

FORM 3

APPOINTMENT OR REVOCATION OF APPOINTMENT OF TRUSTEE OF POLICY MONEYS



Guide on submitting Nomination Form

We encourage our policy owners to refer to "Your Guide to the Nomination of Insurance Nominees 2015" which is available on www.singlife.com or www.lia.org.sg before making a nomination.

A. Eligibility

- Policy owner and Life assured must be the same person who is at least 18 years old.
- Nominations are applicable for Life or Accident & Health (A&H) policy(ies) with death benefits.
- Annuity purchased with the minimum sum is not permitted.
- If Policy is subjected to any trust created under Section 73 of the Conveyancing and Law of Property Act 1886, trust has to be revoked with trustee(s)' and beneficiary(ies)' consent before making a new nomination.
- **Applicable to Form 1 only:**
 - » Nominees for **Irrevocable Nomination (Form 1)** must be spouse and/or child.
 - » Policy must not be a Central Provident Fund (CPF), Supplementary Retirement Scheme (SRS) and Dependant Protection Scheme (DPS)

B. Completing the form

- Amendments / initialing against an amendment is not allowed.
- One set of original form submission per policy.
- **Applicable to Form 1 and 4:**
 - » Total Share of all Nominees must add up to 100%.
- Form should be signed and witnessed on the same date.
- Signature of policyowner must be consistent with our records. Please update your signature if you do not have any specimen signature maintained with us

C. Documents required

- **Applicable to Form 1 and 3:**

Trustee(s) should complete and submit:

 - » Common Reporting Standard (CRS) form.
 - » W8BEN or W9 form (W8BEN-E form if trustee is an entity)
 - » Copy of trustee(s) identity card(s) / passport (ACRA if trustee is an entity)
 - » Copy of Trustee(s)' proof of residential address
 - For Singaporean/PR: copy of identity card
 - For Passholders: recent utility bills or letters issued by a statutory or government body (dated within past 6 months).

For full list of acceptable documents, please refer to www.singlife.com.
- **Applicable to Form 1 only:**
 - » Original form is required for Trust Nomination to be registered.
 - » Copy of beneficiary(ies) identity card(s) / passport.

Please submit the completed and signed original form to:

Singapore Life Ltd., 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807

For enquiries, please contact us at 6827 9933 or email cs_life@singlife.com

To: Singapore Life Ltd.

I/We hereby give you notice of appointment/revocation of appointment of trustee. Please process the request upon receipt of this form.

SECTION A: DECLARATION OF US INDICIA

	Assured/Assignee	Joint Assured	Trustee	Trustee
	Name	Name	Name	Name
Do you have one or more US Indicia*?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give standing instructions to transfer funds to an account maintained in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give effective power of attorney or signatory granted to a person with a US address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have ticked 'Yes', please complete the United States of America (US) Person Declaration form that is available at www.singlife.com/en/fatca and return to Singapore Life Ltd.				
*US Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / Contact Number/ US "in-care-of" or "hold mail" address.				

SECTION B: DECLARATION OF TAX RESIDENCY UNDER THE COMMON REPORTING STANDARD (CRS)

	Assured/Assignee	Joint Assured
	Name	Name
Is there any change in the information that you have provided to Singapore Life Ltd. that would result in a change in your tax residency status (for e.g. change in your residence/mailing/in-care of address, telephone number)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have ticked 'Yes', please complete the CRS Self-Certification Form for Individual/Entity/Controlling Person (whichever is applicable) that is available at www.singlife.com/en/common-reporting-standard and return to Singapore Life Ltd.		

Note: Trustee(s) should complete and submit Common Reporting Standard (CRS) form(s).

SECTION C: YOUR AUTHORISATION

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I am/We are aware that I/we should visit your website regularly to ensure that I am/we are well informed of the updates.

Signature of Assured/Assignee	Name (as in NRIC/Passport)	Date (DD/MM/YYYY)
	<input type="text"/>	<input type="text"/>
	Mobile number	Email address
	<input type="text"/>	<input type="text"/>
Signature of Joint Assured	Name (as in NRIC/Passport)	Date (DD/MM/YYYY)
	<input type="text"/>	<input type="text"/>
	Mobile number	Email address
	<input type="text"/>	<input type="text"/>
Signature of Trustee	Name (as in NRIC/Passport)	Date (DD/MM/YYYY)
	<input type="text"/>	<input type="text"/>
	Mobile number	Email address
	<input type="text"/>	<input type="text"/>
Signature of Trustee	Name (as in NRIC/Passport)	Date (DD/MM/YYYY)
	<input type="text"/>	<input type="text"/>
	Mobile number	Email address
	<input type="text"/>	<input type="text"/>

Note: Mobile number and email address provided above will replace our records accordingly.

