

NOTICE OF REVOCATION OF REVOCABLE NOMINATION FORM

For the Voluntary Scheme under the Group Term Life and Group Personal Injury Policy provided under the Policy ("Notice")

Guide on submitting Nomination Form

This Notice is applicable to the Insured Members who have opted for the Voluntary Scheme under the Group Term Life and Group Personal Injury Policy ("Voluntary Scheme") provided under the MINDEF & MHA Group Insurance Policy Scheme ("Policy") issued by Singapore Life Ltd. ("Singlife").

A. Eligibility

- The Insured Member must be at least 18 years old.

B. Completing the form

- Amendments / initialing against an amendment is not allowed.
- One set of original Notice submission per policy.
- Notice should be signed and witnessed on the same date.

Please submit the completed and signed original Notice to:

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

For enquiries, please contact us at 6827 8000 or email sggroup_admin@singlife.com

NOTICE OF REVOCATION OF REVOCABLE NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

- 1) This Notice can only be used to give notice of the revocation of a revocable nomination made in respect of the Voluntary Scheme of the Policy.
- 2) Part 1 must be completed in full, if the Insured Member wishes to use this Notice to give notice of the revocation, of a revocable nomination made by him.
- 3) This Notice must be lodged with Singapore Life Ltd.

PART 1: DECLARATION THAT THE INSURED MEMBER HAS MADE WILL PROVIDING FOR DISPOSITION OF ALL DEATH BENEFITS UNDER THE VOLUNTARY SCHEME OF THE POLICY

I declare that -

- (a) I have on made a will in accordance with the Wills Act 1838 which -
- i. provides for the disposition of all death benefits under the Voluntary Scheme of the Policy specified below; and
 - ii. specifies the particulars of the Voluntary Scheme of the Policy; and
- (b) accordingly, the revocable nomination which I had made on in respect of the Voluntary Scheme of the Policy is deemed to be revoked on the date referred to in paragraph (a).

Policy No. or other reference of the Voluntary Scheme of the 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 Insured Member

NRIC/Passport Number of Insured Member

Signature or right thumb print of Insured Member

Date (DD/MM/YYYY)

PART 2: WITNESSES

Notes:

1. Each witness must have attained the age of 21 years.
2. The Insured Member shall ensure that the witnesses must not be a nominee or the spouse of a nominee. Otherwise, the revocable nomination made using this Notice will not be valid.
3. The date specified in this Part and the date specified in Part 1 must be the same date.

WITNESS 1

Name of Witness

NRIC or Passport No. of Witness

Telephone No.of Witness

Address of Witness

Signature of Witness

I confirm that this Form was signed by the policy owner in my presence.

Date

WITNESS 2

Name of Witness

NRIC or Passport No. of Witness

Telephone No.of Witness

Address of Witness

Signature of Witness

I confirm that this Form was signed by the policy owner in my presence.

Date