

# 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.

<b>Policy No. or other reference of the relevant policy</b> Where the policy number or other reference is NOT available, please provide: <b>a.</b> the plan name; and <b>b.</b> the Basic Sum Insured.										
<b>Name of insurer</b>	Utmost International Isle of Man Limited Singapore Branch									
<b>Name of policy owner</b>										
<b>NRIC or Passport No. of policy owner</b>										
<b>Signature<sup>^</sup> or right thumb print<sup>*</sup> of policy owner</b>										
<b>Email Address of policy owner</b>										
<b>Date</b>	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td></td></tr></table>	d	d	m	m	y	y	y	y	
d	d	m	m	y	y	y	y			

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

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

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**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.

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

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

\* Please delete as appropriate.

**A WEALTH *of* DIFFERENCE**

www.utmostinternational.com

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

Utmost Wealth Solutions is the registered business name of Utmost International Isle of Man Limited Singapore Branch.

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Registered in Singapore Number T08FC7158E. Authorised by the Monetary Authority of Singapore to conduct life assurance business in Singapore.

Member of the Life Insurance Association of Singapore. Member of the Singapore Finance Dispute Resolution Scheme.

Utmost International Isle of Man Limited is registered in the Isle of Man under number 024916C.

Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

Licensed by the Isle of Man Financial Services Authority.

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