1 is witnessed, the date specified in this Part must be the same date as the date specified in Part 1.
4. Where the revocation of revocable nomination in Part 1 is not witnessed, the date specified in this Part must be within 7 calendar days starting on the date specified in Part 1.

Declaration:

By signing below, I confirm that to the best of my knowledge and belief —

- a. the policy owner completed and signed this Form;
- b. the policy owner understands the purpose of this Form and the effect of his or her completion and signing of this Form; and
- c. no fraud or undue pressure has been used to induce the policy owner to revoke the nomination as set out in Part 1 of this Form.

APPROPRIATE SIGNATORY 1

Name of Appropriate Signatory

NRIC or Passport No. of Appropriate Signatory

Telephone No. of Appropriate Signatory

Address of Appropriate Signatory

Email address of Appropriate Signatory

Signature of Appropriate Signatory who witnessed the signing of this Form (where applicable).
I confirm that I witnessed the signing of this Form.

Signature of Appropriate Signatory who **did not** witness the signing of this Form (where applicable).

NOT APPLICABLE

Date (DD/MM/YYYY)

PART 2: DECLARATIONS BY APPROPRIATE SIGNATORIES

APPROPRIATE SIGNATORY 2

Name of Appropriate Signatory

NRIC or Passport No. of Appropriate Signatory

Telephone No. of Appropriate Signatory

Address of Appropriate Signatory

Email address of Appropriate Signatory

Signature of Appropriate Signatory who witnessed the signing of this Form (where applicable).
I confirm that I witnessed the signing of this Form.

Signature of Appropriate Signatory who **did not** witness the signing of this Form (where applicable).

NOT APPLICABLE

Date (DD/MM/YYYY)