

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

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.
- You must countersign any amendment made by you, otherwise the nomination is considered invalid and Prudential will not be bound to accept and register the nomination made using the nomination 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

Robinson Road P.O. Box 492 Singapore 900942

By Hand to: Prudential Customer Service Centre

Marina One The Heart #01-18/19, 5 Straits View Singapore 018935

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.sq

The information above is for your reference only and should not be taken as legal advice. You are advised to seek independent legal advice on the effect of your Nomination.



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 subparagraph (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.				
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 Insured.				
Name of insurer	Prudential Assurance Company Singapore (Pte) Ltd			
Name of policy owner				
NRIC or Passport No. of policy owner				
Signature^ or right thumb print* of				
policy owner (where applicable)				
Email address of policy owner**				
Date of revocation of trust nomination (DD/MM/YYYY)				

^{^ &}quot;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



Nominee: If nominee(s) has attained the age of 18 years**				
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Signature^ or right thumb print* of parent or legal guardian	
Telephone No. of parent or legal guardian***	
Email address of parent or legal guardian***	
Date of consent (DD/MM/YYYY)	
Name of nominee 2	
Name of parent or legal guardian of nominee 2	(1) (2)
NRIC or Passport No. of parent or legal guardian	
Signature^ or right thumb print* of parent or legal guardian	
Telephone No. of parent or legal guardian***	
Email address of parent or legal guardian***	
Date of consent (DD/MM/YYYY)	

^{^ &}quot;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.

Name of appropriate signatory	(1)	(2)
NRIC or Passport No. of appropriate signatory		
Address of appropriate signatory		
Telephone No. of appropriate signatory**		
Email address of appropriate signatory**		



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Signature^ or right	I confirm that I witnessed the signing of	I confirm that I witnessed the signing of
thumb print* of appropriate signatory who witnessed the signing of this Form (where applicable)	Parts 1 and 2 of this Form.	Parts 1 and 2 of this Form.
	Wet-inked signature is required for hardcopy form.	Wet-inked signature is required for hardcopy form.
Signature^ or right thumb print* of appropriate signatory who did not witness the signing of this Form (where applicable)	Not Applicable	Not Applicable
Date (DD/MM/YYYY)		

^{^ &}quot;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.