

**INSURANCE ACT**

**INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009**

**FORM 2**

**REVOCAION 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 licensed 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 licensed insurer that issued the relevant policy specified in Part 1. Otherwise, the licensed 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 \_\_\_\_\_ 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**

ZURICH LIFE INSURANCE (SINGAPORE) PTE LTD

**Name of policy owner****NRIC or Passport No. of policy owner****Signature or right thumb print of policy owner****Date**

**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 \_\_\_\_\_ in respect of the relevant policy specified in Part 1.

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

\* 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.

<b>Name of witness</b>	(1)	(2)
<b>NRIC or Passport No. of witness</b>		
<b>Address of witness</b>		
<b>Telephone No. of witness</b>		
<b>Signature of witness</b>	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.
<b>Date</b>		