

INSTRUCTIONS FOR FILLING UP THE PRESCRIBED STATUTORY FORMS

With effect from 2 Jan 2024, the nomination of beneficiaries' framework is governed by the Insurance Act and Insurance (Nomination of Beneficiaries) Regulations 2009.

The prescribed statutory forms must be completed in full in order to be valid and duly registered by us. Any statutory form that is not properly filled up and completed in full will be rejected. You are therefore advised to read the instruction notes set out in each statutory form. We would also highlight and draw to your attention our following instruction notes for your reading before filing up the statutory form.

- 1 Policy owner who has attained the age of 18 years may make a nomination.
- 2 Nomination must be submitted on the relevant statutory form. The statutory form must be properly filled up and completed in full.
- 3 The statutory form must clearly state the policy number. Where the policy number is not available, you can provide the plan name and basic sum insured of the plan.
- 4 A new statutory form must be completed in the event that there is any amendment and/or alteration. Initialling against an amendment/alteration is not allowed.
- 5 Statutory Form 1 must be signed by the policy owner in person in the presence of 2 appropriate signatories (who must make the declarations in Part 3). The date of signing this Form by policy owner and 2 appropriate signatories must be the same date.
- 6 Statutory Form 2 must be signed:
 - (a) by the policy owner;
 - (b) by either:
 - (i) any trustee of the policy moneys payable under the relevant policy specified in Part 1 (not being the policy owner); or
 - (ii) each nominee who attained age of 18 years and a parent or legal guardian (not being the policy owner) of each nominee who is below age of 18 years; and
 - (c) by 2 appropriate signatories, both of whom must either:
 - (i) witness the signing of this Form by the policy owner and each of the persons mentioned in (b)(i) or (b)(ii) (as the case may be) in person or by means of any audiovisual link, and make the declarations in Part 3 (date specified in this part must have same signed date as policy owner); or
 - (ii) without witnessing the signing mentioned (c)(i) and make declarations in Part 3 (date specified in this part must be within 7 calendar days starting on the signed date of the policy owner).

Note: Currently, electronic nomination form submission is not available. The option for "without witnessing" is not applicable for hard copy form submission.
- 7 Statutory Form 3 must be signed:
 - (a) by the policy owner; and
 - (b) by 2 appropriate signatories, both of whom must either:
 - (i) witness the signing of this Form by the policy owner in person or by means of any audiovisual link, and make declarations in Part 3 (date specified in this part must have same signed date as policy owner); or
 - (ii) without witnessing the signing mentioned in (b)(i) and make the declarations in Part 3 (date specified in this part must be within 7 calendar days starting on the signed date of the policy owner).

Note: Currently, electronic nomination form submission is not available. The option for "without witnessing" is not applicable for hard copy form submission.
- 8 The statutory form must clearly state the full address and at least 1 contact number of each appropriate signatory.
- 9 Each appropriate signatory must have attained the age of 21 years. An appropriate signatory must not be a nominee or the spouse of a nominee.
- 10 The total shares of all nominees must add up to 100%.
- 11 If a policy owner wishes to name more than 4 nominees, additional copies of the statutory Form 1 (trust nomination) to cover all nominees must be submitted. The additional Form 1 must be completed in full by the policy owner and signed by the same 2 appropriate signatories. Attachment in any other form will be rejected.
- 12 A policy owner must appoint at least 1 trustee. However, if the policy owner wishes to appoint more than 2 trustees for a trust nomination, statutory Form 3 must be submitted. Form 3 must be completed in full and signed by the policy owner and, if submitted together with Form 1, witnessed and signed by the same 2 appropriate signatories as Form 1. Attachment in any other form is not allowed.
- 13 You cannot make a nomination if your policy falls into any of the following categories.
 - (i) Your policy is an annuity purchased under the Minimum Sum Scheme (MSS).
 - (ii) The life insured under your policy is not the same person as the policyholder.
- 14 With effect from 1 Jan 2017, Trustee(s) and Nominee(s) in a trust nomination(s) must complete and submit FATCA & CRS SELF-CERTIFICATION FORM FOR INDIVIDUAL ACCOUNT HOLDER. The form can be downloaded and printed from via <https://www.income.com.sg/policy-downloads-and-forms>. One form is required for each trustee/nominee named in the Trust Nomination Form.
If the nominee is below 18 years old, Parent/Legal Guardian must complete the FATCA & CRS SELF-CERTIFICATION FORM FOR INDIVIDUAL ACCOUNT HOLDER on behalf of the nominee.

