

## **IMPORTANT THINGS TO NOTE**

(APPLICABLE TO FORM 1 & FORM 4)

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

To ensure that your form will not be rejected and will be processed promptly, please note the following when completing the form:

1. This form is to be used if your policy is insured under **The Great Eastern Life Assurance Co. Ltd.**
2. No amendments or corrections can be made on the form.
3. The Date of witnessing by the two witnesses should be the same as the date under Part 1 Instructions. Otherwise the witnessing is invalid as the witness must see the signing of the form by the policyholder which follows that the date must be the same.
4. Total (%) field under the Share of nominee (%) column must be filled in and all share percentages must add up to 100%. Please keep the percentage to two decimal places maximum.
5. Please send the completed form to the following address:  
The Great Eastern Life Assurance Company Limited  
1 Pickering Street #01-01  
Great Eastern Centre  
Singapore 048659

### **B. If you policy is a Supremehealth Policy or Eldershield Supplementary Policy or is to be used for Exemption from Home Protection Scheme**

#### **Supremehealth Policy**

This plan does not qualify for the nomination of beneficiaries framework under the Insurance Act as it is neither a life policy nor an accident and health policy that provides death benefits, which is a condition required of a policy to be eligible for nomination under the framework.

#### **Eldershield Supplementary Policy**

This plan is intended to benefit the policyholder in the event of disability. A trust nomination would divert the monthly benefit payouts to the trustee(s) or nominee(s). As such, a trust nomination under an Eldershield Supplementary Policy is strongly discouraged. You may wish to consider making a revocable nomination instead where only the death benefit is paid to your nominee(s).

#### **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 have any queries, please contact our Customer Service Officers on 1800-248-2888 or email us at [wecare-sg@greasternlife.com](mailto:wecare-sg@greasternlife.com). Thank you for your continued support.

1 Pickering Street #13-01  
Great Eastern Centre  
Singapore 048659

**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>

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%.

	<b>Total (%)</b>
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.

