



**AIA SINGAPORE
INSURANCE ACT
INSURANCE (NOMINATION OF BENEFICIARIES)
REGULATIONS 2009
FORM 2
REVOCATION OF TRUST NOMINATION**

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

1. This Form can only be used to revoke a Trust 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 Trust Nomination to be valid.
3. The revocation of a Trust Nomination must comply with section 49L(7) of the Insurance Act (Cap. 142), and must be carried out using this Form, in order for the revocation to be valid.
4. The revocation of a Trust 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 Trust Nomination, if valid, will apply to the entire Trust Nomination.
6. The policy owner and either of the following must sign this Form in the presence of 2 witnesses, in order for the revocation of the Trust Nomination to be valid:
 - (a) any trustee of the policy moneys payable under the relevant policy specified in Part 1 (not being the policy owner); or
 - (b) each nominee who has attained the age of 18 years and a parent or legal guardian (not being the policy owner) of each nominee who is below the age of 18 years.
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 Trust Nomination by this Form.

Part 1 INSTRUCTIONS

In accordance with section 49L(7) of the Insurance Act, I revoke the Trust Nomination which I had made on (date) _____ in respect of the relevant policy specified below.

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 Policyowner	
NRIC/FIN/Passport No. of Policyowner	
Signature or right thumb print of Policyowner	
Date	

PT0022240 (10/2019 01/2022 02/2023)



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Part 2 CONSENT OF TRUSTEE, OR OF NOMINEE(S) AND PARENT(S) OR LEGAL GUARDIAN(S) OF NOMINEE(S)**Note:**

In this Part, "licensed trust company", "director" and "resident manager" have the same meanings as in the Trust Companies Act (Cap.336). In accordance with section 49L(7) of the Insurance Act, I/we expressly consent/ the named licensed trust company expressly consents* to the revocation of the Trust Nomination made on (date) in respect of the relevant policy specified in Part 1.

Name and NRIC/FIN/Passport No. of trustee (if trustee is an individual), or of parent or legal guardian of nominee below age of 18 years; or Name and Unique Entity No. of trustee (if trustee is a licensed trust company)	Name and NRIC, Birth Certificate, FIN or Passport No. of nominee (not applicable if this Part is completed by a trustee)	Signature or right thumb print of trustee (if trustee is an individual) , nominee who has attained age of 18 years, or parent or legal guardian of nominee below age of 18 years; or Signature, name and designation of authorised director or resident manager of trustee (if trustee is a licensed trustee company)	Date (if there is more than one signatory, all signatories must sign on the same date)

* Please delete as appropriate

Part 3 WITNESSES**Notes:**

1. Each witness 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, the date specified in Part 1 and the date specified in Part 2 must be the same date.

Name of Witness	(1)	(2)
NRIC/FIN/Passport No. of Witness		
Address of Witness		
Telephone No. of Witness		
Signature of Witness		
	I confirm that Parts 1 and 2 of this Form were signed in my presence.	I confirm that Parts 1 and 2 of this Form were signed in my presence.
Date		

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



BUSINESS REPLY SERVICE

PERMIT NO. 06134



AIA Singapore Private Limited

POLICY SERVICES

3 Tampines Grande #09-01

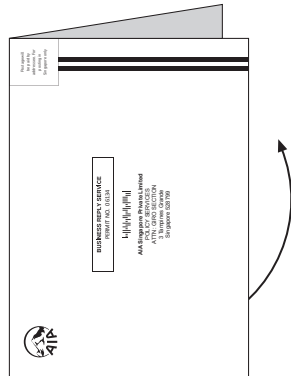
AIA Tampines

Singapore 528799

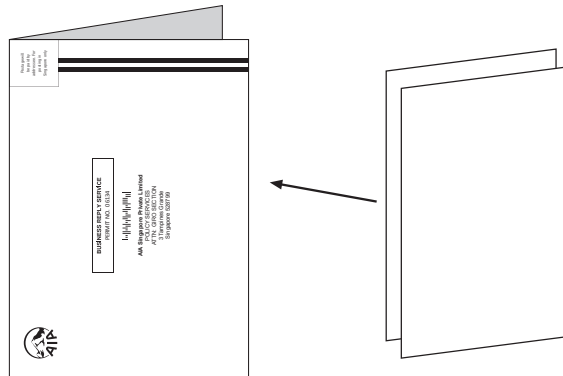
Postage will be paid by addressee. For posting in Singapore only.

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

