

## **IMPORTANT THINGS TO NOTE** **WHEN COMPLETING THE FORM**

### **A. When Completing the Form**

To ensure that your form will be accepted and processed promptly, please note the following when completing the form:

1. No amendments or corrections can be made on the form.
2. Applicable to Form 1, Form 2, Form 3, Form 4 and Form 5. Please ensure that the date of witnessing by the two witnesses is the same as the date under Part 1 Instructions. The witnessing is valid only when the witness sights the signing of the form by the policyholder.
3. Applicable to Form 1 and Form 4. Please ensure that Total (%) field under the Share of nominee (%) column is filled in and all share percentages add up to 100%. Please keep the percentage to two decimal places maximum.
4. 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 or appoint a Trustee**

Applicable to Form 1 and Form 3. Please ensure that additional documents below are submitted with the nomination form:

- 1) Copy of NRIC/passport of each trustee, and
- 2) Pursuant to the U.S. Foreign Account Tax Compliance Act ("FATCA"), the Company is required to provide information of trustees who are U.S. Persons (i.e. having a U.S. Tax Residency). FATCA does not apply to A&H policies and non-cash value policies.  
Therefore please provide
  - i) Declaration Form for New Customers to be completed by each trustee, if the trustee is an individual
  - ii) W8BEN-E Form or W9 Form to be completed by each trustee, if the trustee is a company
- 3) Pursuant to the Singapore Income Tax Act 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 holder, trustee and/or nominee of a policy to which the 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.  
Therefore please provide
  - i) the Individual Self-Certification Form to be completed by each nominee if you are making a Trust Nomination. If the nominee is below 18 years old, the policyholder or the legal guardian can complete the form on behalf; and
  - ii) the Individual Self-Certification Form to be completed by each trustee if the trustee is an individual; or
  - iii) the Entity Self-Certification Form if the trustee is a company. For Controlling Persons of the trustee who is a passive Non-Financial Entity ("NFE"), or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution, please also complete the Controlling Persons Self-Certification Form.

Note: A Distribution Representative/Personal Financial Planner cannot be appointed as Trustee of the policy unless proof of relationship (spouse/ child/ parent) is provided.

### **C. If your policy is to be used for Exemption from Home Protection Scheme**

#### **Policy used for Exemption from Home Protection Scheme (HPS)**

A nomination should not be made for a policy which you have used or would like to use for exemption from Home Protection Scheme as it may result in you having to purchase insurance under HPS from CPF Board or get another appropriate life insurance policy to apply for exemption from HPS.

If you need any clarification or assistance, you may contact our Customer Service Officers on 1800-248 2888 or email us at [wecare-sg@greateasternlife.com](mailto:wecare-sg@greateasternlife.com).

Thank you for your continued support.

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Singapore 048659  
Tel +65 6248 2000  
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[greateasternlife.com](http://greateasternlife.com)

**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.

<p><b>Policy No. or other reference of the relevant policy</b> Where the policy number or other reference is NOT available, please provide:</p> <p>(a) the plan name; and</p> <p>(b) the Basic Sum Insured.</p>	
<p><b>Name of insurer</b></p>	<p>THE GREAT EASTERN LIFE ASSURANCE CO. LTD.</p>
<p><b>Name of policy owner</b></p>	
<p><b>NRIC or Passport No. of policy owner</b></p>	
<p><b>Signature or right thumb print of policy owner</b></p>	
<p><b>Date</b></p>	

**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.

<b>Name of witness</b>	(1)	(2)
<b>NRIC or Passport No. of witness</b>		
<b>Address of witness</b>		
<b>Telephone No. of witness</b>		
<b>Signature of witness</b>	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.
<b>Date</b>		

**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.

<b>Name of nominee</b>	<b>NRIC, Birth Certificate or Passport No. of nominee (if an individual), or Unique Entity No. or registration number of nominee (if not an individual)</b>	<b>Address of nominee</b>	<b>Date of birth of nominee (if an individual)</b>	<b>Share of nominee (%)</b>
				<b>Total (%)</b>
<u>Note:</u>				
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%.				
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.