

INSURANCE ACT

INSURANCE

(NOMINATION OF BENEFICIARIES)

REGULATIONS 2009 FORM 4

REVOCABLE NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

This Form can only be used to make a revocable 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 revocable nomination.
- 3 A revocable nomination must comply with section 49M(2) and (3) of the Insurance Act (Cap. 142), and must be made using this Form, in order for it to be valid.
- 4 A revocable nomination, if valid, will take effect from the date this Form is lodged with the registered 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 revocable nomination.
- 6 The policy owner must sign this Form in the presence of 2 witnesses, in order to make a valid revocable nomination.
- 7 This Form must be lodged with the registered insurer that issued the relevant policy specified in Part 1. Otherwise, the registered insurer will not be bound to give effect to the revocable nomination purportedly made using this Form.

Part 1 INSTRUCTION

In accordance with section 49M(2) of the Insurance Act, I nominate each person named in Part 3 (referred to in this Form as a nominee) to receive the share (of the death benefits payable under the relevant policy specified below) set down against his/her name.

I understand that only death benefits will be payable to the nominee(s) named in Part 3, and that all living benefits will continue to be payable to me. As such, if all benefits payable under the relevant policy are paid out during my lifetime, there is a possibility that there may not be any death benefits payable to the nominee(s) named in Part 3.

Policy No. or other reference of the relevan	ıt policy	
Where the policy number or other reference	ence is	
NOT available, please provide:		
(a) the plan name; and		
(b) the Basic Sum Insured.		
Name of insurer	AIG Asia Pacific Insurance Pte. Ltd.	
Name of policy owner		
NRIC or Passport No. of policy o	wner	
Signature or right thumb print of policy owner		
Date		

Part 2 WITNESSES Notes: 1 Each witness must have attained the age of 21 years. A witness must not be a nominee or the spouse of a nominee. Otherwise, the revocable nomination made using this Form will not be valid. The date specified in this Part and the date specified in Part 1 must be the same date. (1) (2) Name of witness NRIC or Passport No. of witness **Address of witness** Home Home Office Office Telephone No. of witness Mobile Mobile I confirm that this Form was signed by the policy I confirm that this Form was signed by the policy owner in my presence owner in my presence

Part 3 NOMINEE(S)

Signature of witness

Notes:

Date

- 1 A revocable nomination will not be valid if any nominee's share is not specified.
- 2 A revocable nomination will not be valid if the total of the shares of all nominees does not add up to 100%.
- 3 A policy owner who wishes to name more than 4 nominees shall attach to this Form as many additional copies of Form 4 as may be necessary to cover all nominees.

Name of nominee	NRIC, Birth Certificate or Passport No. of nominee (if an individual), or Unique Entity No. or registration number of nominee (if not an individual)	Address of nominee	Date of birth of nominee (if an individual)	Share of nominee (%)
Notes:				
	m 4 attached to this Form, the torm 4 attached to this Form, the	otal must add up to 100%. sum of the totals for all Forms must add up to 100%.	Total (%)	
Is there any additional copy of Form 4 attached to this Form?				
If the answer to the precent attached to this Form.	eding question is "Yes", p	please state the number of additional copies	s of Form 4	