

**NOMINATION OF BENEFICIARIES
 REVOCATION OF NOMINATION FORM**

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

1. This Form can only be used to revoke a nomination made in respect of one policy.
2. The Company shall not be bound to give effect to any revocation of nomination of beneficiaries made by the Policy owner other than by way of a valid revocation made using this Form.
3. The Policy owner must sign this Form in the presence of 2 witnesses present at the same time who must be at least 21 years old, in order for the revocation of a nomination to be valid.
4. This Form must be completed in full in order for the revocation of a nomination to be valid.
5. This Form must be lodged with the Company. Otherwise, we are not bound to give effect to the revocation of a nomination purportedly made using this Form. If valid, the revocation of a nomination made using this Form will take effect from the date it is lodged with the Company.
6. The Policy owner will need to counter-sign against any amendments and corrections made on this Form.

Part 1 INSTRUCTIONS

I revoke the nomination which I had made on _____ in respect of the policy specified below.

| | |
|---|---|
| Policy No. | |
| Name of Insurer | THE GREAT EASTERN LIFE ASSURANCE CO. LTD. |
| Name of Policy owner | |
| I.C. or Passport No. of Policy owner | |
| Signature or right thumb print of Policy owner | |
| 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 confirmed that this Form was signed by the Policy owner in my presence. | I confirmed that this Form was signed by the Policy owner in my presence. |
| Date | | |