

INSTRUCTIONS FOR FILLING UP THE PRESCRIBED STATUTORY FORMS

With effect from 1 Sep 2009, the nomination of beneficiaries' framework is governed by the Insurance Act and Insurance (Nomination of Beneficiaries) Regulations 2009.

The prescribed statutory forms must be completed in full in order to be valid and duly registered by us. Any statutory form that is not properly filled up and completed in full will be rejected. You are therefore advised to read the instruction notes set out in each statutory form. We would also highlight and draw to your attention our following instruction notes for your reading before filling up the statutory form.

- a. Policy owner who has attained the age of 18 years may make a nomination.
- b. Nomination must be submitted on the relevant statutory form. The statutory form must be properly filled up and completed in full.
- c. The statutory form must clearly state the policy number. Where the policy number is not available, you can provide the plan name and basic sum insured of the plan.
- d. The statutory form must be signed by the policy owner in the presence of 2 witnesses. The 2 witnesses must sign the form upon the policy owner's signing of the form. Thus, the 2 witnesses must sign and date the form on the same date the policy owner signs the form.
- e. The statutory form must clearly state the full address and at least 1 contact number of witness.
- f. Each witness must have attained the age of 21 years. A witness must **not** be a nominee or the spouse of a nominee.
- g. For nominations made outside Singapore, at least one of the 2 witnesses should be a Singaporean, Singapore Permanent Resident, Notary Public or an Official from the Singapore High Commission/Embassy of the Republic of Singapore.
- h. A new statutory form must be completed in the event that there is any amendment and/or alteration. Initialing against an amendment/alteration is not allowed.
- i. The total shares of all nominees must add up to 100%.
- j. If you wish to name more than 4 nominees, additional copies of the statutory Form 1 (trust nomination) or Form 4 (revocable nomination) to cover all nominees must be submitted. The additional Form 1 or Form 4 must be completed in full by the policy owner and witnessed and signed by the same 2 witnesses. Attachment in any other form will be rejected.
- k. If you wish to appoint more than 2 trustees for a trust nomination, statutory Form 3 must be submitted. Form 3 must be completed in full and signed by the policy owner and, if submitted together with Form 1, witnessed and signed by the same 2 witnesses as Form 1. Attachment in any other form is not allowed.
- l. You cannot make a nomination if your policy falls into any of the following categories.
 - * Your policy is an annuity purchased under the Minimum Sum Scheme (MSS).
 - * The life insured under your policy is not the same person as the policyholder.

Submission of Statutory Form

The completed and signed original statutory form must be submitted by hand or post to FWD Singapore Pte. Ltd. for our registration. Any statutory form that is submitted by fax or email attachment will be rejected.

Nomination Acknowledgement

An acknowledgement letter, listing the relevant policy number(s) will be sent to the policy owner after a statutory form has been registered by FWD Singapore Pte. Ltd. No other document will be sent. If the statutory form is submitted together with any new proposal, a copy of the statutory form will be enclosed with the policy document. No acknowledgement letter will be sent.

Enquiry on Nomination Matters

For enquiry on nomination matters, please contact our Customer Service Consultants at **6820 8888** or email to contact.sg@fwd.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 licensed 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 licensed insurer that issued the relevant policy specified in Part 1. Otherwise, the licensed 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.

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

FWD Singapore Pte. Ltd.

Name of policy owner

NRIC/FIN/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 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.

Name of witness	(1)	(2)
NRIC/FIN/Passport No. of witness		
Address of witness		
Telephone No. of witness	Home	Home
	Office	Office
	Mobile	Mobile
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. 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.

Name of nominee	NRIC/Birth Certificate/FIN or Passport No. of nominee*	Address of nominee	Date of Birth of nominee (if an individual)	Share 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)				
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%. Total (%)				
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.