

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 1
TRUST NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

- 1 This Form can only be used to make a trust 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 trust nomination. The hard copy form of this Form must also be used.
- 3 A trust nomination must comply with section 132(2) and (3) of the Insurance Act 1966 ("Insurance Act"), and must be made using this Form, in order for it to be valid.
- 4 A trust nomination, if valid, will take effect from the date this Form is lodged with the licensed insurer that issued the relevant policy specified in Part 1A.
- 5 Only a policy owner who has attained the age of 18 years may make a trust nomination.
- 6 A person must agree to be appointed as a trustee before the policy owner makes the trust nomination, and the person may only agree so after being informed by the policy owner of the following matters in Parts 1A and 1B:
 - (a) the details of the relevant policy (Policy No. or other reference, and name of insurer);
 - (b) the person or persons whom the policy owner intends to nominate; and
 - (c) the share of the policy moneys that each of the persons mentioned in sub-paragraph (b) will receive.
- 7 If the policy owner wishes to amend Part 1A or 1B after obtaining a person's agreement to be appointed as a trustee, the policy owner must inform the person of the amendments to Parts 1A and 1B and obtain the person's agreement again.
- 8 The policy owner must sign this Form in person in the presence of 2 witnesses (who must make the declarations in Part 3), in order to make a valid trust nomination.
- 9 If this Form pertains to a relevant policy in respect of which a trust nomination has been made, this Form must be accompanied by a copy of Form 2 which revokes the earlier trust nomination. If Form 2 is completed in electronic form, the policy owner may provide the licensed insurer a printed copy of Form 2 or the reference number (if any) of the completed Form 2.
- 10 This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1A. Otherwise, the licensed insurer will not be bound to give effect to the trust nomination purportedly made using this Form.

Part 1A: POLICY OWNER'S INSTRUCTIONS

In accordance with section 132(2) of the Insurance Act, I nominate each person named in Part 1B (called in this Form a nominee) to receive the share (of the policy moneys payable under the relevant policy specified below) set down against his or her name.

I understand that this nomination will not be revoked by my marriage or divorce. I also understand that this nomination will create a trust of the policy moneys in favour of every nominee named in Part 1B. I am aware that thereafter I will no longer have any interest in, or any right or control over, all or any of the policy moneys payable under the policy specified below (whether paid out during my lifetime or after my death). I will also not be allowed to vary any term or condition of the policy, or give any instruction in relation to the policy which may directly or indirectly alter the benefits payable under the policy, except in accordance with section 132(9) of the Insurance Act.

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	<p style="color: red; text-align: center;">Wet-ink signature is required</p>
Email Address of policy owner (Please indicate "NA" if not applicable)	
Date (dd/mm/yyyy)	

* Please delete as appropriate.

Part 1B: NOMINEE(S)
Notes:

- 1 Only the spouse, or a child, of the policy owner is eligible to become a nominee under a trust nomination. The policy owner cannot name himself or herself as a nominee. A trust nomination will not be valid if any person other than the spouse or a child of the policy owner is named as a nominee.
- 2 A trust nomination will not be valid if any nominee's share is not specified.
- 3 The shares of the nominee(s) must be reflected as a percentage (up to 2 decimal places).
- 4 A trust nomination will not be valid if the total of the shares of all nominees does not add up to 100%.
- 5 A policy owner who wishes to name more than 4 nominees must attach to this Form as many additional copies of Form 1 as may be necessary to cover all nominees.

Name of nominee	(1)	(2)	(3)	(4)
NRIC, Birth Certificate or Passport No. of nominee				
Date of birth of nominee (dd/mm/yyyy)				
Address of nominee				
Telephone No. of nominee (Please indicate "NA" if not applicable)				
Email Address of nominee (Please indicate "NA" if not applicable)				
Relationship of nominee to policy owner				
Share of nominee (%)				
Total shares of all nominees (%)				

Note:

- 1 If there is no additional Form 1 attached to this Form, the total shares of the nominees listed in this Form must add up to 100%.
- 2 If there is any additional Form 1 attached to this Form, the sum of the total shares of all nominees listed in all Forms must add up to 100%.

Is there any additional copy of Form 1 attached to this Form?	Yes/No*
If the answer to the preceding question is "Yes", please state the number of additional copies of Form 1 attached to this Form.	

Part 2: TRUSTEE(S)
Notes:

- 1 A trustee who is an individual must have attained the age of 18 years.
- 2 A policy owner must appoint at least one trustee. However, a policy owner may appoint more than one trustee. If a policy owner wishes to appoint more than 2 trustees, he or she may do so by completing Form 3.
- 3 The policy owner, a witness or a nominee 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.

	(1) (mandatory)	(2) (optional)
Name of trustee		
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 1A. 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 1A. Wet-ink signature is required
Date (dd/mm/yyyy) (This must be the same date as the date in Part 1A)		

* Please delete as appropriate.

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. Otherwise, the trust nomination made using this Form will not be valid.
- 3 The date specified in this Part and Part 1A must be the same date.

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 make the nomination as set out in Parts 1A and 1B 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 or right thumb print* of appropriate signatory	I confirm that this Form was signed by the policy owner in person in my presence. Wet-ink signature is required	I confirm that this Form was signed by the policy owner in person in my presence. Wet-ink signature is required
Date (dd/mm/yyyy) (This must be the same date as the date in Part 1A)		

* Please delete as appropriate.