

# REVOCAION OF REVOCABLE NOMINATION FORM

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

This Revocation Form 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 Revocation Form**

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

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](mailto:sggroup_admin@singlife.com)

## **REVOCAION OF REVOCABLE NOMINATION**

### **PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS REVOCAION FORM**

1. This Revocation Form can only be used to revoke a revocable nomination made in respect of the Voluntary Scheme under the Policy.
2. Unless the context otherwise requires, this Revocation Form must be completed in full in order for the revocation of a revocable nomination to be valid.
3. The revocation made in this Revocation Form will only take effect from the date of our written confirmation of the receipt and acceptance of a duly executed Revocation Form.
4. The revocation of a revocable nomination, if valid, will apply to the entire revocable nomination.
5. The Insured Member must sign this Revocation Form in the presence of 2 witnesses, in order for the revocation of the revocable nomination to be valid.
6. This Revocation Form must be lodged with Singapore Life Ltd. Otherwise, Singapore Life Ltd. will not be bound to give effect to the purported revocation of the revocable nomination.

## PART 1: INSTRUCTIONS

I revoke the revocable nomination which I had made on in respect of the Voluntary Scheme of the Policy.

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)