



To: Aviva Ltd

Please process the nomination upon receipt of this form. Enclosed are the photocopies of the Trustee(s) and Beneficiary(ies) Identity Card(s)/Passport(s).

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 :

Note:

Mobile number and email address provided above will replace our records accordingly.

INSURANCE ACT**INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009****FORM 1****TRUST NOMINATION****PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM**

- 1) This Form can only be used to make a trust 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 trust nomination.
- 3) A trust nomination must comply with section 49L(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 trust 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 trust nomination.
- 6) The policy owner must sign this Form in the presence of 2 witnesses, in order to make a valid trust nomination. Please enclose photocopies of the Trustee(s) and Beneficiary(ies) Identity Card(s)/Passport(s).
- 7) If this Form pertains to a relevant policy in respect of which a trust nomination has been made, this Form must be accompanied by a copy of Form 2 which revokes the earlier trust nomination.
- 8) 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 trust nomination purportedly made using this Form.

Part 1 INSTRUCTIONS

In accordance with section 49L(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 policy moneys payable under the relevant policy specified below) set down against his/her name.

I understand that this nomination will not be revoked by my marriage or divorce. I also understand that this nomination will create a trust of the policy moneys in favour of every nominee named in Part 3. I am aware that thereafter I will no longer have any interest in, or any right or control over, all or any of the policy moneys payable under the policy specified below (whether paid out during my lifetime or after my death). I will also not be allowed to vary any term or condition of the policy, or give any instruction in relation to the policy which may directly or indirectly alter the benefits payable under the policy, except in accordance with section 49L(9) of the Insurance Act.

<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. Otherwise, the trust 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.

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 NOMINEE(S)

Notes:

- 1) Only the spouse, or a child, of the policy owner is eligible to become a nominee under a trust nomination. The policy owner cannot name himself as a nominee. A trust nomination will not be valid if any person other than the spouse or a child of the policy owner is named as a nominee.
- 2) A trust nomination will not be valid if any nominee's share is not specified.
- 3) A trust 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 shall attach to this Form as many additional copies of Form 1 as may be necessary to cover all nominees.

Name of nominee	NRIC, Birth Certificate or Passport No. of nominee	Date of birth of nominee	Address of nominee	Relationship of nominee to policy owner	Share of nominee (%)
Total (%)					
<u>Note:</u>					
1) If there is no additional Form 1 attached to this Form, the total must add up to 100%.					
2) If there is any additional Form 1 attached to this Form, the sum of the totals for all Forms must add up to 100%.					
Is there any additional copy of Form 1 attached to this Form?					Yes/No*
If the answer to the preceding question is "Yes", please state the number of additional copies of Form 1 attached to this Form.					

* Please delete as appropriate.

Part 4 TRUSTEE(S)
Notes:

- 1) A trustee who is an individual must have attained the age of 18 years.
- 2) A policy owner must appoint at least one trustee. However, a policy owner may appoint more than one trustee. If a policy owner wishes to appoint more than 2 trustees, he may do so by completing Form 3.
- 3) The policy owner, a witness or a nominee 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) (mandatory)	(2) (optional)
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		
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)	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.	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.

* Please delete as appropriate