

INSURANCE ACT 1966 INSURANCE (NOMINATION OF BENEFICIARIES) REGULATIONS 2009

FORM 5 REVOCATION OF REVOCABLE NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

1. This Form can only be used to revoke a revocable 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 revocable nomination to be valid.
3. The revocation of a revocable nomination under section 133(4) of the Insurance Act 1966 ("Insurance Act") must comply with that provision, and must be carried out using this Form, in order for the revocation to be valid.
4. The revocation of a revocable 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 revocable nomination, if valid, will apply to the entire revocable nomination.
6. In order for the revocation of the revocable nomination to be valid, this Form must be signed
 - a. by the policy owner; and
 - b. by 2 appropriate signatories, both of whom must either –
 - i. witness the signing of this Form by the policy owner in person or by means of any audio-visual link, and make the declarations in Part 2; or
 - ii. sign this Form without witnessing the signing mentioned in sub-paragraph i., and make the declarations in Part 2.
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 revocable nomination by this Form.

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PART 1: POLICY OWNER'S INSTRUCTIONS

In accordance with section 133(4) of the Insurance Act, I revoke the revocable 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

Name of policy owner

NRIC or Passport No. of policy owner

Signature[^] or right thumb print* of policy owner

Email Address of policy owner

Date

d d m m y y y y

[^] "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

* Please delete as appropriate.

PART 2: 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 revocable 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 revocable 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.

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

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Name of appropriate signatory	1	2
NRIC or Passport No. appropriate signatory		
Address of appropriate signatory		
	Postcode	Postcode
	Country	Country
Telephone No. of appropriate signatory		
Email Address of appropriate signatory		
Signature[^] of or right thumb print* of appropriate signatory who witnessed the signing of this Form (where applicable)	I confirm that I witnessed the signing of this Form.	I confirm that I witnessed the signing of this Form.
Signature[^] of or right thumb print* of appropriate signatory who did not witness the signing of this Form (where applicable)		
Date	d d m m y y y y	d d m m y y y y

[^] "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

* Please delete as appropriate.

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Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

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Utmost Worldwide Limited is incorporated in Guernsey under Company Registration No.27151 and regulated in Guernsey as a Licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended). Registered Head Office: Utmost Worldwide Limited, Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR. T +44 (0) 1481 715 800 F +44 (0) 1481 712 424 E UWCustomerService@utmostworldwide.com

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