## REMOVAL OF BENEFICIARY UNDER IMPLICIT TRUST



Important Note: 1) The Great Eastern Life Assurance Company Limited will be referred to as "the Company".

- 2) Under Section 73 of the Conveyancing and Law of Property Act, when the spouse and/or children is/are named as the beneficiary/ beneficiaries, a trust is deemed to have been created for the benefit of the beneficiary/beneficiaries therein named. Consent from the existing beneficiary/beneficiaries will be required for removal of beneficiary.
- 3) All existing beneficiaries required to give consent must be at least 21 years of age. If any of the beneficiaries required to give consent is below 21 years of age, no removal of beneficiary is allowed.
- 4) If the trust is removed, the policy will be put under "Estate".
- 5) This form must be signed in the presence of 2 witnesses who must be at least 21 years of age.
- 6) ONLY the original completed form will be accepted.

POLICY NO.:																
NAME OF POLICYHOLDER:																
	NRIC NO.	/ PAS	SPOR	T NO.:												
I, the owner of the above policy, wish to	emove the fo <b>ll</b> owin	g bene	ficiari	es curre	ntly ir	n my	poli	СУ								
Name of Beneficia	ry	1	NRIC/	Birth C	ertific	cate/	Pass	port	No.	Rel	atior	ship	to	Polic	yhol	der
Signature of Policyholder	Contact No.						 Da	ate								
Consent from Beneficiaries for the a	bove removal															
I / We, the existing beneficiary(ies) of the	above policy hereb	y renou	unce a	and disc	laim a	all int	teres	t and	d ber	nefit u	unde	r the	sai	d pol	icy.	
							_									
Signature of beneficiary	Signature of b	enefici	iary				Si	gnati	ure (	of ber	nefic	iary				
Name of beneficiary	Name of bene	eficiary				_	N	ame	of b	enefic	ciary					
NRIC / Passport No. of beneficiary	NRIC / Passp	ort No	of bo	nofician	.,			DIC /	/ Dag	sspor	t No	of h	non c	oficia	27	
NING / Passport No. of beneficially	NNIO / Fassp	OIL NO.	. or be	Heliciar	у		IN	nic /	газ	sspor	l NO.	OI L	ене	HICIAI	У	
Contact No. of beneficiary	Contact No. o	of bene	ficiary	ı.			C	ontac	ct No	o. of I	bene	ficia	ry			
														Pa	ae 1	of 2

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Witnesses	
Signature of Witness	Signature of Witness
Name of Witness	Name of Witness
NRIC / Passport No. of Witness	NRIC / Passport No. of Witness
Address of Witness	Address of Witness
Contact No. of Witness	Contact No. of Witness

Any photocopies/downloaded forms submitted must be an exact duplicate of the original. The Company will not be responsible for the validity of any photocopied / downloaded forms submitted which are not exact duplicates.

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