

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 (Cap. 142) 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 two 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 previous revocable nomination which I had made on in respect of the relevant policy specified below.

Policy number 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**Name of policy owner****NRIC or passport number of policy owner****Signature or right thumb print of policy owner**

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Date

Part 2 Witnesses

Notes:

- 1) Witnesses 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 number of witness		
Address of witness		
Telephone number of witness		
Signature of witness	I confirm that this Form was signed in my presence.	I confirm that this Form was signed in my presence.
Date		

Please return your completed form to your relevant financial professional or send it to us at:
Zurich International Life, Singapore Land Tower #29-05, 50 Raffles Place, Singapore 048623.
Telephone +65 6876 6750 Telefax +65 6876 6751.