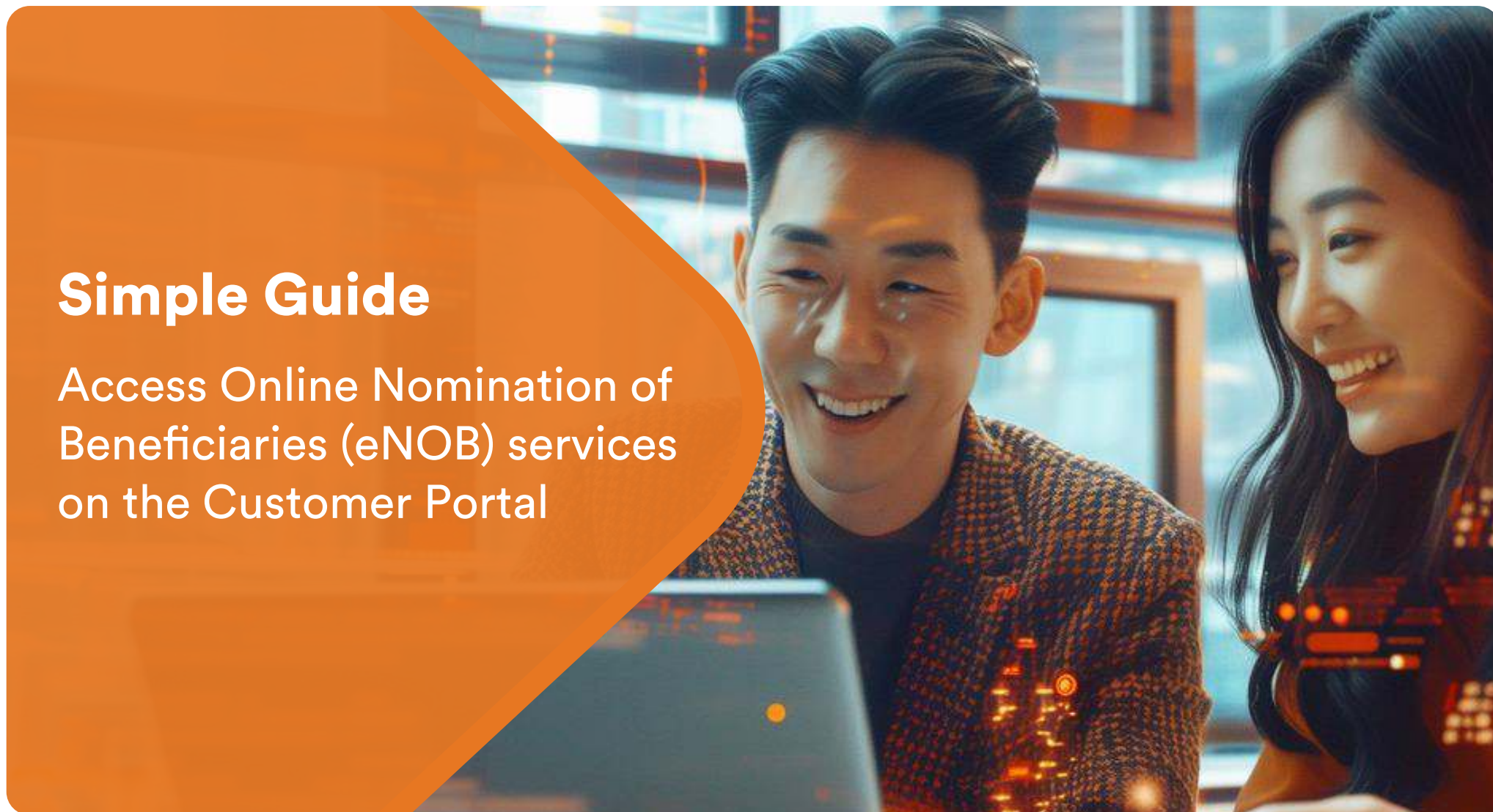


## Simple Guide

Access Online Nomination of  
Beneficiaries (eNOB) services  
on the Customer Portal









## Access online nomination of beneficiaries (eNOB) services on Customer Portal

### How to Access Online Nomination of Beneficiaries (eNOB)

A step-by-step guide to using the Customer Portal for policy nominations

If you want to..	Use this form	Consent needed from trustee?	Complete these Sections
Revoke a trust nomination for one relevant policy	<b>Form 2:</b> Revocation of trust nomination	 Yes	<ul style="list-style-type: none"><li>Policy owner's instructions</li><li>Consent of trustee, or of nominee(s) and parent(s) or legal guardian(s) of nominee(s)</li><li>Declarations by appropriate signatories</li></ul>
Appoint or revoke a appointment of one or more trustees of policy moneys	<b>Form 3:</b> Appointment, or revocation of appointment, of trustee of policy moneys	 NA	<ul style="list-style-type: none"><li>Policy owner's instructions</li><li>Appointment of trustee(s)</li><li>Revocation of appointment of trustee(s)</li><li>Declarations by appropriate signatories</li></ul>
Make a revocable nomination for one relevant policy	<b>Form 4:</b> Revocable nomination	 NA	<ul style="list-style-type: none"><li>Policy owner's instructions</li><li>Nominee(s)</li><li>Declarations by appropriate signatories</li></ul>
Revoke a revocable nomination for one relevant policy	<b>Form 5:</b> Revocation of revocable nomination	 NA	<ul style="list-style-type: none"><li>Policy owner's instructions</li><li>Declarations by appropriate signatories</li></ul>



# Form 2

Revocation of trust nomination



## Form 2 Revocation of trust nomination

1

Log in to the Customer Portal (CP) and click on “manage policy”.

The screenshot shows the FWD Insurance Customer Portal. The header includes the FWD logo, a phone number (+65 6820 8888), and links for 'claim guides' and 'log out'. A large purple banner with the text 'manage policy' is prominent. Below this, there are tabs for 'my policies', 'my referrals', and 'my info'. A filter section allows users to select various policy types like 'All 2', 'Term Life', 'Car', 'Travel', 'Maid', 'HDB Fire', 'International Health', 'Big 3', 'Stroke', 'Heart Attack', 'Motorcycle', 'Personal Accident', 'Endowment', 'Home', and 'Cancer'. Under 'online products', the 'Big 3 Critical Illness' policy is listed with a 'manage policy' button highlighted. Under 'through financial advisers', two 'Future First' policies are listed, each with a 'manage policy' button highlighted.

2

Click on “nominate beneficiaries”.

The screenshot shows the FWD Insurance Customer Portal. The header includes the FWD logo, a phone number (+65 6820 8888), and links for 'claim guides' and 'log out'. A large purple banner with the text 'manage policy' is prominent. Below this, there is a section for 'Big 3 Critical Illness' with details like 'Policy number: PNMD2019-12345678' and 'Current plan: Big 3 Critical Illness'. Under the heading 'I would like to', there are three buttons: 'change payment frequency', 'cancel my policy', and 'nominate beneficiary(ies)', with the latter being highlighted. Below this, there is a section for 'Future First' with details like 'Policy number: 12345678' and 'Current plan: Future First'. Under the heading 'I would like to', there are two buttons: 'manage policy' and 'nominate beneficiary(ies)', with the latter being highlighted.





