

## Guide/FAQs on Submitting a Nomination Form for Registration

### 1. Who can make a nomination?

Only the policyowner of the insurance policy can make a Nomination.

### 2. What you need to do before making a nomination?

Before you make a nomination or create a trust or change or revoke them under the Insurance Act, please ensure that you have read and understood the information provided in ***Your Guide to Nomination of Insurance Nominees 2015( NOB Guide)***.

You can download the NOB Guide from:

- LIA website at <http://www.lia.org.sg>

Please refer to <https://www.mlaw.gov.sg/trusts/express-trusts/> for information about trustees' obligations.

### 3. How do you make a nomination?

**a) Making a nomination:** You must complete the prescribed nomination form and submit the original completed form to Prudential Assurance Company Singapore (Pte) Limited ("Prudential") for registration.

There are 6 forms prescribed under the Insurance Act, Insurance (Nomination of beneficiaries) Regulation 2009.

- Form 1 [Trust Nomination]
- Form 2 [Revocation of Trust Nomination]
- Form 3 [Appointment, or Revocation of Appointment, of Trustee of Policy Moneys]
- Form 4 [Revocable Nomination]
- Form 5 [Revocation of Revocable Nomination]
- Form 6 [Notice of Revocation of Revocable Nomination]

#### **Note:**

- You must read all instructions and notes stated in the nomination form before completing it with utmost due care.
- Only original copies of the nomination form can be registered.
- No amendments or corrections (e.g countersigning, correction tape, correction fluid) can be made on the form.

### 4. Where do you submit your nomination form?

You must submit the completed nomination form to Prudential Assurance Company Singapore (Pte) Limited via the following ways:

By Post to: Prudential Assurance Company Singapore (Pte) Limited  
Privy Box No. 920427, Singapore 929292

By Hand to: Prudential Customer Service Centre  
Prudential Tower #01-01, 30 Cecil St, Singapore 049712

If you have any enquiry, please call our PruCustomer Line at 1800 333 0333 or you may also email us at [customer.service@prudential.com.sg](mailto:customer.service@prudential.com.sg)

**INSURANCE ACT 1966**

**INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009**

**FORM 2**

**REVOCATION OF TRUST NOMINATION**

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

1. This Form can only be used to revoke a trust nomination made in respect of one relevant policy.
2. Unless the context otherwise requires, this Form must be completed in full in order for the revocation of a trust nomination to be valid.
3. The revocation of a trust nomination must comply with section 132(7) of the Insurance Act 1966 ("Insurance Act"), and must be carried out using this Form, in order for the revocation to be valid.
4. The revocation of a trust nomination, 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.
5. The revocation of a trust nomination, if valid, will apply to the entire trust nomination.
6. In order for the revocation of the trust nomination to be valid, this Form must be signed —
  - (a) by the policy owner;
  - (b) by either —
    - (i) any trustee of the policy moneys payable under the relevant policy specified in Part 1 (not being the policy owner); or
    - (ii) each nominee who has attained the age of 18 years and a parent or legal guardian (not being the policy owner) of each nominee who is below the age of 18 years; and
  - (c) by 2 appropriate signatories, both of whom must either —
    - (i) witness the signing of this Form by the policy owner and each of the persons mentioned in sub-paragraph (b)(i) or (ii) (as the case may be) in person or by means of any audiovisual link, and make the declarations in Part 3; or
    - (ii) sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 3.
7. 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 revocation of the trust nomination by this Form.

**Part 1A: POLICY OWNER'S INSTRUCTIONS**

In accordance with section 132(7) of the Insurance Act, I revoke the trust nomination which I had made on \_\_\_\_\_ (DD/MM/YYYY) in respect of the relevant policy specified below.

<b>Policy No. or other reference of the relevant policy</b>  Where the policy number or other reference is NOT available, please provide:  (a) the plan name; and  (b) the Basic Sum Insured.	
<b>Name of insurer</b>	<b>Prudential Assurance Company Singapore (Pte) Ltd</b>
<b>Name of policy owner</b>	
<b>NRIC or Passport No. of policy owner</b>	
<b>Signature^ or right thumb print* of policy owner (where applicable)</b>	
<b>Email address of policy owner**</b>	
<b>Date of revocation of trust nomination (DD/MM/YYYY)</b>	

^ "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

\* Please delete as appropriate.

\*\* Please indicate "NIL" if it is not available.

