



**AIA SINGAPORE  
INSURANCE ACT  
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 Part 2, as the case may be.

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

For the purpose 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 (a).

<b>Policy No. or other reference of the relevant policy</b>  Where the policy number or other reference is NOT available, please provide:  (a) the plan name; and  (b) the Basic Sum Insured.	
<b>Name of Insurer</b>	<b>AIA SINGAPORE PRIVATE LIMITED</b>
<b>Name of policy owner</b>	
<b>NRIC or Passport No. of policy owner</b>	
<b>Signature<sup>^</sup> or right thumb print* of policy owner</b>	
<b>Email Address of policy owner**</b>	
<b>Date (dd/mm/yyyy)</b>	

<sup>^</sup> "Signature", in relation to a signatory for an electronic form, means the signatory's secure electric signature.  
 \* Please delete as appropriate.  
 \*\* Please indicate "NIL" if it is not available.

PT0022210 (01/2022, 02/2023, 01/2024)



\* 6 2 6 0 1 2 4 0 1 0 2 0 2 \*

**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).

<b>Policy No. or other reference of the relevant policy</b>  Where the policy number or other reference is NOT available, please provide:  (a) the plan name; and  (b) the Basic Sum Insured.	
<b>Name of Insurer</b>	<b>AIA SINGAPORE PRIVATE LIMITED</b>
<b>Name of policy owner</b>	
<b>NRIC or Passport No. of policy owner</b>	
<b>Signature^ or right thumb print* of policy owner</b>	
<b>Date (dd/mm/yyyy)</b>	

^ "Signature", in relation to a signatory for an electronic form, means the signatory's secure electric signature.

\* Please delete as appropriate.

*To avoid any delays, please also ensure that your signature is executed in the same manner as our records. You may want to refer to the application form in your contract for a specimen of the original signature.*

*Indicated your Policy No(s)?*  
 *Signed and dated all forms/letters?*  
 *Obtained the name, I/C no, & signature of a witness who is not related to you?*

*Have you*

Please fold along dotted line



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**BUSINESS REPLY SERVICE**

PERMIT NO. 06134



**AIA Singapore Private Limited**

POLICY SERVICES

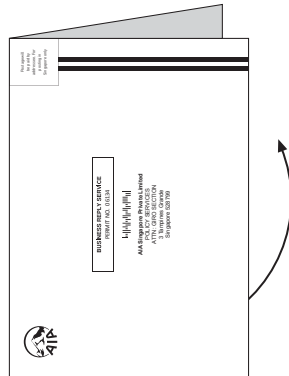
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AIA Tampines

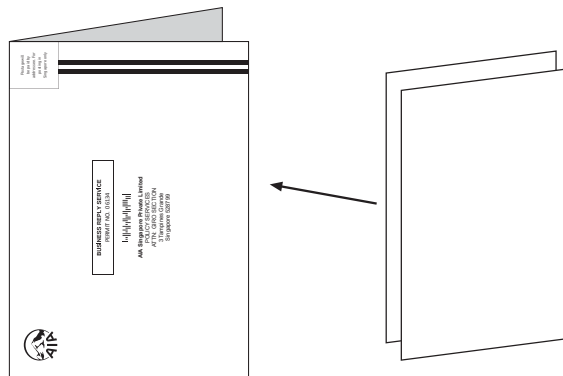
Singapore 528799

## How to use this postage-paid return envelope:

- 1) Fold this in half with the mailing details exposed



- 2) Attach your supporting documents within



- 3) Seal all 3 sides with glue encasing your supporting documents and mail

