



Guide on submitting Nomination form

We encourage our policy owners to refer to "Your Guide to the Nomination of Insurance Nominees 2015" which is available on www.aviva.com.sg or www.lia.org.sg before making a nomination.

A. Eligibility

- Policy owner and Life assured must be the same person who is at least 18 years old.
- Nominations are applicable for Life or Accident & Health (A&H) policy(ies) with death benefits.
- Annuity purchased with the minimum sum is not permitted.
- If Policy is subjected to any trust created under Section 73 of the Conveyancing and Law of Property Act, trust has to be revoked with trustee(s)' and beneficiary(ies)' consent before making a new nomination.
- **Applicable to Form 1 only:**
 - Nominees for **Irrevocable Nomination (Form 1)** must be spouse and/or child.
 - Policy must not be a Central Provident Fund (CPF), Supplementary Retirement Scheme (SRS) and Dependant Protection Scheme (DPS)

B. Completing the form

- Amendments / initialling against an amendment is not allowed
- One set of original form submission per policy
- **Applicable to Form 1 and 4:** Total Share of all Nominees must add up to 100%
- Form should be signed and witnessed on the same date

C. Documents required

- **Applicable to Form 1 and 3:**

Trustee(s) should complete and submit:

- Common Reporting Standard (CRS) form
- W8BEN or W9 form (W8BEN-E form if trustee is an entity)
- Copy of trustee(s) identity card(s) / passport (ACRA if trustee is an entity)
- Copy of Trustee(s)' proof of residential address
 - For Singaporean/ PR: copy of identity card
 - For Passholders: recent utility bills or letters issued by a statutory or government body (dated within past 6 months). For full list of acceptable documents, please refer to www.aviva.com.sg.
- **Applicable to Form 1 only:**
 - Copy of beneficiary(ies) identity card(s) / passport

Please submit the completed and signed original form to:

Aviva Ltd, 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807

For enquiries, please contact us at 6827 9933 or email cs_life@aviva-asia.com



To: Aviva Ltd

I/We hereby give you notice of appointment/ revocation of appointment of trustee. Please process the request upon receipt of this form.

Section A: Declaration of US Indicia

	Assured / Assignee	Joint Assured	Trustee	Trustee
	Name: _____ _____	Name: _____ _____	Name: _____ _____	Name: _____ _____
Do you have one or more US Indicia*?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give standing instructions to transfer funds to an account maintained in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give effective power of attorney or signatory granted to a person with a US address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you have ticked 'Yes', please complete the United States of America (US) Person Declaration form that is available at http://www.aviva.com.sg/fatca/resources-downloads.html and return to Aviva.</p> <p><i>*US Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / Contact Number/US "in-care-of" or "hold mail" address</i></p>				

Section B: Declaration of Tax Residency under the Common Reporting Standard (CRS)

	Assured / Assignee	Joint Assured	Trustee	Trustee
	Name: _____ _____	Name: _____ _____	Name: _____ _____	Name: _____ _____
Is there any change in the information that you have provided to Aviva Ltd that would result in a change in your tax residency status (for e.g. change in your residence/ mailing/ in-care of address, telephone number)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you have ticked 'Yes', please complete the CRS Self-Certification Form for Individual/Entity/Controlling Person (whichever is applicable) that is available at http://www.aviva.com.sg/CRS/resources-downloads.html and return to Aviva.</p>				

Section C: Your Authorisation

I/We consent to Aviva Ltd (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva Ltd.

I/We also consent to Aviva Ltd (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

Signature of Assured/Assignee

Name :
I/C No. :
Date :
Mobile Number :
Email Address :

Signature of Joint Assured

Name :
I/C No. :
Date :
Mobile Number :

Signature of Trustee

Name :
I/C No. :
Date :
Mobile Number :

Signature of Trustee

Name :
I/C No. :
Date :
Mobile Number :

► *The address, mobile number and email address provided above will replace our records accordingly.*

INSURANCE ACT**INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009****FORM 3****APPOINTMENT, OR REVOCATION OF APPOINTMENT, OF
TRUSTEE OF POLICY MONEYS****PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM**

