

INSURANCE ACT

**INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009
FORM 1**

TRUST NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

1. This Form can only be used to make a trust 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 trust nomination.
3. A trust nomination must comply with section 49L(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 trust 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 trust nomination.
6. The policy owner must sign this Form in the presence of 2 witnesses, in order to make a valid trust nomination.
7. If this Form pertains to a relevant policy in respect of which a trust nomination has been made, this Form must be accompanied by a copy of Form 2 which revokes the earlier trust nomination.
8. 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 trust nomination purportedly made using this Form

Part 1 INSTRUCTIONS

In accordance with section 49L(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 policy moneys payable under the relevant policy specified below) set down against his/her name.

I understand that this nomination will not be revoked by my marriage or divorce. I also understand that this nomination will create a trust of the policy moneys in favour of every nominee named in Part 3. I am aware that thereafter I will no longer have any interest in, or any right or control over, all or any of the policy moneys payable under the policy specified below (whether paid out during my lifetime or after my death). I will also not be allowed to vary any term or condition of the policy, or give any instruction in relation to the policy which may directly or indirectly alter the benefits payable under the policy, except in accordance with section 49L(9) of the Insurance Act.

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.	
Name of insurer	FRIENDS PROVIDENT INTERNATIONAL
Name of policy owner	
NRIC or Passport No. of policy owner	
Signature or right thumb print of policy owner	
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 trust 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.

Name of witness	(1)	(2)
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		

Part 3 NOMINEE(S)
Notes:

1. Only the spouse, or a child, of the policy owner is eligible to become a nominee under a trust nomination. The policy owner cannot name himself as a nominee. A trust nomination will not be valid if any person other than the spouse or a child of the policy owner is named as a nominee.
2. A trust nomination will not be valid if any nominee's share is not specified.
3. A trust nomination will not be valid if the total of the shares of all nominees does not add up to 100%.
4. A policy owner who wishes to name more than 4 nominees shall attach to this Form as many additional copies of Form 1 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)	Date of birth of nominee	Address of nominee	Relationship of nominee to policy owner	Share of nominee (%)
Total (%)					
Note:					
1. If there is no additional Form 1 attached to this Form, the total must add up to 100%.					
2. If there is any additional Form 1 attached to this Form, the sum of the totals for all Forms must add up to 100%.					
Is there any additional copy of Form 1 attached to this Form?					Yes/No*
If the answer to the preceding question is "Yes"; please state the number of additional copies of Form 1 attached to this Form.					

* Please delete as appropriate.

Part 4 TRUSTEE(S)

Notes:

1. A trustee must have attained the age of 18 years.
2. A policy owner must appoint at least one trustee. However, a policy owner may appoint more than one trustee. If a policy owner wishes to appoint more than 2 trustees, he may do so by completing Form 3.
3. The policy owner, a witness or a nominee may be named as trustee. However, if the policy owner is named as a trustee:
 - (a) he will not be able to consent to the revocation of the trust nomination;
 - (b) he will not be able to consent to the variation of a term or condition of the relevant policy, or to the execution by the registered insurer that issued the relevant policy of any instruction in relation to the relevant policy which may directly or indirectly alter the benefits payable under the relevant policy; and
 - (c) he will not be able to give a valid discharge to the registered insurer that issued the relevant policy for any payment made, pursuant to the trust nomination, from the policy moneys payable under the relevant policy.

Name of trustee	(1) (mandatory)	(2) (optional)
NRIC or Passport No. of trustee		
Date of birth of trustee		
Address of trustee		
Telephone No. of trustee		
Signature or right thumb print of trustee	I agree to be appointed as a trustee of the policy moneys payable under the relevant policy specified in Part 1.	I agree to be appointed as a trustee of the policy moneys payable under the relevant policy specified in Part 1.

Data privacy

We take the responsibility of handling your personal data very seriously and we will only ask you for details required to process your requests to us. Please be aware of our privacy policy - please visit www.fpinternational.sg/legal/privacy-and-cookies.jsp to view the full policy or this can be provided on request from our Data Protection Officer.

Friends Provident International Limited: Registered and Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA. Telephone: +44 (0)1624 821212 | Fax: +44 (0)1624 824405 | Website: www.fpinternational.com. Isle of Man incorporated company number 11494C. Authorised and regulated by the Isle of Man Financial Services Authority. Provider of life assurance and investment products. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. **Singapore branch:** 4 Shenton Way, #11-04/06 SGX Centre 2, Singapore 068807. Telephone: +65 6320 1088 | Fax: +65 6327 4020 | Website: www.fpinternational.sg. Registered in Singapore No. T06FC6835J. Licensed by the Monetary Authority of Singapore to conduct life insurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Financial Dispute Resolution Scheme. Friends Provident International is a registered trademark and trading name of Friends Provident International Limited.