## Form 2 Revocation of trust nomination

3

Choose your nomination of beneficiaries service.

**FWD insurance** +65 6820 8888 [claim guides](#) [log out](#)

**manage policy**

**Big 3 Critical Illness**

Policy number: PNMD2019-12345678 Current plan: Big 3 Critical Illness

Payment method: Credit Card Premium: S\$30.56

**I would like to**

[change payment frequency](#) [cancel my policy](#) [nominate beneficiary\(ies\)](#)

**online nomination of beneficiaries**

Please select the appropriate form

**FORM 2** Revocation of Trust Nomination

**FORM 3** Appointment, or Revocation of Appointment, of Trustee of Policy Moneys

**FORM 4** Revocable Nomination

**FORM 5** Revocation of Revocable Nomination

[next](#)

4

Kindly ensure you have the required information indicated to proceed. Click on the requested service with the corresponding Form, and then click “next”.

Please take note that you must have an existing trust nomination to proceed with Form 2 (Revocation of trust nomination).

**FWD insurance** +65 6820 8888 [claim guides](#) [log out](#)

**You are about to submit:**

Form number	Name of nomination form	Description
Form 2	Revocation of Trust Nomination	Revoke a beneficiary from a trust nomination

**To complete an online nomination, please ensure you have the following:**

Policy Owner	Consent person/trustee	Appropriate signatories
Singpass Email address	Mobile number Email address	Name Mobile number Email address

**How it works:**

- 1 You submit the online nomination of beneficiaries application
- 2 Select the consent person/trustee and provide the consent person's mobile number and email address
- 3 The consent person/ trustee and the appropriate signatories to provide consent using Singpass within 7 days
- 4 You will receive the outcome of the application

**online nomination of beneficiaries**

Please select the appropriate form

**FORM 2** Revocation of Trust Nomination

**FORM 3** Appointment, or Revocation of Appointment, of Trustee of Policy Moneys

**FORM 4** Revocable Nomination

**FORM 5** Revocation of Revocable Nomination

[next](#)



## Form 2 Revocation of trust nomination

5

Please read the instructions before you click on “next”.



### INSURANCE ACT 1966

#### Insurance (nomination of beneficiaries) regulations 2009

#### Form 2

#### Revocation of trust nomination

##### Please read the following before completing this form

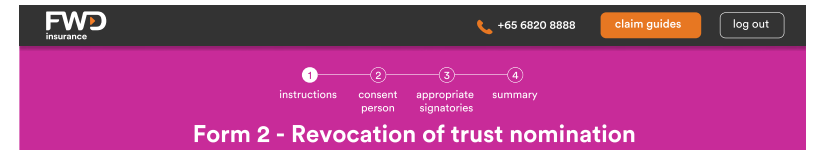
1. This Form can only be used to revoke a trust nomination made in respect of one relevant policy.
2. Unless the context otherwise requires, this Form must be completed in full in order for the revocation of a trust nomination to be valid.
3. The revocation of a trust nomination must comply with section 132(7) of the Insurance Act 1966 ("Insurance Act"), 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 licensed 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. In order for the revocation of the trust nomination to be valid, this Form must be signed -
  - (a) by the policy owner;
  - (b) by either -
    - (i) any trustee of the policy moneys payable under the relevant policy specified in Part 1 (not being the policy owner); or
    - (ii) 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; and
  - (c) by 2 appropriate signatories, both of whom must either -
    - (i) witness the signing of this Form by the policy owner and each of the persons mentioned in sub-paragraph (b)(i) or (ii) (as the case may be) in person or by means of any audiovisual link, and make the declarations in Part 3; or
    - (ii) sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 3.
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 purported revocation of the trust nomination by this Form.

back

next

6

Click on “Retrieve MyInfo with Singpass” to authenticate your information. Complete the necessary authentication steps on Singpass.



#### Part 1: Policy owner's instructions

In accordance with section 132(7) of the Insurance Act, I revoke the trust nomination which I had made on <date of trust nomination in Life Asia> (dd/mm/yyyy) in respect of the relevant policy specified below.

##### Retrieve Myinfo from Singpass

We will need to retrieve some of your personal data from Myinfo to continue.

Retrieve Myinfo with singpass

Personal data retrieved from Myinfo will not be used to update existing policy owner details in FWD records.



## Form 2 Revocation of trust nomination

7

Verify that the imported details are accurate and click on “next”.

The screenshot shows the FWD Insurance website interface for Form 2 - Revocation of trust nomination. The top navigation bar includes the FWD logo, a phone number (+65 6820 8888), a 'claim guides' button, and a 'log out' button. Below the navigation bar is a progress indicator with four steps: 1. instructions, 2. consent person, 3. appropriate signatories, and 4. summary. The main heading is 'Form 2 - Revocation of trust nomination'. Below this is 'Part 1: Policy owner's instructions'. A grey box contains a disclaimer: 'In accordance with section 132(7) of the Insurance Act, I revoke the trust nomination which I had made on <date of trust nomination in Life Asia> (dd/mm/yyyy) in respect of the relevant policy specified below.' Below this is a section for 'Retrieve Myinfo from Singpass' with a red button labeled 'Retrieve Myinfo with singpass'. A note states: 'Personal data retrieved from Myinfo will not be used to update existing policy owner details in FWD records.' Below this are four input fields: 'Policy number' (PNMD2019-12345678), 'Name of insurer' (FWD Singapore Pte. Ltd.), 'Name of policy owner' (Adrian Lim), and 'NRIC/FIN/Passport Number of policy owner' (S12345678D). Below these is an 'Email address of policy owner' field (adrianlim@gmail.com). At the bottom is a red button labeled 'next'.

8

Choose one trustee as the consent person and input the trustee's email address and mobile number. Please take note that this option is not available if the Policy Owner is one of the trustees. Click “next”.

The screenshot shows the FWD Insurance website interface for Form 2 - Revocation of trust nomination. The top navigation bar includes the FWD logo, a phone number (+65 6820 8888), a 'claim guides' button, and a 'log out' button. Below the navigation bar is a progress indicator with four steps: 1. instructions, 2. consent person, 3. appropriate signatories, and 4. summary. The main heading is 'Form 2 - Revocation of trust nomination'. Below this is 'Part 2: Consent of trustee, or of nominee(s) and parent(s) or legal guardian(s) of nominee(s)'. A grey box contains 'Notes':  
1. In this Part, "licensed trust company", "director" and "resident manager" have the meanings given by section 2 of the Trust Companies Act 2006.  
2. The prior written consent specified in this Part must be given before the date of revocation of trust nomination specified in Part 1.  
3. A policy owner who wishes to name more than 2 nominees who have not attained the age of 18 years must attach to this Form as many additional copies of Form 2 as may be necessary to cover all such nominees.  
Below the notes is a grey box with a disclaimer: 'In accordance with section 132(7) of the Insurance Act, I/we expressly consent/the named licensed trust company expressly consents\* to the revocation of the trust nomination made on (dd/mm/yyyy) in respect of the relevant policy specified in Part 1.' Below this are three input fields: 'Teo Book Keng' (S\*\*\*\*567D) with a note 'The consent person cannot be the policy owner', 'Aloysious Tan' (S\*\*\*\*123D) with a radio button 'appoint as consent person', and 'Daniealle Tan' (S\*\*\*\*560C) with a radio button 'appoint as consent person'. Below these are two input fields: 'Mobile number' and 'Email address'. At the bottom is a red button labeled 'next'.



