Important Notes: When completing Nomination Of Beneficiary Forms

Before you make a nomination or revoke a nomination under the Insurance Act, we encourage you to read and understand the information provided in Your Guide to the Nomination of insurance Nominees 2015 (NOB Guide) which is available from AIA website at aia.com.sg or LIA website at http://www.lia.org.sg

1. Only original completed nomination form can be registered.

2. All dates on the form must be dated on the same day.

3. If you wish to name more than 4 nominees, please submit additional copies of Form 1 or Form 4 to be completed in full. Partial submission or submission in any other forms will not be accepted.

4. Details of policyowner and nominee(s) must be the same as shown in their Identification Document. Please submit a copy of the Identification Document of the nominee(s). This will ensure that accurate details of the nominee(s) are updated.

5. Signature of the Policyowner should be consistent with that on our record. Please submit a request to update your signature if you cannot recall how you had signed during application or in your subsequent signature update.

6. A nomination should not be made for a policy that you have used or intend to use for exemption from Home Protection Scheme.

7. No amendments or corrections are allowed on the form. This includes any amendments with countersign or use of correction tape/fluid.

Documents Required

Applicable to Form 1:

i. Copy of Identification Document of policyowner and trustee (ACRA or it's equivalent if the trustee is an entity).
ii. ***Enhanced Due Diligence Form (Policy Services)*** to be completed by each trustee.
iii. ***FATCA Declaration Form*** to be completed by each trustee.
iv. ***W9 Form*** or ***W8BEN Form*** to be completed by each trustee (***W8BEN-E Form*** if the trustee is an entity)
v. ***CRS Individual Self-Certification Form*** to be completed by each trustee if the trustee is an individual or ***CRS Entity Self-Certification Form*** if the trustee is an entity.

If you require further assistance, please contact your AIA Financial Services Consultant / Insurance Representative or call our Customer Care hotline at 1800-248-8000 or +65-6248-8000 (if you are calling from overseas) from Monday to Friday (excluding Public Holidays), between 8.45 a.m. to 5.30 p.m. We would be happy to assist.

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AIA SINGAPORE
INSURANCE ACT
INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009
FORM 1
TRUST NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

1. This Form can only be used to make a trust nomination in respect of one relevant policy.
2. Unless the context otherwise requires, this form must be completed in full order to make a valid trust nomination. The hard copy form of this Form must also be used.
3. A trust nomination must comply with section 132(2) and (3) of the Insurance Act 1966 ("Insurance Act"), and must be made using this Form, in order for it to be valid.
4. 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 1A.
5. Only a policy owner who has attained the age of 18 years may make a trust nomination.
6. A person must agree to be appointed as a trustee before the policy owner makes the trustee nomination, and the person may only agree so after being informed by the policy owner of the following matters in Part 1A and 1B:
   (a) the details of the relevant policy (Policy No. or other reference, and name of insurer);
   (b) the person or persons whom the policy owner intends to nominate; and
   (c) the share of the policy moneys that each of the persons mentioned in sub-paragraph (b) will receive.
7. No amendments or corrections are allowed on the form. This includes any amendments with countersign or use of correction tape/fluid.
8. The policy owner must sign this Form in person in the presence of 2 witnesses (who must make the declarations in Part 3), in order to make a valid trust nomination.
9. If this Form pertains to a relevant policy in respect of which a trust nomination has been made, this Form must be accompanied by a copy of Form 2 which revokes the earlier trust nomination. If Form 2 is completed in electronic form, the policy owner may provide the licensed insurer a printed copy of Form 2 or the reference number (if any) of the completed Form 2.
10. This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1A. Otherwise the licensed insurer will not be bound to give effect to the trust nomination purportedly made using this Form.

Part 1A: POLICY OWNER'S INSTRUCTIONS

In accordance with section 132(2) of the Insurance Act, I nominate each person named in Part 1B (called in this Form a nominee) to receive the share (of the policy moneys payable under the relevant policy specified below) set down against his or her name.

I understand that this nomination will not be revoked by my marriage or divorce. I also understand that this nomination will create a trust of the policy moneys in favour of every nominee named in Part 1B. I am aware that thereafter I will no longer have any interest in, or any right or control over, all or any of the policy moneys payable under the policy specified below (whether paid out during my lifetime or after my death). I will also not be allowed to vary any term or condition of the policy, or give any instruction in relation to the policy which may directly or indirectly alter the benefits payable under the policy, except in accordance with section 132(9) of the Insurance Act.

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	**AIA SINGAPORE PRIVATE LIMITED**
Name of policy owner	
NRIC/FIN/Passport No. of policy owner	
Signature or right thumb print* of policy owner	
Email Address of policy owner	
Date	

* Please delete as appropriate

Part 1B: NOMINEE(S)

1. Only the spouse, or a child, of the policy owner is eligible to become a nominee under a trust nomination. The policy owner cannot name himself or herself as a nominee. A trust nomination will not be valid if any person other than the spouse or a child of the policy owner is named as a nominee.
2. A trust nomination will not be valid if any nominee's share is not specified.
3. The shares of the nominee(s) must be reflected as a percentage (up to 2 decimal places).
4. A trust nomination will not be valid if the total of the shares of all nominees does not add up to 100%.
5. A policy owner who wishes to name more than 4 nominees must attach to this Form as many additional copies of Form 1 as may be necessary to cover all nominees.

