



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



INSURANCE ACT
INSURANCE (NOMINATION OF BENEFICIARIES)
REGULATIONS 2009
FORM 5
REVOCAION OF REVOCABLE NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

- 1 This Form can only be used to revoke a revocable 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 revocable nomination to be valid.
- 3 The revocation of a revocable nomination under section 49M(4) of the Insurance Act (Cap. 142) must comply with that provision, and must be carried out using this Form, in order for the revocation to be valid.
- 4 The revocation of 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 The revocation of a revocable nomination, if valid, will apply to the entire revocable nomination.
- 6 The policy owner must sign this Form in the presence of 2 witnesses, in order for the revocation of the revocable nomination to be valid.
- 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 purported revocation of the revocable nomination by this Form.



Part 1 INSTRUCTIONS	
In accordance with section 49M(4) of the Insurance Act, I revoke the revocable nomination which I had made on _____ 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	Aviva Ltd
Name of policy owner	
NRIC or Passport No. of policy owner	
Signature or right thumb print of policy owner	
Date	

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 in my presence.	I confirm that this Form was signed in my presence.
Date		