

**NOMINATION OF BENEFICIARIES
NOMINATION FORM**



PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

1. This Form can only be used to make a revocable nomination in respect of one policy.
2. The Company shall not be bound to give effect to any nomination of beneficiaries made by the Policy owner other than by way of a valid nomination made using this Form.
3. The Policy owner must have attained the age of 18 years in order to make a nomination.
4. The policy must be a life or personal accident policy with death benefit, and the Policy owner must be the same person as the Life Assured insured under the policy.
5. The Policy owner must sign this Form in the presence of 2 witnesses present at the same time in order to make a valid nomination.
6. This Form must be completed in full in order for the nomination to be valid.
7. This Form must be lodged with the Company. Otherwise, we are not bound to give effect to the nomination purportedly made using this Form. If valid, the nomination made using this Form will take effect from the date it is lodged with the Company.
8. Pursuant to Section 85 of the Brunei Insurance Order, in the event that any moneys are payable under the policy on the death of the Policy owner, and if a valid nomination has been made via this Form, the Company will make the payout to the named beneficiaries in accordance with Part 3 below and be discharged from all liability in respect of the amount paid.
9. The Policy owner will need to counter-sign against any amendments and corrections made on this Form.
10. By using and signing on this Form, the Policy owner accepts that the nomination made under this Form is subject to the terms and conditions stated herein, which shall be incorporated into and form part of the policy contract between the Policy owner and the Company.

Part 1 INSTRUCTIONS

I nominate each person named in Part 3 (referred to in this Form as a beneficiary) to receive the share of the death benefits payable under the policy specified below (the "Policy") set down against his/her name.

I understand that only death benefits will be payable to the beneficiary(ies) named in Part 3, and that all living benefits will continue to be payable to me. As such, if all benefits payable under the Policy are paid out during my lifetime, there is a possibility that there may not be any death benefits payable to the beneficiary(ies) named in Part 3.

I understand that this nomination will not be revoked unless I have signed a Revocation of Nomination Form (in the format prescribed by the Company) and lodged it with the Company. However, I agree and accept that this nomination shall be deemed to be revoked if, after the date stated in this Part 1 below:

1. I make another valid nomination on the Policy in the manner prescribed by the Company; or
2. I assign the Policy and have duly given notice of the assignment to the Company in accordance with its prescribed procedures.

Unless this nomination has been revoked as set out above, I agree that the Company:

1. shall give effect to the nomination purportedly made using this Form;
2. shall not be required to enquire into the validity of any other agreements, encumbrances or instructions I may have entered into or given on this Policy including but not limited to a Will signed before or after the date stated in this Part 1 below; and
3. shall be discharged of all liability under the Policy upon its payment of the death benefits to the beneficiary(ies) nominated under this Form.

Policy No.	
Name of Insurer	THE GREAT EASTERN LIFE ASSURANCE COMPANY LIMITED
Name of Policy owner	
I.C. or Passport No. of Policy owner	
Signature or right thumb print of Policy owner	
	Wet-ink signature is required
Date	

Part 2 WITNESSES

Notes:

1. The witness must have attained the age of 21 years.
2. A witness must not be a beneficiary or the spouse of a beneficiary.
3. The date specified in this Part and the date specified in Part 1 must be the same date.

Name of witness	(1)	(2)
I.C. or Passport No. of witness		
Residential Address of witness		
Telephone No. of witness		
Signature of witness	I confirm that this Form was signed by the Policy owner in my presence. Wet-ink signature is required	I confirm that this Form was signed by the Policy owner in my presence. Wet-ink signature is required
Date		

Part 3 BENEFICIARY(IES)

Notes:

1. A Distribution Representative* cannot be named as a beneficiary of the Policy unless proof of relationship (spouse/ children/ parent/ sibling) is provided.
2. Each beneficiary's share must be specified and the total shares of all beneficiaries (inclusive of beneficiaries listed on additional Nomination Forms attached to this Form, if any) must add up to 100%, otherwise the nomination will not be valid.
3. A Policy owner who wishes to name more than 5 beneficiaries shall attach to this Form as many additional copies of Nomination Form as may be necessary to cover all beneficiary(ies).

Name of Beneficiary	I.C., Birth Certificate or Passport No. of Beneficiary (if an individual), or Unique Entity No., or Registration No. (if not an individual)	Date of Birth of Beneficiary (if an individual)	Address & Telephone No. of Beneficiary	Share of Beneficiary (%)
Total (%)				
Is there any additional copy of the Nomination Form attached to this Form? <i>(Please delete accordingly)</i>				Yes / No
If the answer to the preceding question is "Yes", please state the number of additional copies of Nomination Form attached to this Form.				

* "Distribution Representative" refers to any person who holds a valid and effective agreement with the Company for the purposes of canvassing for applications for insurance and/or other related products, on behalf of the Company.