## Part 2: CONSENT OF TRUSTEE, OR OF NOMINEE(S) AND PARENT(S) OR LEGAL GUARDIAN(S) OF NOMINEE(S)

### Notes:

1. In this Part, "licensed trust company", "director" and "resident manager" have the meanings given by section 2 of the Trust Companies Act 2005.
2. The prior written consent specified in this Part must be given before the date of revocation of trust nomination specified in Part 1.
3. A policy owner who wishes to name more than 2 nominees who have not attained the age of 18 years must attach to this Form as many additional copies of Form 2 as may be necessary to cover all such nominees.

In accordance with section 132(7) of the Insurance Act, I/we expressly consent/the named licensed trust company expressly consents\* to the revocation of the trust nomination made on

\_\_\_\_\_ (DD/MM/YYYY) in respect of the relevant policy specified in Part 1.

### Trustee: If trustee(s) is an individual and not the policy owner\*\*

Name of trustee	(1)
	(2)
NRIC or Passport No. of trustee	
Signature^ or right thumb print* of trustee	
Telephone No. of trustee***	
Email address of trustee***	
Date of consent (DD/MM/YYYY)	

### Trustee: If trustee(s) is a licensed trust company\*\*

Name of trustee	(1)
	(2)
Unique Entity No. of trustee	
Signature^ or right thumb print*, name and designation of authorised director or resident manager of trustee	
Telephone No. of trustee***	
Email address of trustee***	

<b>Date of consent (DD/MM/YYYY)</b>	
<b>Nominee: If nominee(s) has attained the age of 18 years**</b>	
<b>Name of nominee</b>	(1)  (2)
<b>NRIC or Passport No. of nominee</b>	
<b>Signature^ or right thumb print* of nominee</b>	
<b>Telephone No. of nominee***</b>	
<b>Email address of nominee***</b>	
<b>Date of consent (DD/MM/YYYY)</b>	
<b>Nominee: If nominee(s) has not attained the age of 18 years**</b>	
<b>Name of nominee 1</b>	
<b>Name of parent or legal guardian of nominee 1</b>	(1)  (2)
<b>NRIC or Passport No. of parent or legal guardian</b>	
<b>Signature^ or right thumb print* of parent or legal guardian</b>	
<b>Telephone No. of parent or legal guardian***</b>	
<b>Email address of parent or legal guardian***</b>	

<b>Date of consent (DD/MM/YYYY)</b>	
<b>Name of nominee 2</b>	
<b>Name of parent or legal guardian of nominee 2</b>	(1)  (2)
<b>NRIC or Passport No. of parent or legal guardian</b>	
<b>Signature^ or right thumb print* of parent or legal guardian</b>	
<b>Telephone No. of parent or legal guardian***</b>	
<b>Email address of parent or legal guardian***</b>	
<b>Date of consent (DD/MM/YYYY)</b>	

^ "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

\* Please delete as appropriate.

\*\* Please delete section(s) as appropriate.

\*\*\* Please indicate "NIL" if it is not available.

### Part 3: 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 revocation of trust nomination in Part 1 is witnessed, the date specified in this Part must be the same date as the date specified in Part 1
4. Where the revocation of trust nomination in Part 1 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 make the nomination as set out in Parts 1A and 1B of this Form.

<b>Name of appropriate signatory</b>	(1)	(2)
<b>NRIC or Passport No. of appropriate signatory</b>		
<b>Address of appropriate signatory</b>		
<b>Telephone No. of appropriate signatory**</b>		
<b>Email address of appropriate signatory**</b>		
<b>Signature^ or right thumb print* of appropriate signatory who witnessed the signing of this Form (where applicable)</b>	<p>I confirm that I witnessed the signing of Parts 1 and 2 of this Form.</p> <p>Wet-inked signature is required for hardcopy form.</p>	<p>I confirm that I witnessed the signing of Parts 1 and 2 of this Form.</p> <p>Wet-inked signature is required for hardcopy form.</p>
<b>Signature^ or right thumb print* of appropriate signatory who did not witness the signing of this Form (where applicable)</b>	Not Applicable	Not Applicable
<b>Date (DD/MM/YYYY)</b>		

^ "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

\* Please delete as appropriate.

\*\* Please indicate "NIL" if it is not available.

Do not staple. Glue all sides firmly

**Please send us your application with this prepaid business reply folder.**

1. Fold along the dotted lines.
2. Fold and insert your application form and any other required documents into this prepaid business reply folder.
3. Seal along the edges of this prepaid business reply folder with clear tape (do not staple).
4. Drop your sealed prepaid business reply folder into your nearest post box.

**BUSINESS REPLY SERVICES  
PERMIT NO. 00364**



**PRUDENTIAL ASSURANCE COMPANY SINGAPORE (PTE) LIMITED**  
Privy Box No. 920427  
Singapore 929292

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