

**INSURANCE ACT 1966**  
**INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009**  
**FORM 4**  
**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 relevant policy.
2. Unless the context otherwise requires, this Form must be completed in full in order to make a valid revocable nomination.
3. A revocable nomination must comply with section 133(2) and (3) of the Insurance Act 1966 ("Insurance Act"), and must be made using this Form, in order for it to be valid.
4. A revocable 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 1A.
5. Only a policy owner who has attained the age of 18 years may make a revocable nomination.
6. In order for the revocable nomination to be valid, this Form must be signed —
  - (a) by the policy owner; and
  - (b) by 2 appropriate signatories, both of whom must either —
    - (i) witness the signing of this Form by the policy owner in person or by means of any audiovisual link, and make the declarations in Part 2; or
    - (ii) sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 2.
7. This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1A. Otherwise, the licensed insurer will not be bound to give effect to the revocable nomination purportedly made using this Form.

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

In accordance with section 133(2) of the Insurance Act, I nominate each person named in Part 1B (called in this Form a nominee) to receive the share (of the death benefits payable under the relevant policy specified below) set down against his or her name.

I understand that only death benefits will be payable to the nominee(s) named in Part 1B, 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 1B.

|   |  |
|---|--|
| <b>Policy No. or other reference of the relevant policy</b><br><br>Where the policy number or other reference is NOT available, please provide:<br>(a) the plan name; and<br>(b) the Basic Sum Insured. | (a)<br><br>(b)   |
| <b>Name of insurer</b>  | <b>China Taiping Insurance (Singapore) Pte. Ltd.</b>                           |
| <b>Name of policy owner</b>   |  |
| <b>NRIC or Passport No. of policy owner</b>   |  |
| <b>Signature<sup>^</sup> or right thumb print* of policy owner</b>  | Wet-linked signature is required.<br>Electronic form is currently unavailable. |
| <b>Email Address of policy owner</b>  |  |
| <b>Date (dd/mm/yyyy)</b><br>(This date must be the same as both appropriate signatories' date)  |  |

<sup>^</sup> "Signature", in relation to a signatory for an electronic form, means the signatory's secure electronic signature.

\* Please delete as appropriate.

**Part 1B: NOMINEE(S)**
Notes:

1. A revocable nomination will not be valid if any nominee's share is not specified.
2. The shares of the nominee(s) must be reflected as a percentage (up to 2 decimal places).
3. A revocable nomination will not be valid if the total of the shares of all nominees does not add up to 100%.
4. A policy owner who wishes to name more than 4 nominees must attach to this Form as many additional copies of Form 4 as may be necessary to cover all such nominees.

|   | (1) | (2) | (3) | (4) |
|---|-----|-----|-----|-----|
| <b>Name of nominee</b>  |     |     |     |     |
| <b>NRIC, Birth Certificate or Passport No. of nominee (if an individual), or Unique Entity No. or registration number of nominee (if not an individual)</b>     |     |     |     |     |
| <b>Date of birth of nominee (if an individual), or date of issue of Unique Entity No. or registration number of nominee (if not an individual) (dd/mm/yyyy)</b> |     |     |     |     |
| <b>Address of nominee</b>   |     |     |     |     |
| <b>Telephone No. of nominee</b>   |     |     |     |     |
| <b>Email address of nominee</b>   |     |     |     |     |
| <b>Share of nominee (%)</b>   |     |     |     |     |
| <b>Total shares of all nominees (%)</b>   |     |     |     |     |

Note:

1. If there is no additional Form 4 attached to this Form, the total shares of the nominees listed in this Form must add up to 100%.
2. If there is any additional Form 4 attached to this Form, the sum of the total shares of all nominees listed in all Forms must add up to 100%.

|   |         |
|---|---------|
| Is there any additional copy of Form 4 attached to this Form?   | Yes/No* |
| If the answer to the preceding question is "Yes", please state the number of additional copies of Form 4 attached to this Form. |         |

\* Please delete as appropriate.

**Part 2: DECLARATIONS BY APPROPRIATE SIGNATORIES**
Notes:

- Each appropriate signatory must have attained the age of 21 years.
- An appropriate signatory must not be a nominee or the spouse of a nominee. Otherwise, the revocable nomination made using this Form will not be valid.
- Where the nomination is witnessed, the date specified in this Part must be the same date as the date specified in Part 1A.
- Where the nomination is not witnessed, the date specified in this Part must be within 7 calendar days starting on the date specified in Part 1A.

Declaration:

By signing below, I confirm that to the best of my knowledge and belief —

- the policy owner completed and signed this Form;
- the policy owner understands the purpose of this Form and the effect of his or her completion and signing of this Form; and
- 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<sup>^</sup> of or right thumb print* of appropriate signatory who witnessed the signing of this Form (where applicable)</b>       | I confirm that I witnessed the signing of this Form.<br><br>Wet-inked signature is required.<br>Electronic form is currently unavailable. | I confirm that I witnessed the signing of this Form.<br><br>Wet-inked signature is required.<br>Electronic form is currently unavailable. |
| <b>Signature<sup>^</sup> of or right thumb print* of appropriate signatory who did not witness the signing of this Form (where applicable)</b> | <b>NOT APPLICABLE</b>   | <b>NOT APPLICABLE</b>   |
| <b>Date (dd/mm/yyyy)</b><br>(This date must be the same as policy owner's date on Page 1)  |   |   |

<sup>^</sup> "Signature", in relation to a signatory for an electronic form, means the signatory's secure electronic signature.

\* Please delete as appropriate.