FATCA & CRS SELF-CERTIFICATION FORM FOR ENTITY/INDIVIDUAL ACCOUNT HOLDER

Income Insurance Limited (“Income”) is required to collect and report certain information about an account holder’s tax residency in order to comply with the Singapore Income Tax Act 1947 and related regulations including Income Tax (International Tax Compliance Agreements) (United States of America) Regulations 2015 (FATCA) and Income Tax (International Tax Compliance Agreements) (Common Reporting Standard) Regulation 2016 (CRS).

We may be obliged to share information about the policy(ies) for which you are an Account Holder with the relevant tax authorities under certain circumstances.

Submission of Statutory Form

The completed and signed original statutory form must be submitted by hand or post to Income Insurance Limited (Income) for our registration. Any statutory form that is submitted by fax or email attachment will be rejected.

Enquiry on Nomination Matters

For enquiry on nomination matters, please contact our Customer Service Officer at 6788 1122 or submit via www.income.com.sg/enquiry. You may also approach your Financial Consultant for assistance.

INSURANCE ACT 1966
INSURANCE
(NOMINATION OF BENEFICIARIES)
REGULATIONS 2009
FORM 2
REVOCATION OF TRUST NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

- 1 This Form can only be used to revoke a trust 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 trust nomination to be valid.
- 3 The revocation of a trust nomination must comply with section 132(7) of the Insurance Act 1966 (“Insurance Act”), and must be carried out using this Form, in order for the revocation to be valid.
- 4 The revocation of a trust nomination, if valid, will take effect from the date this Form is lodged with the licensed insurer that issued the relevant policy specified in Part 1.
- 5 The revocation of a trust nomination, if valid, will apply to the entire trust nomination.
- 6 In order for the revocation of the trust nomination to be valid, this Form must be signed:
 - (a) by the policy owner;
 - (b) by either:
 - (i) any trustee of the policy moneys payable under the relevant policy specified in Part 1 (not being the policy owner); or
 - (ii) each nominee who has attained the age of 18 years and a parent or legal guardian (not being the policy owner) of each nominee who is below the age of 18 years; and
 - (c) by 2 appropriate signatories, both of whom must either:
 - (i) witness the signing of this Form by the policy owner and each of the persons mentioned in sub-paragraph (b)(i) or (ii) (as the case may be) in person or by means of any audiovisual link, and make the declarations in Part 3; or
 - (ii) sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 3.
- 7 This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1. Otherwise, the licensed insurer will not be bound to give effect to the purported revocation of the trust nomination by this Form.

Part 1: POLICY OWNER’S INSTRUCTIONS	
In accordance with section 132(7) of the Insurance Act, I revoke the trust nomination which I had made on _____ (dd/mm/yyyy) 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	Income Insurance Limited
Name of policy owner	
NRIC or Passport No. of policy owner	
Signature[^] or right thumb print* of policy owner (where applicable)	
Email Address of policy owner	
Date of revocation of trust nomination (dd/mm/yyyy)	

[^] “Signature”, in relation to a signatory for an electronic form, means the signatory’s secure electronic signature.

* Please delete as appropriate.