## Form 2 Revocation of trust nomination

9

Input the name, email address and mobile numbers of two appropriate signatories. Click “next”.

Each appropriate signatory must have attained the age of 21 years. An appropriate signatory must not be the policy owner, nominee or spouse of a nominee.

### Part 3: Declarations by appropriate signatories

Appropriate signatories will be contacted via the details provided below to complete their portions of the online nomination of beneficiaries form.

**Notes:**  
1. Each appropriate signatory must have attained the age of 21 years.  
2. An appropriate signatory must not be a nominee or the spouse of a nominee.  
3. Where the revocation of trust nomination in Part 1 is witnessed, the date specified in this Part must be the same date as the date specified in Part 1.  
4. Where the revocation of trust nomination in Part 1 is not witnessed, the date specified in this Part must be within 7 calendar days starting on the date specified in Part 1.

**Declaration:**  
By signing below, I confirm that to the best of my knowledge and belief -  
a. the policy owner completed and signed this Form;  
b. the policy owner understands the purpose of this Form and the effect of his or her completion and signing of this Form; and  
c. no fraud or undue pressure has been used to induce the policy owner to revoke the trust nomination as set out in Part 1 of this Form.

10

Review the information and click on “Confirm and proceed” to submit the form.

You may click on “cancel” or the edit buttons to make changes to the information of the trustees and appropriate signatories.

### CONSENT PERSON/TRUSTEE

#### Consent Person/Trustee

Name	Adrian Lim
NRIC, Birth Certificate or Passport number	S****560C
Mobile number	+65 91234 5678
Email address	test@test.com

### DECLARATIONS BY APPROPRIATE SIGNATORIES

#### Appropriate signatory 1

Name of appropriate signatory	Adrian Lim
Email address of appropriate signatory	witness1@gmail.com
Mobile number of appropriate signatory	+65 9123 5678

#### Appropriate signatory 2

Name of appropriate signatory	Daryl Lim
Email address of appropriate signatory	witness2@gmail.com
Mobile number of appropriate signatory	+65 9123 9999

cancel

confirm and proceed



## Form 2 Revocation of trust nomination

11

Once you see this confirmation page, you're done!

The screenshot shows the FWD Insurance website interface. At the top, there is a dark header bar with the FWD Insurance logo on the left, a phone icon and the number +65 6820 8888 in the center, and two buttons labeled 'claim guides' and 'log out' on the right. Below the header is a large purple banner with the text 'Form 2 - Revocation of trust nomination' in white. Underneath the banner, the heading 'What happens next' is followed by a paragraph: 'You will receive an email with the details of the submission. An email and sms will be sent to your nominated consent person/trustee and appropriate signatories. Please inform them to complete their e-signing within 7 days, or your application will expire and you will have to start over.' At the bottom of the page, there is a purple button labeled 'back to customer portal'.



# Form 3

Appointment, or revocation of  
appointment, of trustee of policy moneys



## Form 3

# Appointment, or revocation of appointment, of trustee of policy moneys

1

Log in to the Customer Portal (CP) and click on “manage policy”.

The screenshot shows the FWD Insurance Customer Portal. At the top, there is a header with the FWD logo, a phone number (+65 6820 8888), and links for 'claim guides' and 'log out'. Below the header is a large purple banner with the text 'manage policy'. Underneath the banner, there are tabs for 'my policies', 'my referrals', and 'my info'. A filter section is visible with various categories like 'All 2', 'Term Life', 'Car', 'Travel', 'Maid', 'HDB Fire', 'International Health', 'Big 3 1', 'Stroke', 'Heart Attack', 'Motorcycle', 'Personal Accident', 'Endowment', 'Home', and 'Cancer 1'. Below the filter, there is a section for 'online products' featuring a card for 'Big 3 Critical Illness' with a 'manage policy' button highlighted. Another section for 'through financial advisers' shows two cards for 'Future First' with 'manage policy' buttons highlighted.

2

Click on “nominate beneficiaries”.

The screenshot shows the FWD Insurance Customer Portal. At the top, there is a header with the FWD logo, a phone number (+65 6820 8888), and links for 'claim guides' and 'log out'. Below the header is a large purple banner with the text 'manage policy'. Underneath the banner, there is a section for 'Big 3 Critical Illness' with details like 'Policy number: PNMD2019-12345678', 'Current plan: Big 3 Critical Illness', 'Payment method: Credit Card', and 'Premium: S\$30.56'. Below this, there is a section titled 'I would like to' with three buttons: 'change payment frequency', 'cancel my policy', and 'nominate beneficiary(ies)'. The 'nominate beneficiary(ies)' button is highlighted. Below this, there is a section for 'Future First' with details like 'Policy number: 12345678', 'Current plan: Future First', 'Payment method: Credit Card', and 'Premium: S\$30.56'. Below this, there is a section titled 'I would like to' with two buttons: 'manage policy' and 'nominate beneficiary(ies)'. The 'nominate beneficiary(ies)' button is highlighted.





## Form 3

# Appointment, or revocation of appointment, of trustee of policy moneys

3

Choose your nomination of beneficiaries service.

4

Kindly ensure you have the required information indicated to proceed. Click on the requested service with the corresponding Form, and then click “next”.

Please take note that you must have an existing trust nomination to proceed with Form 3 (Appointment or revocation of appointment of trustees’ moneys).

### online nomination of beneficiaries

Please select the appropriate form



## Form 3

# Appointment, or revocation of appointment, of trustee of policy moneys

5

Please read the instructions before you click on “next”.



