

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. 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.
- h. The total shares of all nominees must add up to 100%.
- i. 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.
- j. 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.
- k. 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. **attached with a copy of the NRIC/passport of the policy owner (front and back, both copies signed)** 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 **+65 6820 8888** or email to **contact.sg@fwd.com**.

Insurance act**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 49M(7)(a) or (b) of the Insurance Act (Cap. 142), 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 49M(7)(a) of the Insurance Act, of a revocable nomination made by him.
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 49M(7)(b) of the Insurance Act, of a revocable nomination made by him.
4. This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1 or Part 2, as the case may be.

Part 1: Declaration that relevant policy or interest there under has been assigned, encumbered or dealt with

For the purposes of section 49N(3) of the Insurance Act and regulation 5(4) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that:

- (a) I have on _____ 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 _____ in respect of that relevant policy is deemed to be re voked on the date referred t o in paragraph (a).

Name of insurer

FWD Singapore Pte. Ltd.

Name of policy owner**NRIC/FIN/Passport number of
policy owner****Signature or right thumb print of policy owner****Date**
(dd/mm/yyyy)

Part 2: Declaration that policy owner has made will providing for disposition of all death benefits under relevant policy

For the purposes of section 49N(3) of the Insurance Act and regulation 5(5) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that:

- (a) I have on _____ made a will in accordance with the Wills Act (Cap. 352) 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 _____ in respect of that relevant policy is deemed to be revoked on the date referred to in paragraph (a).

Policy number 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	
Name of policy owner	
NRIC/FIN/Passport Number of policy owner	
Signature or right thumb print of policy owner	
Date (dd/mm/yyyy)	