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, 2 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, 2 and 4 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, 2, 3 and 4 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 2; or
 - (ii) sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 2.
- 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.

PART 1: POLICY OWNER'S INSTRUCTIONS

In accordance with section 132(12) of the Insurance Act, I —

- (a) appoint each person specified in Part 3 as a trustee of the relevant policy specified below./; and*
- (b) revoke the appointment(s) of the trustee(s) specified in Part 4.*

* Please delete as appropriate.

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 Assured

Name of Insurer: Singapore Life Ltd.

Name of Policy Owner

NRIC or Passport No. of Policy Owner

Signature of Policy Owner

Date (DD/MM/YYYY)

PART 2: DECLARATIONS BY APPROPRIATE SIGNATORIES

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 3/Part 4/Parts 3 and 4* of this Form.

* Please delete as appropriate.

APPROPRIATE SIGNATORY 1

Name of Appropriate Signatory

NRIC or Passport No. of Appropriate Signatory

Telephone No. of Appropriate Signatory

Address of Appropriate Signatory

Email address of Appropriate Signatory

Signature of Appropriate Signatory who witnessed the signing of this Form (where applicable).
I confirm that I witnessed the signing of this Form.

Signature of Appropriate Signatory who **did not** witness the signing of this Form (where applicable).

NOT APPLICABLE

Date (DD/MM/YYYY)

PART 2: DECLARATIONS BY APPROPRIATE SIGNATORIES

APPROPRIATE SIGNATORY 2

Name of Appropriate Signatory

NRIC or Passport No. of Appropriate Signatory

Telephone No. of Appropriate Signatory

Address of Appropriate Signatory

Email address of Appropriate Signatory

Signature of Appropriate Signatory who witnessed the signing of this Form (where applicable).
I confirm that I witnessed the signing of this Form.

Signature of Appropriate Signatory who **did not** witness the signing of this Form (where applicable).

NOT APPLICABLE

Date (DD/MM/YYYY)

PART 3: 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.

TRUSTEE 1

Name of Trustee

NRIC or Passport No. of Trustee (if Trustee is an individual) or
Unique Entity No. of Trustee (if Trustee is a licensed trust company)

Date of Birth of Trustee (if Trustee is an individual) or
Date of Incorporation of Trustee (if Trustee is a licensed trust company) (DD/MM/YYYY)

Address of Trustee

Telephone No. of Trustee

Signature of Trustee (if Trustee is an individual) or
Signature, Name and Designation of Authorised
Director or Resident Manager of Trustee
(if Trustee is a licensed trust company)

I agree/The abovenamed licensed trust company
agrees* to be appointed as a trustee of the
policy moneys payable under the relevant policy
specified in Part 1.

Date (DD/MM/YYYY)

*Please delete as appropriate

PART 3: APPOINTMENT OF TRUSTEE(S)

TRUSTEE 2

Name of Trustee

NRIC or Passport No. of Trustee (if Trustee is an individual) or
Unique Entity No. of Trustee (if Trustee is a licensed trust company)

Date of Birth of Trustee (if Trustee is an individual) or
Date of Incorporation of Trustee (if Trustee is a licensed trust company) (DD/MM/YYYY)

Address of Trustee

Telephone No. of Trustee

Signature of Trustee (if Trustee is an individual) or
Signature, Name and Designation of Authorised
Director or Resident Manager of Trustee
(if Trustee is a licensed trust company)

I agree/The abovenamed licensed trust company
agrees* to be appointed as a trustee of the
policy moneys payable under the relevant policy
specified in Part 1.

Date (DD/MM/YYYY)

*Please delete as appropriate

PART 4: 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.

TRUSTEE 1

Name of Trustee

NRIC or Passport No. of Trustee (if Trustee is an individual) or
Unique Entity No. of Trustee (if Trustee is a licensed trust company)

TRUSTEE 2

Name of Trustee

NRIC or Passport No. of Trustee (if Trustee is an individual) or
Unique Entity No. of Trustee (if Trustee is a licensed trust company)