### INSURANCE ACT 1966

#### Insurance (nomination of beneficiaries) regulations 2009

#### Form 3

#### Appointment, or revocation of appointment, of trustee of policy moneys

##### Please read the following before completing this form

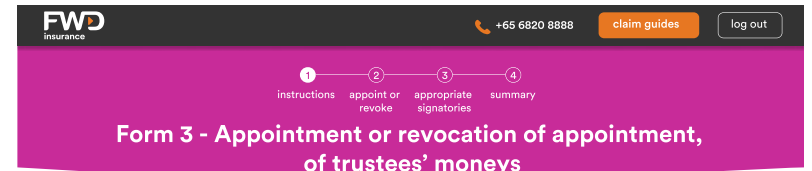
1. This Form can only be used to appoint, or to revoke the appointment, of one or more trustees of policy moneys payable under one relevant policy.
2. Unless the context otherwise requires, Parts 1, 2A and 3 must be completed in full in order to appoint a trustee of policy moneys payable under a relevant policy.
3. Unless the context otherwise requires, Parts 1, 2B and 3 must be completed in full in order to revoke the appointment of a trustee of policy moneys payable under a relevant policy.
4. Unless the context otherwise requires, Parts 1, 2A, 2B, and 3 must be completed in full in order to revoke the appointment of a trustee of policy moneys payable under a relevant policy, and to appoint a new trustee for those policy moneys.
5. An appointment of a trustee of policy moneys payable under a relevant policy must comply with section 132(12) and (14) of the Insurance Act 1966 ("Insurance Act"), and must be made using this Form, in order for it to be valid.
6. The revocation of the appointment of a trustee of policy moneys payable under a relevant policy must comply with section 132(12) of the Insurance Act, and must be carried out using this Form, in order for the revocation to be valid.
7. The appointment, or the revocation of the appointment, of a trustee pursuant to this Form, 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.
8. A person must agree to be appointed as a trustee before the policy owner makes the appointment, and the person may only agree so after being informed by the policy owner of the details of the relevant policy in Part 1 (Policy No. or other reference and name of insurer).
9. If the policy owner wishes to amend Part 1 after obtaining a person's agreement to be appointed as a trustee, the policy owner must inform the person of the amendments to Part 1 and obtain the person's agreement again.
10. In order for the appointment or the revocation of the appointment, of any trustee of the policy moneys payable under a relevant policy, to be valid, this Form must be signed -
  - (a) by the policy owner; and
  - (b) by 2 appropriate signatories, both of whom must either -
    - (i) witness the signing of this Form by the policy owner in person or by means of any audiovisual link, and make the declarations in Part 3; or
    - (ii) sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 3.
11. 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 purported appointment, or the purported revocation of the appointment, of any trustee of policy moneys pursuant to this Form.

back

next

6

Click on “Retrieve MyInfo with Singpass” to authenticate your information. Complete the necessary authentication steps on Singpass.



#### Part 1: Policy owner's instructions

In accordance with section 132(12) of the Insurance Act, I –  
(a) appoint each person specified in Part 2A as a trustee of the relevant policy specified below.; and\*  
(b) revoke the appointment(s) of the trustee(s) specified in Part 2B.\*  
\* Please delete as appropriate.

##### Retrieve Myinfo from Singpass

We will need to retrieve some of your personal data from Myinfo to continue.

Personal data retrieved from Myinfo will not be used to update existing policy owner details in FWD records.

Retrieve Myinfo with singpass



## Form 3

# Appointment, or revocation of appointment, of trustee of policy moneys

7

Verify that the imported details are accurate and click on “next”.

**FWD Insurance** +65 6820 8888 claim guides log out

1 instructions 2 appoint or revoke 3 appropriate signatories 4 summary

**Form 3 - Appointment or revocation of appointment, of trustees' moneys**

**Part 1: Policy owner's instructions**

In accordance with section 132(2) of the Insurance Act, I –  
(a) appoint each person specified in Part 2A as a trustee of the relevant policy specified below.; and  
(b) revoke the appointment(s) of the trustee(s) specified in Part 2B.\*  
\* Please delete as appropriate.

**Retrieve Myinfo from Singpass**  
We will need to retrieve some of your personal data from Myinfo to continue.

**Retrieve Myinfo with singpass**

Personal data retrieved from Myinfo will not be used to update existing policy owner details in FWD records.

Policy number PNMD2019-12345678

Name of insurer FWD Singapore Pte. Ltd.

Name of policy owner Adrian Lim

NRIC/FIN/Passport Number of policy owner S12345678D

Email address of policy owner adrianlim@gmail.com

next

8

You will have the option to 1) appoint a new trustee, and/or 2) revoke an existing trustee.

Select the desired option(s).

**FWD Insurance** +65 6820 8888 claim guides log out

1 instructions 2 appoint or revoke 3 appropriate signatories 4 summary

**Form 3 - Appointment, or revocation of appointment, of trustee of policy moneys**

**Part 2A: Appointment of trustee(s)**

Notes:  
1. A trustee who is an individual must have attained the age of 18 years.  
2. A trustee appointed under this Part will be in addition to any trustee appointed earlier whose appointment has not been revoked.  
3. The policy owner may be named as trustee. However, if the policy owner is named as a trustee-  
a. he or she will not be able to consent to the revocation of the trust nomination;  
b. he or she will not be able to consent to the variation of a term or condition of the relevant policy, or to the execution by the licensed 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 or she will not be able to give a valid discharge to the licensed insurer that issued the relevant policy for any payment made, pursuant to the trust nomination, from the policy moneys payable under the relevant policy.  
4. In this Part, "licensed trust company", "director" and "resident manager" have the meanings given by section 2 of the Trust Companies Act 2005.

+ Appoint new trustee

**Part 2B: Revocation of appointment of trustee(s)**

Notes:  
1. A policy owner may revoke the appointment of a trustee if, after the revocation of that trustee's appointment, there is at least one remaining trustee.  
2. The revocation of the appointment of a trustee under this Part does not affect the appointment of any other trustee.  
3. In this Part, "licensed trust company" has the meaning given by section 2 of the Trust Companies Act 2005.

Aloysious Tan S\*\*\*\*123D ☐ revoke trustee

Daniealle Tan S\*\*\*\*560C ☐ revoke trustee

next



## Form 3

# Appointment, or revocation of appointment, of trustee of policy moneys

9a

If you are appointing a new trustee, fill in their required details such as name, NRIC, mobile number and email address.

If you are appointing yourself as the trustee, check “I am the trustee”.

The screenshot shows the top navigation bar of the FWD Insurance website. It includes the FWD Insurance logo, a phone number (+65 6820 8888), a 'claim guides' button, and a 'log out' button. Below the navigation bar is a progress indicator with four steps: 1. instructions, 2. appoint or revoke, 3. appropriate signatories, and 4. summary. The title 'Form 3 - Appointment, or revocation of appointment, of trustee of policy moneys' is displayed in a large, bold font.

### Part 2A: Appointment of trustee(s)

Notes:

1. A trustee who is an individual must have attained the age of 18 years.
2. A trustee appointed under this Part will be in addition to any trustee appointed earlier whose appointment has not been revoked.
3. The policy owner may be named as trustee. However, if the policy owner is named as a trustee-
  - a. he or she will not be able to consent to the revocation of the trust nomination;
  - b. he or she will not be able to consent to the variation of a term or condition of the relevant policy, or to the execution by the licensed 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 or she will not be able to give a valid discharge to the licensed insurer that issued the relevant policy for any payment made, pursuant to the trust nomination, from the policy moneys payable under the relevant policy.
4. In this Part, “licensed trust company”, “director” and “resident manager” have the meanings given by section 2 of the Trust Companies Act 2005.

The screenshot shows the 'New trustee 1' form. It includes a 'Delete trustee' button and a checkbox labeled 'I am the trustee' which is checked. Below this are four input fields: 'Name\*', 'NRIC, Birth Certificate or Passport number\*', 'Mobile number\*', and 'Email address\*'. At the bottom, there is a note: '(\*) Please fill the required fields'.

+ Appoint new trustee

9b

If you are revoking an existing trustee, select the person(s) to be revoked. Note that there must be at least one remaining trustee. Click on “next” to proceed.

The screenshot shows the top navigation bar of the FWD Insurance website. It includes the FWD Insurance logo, a phone number (+65 6820 8888), a 'claim guides' button, and a 'log out' button. Below the navigation bar is a progress indicator with four steps: 1. instructions, 2. appoint or revoke, 3. appropriate signatories, and 4. summary. The title 'Form 3 - Appointment, or revocation of appointment, of trustee of policy moneys' is displayed in a large, bold font.