	(1)	(2)	(3)	(4)
Name of nominee				
NRIC, Birth Certificate or Passport No. of nominee				
Date of birth of nominee (dd/mm/yyyy)				
Address of nominee				
Telephone No. of nominee**				
Email address of nominee**				
Relationship of nominee to policy owner				
Share of nominee (%)				
Total shares of all nominees (%)				

Notes:
1. If there is no additional Form 1 attached to this Form, the total shares of the nominees listed in this Form must add up to 100%.
2. If there is any additional Form 1 attached to this Form, the sum of the total shares of all nominees listed in all Forms must add up to 100%.

Is there any additional copy of Form 1 attached to this Form?	**Yes/No***
If the answer to the preceding question is "Yes", please state the number of additional copies of Form 1 attached to this Form.	

* Please delete as appropriate
** Please indicate "NIL" if it is not available.

Part 2: TRUSTEE(S)

Notes:

1. A trustee who is an individual must have attained the age of 18 years.
2. A policy owner must appoint at least one trustee. However, a policy owner may appoint more than one trustee. If a policy owner wishes to appoint more than 2 trustees, he may do so by completing Form 3.
3. The policy owner, a witness or a nominee may be named as trustee. However, if the policy owner is named as a trustee -
   a. he or she will not be able to consent to the revocation of the Trust Nomination;
   b. he or she will not be able to consent to the variation of a term or condition of the relevant policy, or to the execution by the licensed insurer that issued the relevant policy of any instruction in relation to the relevant policy which may directly or indirectly alter the benefits payable under the relevant policy; and
   c. he or she will not be able to give a valid discharge to the licensed insurer that issued the relevant policy for any payment made pursuant to the Trust Nomination, from the policy moneys payable under the relevant policy.
4. In this Part, "licensed trust company", "director" and "resident manager" have the same meanings given by section 2 of the Trust Companies Act 2005.

Name of Trustee	(1) (mandatory)	(2) (optional)
NRIC or Passport No. of Trustee (if trustee is an individual) or Unique Entity No. of trustee (if trustee is a licensed trust company)		
Date of birth of Trustee (if trustee is an individual) or date of incorporation of trustee (if trustee is a licensed trust company)		
Address of Trustee		
Telephone No. of Trustee**		
Email Address of Trustee**		
Signature or right thumb print of Trustee (if trustee is an individual) or signature, name and designation of authorised director or resident manager of trustee (if trustee is a licensed trust company)		
	I agree/The abovenamed licensed trust company agrees* to be appointed as a trustee of the policy moneys payable under the relevant policy specified in Part 1A.	I agree/The abovenamed licensed trust company agrees* to be appointed as a trustee of the policy moneys payable under the relevant policy specified in Part 1A.
Date (dd/mm/yyyy)		

* Please delete as appropriate

** Please indicate "NIL" if it is not available.

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. Otherwise, the trust nomination made using this Form will not be valid.
3. The date specified in this Part and Part IA must be the same date.

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 make the nomination as set out in Parts IA and IB of this Form.

Name of appropriate signatory	(1)	(2)
NRIC or Passport No. of appropriate signatory		
Address of appropriate signatory		
Telephone of appropriate signatory**		
Email Address of appropriate signatory**		
Signature or right thumb print* of appropriate signatory		
	I confirm that this Form was signed by the policy owner in person in my presence.	I confirm that this Form was signed by the policy owner in person in my presence.
Date (dd/mm/yyyy)		

* Please delete as appropriate

** Please indicate "NIL" if it is not available.

Have you

- ☐ *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?*

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.

Please fold along dotted line

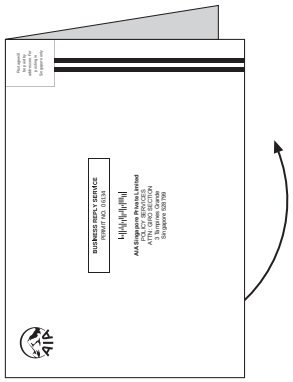
Postage will be paid by addressee. For posting in Singapore only.

BUSINESS REPLY SERVICE
PERMIT NO. 06134

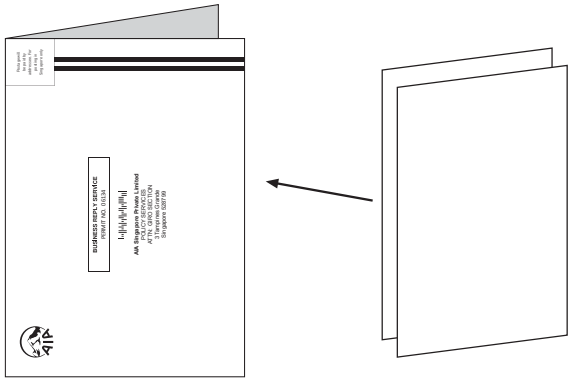
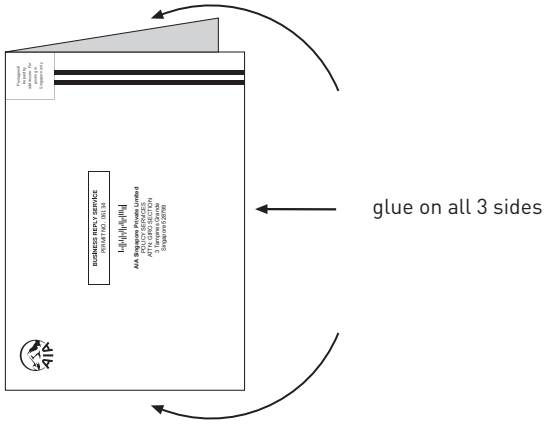
AIA Singapore Private Limited
POLICY SERVICES
3 Tampines Grande #09-01
AIA Tampines
Singapore 528799

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