

FORM 1 TRUST 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

To: Singapore Life Ltd.

I/We hereby give you notice of below nomination. Please process the nomination upon receipt of this form.

SECTION A: DECLARATION OF US INDICIA

	Assured/Assignee	Joint Assured	Trustee	Trustee
	Name	Name	Name	Name
Do you have one or more US Indicia*?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give standing instructions to transfer funds to an account maintained in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give effective power of attorney or signatory granted to a person with a US address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you have ticked 'Yes', please complete the United States of America (US) Person Declaration form that is available at www.singlife.com/en/fatca and return to Singapore Life Ltd.</p> <p>*US Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / Contact Number/ US "in-care-of" or "hold mail" address.</p>				

SECTION B: DECLARATION OF TAX RESIDENCY UNDER THE COMMON REPORTING STANDARD (CRS)

	Assured/Assignee	Joint Assured
	Name	Name
Is there any change in the information that you have provided to Singapore Life Ltd. that would result in a change in your tax residency status (for e.g. change in your residence/mailing/in-care of address, telephone number)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you have ticked 'Yes', please complete the CRS Self-Certification Form for Individual/Entity/Controlling Person (whichever is applicable) that is available at www.singlife.com/en/common-reporting-standard and return to Singapore Life Ltd.</p>		

Note: Trustee(s) should complete and submit Common Reporting Standard (CRS) form(s).

SECTION C: YOUR AUTHORISATION

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I am/We are aware that I/we should visit your website regularly to ensure that I am/we are well informed of the updates.

Signature of Assured/Assignee

Name (as in NRIC/Passport)	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Mobile number	Email address
<input type="text"/>	<input type="text"/>

Signature of Joint Assured

Name (as in NRIC/Passport)	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Mobile number	Email address
<input type="text"/>	<input type="text"/>

Signature of Trustee

Name (as in NRIC/Passport)	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Mobile number	Email address
<input type="text"/>	<input type="text"/>

Signature of Trustee

Name (as in NRIC/Passport)	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Mobile number	Email address
<input type="text"/>	<input type="text"/>

Note: Mobile number and email address provided above will replace our records accordingly.

INSURANCE ACT 1966

INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009

FORM 1

TRUST NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

- 1) This Form can only be used to make a trust nomination in respect of one relevant policy.
- 2) Unless the context otherwise requires, this Form must be completed in full in order to make a valid trust nomination.
- 3) A trust nomination must comply with section 132(2) and (3) of the Insurance Act 1966 ("Insurance Act"), and must be made using this Form, in order for it to be valid.
- 4) A trust 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) Only a policy owner who has attained the age of 18 years may make a trust nomination.
- 6) A person must agree to be appointed as a trustee before the policy owner makes the trust nomination, and the person may only agree so after being informed by the policy owner of the following matters in Part 1 and 3:
 - (a) the details of the relevant policy (Policy No. or other reference, and name of insurer);
 - (b) the person or persons whom the policy owner intends to nominate; and
 - (c) the share of the policy moneys that each of the persons mentioned in sub-paragraph (b) will receive.
- 7) If the policy owner wishes to amend Part 1 or 3 after obtaining a person's agreement to be appointed as a trustee, the policy owner must inform the person of the amendments to Part 1 and 3 and obtain the person's agreement again.
- 8) The policy owner must sign this Form in person in the presence of 2 witnesses (who must make the declarations in Part 3), in order to make a valid trust nomination.
- 9) If this Form pertains to a relevant policy in respect of which a trust nomination has been made, this Form must be accompanied by a copy of Form 2 which revokes the earlier trust nomination. If Form 2 is completed in electronic form, the policy owner may provide the licensed insurer a printed copy of Form 2 or the reference number (if any) of the completed Form 2.
- 10) 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 trust nomination purportedly made using this Form.

PART 1: POLICY OWNER'S INSTRUCTIONS

In accordance with section 132(2) of the Insurance Act, I nominate each person named in Part 3 (called in this Form a nominee) to receive the share (of the policy moneys payable under the relevant policy specified below) set down against his or her name.

I understand that this nomination will not be revoked by my marriage or divorce. I also understand that this nomination will create a trust of the policy moneys in favour of every nominee named in Part 3. I am aware that thereafter I will no longer have any interest in, or any right or control over, all or any of the policy moneys payable under the policy specified below (whether paid out during my lifetime or after my death). I will also not be allowed to vary any term or condition of the policy, or give any instruction in relation to the policy which may directly or indirectly alter the benefits payable under the policy, except in accordance with section 132(9) of the Insurance Act.

