



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. Any amendments made must be countersigned by both the Policyowner and all witnesses, otherwise the nomination will be invalid.
3. All dates on the form must be dated on the same day.
4. 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.
5. 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.
6. 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.
7. A nomination should not be made for a policy that you have used or intend to use for exemption from Home Protection Scheme.

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 4
REVOCABLE NOMINATION**

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

1. This Form can only be used to make a Revocable Nomination in respect of one relevant policy.
2. Unless the context otherwise requires, this Form must be completed in full in order to make a valid revocable nomination.
3. A revocable nomination must comply with section 49M(2) and (3) of the Insurance Act (Cap. 142), and must be made using this Form, in order for it to be valid.
4. 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. Only a policy owner who has attained the age of 18 years may make a revocable nomination.
6. The policy owner must sign this Form in the presence of 2 witnesses, in order to make a valid revocable nomination.
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 revocable nomination purportedly made using this Form.

Part 1 INSTRUCTIONS

In accordance with section 49M(2) of the Insurance Act, I nominate each person named in Part 3 (referred to in this Form as a nominee) to receive the share (of the death benefits payable under the relevant policy specified below) set down against his/her name. I understand that only death benefits will be payable to the nominee(s) named in Part 3, and that all living benefits will continue to be payable to me. As such, if all benefits payable under the relevant policy are paid out during my lifetime, there is a possibility that there may not be any death benefits payable to the nominee(s) named in Part 3.

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 Policyowner	
Date	

Part 2 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. Otherwise, the revocable nomination made using this Form will not be valid.
- 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/FIN/Passport No. of Witness		
Address of Witness		
Telephone No. of Witness		
Signature of Witness		
	I confirm that this Form was signed by the policy owner in my presence.	I confirm that this Form was signed by the policy owner in my presence.
Date		



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Part 3 NOMINEE(S)

Notes:

- 1 A revocable nomination will not be valid if any nominee's share is not specified.
- 2 A revocable nomination will not be valid if the total of the shares of all nominees does not add up to 100%.
- 3 A policy owner who wishes to name more than 4 nominees shall attach to this Form as many additional copies of Form 4 as may be necessary to cover all nominees.

Name of nominee	NRIC, Birth Certificate, FIN or Passport No. of nominee (if an individual), or Unique Entity No. or registration number of nominee (if not an individual)	Address of nominee	Date of birth of nominee (if an individual)	Share of nominee (%)
Total(%)				
<u>Notes:</u>				
1 If there is no additional Form 4 attached to this Form, the total must add up to 100%.				
2 If there is any additional Form 4 attached to this Form, the sum of the totals for all Forms must add up to 100%.				
Is there any additional copy of Form 4 attached to this Form?				Yes/No*
If the answer to the preceding question is "Yes", please state the number of additional copies of Form 4 attached to this Form.				

* 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



BUSINESS REPLY SERVICE

PERMIT NO. 06134



AIA Singapore Private Limited

POLICY SERVICES

3 Tampines Grande #09-01

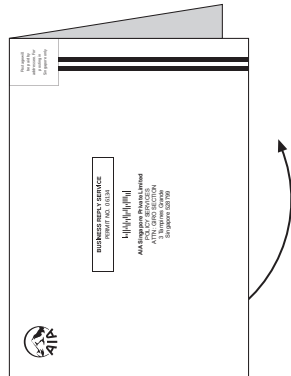
AIA Tampines

Singapore 528799

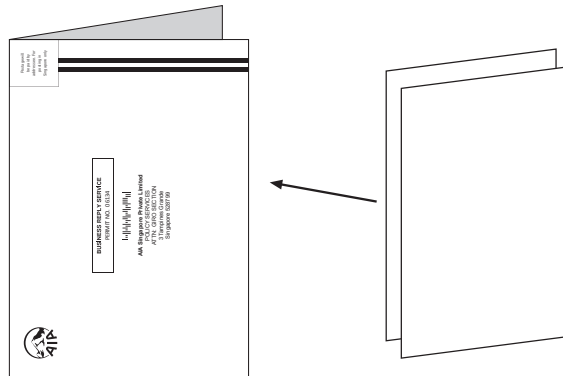
Postage will be paid by addressee. For posting in Singapore only.

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

