



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 6

NOTICE OF REVOCATION OF REVOCABLE NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

- 1 This Form can only be used to give notice of the revocation, under section 49M(7)(a) or (b) of the Insurance Act (Cap. 142), of a revocable nomination made in respect of one relevant policy.
- 2 Part 1 must be completed in full, if a policy owner wishes to use this Form to give notice of the revocation, under section 49M(7)(a) of the Insurance Act, of a revocable nomination made by him.
- 3 Part 2 must be completed in full, if a policy owner wishes to use this Form to give notice of the revocation, under section 49M(7)(b) of the Insurance Act, of a revocable nomination made by him.
- 4 This Form must be lodged with the registered insurer that issued the relevant policy specified in Part 1 or Part 2, as the case may be.

Part 1 DECLARATION THAT RELEVANT POLICY OR INTEREST THEREUNDER HAS BEEN ASSIGNED, ENCUMBERED OR DEALT WITH

For the purposes of section 49N(3) of the Insurance Act and regulation 5(4) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that —

- (a) I have on _____ assigned, encumbered or otherwise dealt with the relevant policy specified below or an interest under that relevant policy; and
- (b) accordingly, the revocable nomination which I had made on _____ in respect of that relevant policy is deemed to be revoked on the date referred to in paragraph (a).

| | |
|---|-----------|
| 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 DECLARATION THAT POLICY OWNER HAS MADE WILL PROVIDING FOR DISPOSITION OF ALL DEATH BENEFITS UNDER RELEVANT POLICY

For the purposes of section 49N(3) of the Insurance Act and regulation 5(5) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that —

- (a) I have on _____ made a will in accordance with the Wills Act (Cap. 352) which —
 - (i) provides for the disposition of all death benefits under the relevant policy specified below; and
 - (ii) specifies the particulars of that relevant policy referred to in regulation 5(3) of the Insurance (Nomination of Beneficiaries) Regulations 2009; and
- (b) accordingly, the revocable nomination which I had made on _____ in respect of that relevant policy is deemed to be revoked on the date referred to in paragraph (a).

| | |
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| <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> | |
| Name of insurer | |
| Name of policy owner | |
| NRIC or Passport No. of policy owner | |
| Signature or right thumb print of policy owner | |
| Date | |