



## 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](http://www.singlife.com) or [www.lia.org.sg](http://www.lia.org.sg) before making a nomination.

### A. Eligibility

- Policy owner and Life assured must be the same person who is at least 18 years old.
- Nominations are applicable for Life or Accident & Health (A&H) policy(ies) with death benefits.
- Annuity purchased with the minimum sum is not permitted.
- If Policy is subjected to any trust created under Section 73 of the Conveyancing and Law of Property Act, trust has to be revoked with trustee(s)' and beneficiary(ies)' consent 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](http://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., 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807**

For enquiries, please contact us at 6827 9933 or email [cs\\_life@singlife.com](mailto:cs_life@singlife.com)



**INSURANCE ACT**

**INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009**

**FORM 6**

**NOTICE OF REVOCATION OF REVOCABLE NOMINATION**

**PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM**

- 1) This Form can only be used to give notice of the revocation, under section 49M(7)(a) or (b) of the Insurance Act (Cap. 142), of a revocable nomination made in respect of one relevant policy.
- 2) Part 1 must be completed in full, if a policy owner wishes to use this Form to give notice of the revocation, under section 49M(7)(a) of the Insurance Act, of a revocable nomination made by him.
- 3) Part 2 must be completed in full, if a policy owner wishes to use this Form to give notice of the revocation, under section 49M(7)(b) of the Insurance Act, of a revocable nomination made by him.
- 4) This Form must be lodged with the registered insurer that issued the relevant policy specified in Part 1 or Part 2, as the case may be.

**Part 1 DECLARATION THAT RELEVANT POLICY OR INTEREST THEREUNDER HAS BEEN ASSIGNED, ENCUMBERED OR DEALT WITH**

For the purposes of section 49N(3) of the Insurance Act and regulation 5(4) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that —

- (a) I have on \_\_\_\_\_ assigned, encumbered or otherwise dealt with the relevant policy specified below or an interest under that relevant policy; and
- (b) accordingly, the revocable nomination which I had made on \_\_\_\_\_ in respect of that relevant policy is deemed to be revoked on the date referred to in paragraph (a).

**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 Insured.

**Name of insurer**

Singapore Life Ltd.

**Name of policy owner**

**NRIC or Passport No. of policy owner**

**Signature or right thumb print of policy owner**

**Date**

**Part 2 DECLARATION THAT POLICY OWNER HAS MADE WILL PROVIDING FOR DISPOSITION OF ALL DEATH BENEFITS UNDER RELEVANT POLICY**

For the purposes of section 49N(3) of the Insurance Act and regulation 5(5) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that —

- (a) I have on made a will in accordance with the Wills Act (Cap. 352) which —
- (i) provides for the disposition of all death benefits under the relevant policy specified below; and
  - (ii) specifies the particulars of that relevant policy referred to in regulation 5(3) of the Insurance (Nomination of Beneficiaries) Regulations 2009; and
- (b) accordingly, the revocable nomination which I had made on in respect of that relevant policy is deemed to be revoked on the date referred to in paragraph (a).

**Policy No. or other reference of the relevant policy**

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

- (c) the plan name; and
- (d) the Basic Sum Insured.

**Name of insurer**

Singapore Life Ltd.

**Name of policy owner**

**NRIC or Passport No. of policy owner**

**Signature or right thumb print of policy owner**

**Date**