

REVOCABLE NOMINATION FORM

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

This Form is applicable to the Insured Member 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

- Insured Member must be at least 18 years old.
- Nominations are applicable for death benefits payable under the Voluntary Scheme of the Policy.

B. Completing the form

- Amendments / initialing against an amendment is not allowed.
- One set of original Form submission per policy.
- Total Share of all Nominees must add up to 100%.
- Form should be signed and witnessed on the same date.
- Nominee must be spouse or child of the Insured Member. Please refer to Part 3 below for more details.

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 8000 or email sggroup_admin@singlife.com

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 the Voluntary Scheme of the Policy.
- 2) Unless the context otherwise requires, this Form must be completed in full in order to make a valid revocable nomination.
- 3) The nomination made in this Form will only take effect from the date of our written confirmation of the receipt and acceptance of a duly executed Form.
- 4) Only an Insured Member who has attained the age of 18 years may make a revocable nomination.
- 5) The Insured Member must sign this Form in the presence of 2 witnesses, in order to make a valid revocable nomination.
- 6) This Form must be lodged with Singapore Life Ltd. Otherwise, Singapore Life Ltd. will not be bound to give effect to the revocable nomination purportedly made using this Form.

PART 1: INSTRUCTIONS

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 Voluntary Scheme of the Policy) 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 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 Form 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

Date (DD/MM/YYYY)

WITNESS 2

Name of Witness

NRIC or Passport No. of Witness

Telephone No.of Witness

Address of Witness

Signature of Witness

Date (DD/MM/YYYY)

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. For the purposes of this Form, you are only entitled to nominate your Dependant(s) as defined in the Policy.
4. "Dependant" defined in the Policy is:
A person who is related to a Member or Affiliate Member in any of the following ways:
 - i. Spouse;
 - ii. Child (from birth), whether biological or legally adopted below the age of forty-five (45) years at next birthday and is unmarried. Includes male child enlisted into full-time National Service ("NS").

Name of Nominee	NRIC, Birth Certificate or Passport No. of Nominee	Address of Nominee	Date of Birth of Nominee	Share of Nominee (%)
Total (%)				

PART 4: DECLARATION

I understand and confirm that if there exists a duly executed Form which has been accepted by Singlife by written confirmation, any death benefits payable under the Voluntary Scheme of the Policy shall be paid to the Nominee(s) as provided in Part 3 above in accordance with such Form after Singlife has assessed all information it may require to conclude that there are no competing claims.

In particular, I understand that if I should execute a Will (i.e. a will that has been executed in the manner required under the Wills Act 1838) which may be construed as revoking my nomination of the Nominee(s) in this Form, Singlife shall be entitled to disregard this Form and the nomination made herein and adopt the process for payment of any death benefits payable under the Voluntary Scheme of the Policy in accordance with clause 15.3 of the Policy.

I confirm that any payment made by Singlife in accordance with this Nomination Form will constitute a full release and discharge of Singlife's obligation in respect of such sums under the Policy. I further confirm that my estate shall not have any rights whatsoever to pursue any claim against Singlife in respect of any payment which may be made in accordance with this Form. In the event that the personal representative(s) of my estate and/or any other claimant(s) should pursue any claim against Singlife in respect of any payment made by Singlife in accordance with this Form despite the aforesaid confirmations, SingLife shall be fully indemnified against all such claims (including but not limited to legal costs on an indemnity basis) by my estate.