Part 2: CONSENT OF TRUSTEE, OR OF NOMINEE(S) AND PARENT(S) OR LEGAL GUARDIAN(S) OF NOMINEE(S)**Notes:**

- 1 In this Part, “licensed trust company”, “director” and “resident manager” have the meanings given by section 2 of the Trust Companies Act 2005.
- 2 The prior written consent specified in this Part must be given before the date of revocation of trust nomination specified in Part 1.
- 3 A policy owner who wishes to name more than 2 nominees who have not attained the age of 18 years must attach to this Form as many additional copies of Form 2 as may be necessary to cover all such nominees.

In accordance with section 132(7) of the Insurance Act, I/we expressly consent/the named licensed trust company expressly consents* to the revocation of the trust nomination made on _____ (dd/mm/yyyy) in respect of the relevant policy specified in Part 1.

Trustee: If trustee(s) is an individual and not the policy owner**

Name of trustee	(1) (2)
NRIC or Passport No. of trustee	
Signature^ or right thumb print* of trustee	
Telephone No. of trustee	
Email Address of trustee	
Date of consent (dd/mm/yyyy)	

Trustee: If trustee(s) is a licensed trust company**

Name of trustee	(1) (2)
Unique Entity No. of trustee	
Signature^ or right thumb print*, name and Designation of authorised director or resident Manager of trustee	
Telephone No. of trustee	
Email Address of trustee	
Date of consent (dd/mm/yyyy)	

Nominee: If nominee(s) has attained the age of 18 years**	
Name of nominee	(1) (2)
NRIC or Passport No. of nominee	
Signature[^] or right thumb print* of nominee	
Telephone No. of nominee	
Email Address of nominee	
Date of consent (dd/mm/yyyy)	
Nominee: If nominee(s) has not attained the age of 18 years**	
Name of Nominee 1	
Name of parent or legal guardian of Nominee 1	(1) (2)
NRIC or Passport No. of parent or legal guardian	
Signature[^] or right thumb print* of parent or legal guardian	
Telephone No. of parent or legal guardian	
Email Address of parent or legal guardian	
Date of consent (dd/mm/yyyy)	
Name of Nominee 2	
Name of parent or legal guardian of Nominee 2	(1) (2)
NRIC or Passport No. of parent or legal guardian	
Signature[^] or right thumb print* of parent or legal guardian	
Telephone No. of parent or legal guardian	
Email Address of parent or legal guardian	
Date of consent (dd/mm/yyyy)	

[^] "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

* Please delete as appropriate.

** Please delete section(s) as appropriate.

Part 3: DECLARATIONS BY APPROPRIATE SIGNATORIES

Notes:

- 1 Each appropriate signatory must have attained the age of 21 years.
- 2 An appropriate signatory must not be a nominee or the spouse of a nominee.
- 3 Where the revocation of trust nomination in Part 1 is witnessed, the date specified in this Part must be the same date as the date specified in Part 1.
- 4 Where the revocation of trust nomination in Part 1 is not witnessed, the date specified in this Part must be within 7 calendar days starting on the date specified in Part 1.

Declaration:

By signing below, I confirm that to the best of my knowledge and belief:

- (a) the policy owner completed and signed this Form;
- (b) the policy owner understands the purpose of this Form and the effect of his or her completion and signing of this Form; and
- (c) no fraud or undue pressure has been used to induce the policy owner to revoke the trust nomination as set out in Part 1 of this Form.

Name of appropriate signatory	(1)	(2)
NRIC or Passport No. of appropriate signatory		
Address of appropriate signatory		
Telephone No. of appropriate signatory		
Email Address of appropriate signatory		
Signature[^] of or right thumb print* of appropriate signatory who witnessed the signing of this Form (where applicable)	I confirm that I witnessed the signing of Parts 1 and 2 of this Form.	I confirm that I witnessed the signing of Parts 1 and 2 of this Form.
Signature[^] of or right thumb print* of appropriate signatory who did not witness the signing of this Form (where applicable)	Not Applicable	Not Applicable
Date (dd/mm/yyyy)		

[^] "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

* Please delete as appropriate.