

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 4 and Form 5 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 the declarations in Part 2 (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 2 (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.
- 6 The statutory form must clearly state the full address and at least 1 contact number of each appropriate signatory.
- 7 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.
- 8 The total shares of all nominees must add up to 100%.
- 9 If a policy owner wishes to name more than 4 nominees, additional copies of the statutory Form 4 (revocable nomination) to cover all nominees must be submitted. The additional Form 4 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.
- 10 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.

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 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 133(7)(a) or (b) of the Insurance Act 1966 (“Insurance Act”), 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 133(7)(a) of the Insurance Act, of a revocable nomination made by him or her.
- 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 133(7)(b) of the Insurance Act, of a revocable nomination made by him or her.
- 4 This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1 or 2, as the case may be.

<p>Part 1: DECLARATION THAT RELEVANT POLICY OR INTEREST THEREUNDER HAS BEEN ASSIGNED, ENCUMBERED OR DEALT WITH</p> <p>For the purposes of section 134(3) of the Insurance Act and regulation 5(4) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that:</p> <p>(a) I have on _____ (dd/mm/yyyy) assigned, encumbered or otherwise dealt with the relevant policy specified below or an interest under that relevant policy; and</p> <p>(b) accordingly, the revocable nomination which I had made on _____ (dd/mm/yyyy) in respect of that relevant policy is deemed to be revoked on the date referred to in paragraph (a).</p>	
<p>Policy No. or other reference of the relevant policy 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>Income Insurance Limited</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>Email Address of policy owner</p>	
<p>Date (dd/mm/yyyy)</p>	

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

* Please delete as appropriate.

Part 2: DECLARATION THAT POLICY OWNER HAS MADE WILL PROVIDING FOR DISPOSITION OF ALL DEATH BENEFITS UNDER RELEVANT POLICY

For the purposes of section 134(3) of the Insurance Act and regulation 5(5) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that:

- (a) I have on _____ (dd/mm/yyyy) made a will in accordance with the Wills Act 1838 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 _____ (dd/mm/yyyy) 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

Income Insurance Limited

Name of policy owner

NRIC or Passport No. of policy owner

Signature[^] or right thumb print* of policy owner

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.