

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
 - ii. 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
 - iii. 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.

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PART 1: POLICY OWNER'S INSTRUCTIONS

In accordance with section 132(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

Utmost International Isle of Man Limited Singapore Branch

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 of revocation of trust nomination

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: CONSENT OF TRUSTEE, OR OF NOMINEE(S) AND PARENT(S) OR LEGAL GUARDIAN(S) OF NOMINEE(S)

Note:

1. In this Part, "licensed trust company", "director" and "resident manager" have the meanings given by section 2 of the Trust Companies Act 2005.
2. The prior written consent specified in this Part must be given before the date of revocation of trust nomination specified in Part 1.
3. A policy owner who wishes to name more than 2 nominees who have not attained the age of 18 years must attach to this Form as many additional copies of Form 2 as may be necessary to cover all such nominees.

In accordance with section 132(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.

Trustee: If trustee(s) is an individual and not the policy owner**

Name of trustee	1	2
NRIC or Passport No. of trustee		
Signature^ or right thumb print* of trustee		
Telephone No. of trustee		
Email Address of trustee		
Date of consent (dd/mm/yyyy)	d d m m y y y y	d d m m y y y y

Trustee: If trustee(s) is a licensed trust company**

Name of trustee	1	2
Unique Entity No. of trustee		
Signature^ or right thumb print*, 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)	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.

** Please delete section(s) as appropriate.

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Nominee: If nominee(s) has attained the age of 18 years**		
Name of nominee	1	2
NRIC or Passport No. of nominee		
Signature^ or right thumb print* of nominee		
Telephone No. of nominee		
Email Address of nominee		
Date of consent (dd/mm/yyyy)	<div style="display: flex; justify-content: space-around;"> ddmmyyyy </div>	<div style="display: flex; justify-content: space-around;"> ddmmyyyy </div>
Nominee: If nominee(s) has not attained the age of 18 years**		
Name of Nominee	1	2
Name of parent or legal guardian of Nominee		
NRIC or Passport No. of parent or legal guardian		
Signature^ 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)	<div style="display: flex; justify-content: space-around;"> ddmmyyyy </div>	<div style="display: flex; justify-content: space-around;"> ddmmyyyy </div>

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

* Please delete as appropriate.

** Please delete section(s) as appropriate.

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.

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

Name of appropriate signatory	1	2
NRIC or Passport No. of 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 Parts 1 and 2 of this Form.	I confirm that I witnessed the signing of Parts 1 and 2 of this Form.
Signature^ of or right thumb print* of appropriate signatory who did not witness the signing of this Form (where applicable)		
Date (dd/mm/yyyy)	d d m m y y y y	d d m m y y y y

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* Please delete as appropriate.

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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.

Utmost Wealth Solutions is registered in the Isle of Man as a business name of Utmost International Isle of Man Limited.

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