### Part 3: Declarations by appropriate signatories

Appropriate signatories will be contacted via the details provided below to complete their portions of the online nomination of beneficiaries form.

Notes:

1. Each appropriate signatory must have attained the age of 21 years.
2. An appropriate signatory must not be a nominee or the spouse of a nominee.
3. Where the appointment/revocation of appointment of trustee(s) of policy moneys is witnessed, the date specified in this Part must be the same date as the date specified in Part 1.
4. Where the appointment/revocation of appointment of trustee(s) of policy moneys is not witnessed, the date specified in this Part must be within 7 calendar days starting on the date specified in Part 1.

Declaration:

By signing below, I confirm that to the best of my knowledge and belief -

- a. the policy owner completed and signed this Form;
- b. the policy owner understands the purpose of this Form and the effect of his or her completion and signing of this Form; and
- c. no fraud or undue pressure has been used to induce the policy owner to appoint the trustee(s) or revoke the appointment of trustee(s) (as the case may be) as set out in Part 2A/Part 2B/Parts 2A and 2B\* of this Form.

#### Appropriate signatory 1

The form for Appropriate signatory 1 includes three input fields: 'Name of appropriate signatory' with the value 'Adrian Lim', 'Email address of appropriate signatory' with the value 'adrianlim@gmail.com', and 'Mobile number of appropriate signatory' with the value '+65 9123 5678'.

#### Appropriate signatory 2

The form for Appropriate signatory 2 includes three input fields: 'Name of appropriate signatory', 'Email address of appropriate signatory', and 'Mobile number of appropriate signatory', all of which are currently empty.

next



## Form 3

# Appointment, or revocation of appointment, of trustee of policy moneys

10

Input the name, email address and mobile numbers of two appropriate signatories. Click “next”.

Each appropriate signatory must have attained the age of 21 years. An appropriate signatory must not be the policy owner, nominee or spouse of a nominee.

**Notes:**  
1. Each appropriate signatory must have attained the age of 21 years.  
2. An appropriate signatory must not be a nominee or the spouse of a nominee.  
3. Where the appointment/revocation of appointment of trustee(s) of policy moneys is witnessed, the date specified in this Part must be the same date as the date specified in Part 1.  
4. Where the appointment/revocation of appointment of trustee(s) of policy moneys is not witnessed, the date specified in this Part must be within 7 calendar days starting on the date specified in Part 1.

**Declaration:**  
By signing below, I confirm that to the best of my knowledge and belief -  
a. the policy owner completed and signed this Form;  
b. the policy owner understands the purpose of this Form and the effect of his or her completion and signing of this Form; and  
c. no fraud or undue pressure has been used to induce the policy owner to appoint the trustee(s) or revoke the appointment of trustee(s) (as the case may be) as set out in Part 2A/Part 2B/Parts 2A and 2B\* of this Form.

### Appropriate signatory 1

Name of appropriate signatory

Email address of appropriate signatory

Mobile number of appropriate signatory

### Appropriate signatory 2

Name of appropriate signatory

Email address of appropriate signatory

Mobile number of appropriate signatory

next

11

Review the information of your appointed trustee(s) or revocation and click on “Confirm and proceed” to submit the form. You may click on “cancel” or the edit buttons to make changes to the information of the trustees and appropriate signatories.

### APPOINTMENT OF TRUSTEE(S)

#### Appointed Trustee 1

Name

NRIC, Birth Certificate or Passport number

Mobile number

Email address

### REVOCAION OF APPOINTMENT OF TRUSTEE(S)

#### Revoked Trustee 1

Name

NRIC, Birth Certificate or Passport number

### DECLARATIONS BY APPROPRIATE SIGNATORIES

#### Appropriate signatory 1

Name of appropriate signatory

Email address of appropriate signatory

Mobile number of appropriate signatory

#### Appropriate signatory 2

Name of appropriate signatory

Email address of appropriate signatory

Mobile number of appropriate signatory

cancel

confirm and proceed



## Form 3

# Appointment, or revocation of appointment, of trustee of policy moneys

12

Once you see this confirmation page, you're done!

The screenshot shows the FWD Insurance website interface. At the top, there is a dark header bar with the FWD Insurance logo on the left, a phone icon and the number +65 6820 8888 in the center, and two buttons labeled 'claim guides' and 'log out' on the right. Below the header is a large purple banner with the text 'Form 3 - Appointment, or revocation of appointment, of trustee of policy moneys' in white. Underneath the banner, the heading 'What happens next' is followed by a paragraph of text: 'You will receive an email with the details of the submission. An email and sms will be sent to your appointed trustee and <print only if there is appointment> nominated appropriate signatories. Please inform them to complete their e-signing within 7 days, or your application will expire and you will have to start over.' At the bottom of the page, there is a purple button labeled 'back to customer portal'.

**FWD**  
insurance

+65 6820 8888

claim guides

log out

**Form 3 - Appointment, or revocation of appointment,  
of trustee of policy moneys**

**What happens next**

You will receive an email with the details of the submission.  
An email and sms will be sent to your appointed trustee and <print only if  
there is appointment> nominated appropriate signatories. Please inform  
them to complete their e-signing within 7 days, or your application will  
expire and you will have to start over.

back to customer portal



# Form 4

Revocable nomination





## Form 4 Revocable nomination

1

Log in to the Customer Portal (CP) and click on “manage policy”.

The screenshot shows the FWD Insurance Customer Portal. The header includes the FWD logo, a phone number (+65 6820 8888), and links for 'claim guides' and 'log out'. A large purple banner with the text 'manage policy' is prominent. Below this, there are tabs for 'my policies', 'my referrals', and 'my info'. A filter section allows users to select various policy types like Term Life, Car, Travel, etc. Under 'online products', the 'Big 3 Critical Illness' policy is listed with a 'manage policy' button highlighted by a red box. Below this, under 'through financial advisers', two 'Future First' policies are listed, each with a 'manage policy' button highlighted by a red box.

2

Click on “nominate beneficiaries”.

The screenshot shows the FWD Insurance Customer Portal. The header includes the FWD logo, a phone number (+65 6820 8888), and links for 'claim guides' and 'log out'. A large purple banner with the text 'manage policy' is prominent. Below this, there is a section for 'Big 3 Critical Illness' with details like Policy number, Current plan, Payment method, and Premium. Under the heading 'I would like to', there are three buttons: 'change payment frequency', 'cancel my policy', and 'nominate beneficiary(ies)'. The 'nominate beneficiary(ies)' button is highlighted by a red box. Below this, there is a section for 'Future First' with similar details. Under the heading 'I would like to', there are two buttons: 'manage policy' and 'nominate beneficiary(ies)'. The 'nominate beneficiary(ies)' button is highlighted by a red box.



## Form 4 Revocable nomination

3

Choose your nomination of beneficiaries service.

