

INSURANCE ACT

**INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009
FORM 2**

REVOCATION OF TRUST NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

1. This Form can only be used to revoke a trust nomination made in respect of one relevant policy.
2. Unless the context otherwise requires, this Form must be completed in full in order for the revocation of a trust nomination to be valid.
3. The revocation of a trust nomination must comply with section 49L(7) of the Insurance Act (Cap. 142), and must be carried out using this Form, in order for the revocation to be valid.
4. The revocation of 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. The revocation of a trust nomination, if valid, will apply to the entire trust nomination.
6. The policy owner and either of the following must sign this Form in the presence of 2 witnesses, in order for the revocation of the trust nomination to be valid:
 - (a) any trustee of the policy moneys payable under the relevant policy specified in Part 1 (not being the policy owner); or
 - (b) each nominee who has attained the age of 18 years and a parent or legal guardian (not being the policy owner) of each nominee who is below the age of 18 years.
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 purported revocation of the trust nomination by this Form.

Part 1 INSTRUCTIONS

In accordance with section 49L(7) of the Insurance Act, I revoke the trust nomination which I had made on _____ in respect of the relevant policy specified below.

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 3 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.
3. The date specified in this Part, the date specified in Part 1 and the date specified in Part 2 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 Parts 1 and 2 of this Form were signed in my presence.	I confirm that Parts 1 and 2 of this Form were signed in my presence.
Date		

Data privacy

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