- 1) This Form can only be used to appoint, or to revoke the appointment, of one or more trustees of policy moneys payable under one relevant policy.
- 2) Unless the context otherwise requires, Parts 1, 2 and 3 must be completed in full in order to appoint a trustee of policy moneys payable under a relevant policy.
- 3) Unless the context otherwise requires, Parts 1, 2 and 4 must be completed in full in order to revoke the appointment of a trustee of policy moneys payable under a relevant policy.
- 4) Unless the context otherwise requires, Parts 1, 2, 3 and 4 must be completed in full in order to revoke the appointment of a trustee of policy moneys payable under a relevant policy, and to appoint a new trustee for those policy moneys.
- 5) An appointment of a trustee of policy moneys payable under a relevant policy must comply with section 49L(12) and (14) of the Insurance Act (Cap. 142), and must be made using this Form, in order for it to be valid.
- 6) The revocation of the appointment of a trustee of policy moneys payable under a relevant policy must comply with section 49L(12) of the Insurance Act, and must be carried out using this Form, in order for the revocation to be valid.
- 7) The appointment, or the revocation of the appointment, of a trustee pursuant to this Form, if valid, will take effect from the date this Form is lodged with the registered insurer that issued the relevant policy specified in Part 1.
- 8) The policy owner must sign this Form in the presence of 2 witnesses.
- 9) This Form must be lodged with the registered insurer that issued the relevant policy specified in Part 1. Otherwise, the registered insurer will not be bound to give effect to the purported appointment, or the purported revocation of the appointment, of any trustee of policy moneys pursuant to this Form.

Part 1 INSTRUCTIONS

In accordance with section 49L(12) of the Insurance Act, I hereby —

(a) appoint each person specified in Part 3 as a trustee of the relevant policy specified below./; and*

(b) revoke the appointment(s) of the trustee(s) specified in Part 4.*

* Please delete as appropriate.

<p>Policy No. or other reference of the relevant policy</p> <p>Where the policy number or other reference is NOT available, please provide:</p> <p>(a) the plan name; and</p> <p>(b) the Basic Sum Insured.</p>	
<p>Name of insurer</p>	<p>Aviva Ltd</p>
<p>Name of policy owner</p>	
<p>NRIC or Passport No. of policy owner</p>	
<p>Signature or right thumb print of policy owner</p>	
<p>Date</p>	

Part 2 WITNESSES

Notes:

- 1 Each witness must have attained the age of 21 years.
- 2 A witness must not be a nominee or the spouse of a nominee.
- 3 The date specified in this Part and the date specified in Part 1 must be the same date.

Name of witness	(1)	(2)
NRIC or Passport No. of witness		
Address of witness		
Telephone No. of witness		
Signature of witness	I confirm that this Form was signed by the policy owner in my presence.	I confirm that this Form was signed by the policy owner in my presence.
Date		

Part 3 APPOINTMENT OF TRUSTEE(S)

Notes:

- 1 A trustee who is an individual must have attained the age of 18 years.
- 2 A trustee appointed under this Part will be in addition to any trustee appointed earlier whose appointment has not been revoked.
- 3 The policy owner may be named as trustee. However, if the policy owner is named as a trustee:
 - (a) he will not be able to consent to the revocation of the trust nomination;
 - (b) he will not be able to consent to the variation of a term or condition of the relevant policy, or to the execution by the registered insurer that issued the relevant policy of any instruction in relation to the relevant policy which may directly or indirectly alter the benefits payable under the relevant policy; and
 - (c) he will not be able to give a valid discharge to the registered insurer that issued the relevant policy for any payment made, pursuant to the trust nomination, from the policy moneys payable under the relevant policy.
- 4 In this Part, “licensed trust company”, “director” and “resident manager” have the same meanings as in the Trust Companies Act (Cap. 336).

Name of trustee	(1)	(2)
NRIC or Passport No. of trustee (if trustee is an individual) or Unique Entity No. of trustee (if trustee is a licensed trust company)		
Date of birth of trustee (if trustee is an individual) or date of incorporation of trustee (if trustee is a licensed trust company)		
Address of trustee		
Telephone No. of trustee		

<p>Signature or right thumb print of trustee (if trustee is an individual) or signature, name and designation of authorised director or resident manager of trustee (if trustee is a licensed trust company)</p>	<p>I agree/The abovenamed licensed trust company agrees* to be appointed as a trustee of the policy moneys payable under the relevant policy specified in Part 1.</p>	<p>I agree/The abovenamed licensed trust company agrees* to be appointed as a trustee of the policy moneys payable under the relevant policy specified in Part 1.</p>
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* Please delete as appropriate

Part 4 REVOCATION OF APPOINTMENT OF TRUSTEE(S)

Notes:

- 1 A policy owner may revoke the appointment of a trustee if, after the revocation of that trustee’s appointment, there is at least one remaining trustee.
- 2 The revocation of the appointment of a trustee under this Part does not affect the appointment of any other trustee.
- 3 In this Part, “licensed trust company” has the same meaning as in the Trust Companies Act (Cap. 336).

Name of trustee	(1)	(2)
NRIC or Passport No. of trustee (if trustee is an individual) or Unique Entity No. of trustee (if trustee is a licensed trust company)		