**FWD insurance** +65 6820 8888 [claim guides](#) [log out](#)

**manage policy**

**Big 3 Critical Illness**

Policy number: PNMD2019-12345678 Current plan: Big 3 Critical Illness

Payment method: Credit Card Premium: S\$30.56

**I would like to**

[change payment frequency](#) [cancel my policy](#) [nominate beneficiary\(ies\)](#)

**online nomination of beneficiaries**

Please select the appropriate form

**FORM 2** Revocation of Trust Nomination

**FORM 3** Appointment, or Revocation of Appointment, of Trustee of Policy Monies

**FORM 4** Revocable Nomination

**FORM 5** Revocation of Revocable Nomination

[next](#)

4

Kindly ensure you have the required information indicated to proceed. Click on the requested service with the corresponding Form, and then click “next”.

Please take note that you will NOT be able to proceed with Form 4 (Revocable nomination) if there is an existing trust or revocable nomination on this policy.

**FWD insurance** +65 6820 8888 [claim guides](#) [log out](#)

**You are about to submit:**

Form number	Name of nomination form	Description
Form 4	Revocable Nomination	Nominate a beneficiary for a revocable nomination

**To complete an online nomination, please ensure you have the following:**

Policy Owner	Nominee	Appropriate signatories
Singpass Email address	Name NRIC/FIN/Passport number Date of birth Residential address Mobile number Email address	Name Mobile number Email address

**How it works:**

- 1 You submit the online nomination of beneficiaries application
- 2 Both appropriate signatories to provide consent using Singpass within 7 days
- 3 You will receive the outcome of the application

**online nomination of beneficiaries**

Please select the appropriate form

**FORM 2** Revocation of Trust Nomination

**FORM 3** Appointment, or Revocation of Appointment, of Trustee of Policy Monies

**FORM 4** Revocable Nomination

**FORM 5** Revocation of Revocable Nomination

[next](#)



## Form 4 Revocable nomination

5

Please read the instructions before you click on “next”.



### INSURANCE ACT 1966

#### 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 133(2) and (3) of the Insurance Act 1966 ("Insurance Act"), 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 1A.
5. Only a policy owner who has attained the age of 18 years may make a revocable nomination.
6. In order for the revocable nomination to be valid, this Form must be signed -
  - (a) by the policy owner; and
  - (b) by 2 appropriate signatories, both of whom must either -
    - (i) witness the signing of this Form by the policy owner in person or by means of any audiovisual link, and make the declarations in Part 2; or
    - (ii) sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 2.
7. This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1A. Otherwise, the licensed insurer will not be bound to give effect to the revocable nomination purportedly made using this Form.

back

next

6

Choose your nomination of beneficiaries service.



1 instructions 2 nominees 3 appropriate signatories 4 summary

### Form 4 - Revocable nomination

#### Part 1A: Policy owner's instructions

In accordance with section 133(2) of the Insurance Act, I nominate each person named in Part 1B (called in this Form a nominee) to receive the share (of the death benefits payable under the relevant policy specified below) set down against his or her name.

I understand that only death benefits will be payable to the nominee(s) named in Part 1B, 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 1B.

##### Retrieve Myinfo from Singpass

We will need to retrieve some of your personal data from Myinfo to continue.

Personal data retrieved from Myinfo will not be used to update existing policy owner details in FWD records.

Retrieve Myinfo with singpass



## Form 4 Revocable nomination

7

Verify that the imported details are accurate and click on “next”.

FWD Insurance +65 6820 8888 claim guides log out

1 instructions 2 nominees 3 appropriate signatories 4 summary

### Form 4 - Revocable nomination

#### Part 1A: Policy owner's instructions

In accordance with section 133(2) of the Insurance Act, I nominate each person named in Part 1B (called in this Form a nominee) to receive the share (of the death benefits payable under the relevant policy specified below) set down against his or her name.

I understand that only death benefits will be payable to the nominee(s) named in Part 1B, 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 1B.

##### Retrieve Myinfo from Singpass

We will need to retrieve some of your personal data from Myinfo to continue.

Personal data retrieved from Myinfo will not be used to update existing policy owner details in FWD records.

Retrieve Myinfo with singpass

Policy number	PNMD2019-12345678
Name of insurer	FWD Singapore Pte. Ltd.
Name of policy owner	Adrian Lim
NRIC/FIN/Passport Number of policy owner	S12345678D
Email address of policy owner	adrianlim@gmail.com

next

8

Fill in the required details of your nominee.

FWD Insurance +65 6820 8888 claim guides log out

1 instructions 2 nominees 3 appropriate signatories 4 summary

### Form 4 - Revocable nomination

#### Part 1B: Nominee(s)

##### Notes:

1. A revocable nomination will not be valid if any nominee's share is not specified.
2. The shares of the nominee(s) must be reflected as a percentage (up to 2 decimal places).
3. A revocable 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 must attach to this Form as many additional copies of Form 4 as may be necessary to cover all such nominees.

Nominee 1

Delete nominee

<name of nominee>

<%> share

Share of nominee (%)

%

Name of nominee

ID type

select ID type

NRIC, Birth Certificate or Passport number

Date of birth

dd-mm-yyyy

Gender

☐ Male ☐ Female

Country of residence

select country

Postal code



## Form 4 Revocable nomination

9

If there is more than 1 nominee, click “add nominee” and fill in the required details.

Postal code

Address of nominee

<Blk/Hse no.>

<Street/Road no>

<Building/Estate name>

<City>

Unit no.

<Unit/Level>

Telephone number of nominee

+65  home

+65  office

+65  mobile\*

Email address of nominee

Relationship of nominee to policy owner

select relationship

Total: <\*> share  
Total shares must be 100%

+ Add nominee

next

10

Confirm your nominee details and click on “next”.

FWD Insurance

+65 6820 8888

claim guides

log out

1 instructions 2 nominees 3 appropriate signatories 4 summary

Form 4 - Revocable nomination

Part 1B: Nominee(s)

Notes:

1. A revocable nomination will not be valid if any nominee's share is not specified.  
2. The shares of the nominee(s) must be reflected as a percentage (up to 2 decimal places).  
3. A revocable 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 must attach to this Form as many additional copies of Form 4 as may be necessary to cover all such nominees.

Nominee 1

Delete nominee

Daniealle Tan

50% share

Nominee 2

Delete nominee

Tan Tan

50% share

Total: <100\*> share  
Total shares must be 100%

+ Add nominee

next



## Form 4 Revocable nomination

11

Input the name, email address and mobile numbers of two appropriate signatories. Click “next”.

Each appropriate signatory must have attained the age of 21 years. An appropriate signatory must not be the policy owner, nominee or spouse of a nominee.

### Part 2: Declarations by appropriate signatories

Appropriate signatories will be contacted via the details provided below to complete their portions of the online nomination of beneficiaries form.

**Notes:**

1. Each appropriate signatory must have attained the age of 21 years.
2. An appropriate signatory must not be a nominee or the spouse of a nominee.
3. Where the revocation of trust nomination in Part 1 is witnessed, the date specified in this Part must be the same date as the date specified in Part 1.
4. Where the revocation of trust nomination in Part 1 is not witnessed, the date specified in this Part must be within 7 calendar days starting on the date specified in Part 1.

**Declaration:**  
By signing below, I confirm that to the best of my knowledge and belief -

- a. the policy owner completed and signed this Form;
- b. the policy owner understands the purpose of this Form and the effect of his or her completion and signing of this Form; and
- c. no fraud or undue pressure has been used to induce the policy owner to revoke the trust nomination as set out in Part 1 of this Form.

