INSURANCE ACT

**INSURANCE (NOMINATION OF BENEFICIARIES)
REGULATIONS 2009**

FORM 4

REVOCABLE NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

1   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   INSTRUCTIONS

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 relevant policy Where the policy number or other reference is NOT available, please provide: (a) the plan name; and (b) the Basic Sum Insured.	**Please write your 10 digits DPS policy number below.**
Name of insurer	THE GREAT EASTERN LIFE ASSURANCE CO. LTD.
Name of policy owner	
NRIC or Passport No. of policy owner	
Signature or right thumb print of policy owner	
Date **(This date has to be the same as both witnesses' date)**	

Part 2   WITNESSES

Notes:

1   Each witness must have attained the age of 21 years.

2   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.

3   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		
Telephone No. of witness		
Signature of witness	I confirm that this Form was signed by the policy owner in my presence.	I confirm that this Form was signed by the policy owner in my presence.
Date (This date has to be the same as our policy owner's date on Page 1)		

Part 3   NOMINEE(S)

Notes:

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 (%)

Note:

1   If there is no additional Form 4 attached to this Form, the total must add up to 100%.

2   If there is any additional Form 4 attached to this Form, the 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?	Yes/No*
If the answer to the preceding question is "Yes", please state the number of additional copies of Form 4 attached to this Form.	

* Please delete as appropriate.