



## 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](http://www.aviva.com.sg) or [www.lia.org.sg](http://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](http://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](mailto:cs_life@aviva-asia.com)



**INSURANCE ACT**  
**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 49M(2) and (3) of the Insurance Act (Cap. 142), 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 registered insurer that issued the relevant policy specified in Part 1.
- 5 Only a policy owner who has attained the age of 18 years may make a revocable nomination.
- 6 The policy owner must sign this Form in the presence of 2 witnesses, in order to make a valid revocable nomination.
- 7 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 revocable nomination purportedly made using this Form.

**Part 1 INSTRUCTIONS**

In accordance with section 49M(2) of the Insurance Act, I nominate each person named in Part 3 (referred to in this Form as a nominee) to receive the share (of the death benefits payable under the relevant policy specified below) set down against his/her name.

I understand that only death benefits will be payable to the nominee(s) named in Part 3, 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 3.

<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>	Aviva Ltd
<b>Name of policy owner</b>	
<b>NRIC or Passport No. of policy owner</b>	
<b>Signature or right thumb print of policy owner</b>	
<b>Date</b>	

**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. 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.

<b>Name of witness</b>	(1)	(2)
<b>NRIC or Passport No. of witness</b>		
<b>Address of witness</b>		
<b>Telephone No. of witness</b>		
<b>Signature of witness</b>	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.
<b>Date</b>		

**Part 3 NOMINEE(S)**
Notes:

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

Name of nominee	NRIC, Birth Certificate or Passport No. of nominee (if an individual), or Unique Entity No. or registration number of nominee (if not an individual)	Address of nominee	Date of birth of nominee (if an individual)	Share of nominee (%)
				Total (%)
<u>Note:</u> <ol style="list-style-type: none"> <li>1 If there is no additional Form 4 attached to this Form, the total must add up to 100%.</li> <li>2 If there is any additional Form 4 attached to this Form, the sum of the totals for all Forms must add up to 100%.</li> </ol>				
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.