#### Appropriate signatory 1

Name of appropriate signatory	Adrian Lim
Email address of appropriate signatory	adrianlim@gmail.com
Mobile number of appropriate signatory	+65 9123 5678

#### Appropriate signatory 2

Name of appropriate signatory	
Email address of appropriate signatory	
Mobile number of appropriate signatory	

next

12

Confirm the details of your nominees and appropriate signatories. Click on “confirm and proceed”.

You may click on “cancel” or the edit buttons to make changes to the information of the nominees and appropriate signatories.

### DECLARATIONS BY APPROPRIATE SIGNATORIES [edit](#)

#### Appropriate signatory 1

Name of appropriate signatory	Adrian Lim
Email address of appropriate signatory	witness1@gmail.com
Mobile number of appropriate signatory	+65 9123 5678

#### Appropriate signatory 2

Name of appropriate signatory	Daryl Lim
Email address of appropriate signatory	witness2@gmail.com
Mobile number of appropriate signatory	+65 9123 9999

cancel

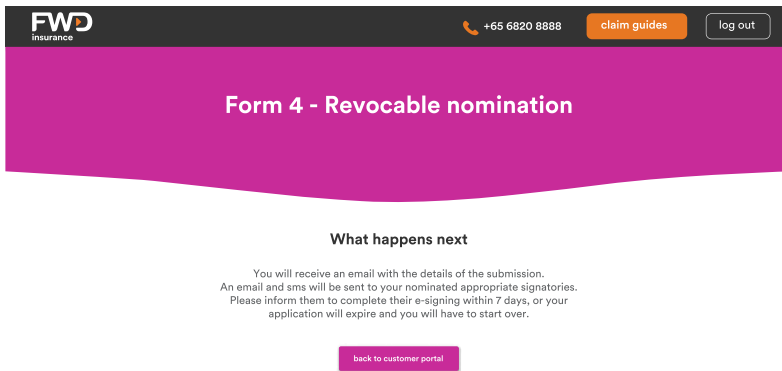
confirm and proceed



## Form 4 Revocable nomination

13

Once you see this confirmation page, you're done!







# Form 5

Revocation of revocable nomination



## Form 5 Revocation of revocable nomination

1

Log in to the Customer Portal (CP) and click on “manage policy”.

The screenshot shows the FWD Insurance Customer Portal. At the top, there's a header with the FWD logo, a phone number (+65 6820 8888), and links for 'claim guides' and 'log out'. Below the header is a large purple banner with the text 'manage policy'. Underneath the banner, there are tabs for 'my policies', 'my referrals', and 'my info'. The 'my policies' tab is selected. Below the tabs, there's a filter section with various categories like 'All 2', 'Term Life', 'Car', 'Travel', 'Maid', 'HDB Fire', 'International Health', 'Big 3', 'Stroke', 'Heart Attack', 'Motorcycle', 'Personal Accident', 'Endowment', 'Home', and 'Cancer'. The 'Big 3' category is selected. Below the filter section, there's a section titled 'online products' which displays a card for 'Big 3 Critical Illness'. The card shows the policy number (12345678), start date (2018-12-28), and expiry date (2019-12-27). There are three buttons: 'make a claim', 'manage policy' (highlighted with a red box), and 'download policy'. Below the 'online products' section, there's a section titled 'through financial advisers' which displays two cards for 'Future First'. Each card shows the policy number (12345678), start date (2018-12-28), and expiry date (2019-12-27). There are two buttons: 'manage policy' (highlighted with a red box) and 'download policy'.

2

Click on “nominate beneficiaries”.

The screenshot shows the FWD Insurance Customer Portal. At the top, there's a header with the FWD logo, a phone number (+65 6820 8888), and links for 'claim guides' and 'log out'. Below the header is a large purple banner with the text 'manage policy'. Underneath the banner, there's a section titled 'Big 3 Critical Illness'. It shows the policy number (PNMD2019-12345678), current plan (Big 3 Critical Illness), payment method (Credit Card), and premium (\$330.56). Below this section, there's a section titled 'I would like to' with three buttons: 'change payment frequency', 'cancel my policy', and 'nominate beneficiary(es)' (highlighted with a red box). Below the 'I would like to' section, there's a section titled 'Future First'. It shows the policy number (12345678), current plan (Future First), payment method (Credit Card), and premium (\$330.56). Below this section, there's a section titled 'I would like to' with two buttons: 'manage policy' and 'nominate beneficiary(es)' (highlighted with a red box).



## Form 5 Revocation of revocable nomination

3

Choose your nomination of beneficiaries service.

**FWD insurance** +65 6820 8888 [claim guides](#) [log out](#)

**manage policy**

**Big 3 Critical Illness**

Policy number: PNMD2019-12345678 Current plan: Big 3 Critical Illness

Payment method: Credit Card Premium: S\$30.56

**I would like to**

[change payment frequency](#) [cancel my policy](#) [nominate beneficiary\(ies\)](#)

**online nomination of beneficiaries**

Please select the appropriate form

**FORM 2** Revocation of Trust Nomination

**FORM 3** Appointment, or Revocation of Appointment, of Trustee of Policy Moneys

**FORM 4** Revocable Nomination

**FORM 5** Revocation of Revocable Nomination

[next](#)

4

Kindly ensure you have the required information indicated to proceed. Click on the requested service with the corresponding Form, and then click “next”.

Please take note that you must have an existing revocable nomination to proceed with Form 5 (Revocation of revocable nomination).

**FWD insurance** +65 6820 8888 [claim guides](#) [log out](#)

**You are about to submit:**

Form number	Name of nomination form	Description
Form 5	Revocation of Revocable Nomination	Revoke a beneficiary from a revocable nomination

**To complete an online nomination, please ensure you have the following:**

Policy Owner	Appropriate signatories
Singpass Email address	Name Mobile number Email address

**How it works:**

- 1 You submit the online nomination of beneficiaries application
- 2 Both appropriate signatories to provide consent using Singpass within 7 days
- 3 You will receive the outcome of the application

**online nomination of beneficiaries**

Please select the appropriate form

**FORM 2** Revocation of Trust Nomination

**FORM 3** Appointment, or Revocation of Appointment, of Trustee of Policy Moneys

**FORM 4** Revocable Nomination

**FORM 5** Revocation of Revocable Nomination


[next](#)



## Form 5 Revocation of revocable nomination

5

Please read the instructions before you click on “next”.



+65 6820 8888

claim guides

log out

INSURANCE ACT 1966

Insurance (nomination of beneficiaries) regulations 2009

Form 5

Revocation of revocable nomination

Please read the following before completing this form


1. This Form can only be used to revoke a revocable 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 revocable nomination to be valid.
3. The revocation of a revocable nomination under section 133(4) of the Insurance Act 1966 (“Insurance Act”) must comply with that provision, and must be carried out using this Form, in order for the revocation to be valid.
4. The revocation of 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. The revocation of a revocable nomination, if valid, will apply to the entire revocable nomination.
6. In order for the revocation of the revocable nomination to be valid, this Form must be signed -
  - (a) by the policy owner; and
  - (b) by 2 appropriate signatories, both of whom must either -
    - (i) witness the signing of this Form by the policy owner in person or by means of any audiovisual link, and make the declarations in Part 2; or
    - (ii) sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 2.
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 purported revocation of the revocable nomination by this Form.

back

next

6

Choose your nomination of beneficiaries service.



