

IMPORTANT NOTES ON NOMINATION FORM SUBMISSION

A. WHEN COMPLETING THE FORM

To ensure that your form will be accepted and processed promptly, please note the following:

1. Each form can only be used to make a nomination in respect of one (1) policy.
2. The policy owner must be at least eighteen (18) years old and also be the life assured of the policy.
3. Only original forms with wet ink signatures will be accepted.
4. The signature of the policy owner must be consistent with the specimen signature in our records.
5. No amendments or corrections are allowed on the form. This includes any amendments which are countersigned or the use of correction tape/fluid.
6. All fields must be completed, including those relating to nominee(s) and appropriate signatories. If the field is not applicable, please indicate as such. Do not leave any fields blank.
7. Applicable to Form 1, Form 2, Form 3, Form 4 and Form 5. Please ensure that the date of witnessing by the two (2) appropriate signatories is the same date the policy owner signed the relevant form.
8. Each appropriate signatory must be at least twenty-one (21) years old and must not be a nominee or spouse of a nominee.
9. If there are more than four (4) nominees and additional forms are submitted, please ensure each additional form is fully completed. Incomplete or partial submissions will not be accepted.
10. Applicable to Form 1 and Form 4. Please ensure that the "Total shares of all nominees (%)" field is filled in and the total shares of the nominees add up to 100%. The shares of the nominee(s) must be reflected as a percentage (up to a maximum of two (2) decimal places).
11. A Financial Representative/Personal Financial Consultant cannot be appointed as trustee or nominee of a policy unless proof of relationship (spouse/ child/ parent/ sibling) is provided.
12. Please refer to overleaf for the list of required documents for making a Trust Nomination (Form 1) and Appointment, or Revocation of Appointment, of Trustee of Policy Moneys (Form 3).
13. Please send the completed form to:

The Great Eastern Life Assurance Company Limited
1 Pickering Street #01-01
Great Eastern Centre
Singapore 048659

B. DOCUMENTS REQUIRED WHEN YOU MAKE A TRUST NOMINATION (FORM 1) OR APPOINT A TRUSTEE (FORM 3)

Applicable to Form 1 and Form 3. Please ensure that the following additional documents, where applicable, are submitted with the nomination form:

S/N	REQUIRED DOCUMENTS	POINTS TO NOTE	Nominee	Trustee (Individual)	Trustee (Entity)
1	Copy of ID/Passport of each trustee (if trustee is an individual)	<p>E.g. National Registration Identity Card ("NRIC")/Passport</p> <p>Note: If the copy of ID/Passport does not have a residential address, please provide documentary proof of residential address dated within six (6) months from the date of submission.</p> <p>Accepted documentary proof includes the following:</p> <ul style="list-style-type: none"> • Utility Bill; • Telephone Bill; • Bank Statement; or • Correspondence from Governmental Agencies (e.g. CPF Board, HDB, IRAS, LTA etc.) 		✓	
2	Business Profile from Accounting & Corporate Regulatory Authority (ACRA) or its equivalent of each trustee (if trustee is a licensed trust company)	ACRA or its equivalent must be dated within three (3) months from the date of submission			✓
3	Copy of Authorised Signatory List of each trustee (if trustee is a licensed trust company)	<p>Board resolutions on the appointment of the Authorised Signatory(ies) is to be obtained</p> <p>In the absence of a board resolution, please complete the Corporate Policyholder Authorised Signatory Form.</p>			✓
4	Copy of ID/Passport of the Authorised Signatory(ies)	<p>Only required for the Authorised Signatory(ies) who signed on the nomination form</p> <p>E.g. NRIC/Passport</p> <p>Note: If the copy of ID/Passport does not have a residential address, please provide documentary proof of residential address dated within six (6) months from the date of submission.</p> <p>Accepted documentary proof includes the following:</p> <ul style="list-style-type: none"> • Utility Bill; • Telephone Bill; • Bank Statement; or • Correspondence from Governmental Agencies (e.g. CPF Board, HDB, IRAS, LTA etc.) 			✓
5	FATCA Declaration Form ¹	To be completed by each nominee and/or trustee	✓	✓	✓
6	W-8BEN-E Form ¹	Only required if the licensed trust company is not incorporated in the United States			✓
7	W-9 Form ¹	Only required if nominee and/or trustee (if trustee is an individual) declares that he/she is a U.S. Tax Resident or if the licensed trust company is incorporated in the United States	✓	✓	✓
8	W-8BEN Form ¹	Only required if nominee and/or trustee (if trustee is an individual) is born in U.S. and declares that he/she is not a U.S. Tax Resident	✓	✓	
9	Certificate of Loss of Nationality of the United States		✓	✓	

S/N	REQUIRED DOCUMENTS	POINTS TO NOTE	Nominee	Trustee (Individual)	Trustee (Entity)
10	CRS Individual Self-Certification Form ²	To be completed by each nominee and/or trustee (if trustee is an individual) For a nominee who is below 18 years old, the policy owner or the legal guardian can complete the form on behalf of the nominee	✓	✓	
11	CRS Entity Self-Certification Form ²	To be completed by each trustee (if trustee is a licensed trust company)			✓
12	CRS Controlling Person Self-Certification Form ²	Only required if the licensed trust company is located in a Non-Participating Jurisdiction and managed by other Financial Institution or is a Passive Non-Financial Entity			✓

¹ Pursuant to the U.S. Foreign Account Tax Compliance Act ("FATCA"), the Company is required to obtain information from the nominee and/or trustee of a policy to assess if such a person is a U.S. Tax Resident. FATCA does not apply to A&H policies and non-cash value policies.

