

INSURANCE ACT 1966

INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009

FORM 6

NOTICE OF REVOCATION OF REVOCABLE NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

1. This Form can only be used to give notice of the revocation, under section 133(7)(a) or (b) of the Insurance Act 1966 ("Insurance Act"), of a revocable nomination made in respect of one relevant policy.
2. Part 1 must be completed in full, if a policy owner wishes to use this Form to give notice of the revocation, under section 133(7)(a) of the Insurance Act, of a revocable nomination made by him or her.
3. Part 2 must be completed in full, if a policy owner wishes to use this Form to give notice of the revocation, under section 133(7)(b) of the Insurance Act, of a revocable nomination made by him or her.
4. This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1 or 2, as the case may be.

Part 1: DECLARATION THAT RELEVANT POLICY OR INTEREST THEREUNDER HAS BEEN ASSIGNED, ENCUMBERED OR DEALT WITH

For the purposes of section 134(3) of the Insurance Act and regulation 5(4) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that –

- (a) I have on _____ (dd/mm/yyyy) assigned, encumbered or otherwise dealt with the relevant policy specified below or an interest under that relevant policy; and
- (b) accordingly, the revocable nomination which I had made on _____ (dd/mm/yyyy) in respect of that relevant policy is deemed to be revoked on the date referred to in paragraph (a).

<p>Policy No. or other reference of the relevant policy</p> <p>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>	
Name of insurer	
Name of policy owner	
NRIC or Passport No. of policy owner	
Signature [^] or right thumb print* of policy owner	
Email address of policy owner	
Date (dd/mm/yyyy)	

[^] "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

* Please delete as appropriate.

Part 2: DECLARATION THAT POLICY OWNER HAS MADE WILL PROVIDING FOR DISPOSITION OF ALL DEATH BENEFITS UNDER RELEVANT POLICY

For the purposes of section 134(3) of the Insurance Act and regulation 5(5) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that –

- (a) I have on _____ (dd/mm/yyyy) made a will in accordance with the Wills Act 1838 which –
- (i) provides for the disposition of all death benefits under the relevant policy specified below; and
 - (ii) specifies the particulars of that relevant policy referred to in regulation 5(3) of the Insurance (Nomination of Beneficiaries) Regulations 2009; and
- (b) accordingly, the revocable nomination which I had made on _____ (dd/mm/yyyy) in respect of that relevant policy is deemed to be revoked on the date referred to in paragraph (a).

<p>Policy No. or other reference of the relevant policy</p> <p>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>	
Name of insurer	
Name of policy owner	
NRIC or Passport No. of policy owner	
Signature [^] or right thumb print* of policy owner	
Date (dd/mm/yyyy)	

[^] "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

* Please delete as appropriate.

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.

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