

## 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. Please send the completed form to:  
The Great Eastern Life Assurance Company Limited  
1 Pickering Street #01-01  
Great Eastern Centre  
Singapore 048659

**INSURANCE ACT 1966**  
**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 133(7)(a) or (b) of the Insurance Act 1966 ("Insurance Act"), 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 133(7)(a) of the Insurance Act, of a revocable nomination made by him or her.
- 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 133(7)(b) of the Insurance Act, of a revocable nomination made by him or her.
- 4 This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1 or 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 134(3) of the Insurance Act and regulation 5(4) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that —

- (a) I have on \_\_\_\_\_ (dd/mm/yyyy) 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 \_\_\_\_\_ (dd/mm/yyyy) in respect of that relevant policy is deemed to be revoked on the date referred to in paragraph (a).

<b>Policy No. or other reference of the relevant policy</b> Where the policy number or other reference is NOT available, please provide: (a) the plan name; and (b) the Basic Sum Insured.	(a) (b)
<b>Name of insurer</b>	THE GREAT EASTERN LIFE ASSURANCE COMPANY LIMITED
<b>Name of policy owner</b>	
<b>NRIC or Passport No. of policy owner</b>	
<b>Signature<sup>^</sup> or right thumb print* of policy owner</b>	Wet-ink signature is required
<b>Email Address of policy owner</b> (Please indicate "NA" if not applicable)	
<b>Date (dd/mm/yyyy)</b>	

<sup>^</sup> "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

\* Please delete as appropriate.

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

For the purposes of section 134(3) of the Insurance Act and regulation 5(5) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that —

- (a) I have on \_\_\_\_\_ (dd/mm/yyyy) made a will in accordance with the Wills Act 1838 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 \_\_\_\_\_ (dd/mm/yyyy) in respect of that relevant policy is deemed to be revoked on the date referred to in paragraph (a).

<b>Policy No. or other reference of the relevant policy</b> Where the policy number or other reference is NOT available, please provide: (a) the plan name; and (b) the Basic Sum Insured.	(a) (b)
<b>Name of insurer</b>	THE GREAT EASTERN LIFE ASSURANCE COMPANY LIMITED
<b>Name of policy owner</b>	
<b>NRIC or Passport No. of policy owner</b>	
<b>Signature<sup>^</sup> or right thumb print* of policy owner</b>	Wet-ink signature is required
<b>Email Address of policy owner</b> (Please indicate "NA" if not applicable)	
<b>Date (dd/mm/yyyy)</b>	

<sup>^</sup> "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

\* Please delete as appropriate.