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

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. Otherwise, the trust nomination made using this Form will not be valid.
3. The date specified in this Part and the date specified in Part 1 must be the same date.

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 make the nomination as set out in Parts 1 and 3 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
I confirm that this Form was signed by
the policy owner in person in my presence.

Date (DD/MM/YYYY)

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
I confirm that this Form was signed by
the policy owner in person in my presence.

Date (DD/MM/YYYY)

PART 3: NOMINEE(S)

Notes:

1. Only the spouse, or a child, of the policy owner is eligible to become a nominee under a trust nomination. The policy owner cannot name himself as a nominee. A trust nomination will not be valid if any person other than the spouse or a child of the policy owner is named as a nominee.
2. A trust nomination will not be valid if any nominee's share is not specified.
3. A trust nomination will not be valid if the total of the shares of all nominees does not add up to 100%.
4. A policy owner who wishes to name more than 4 nominees shall attach to this Form as many additional copies of Form 1 as may be necessary to cover all nominees.

Name of Nominee	NRIC, Birth Certificate or Passport No. of Nominee	Date of Birth of Nominee	Address of Nominee	Telephone No. of Nominee	Email Address of Nominee	Relationship of Nominee to Policy Owner	Share of Nominee (%)
Total (%)							
<p>Note:</p> <p>1) If there is no additional Form 1 attached to this Form, the total must add up to 100%.</p> <p>2) If there is any additional Form 1 attached to this Form, the sum of the totals for all Forms must add up to 100%.</p>							
Is there any additional copy of Form 1 attached to this Form?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the answer to the preceding question is "Yes", please state the number of additional copies of Form 1 attached to this Form.						<input style="width: 100px; height: 20px;" type="text"/>	

PART 4: TRUSTEE(S)

Notes:

- 1) A trustee who is an individual must have attained the age of 18 years.
- 2) A policy owner must appoint at least one trustee. However, a policy owner may appoint more than one trustee. If a policy owner wishes to appoint more than 2 trustees, he or she may do so by completing Form 3.
- 3) The policy owner, a witness or a nominee may be named as trustee. However, if the policy owner is named as a trustee:
 - a) he or she will not be able to consent to the revocation of the trust nomination;
 - b) he or she will not be able to consent to the variation of a term or condition of the relevant policy, or to the execution by the registered insurer that issued the relevant policy of any instruction in relation to the relevant policy which may directly or indirectly alter the benefits payable under the relevant policy; and
 - c) he or she will not be able to give a valid discharge to the registered insurer that issued the relevant policy for any payment made, pursuant to the trust nomination, from the policy moneys payable under the relevant policy.
- 4) In this Part, "licensed trust company", "director" and "resident manager" have the meanings given by section 2 of the Trust Companies Act 2005.

TRUSTEE 1 (Mandatory)

Name of Trustee

NRIC or Passport No. of trustee (if trustee is an individual) or Unique Entity No. of trustee (if trustee is a licensed trust company)

Date of birth of trustee (if trustee is an individual) or date of incorporation of trustee (if trustee is a licensed trust company)

Address of Trustee

Telephone No. of Trustee

Signature of trustee (if trustee is an individual) or signature, name and designation of authorised director or resident manager of trustee (if trustee is a licensed trust company)

I agree/The abovenamed licensed trust company agrees* to be appointed as a trustee of the policy moneys payable under the relevant policy specified in Part 1.

Date (DD/MM/YYYY)

TRUSTEE 2 (Optional)

Name of Trustee

NRIC or Passport No. of trustee (if trustee is an individual) or Unique Entity No. of trustee (if trustee is a licensed trust company)

Date of birth of trustee (if trustee is an individual) or date of incorporation of trustee (if trustee is a licensed trust company)

Address of Trustee

Telephone No. of Trustee

Signature of trustee (if trustee is an individual) or signature, name and designation of authorised director or resident manager of trustee (if trustee is a licensed trust company)

I agree/The abovenamed licensed trust company agrees* to be appointed as a trustee of the policy moneys payable under the relevant policy specified in Part 1.

Date (DD/MM/YYYY)

*Please delete as appropriate.