

INSURANCE ACT

INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009

FORM 5

REVOCATION 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 1966 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	(a) (b)
Name of Insurer	Etiqua Insurance Pte 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		
Contact 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		