² Pursuant to the Singapore Income Tax Act 1961 and regulations thereunder, which implement the standard for automatic exchange of financial account information in tax matters (commonly known as the "Common Reporting Standard" or "CRS"), the Company is legally obliged to obtain a self-certification from the nominee and/or trustee of a policy to which CRS applies, in order to determine the tax residence(s) of such person. CRS does not apply to A&H policies and non-cash value policies.

INSURANCE ACT 1966

INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009

FORM 3

APPOINTMENT, OR REVOCATION OF APPOINTMENT, OF TRUSTEE OF POLICY MONEYS

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

- 1 This Form can only be used to appoint, or to revoke the appointment, of one or more trustees of policy moneys payable under one relevant policy.
- 2 Unless the context otherwise requires, Parts 1, 2A and 3 must be completed in full in order to appoint a trustee of policy moneys payable under a relevant policy.
- 3 Unless the context otherwise requires, Parts 1, 2B and 3 must be completed in full in order to revoke the appointment of a trustee of policy moneys payable under a relevant policy.
- 4 Unless the context otherwise requires, Parts 1, 2A, 2B and 3 must be completed in full in order to revoke the appointment of a trustee of policy moneys payable under a relevant policy, and to appoint a new trustee for those policy moneys.
- 5 An appointment of a trustee of policy moneys payable under a relevant policy must comply with section 132(12) and (14) of the Insurance Act 1966 ("Insurance Act"), and must be made using this Form, in order for it to be valid.
- 6 The revocation of the appointment of a trustee of policy moneys payable under a relevant policy must comply with section 132(12) of the Insurance Act, and must be carried out using this Form, in order for the revocation to be valid.
- 7 The appointment, or the revocation of the appointment, of a trustee pursuant to this Form, 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.
- 8 A person must agree to be appointed as a trustee before the policy owner makes the appointment, and the person may only agree so after being informed by the policy owner of the details of the relevant policy in Part 1 (Policy No. or other reference and name of insurer).
- 9 If the policy owner wishes to amend Part 1 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 obtain the person's agreement again.
- 10 In order for the appointment or the revocation of the appointment, of any trustee of the policy moneys payable under a relevant policy, 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 3; or
 - (ii) sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 3.
- 11 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 appointment, or the purported revocation of the appointment, of any trustee of policy moneys pursuant to this Form.

Part 1: POLICY OWNER'S INSTRUCTIONS

In accordance with section 132(12) of the Insurance Act, I —

- (a) appoint each person specified in Part 2A as a trustee of the relevant policy specified below.; and*
- (b) revoke the appointment(s) of the trustee(s) specified in Part 2B.*

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.	(a) (b)
Name of insurer	THE GREAT EASTERN LIFE ASSURANCE COMPANY LIMITED
Name of policy owner	
NRIC or Passport No. of policy owner	
Signature[^] or right thumb print* of policy owner	Wet-ink signature is required
Email Address of policy owner (Please indicate "NA" if not applicable)	
Date (dd/mm/yyyy)	

[^] "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

* Please delete as appropriate.

Part 2A: APPOINTMENT OF TRUSTEE(S)
Notes:

- 1 A trustee who is an individual must have attained the age of 18 years.
- 2 A trustee appointed under this Part will be in addition to any trustee appointed earlier whose appointment has not been revoked.
- 3 The policy owner 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 licensed 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 licensed 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.

Name of trustee	(1)	(2)
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) (dd/mm/yyyy)		
Address of trustee		
Telephone No. of trustee (Please indicate “NA” if not applicable)		
Email Address of trustee (Please indicate “NA” if not applicable)		
Signature[^] or right thumb print* of trustee (if trustee is an individual); or Signature or right thumb print*, 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. Wet-ink signature is required	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. Wet-ink signature is required
Date (dd/mm/yyyy) (This must be the same date as the date in Part 1)		

[^] “Signature”, in relation to a signatory of an electronic form, means the signatory’s secure electronic signature.

* Please delete as appropriate.

Part 2B: REVOCATION OF APPOINTMENT OF TRUSTEE(S)

Notes:

- 1 A policy owner may revoke the appointment of a trustee if, after the revocation of that trustee’s appointment, there is at least one remaining trustee.
- 2 The revocation of the appointment of a trustee under this Part does not affect the appointment of any other trustee.
- 3 In this Part, “licensed trust company” has the meaning given by section 2 of the Trust Companies Act 2005.

Name of trustee	(1)	(2)
NRIC or Passport No. of trustee (if trustee is an individual) or Unique Entity No. of trustee (if trustee is a licensed trust company)		

Part 3: 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 appointment/revocation of appointment of trustee(s) of policy moneys is witnessed, the date specified in this Part must be the same date as the date specified in Part 1.
- 4 Where the appointment/revocation of appointment of trustee(s) of policy moneys 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 appoint the trustee(s) or revoke the appointment of trustee(s) (as the case may be) as set out in Part 2A/Part 2B/Parts 2A and 2B* of this Form.

Name of appropriate signatory	(1)	(2)
NRIC or Passport No. of appropriate signatory		
Address of appropriate signatory		
Telephone No. of appropriate signatory (Please indicate "NA" if not applicable)		
Email Address of appropriate signatory (Please indicate "NA" if not applicable)		
Signature[^] of or right thumb print* of appropriate signatory who witnessed the signing of this Form (where applicable)	I confirm that I witnessed the signing of this Form. Wet-ink signature is required	I confirm that I witnessed the signing of this Form. Wet-ink signature is required
Signature[^] of or right thumb print* of appropriate signatory who <u>did not</u> witness the signing of this Form (where applicable)	NOT APPLICABLE	NOT APPLICABLE
Date (dd/mm/yyyy) (This must be the same date as the date in Part 1)		

[^] "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

* Please delete as appropriate.