

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 Person 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 Person (the "Applicant") 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, child or parent of the Applicant. Please refer to Part 2 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 Applicant on 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 Applicant who has attained the age of 18 years may make a revocable nomination.
- 5) The Applicant 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 2 (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 2, 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 2.

If the Applicant is a dependant of the Insured Member / Insured Affiliate Member, please complete the NRIC no. of the Insured Member / Insured Affiliate Member

Policy No. or other reference of the relevant policy

PART 2: 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, and/or your parent(s) at the time when this revocable nomination is made;
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 | Relationship with Applicant | Date of Birth of Nominee | Share of Nominee (%) |
|-----------------|--|-----------------------------|--------------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total (%) | | | | |

PART 3: PERSONAL DATA CONSENT(S) AND 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 2 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 further understand that for a Will to revoke my nomination of the Nominees, the Will would need to specify the following particulars of the Voluntary Scheme of the Policy:

- (i) The name of the insurer;
- (ii) The policy number;
- (iii) The name of each beneficiary to whom any portion (including the whole) of the death benefits under the relevant policy is bequeathed;
- (iv) where a beneficiary referred to in sub-paragraph (iii) is an individual, the following particulars of the beneficiary:
 - (a) his Singapore National Registration Identity Card (NRIC) number or Singapore birth certificate number (if he is a citizen or permanent resident of Singapore), or his foreign passport number and the jurisdiction which issued his foreign passport (if he is not a citizen or permanent resident of Singapore);
 - (b) his address; and
 - (c) his date of birth;

and that I am required to provide Singlife the Notice of Revocation of Revocable Nomination for the Voluntary Scheme of the Policy and enclose a certified copy of the Will. Singlife shall make payment in accordance with the Will after the relevant documents have been provided. I understand that Singlife will not have knowledge of any subsequent Will made and that I am required to keep Singlife updated of any subsequent Will(s).

In the event of a competing claim, I understand that Singlife will only make payment for the death benefits under this Form once the competing claim has been resolved. I confirm that Singlife shall not be held responsible for withholding payment until the claim has been resolved.

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.

PERSONAL DATA CONSENT(S)

I consent to Singapore Life Ltd ("Singlife") collecting, processing and disclosing my personal data for the following purposes:

- (i) for administering the above transaction, and
- (ii) for statistical, research, compliance, audit and regulatory purposes.

I also consent to Singlife disclosing and/or transferring my personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my financial adviser) whether located in Singapore or elsewhere, for the above purposes and such other purposes as described in Singlife's Data Protection Notice.

I confirm that for the personal data of the Nominee(s) and/or Insured Member/Insured Affiliate Member that I have disclosed to Singlife, that I have prior to disclosing such personal data to Singlife, obtained the appropriate consent from the individual(s) to:

- (i) permit me to collect, use and/or disclose the individuals' personal data to Singlife for the above purposes;
- (ii) permit Singlife to collect, use and/or disclose the individuals' personal data for the above purposes;
- (iii) permit Singlife to disclose and/or transfer the individuals' personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my financial adviser), whether located in Singapore and or elsewhere, for the above purposes.

I confirm that I have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (found on <https://singlife.com/en/pdpa>) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I am aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me upon posting and/or where I continue to use the relevant products and services offered by Singlife to which such terms related to.

Name of Insurer: Singapore Life Ltd.

Name of Applicant

NRIC/Passport Number of Applicant

Signature or right thumb print of Applicant

Date (DD/MM/YYYY)

PART 4: WITNESSES

Notes:

1. Each witness must have attained the age of 21 years.
2. The Applicant 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

PERSONAL DATA CONSENT(S)

I consent to Singlife Life Ltd ("Singlife") collecting, processing and disclosing my personal data for the following purposes:

- (i) for administering the above transaction, and
- (ii) for statistical, research, compliance, audit and regulatory purposes.

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

Name of Witness

NRIC or Passport No. of Witness

Signature of Witness

I confirm that this Form was signed in my presence.

Date (DD/MM/YYYY)

WITNESS 2

PERSONAL DATA CONSENT(S)

I consent to Singlife Life Ltd ("Singlife") collecting, processing and disclosing my personal data for the following purposes:

- (i) for administering the above transaction, and
- (ii) for statistical, research, compliance, audit and regulatory purposes.

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

Name of Witness

NRIC or Passport No. of Witness

Signature of Witness

I confirm that this Form was signed in my presence.

Date (DD/MM/YYYY)