+65 6820 8888

claim guides

log out

1

instructions

2

consent person

3

appropriate signatories

4

summary

Form 5 - Revocation of revocable nomination

Part 1: Policy owner's instructions

In accordance with section 133(4) of the Insurance Act, I revoke the revocable nomination which I had made on <date of revocable nomination in Life Asia> (dd/mm/yyyy) in respect of the relevant policy specified below.

Retrieve Myinfo from Singpass

We will need to retrieve some of your personal data from Myinfo to continue.

Personal data retrieved from Myinfo will not be used to update existing policy owner details in FWD records.

Retrieve Myinfo with singpass



## Form 5 Revocation of revocable nomination

7

Verify that the imported details are accurate and click on “next”.

FWD Insurance +65 6820 8888 claim guides log out

1 instructions 2 consent person 3 appropriate signatories 4 summary

Form 5 - Revocation of revocable nomination

### Part 1: Policy owner's instructions

In accordance with section 133(2) of the Insurance Act, I nominate each person named in Part 1B (called in this Form a nominee) to receive the share (of the death benefits payable under the relevant policy specified below) set down against his or her name.

I understand that only death benefits will be payable to the nominee(s) named in Part 1B, 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 1B.

#### Retrieve Myinfo from Singpass

We will need to retrieve some of your personal data from Myinfo to continue.

Personal data retrieved from Myinfo will not be used to update existing policy owner details in FWD records.

Retrieve Myinfo with singpass

Policy number	PNMD2019-12345678
Name of insurer	FWD Singapore Pte. Ltd.
Name of policy owner	Adrian Lim
NRIC/FIN/Passport Number of policy owner	S12345678D
Email address of policy owner	adrianlim@gmail.com

next

8

Existing nominee(s) will be displayed. Select ALL the nominee(s) to revoke the revocable nomination.

FWD Insurance +65 6820 8888 claim guides log out

1 instructions 2 revocation 3 appropriate signatories 4 summary

Form 5 - Revocation of revocable nomination

### Revocation of revocable nomination

#### Please read the following before completing this form:

1. This Form can only be used to revoke a revocable 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 revocable nomination to be valid.
3. The revocation of a revocable nomination under section 133(4) of the Insurance Act 1966 ("Insurance Act") must comply with that provision, and must be carried out using this Form, in order for the revocation to be valid.
4. The revocation of 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. The revocation of a revocable nomination, if valid, will apply to the entire revocable nomination.
6. In order for the revocation of the revocable nomination to be valid, this Form must be signed -  
(a) by the policy owner; and  
(b) by 2 appropriate signatories, both of whom must either -  
(i) witness the signing of this Form by the policy owner in person or by means of any audiovisual link, and make the declarations in Part 2; or  
(ii) sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 2.
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 purported revocation of the revocable nomination by this Form.

☐ select all

Aloysious Tan	S****123D	<input type="checkbox"/> revoke nominee
Daniealle Tan	S****560C	<input type="checkbox"/> revoke nominee

next



## Form 5 Revocation of revocable nomination

9

Click on “next” once you have made your selection.

### Revocation of revocable nomination

Please read the following before completing this form:

1. This Form can only be used to revoke a revocable 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 revocable nomination to be valid.
3. The revocation of a revocable nomination under section 133(4) of the Insurance Act 1966 ("Insurance Act") must comply with that provision, and must be carried out using this Form, in order for the revocation to be valid.
4. The revocation of 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. The revocation of a revocable nomination, if valid, will apply to the entire revocable nomination.
6. In order for the revocation of the revocable nomination to be valid, this Form must be signed -  
(a) by the policy owner; and  
(b) by 2 appropriate signatories, both of whom must either -  
(i) witness the signing of this Form by the policy owner in person or by means of any audiovisual link, and make the declarations in Part 2; or  
(ii) sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 2.
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 purported revocation of the revocable nomination by this Form.

☒ select all

Aloysious Tan	S****123D	<input checked="" type="checkbox"/> revoke nominee
Daniealle Tan	S*****560C	<input checked="" type="checkbox"/> revoke nominee

next

10

Input the name, email address and mobile numbers of two appropriate signatories. Click “next”.

Each appropriate signatory must have attained the age of 21 years. An appropriate signatory must not be the policy owner, nominee or spouse of a nominee.

### Part 2: Declarations by appropriate signatories

Appropriate signatories will be contacted via the details provided below to complete their portions of the online nomination of beneficiaries form.

Notes:

1. Each appropriate signatory must have attained the age of 21 years.
2. An appropriate signatory must not be a nominee or the spouse of a nominee.
3. Where the revocation of trust nomination in Part 1 is witnessed, the date specified in this Part must be the same date as the date specified in Part 1.
4. Where the revocation of trust nomination in Part 1 is not witnessed, the date specified in this Part must be within 7 calendar days starting on the date specified in Part 1.

Declaration:

By signing below, I confirm that to the best of my knowledge and belief -

- a. the policy owner completed and signed this Form;
- b. the policy owner understands the purpose of this Form and the effect of his or her completion and signing of this Form; and
- c. no fraud or undue pressure has been used to induce the policy owner to revoke the trust nomination as set out in Part 1 of this Form.

#### Appropriate signatory 1

Name of appropriate signatory	Adrian Lim
Email address of appropriate signatory	adrianlim@gmail.com
Mobile number of appropriate signatory	+65 9123 5678

#### Appropriate signatory 2

Name of appropriate signatory	
Email address of appropriate signatory	
Mobile number of appropriate signatory	

next




## Form 5 Revocation of revocable nomination

11

Confirm the details of your revoked nominee(s) and appropriate signatories. Click on “confirm and proceed”.

You may click on “cancel” or the edit buttons to make changes to the information of the revoked nominees and appropriate signatories.

 +65 6820 8888 [claim guides](#) [log out](#)

**NOMINEE(S)**

**Revoked nominee 1**

Name	Benjamin Tan
NRIC, Birth Certificate or Passport number	S****560C

**Revoked nominee 2**

Name	Daniella Tan
NRIC, Birth Certificate or Passport number	S****560C

**DECLARATIONS BY APPROPRIATE SIGNATORIES** [edit](#)

**Appropriate signatory 1**

Name of appropriate signatory	Adrian Lim
Email address of appropriate signatory	witness1@gmail.com
Mobile number of appropriate signatory	+65 9123 5678

**Appropriate signatory 2**


Name of appropriate signatory	Daryl Lim
Email address of appropriate signatory	witness2@gmail.com
Mobile number of appropriate signatory	+65 9123 9999

cancel

confirm and proceed

12

Once you see this confirmation page, you're done!

 +65 6820 8888 [claim guides](#) [log out](#)

**Form 5 - Revocation of revocable nomination**

**What happens next**

You will receive an email with the details of the submission. An email and sms will be sent to your nominated appropriate signatories. Please inform them to complete their e-signing within 7 days, or your application will expire and you will have to start over.

[back to customer portal](#)