

### Liberty Insurance Pte Ltd

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# INSURANCE ACT 1966 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 132(7) of the Insurance Act 1966 ("Insurance Act"), 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. In order for the revocation of the trust nomination to be valid, this Form must be signed
  - a. by the policy owner;
  - b. by either
    - i. any trustee of the policy moneys payable under the relevant policy specified in Part 1 (not being the policy owner); or
    - 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; and
  - c. by 2 appropriate signatories, both of whom must either
    - i. witness the signing of this Form by the policy owner and each of the persons mentioned in sub-paragraph (b)(i) or (ii) (as the case may be) in person or by means of any audiovisual link, and make the declarations in Part 3; or
    - ii. sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 3.
- 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.

In accordance with section 132(7) of the Insurance Act, I revoke the trust nomination which I had				
Policy No. or other reference of the				
relevant policy				
• •				
Where the policy number or other reference				
is NOT available, please provide:				
(a) the release reserved				
(a) the plan name; and				
(b) the Basic Sum Insured.				

Name of insurer	Liberty Insurance Pte Ltd
Name of policy owner	
NRIC or Passport No. of policy owner	
Signature <sup>^</sup> or right thumb print* of policy owner (where applicable)	
Email Address of policy owner	
Date (dd/mm/yyyy)	
^ "Signature", in relation to a signatory for a signature * Please delete as appropriate	n electronic form, means the signatory's secure electronic
OF NOMINEE(S) Notes:  1. In this Part, "licensed trust company", "on by section 2 of the Trust Companies Act 2. The prior written consent specified in the nomination specified in Part 1.  3. A policy owner who wishes to name me years must attach to this Form as many all such nominees.  In accordance with section 132(7) of the Intrust company expressly consents* to the	director" and "resident manager" have the meanings given to 2005. is Part must be given before the date of revocation of trust ore than 2 nominees who have not attained the age of 18 additional copies of Form 2 as may be necessary to cover insurance Act, I/we expressly consent/the named licensed revocation of the trust nomination made on pect of the relevant policy specified in Part 1.
Trustee: If trustee(s) is an individual and	d not the policy owner**
Name of trustee	(1) (2) 
NRIC or Passport No. of trustee	
Signature <sup>^</sup> or right thumb print* of trustee	
Telephone No. of trustee	
Email Address of trustee	
Date of consent (dd/mm/yyyy)	

Trustee: If trustee(s) is a licensed trust company**				
Name of trustee	(1) (2) 			
Unique Entity No. of trustee				
Signature <sup>^</sup> or right thumb print <sup>*</sup> , name and designation of authorised director or resident manager of trustee				
Telephone No. of trustee				
Email Address of trustee				
Date of consent (dd/mm/yyyy)				
Nominee: If nominee(s) has attained the	age of 18 years**			
Name of nominee	(1) (2) 			
NRIC or Passport No. of nominee				
Signature <sup>^</sup> or right thumb print <sup>*</sup> of nominee				
Telephone No. of nominee				
Email Address of nominee				
Date of consent (dd/mm/yyyy)				
Nominee: If nominee(s) has not attained the age of 18 years**				
Name of Nominee 1	(1) (2) 			
Name of parent or legal guardian of Nominee 1				
NRIC or Passport No. of parent or legal guardian				
Signature <sup>^</sup> or right thumb print* of parent or legal guardian				
Telephone No. of parent or legal guardian				
Email Address of parent or legal guardian				
Date of consent (dd/mm/yyyy)				

Name of Nominee 2	
Name of parent or legal guardian of Nominee 2	(1) (2) 
NRIC or Passport No. of parent or legal guardian	
Signature <sup>^</sup> or right thumb print <sup>*</sup> of parent or legal guardian	
Telephone No. of parent or legal guardian	
Email Address of parent or legal guardian	
Date of consent (dd/mm/yyyy)	

<sup>^ &</sup>quot;Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

## 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.
- 3. Where the revocation of trust nomination in Part 1 is witnessed, the date specified in this Part must be the same date as the date specified in Part 1.
- 4. Where the revocation of trust nomination in Part 1 is not witnessed, the date specified in this Part must be within 7 calendar days starting on the date specified in Part 1.

### Declarations:

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 revoke the trust nomination as set out in Part 1 of this Form.

Name of appropriate	(1)	(2)
signatory		
NRIC or Passport No. of		
appropriate signatory		
Address of appropriate		
signatory		
Telephone No. of		
appropriate signatory		
Email Address of		
appropriate signatory		
Signature <sup>^</sup> of or right	I confirm that I witnessed the	I confirm that I witnessed the
thumb print* of	signing of Parts 1 and 2 of this	signing of Parts 1 and 2 of this
appropriate signatory who	Form.	Form.
witnessed the signing of		

<sup>\*</sup> Please delete as appropriate.

<sup>\*\*</sup> Please delete section(s) as appropriate.

this Form (where	
applicable)	
Signature <sup>^</sup> of or right	
thumb print* of	
appropriate signatory	
who did not witness the	
signing	
Date (dd/mm/yyyy)	

<sup>^ &</sup>quot;Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

<sup>\*</sup> Please delete as appropriate.