

**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.

**Part 1: DECLARATION THAT RELEVANT POLICY OR INTEREST THEREUNDER HAS BEEN ASSIGNED, ENCUMBERED OR DEALT WITH**

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 —

- (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
- (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.

<p><b>Policy No. or other reference of the relevant policy</b></p> <p>Where the policy number or other reference is NOT available, please provide:</p> <ul style="list-style-type: none"> <li>(a) the plan name; and</li> <li>(b) the Basic Sum Insured.</li> </ul>	
<p><b>Name of insurer</b></p>	
<p><b>Name of policy owner</b></p>	
<p><b>NRIC or Passport No. of policy owner</b></p>	
<p><b>Signature ^ or right thumb print* of policy owner</b></p>	
<p><b>Email Address of policy owner</b></p>	
<p><b>Date (dd/mm/yyyy)</b></p>	

^ Signature in wet ink is required. Electronic form submission facility is currently unavailable.

\* 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).

<p><b>Policy No. or other reference of the relevant policy</b></p> <p>Where the policy number or other reference is NOT available, please provide:</p> <ul style="list-style-type: none"> <li>(a) the plan name; and</li> <li>(b) the Basic Sum Insured.</li> </ul>	
<p><b>Name of insurer</b></p>	
<p><b>Name of policy owner</b></p>	
<p><b>NRIC or Passport No. of policy owner</b></p>	
<p><b>Signature ^ or right thumb print* of policy owner</b></p>	
<p><b>Email Address of policy owner</b></p>	
<p><b>Date (dd/mm/yyyy)</b></p>	

^ Signature in wet ink is required. Electronic form submission facility is currently unavailable.

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