



**INSURANCE ACT 1966**

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

**FORM 6**

**NOTICE OF REVOCATION OF REVOCABLE NOMINATION**

**PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM**

1. This Form can only be used to give notice of the revocation, under section 133(7)(a) or (b) of the Insurance Act 1966 ("Insurance Act"), of a revocable nomination made in respect of one relevant policy.
2. Part 1 must be completed in full, if a policy owner wishes to use this Form to give notice of the revocation, under section 133(7)(a) of the Insurance Act, of a revocable nomination made by him or her.
3. Part 2 must be completed in full, if a policy owner wishes to use this Form to give notice of the revocation, under section 133(7)(b) of the Insurance Act, of a revocable nomination made by him or her.
4. This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1 or 2, as the case may be.

**Part 1: DECLARATION THAT RELEVANT POLICY OR INTEREST THEREUNDER HAS BEEN ASSIGNED, ENCUMBERED OR DEALT WITH**

For the purposes of section 134(3) of the Insurance Act and regulation 5(4) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that –

- (a) I have on \_\_\_\_\_ (dd/mm/yyyy) assigned, encumbered or otherwise dealt with the relevant policy specified below or an interest under that relevant policy; and
- (b) accordingly, the revocable nomination which I had made on \_\_\_\_\_ (dd/mm/yyyy) in respect of that relevant policy is deemed to be revoked on the date referred to in paragraph (a).

<p><b>Policy No. or other reference of the relevant policy</b></p> <p>Where the policy number or other reference is NOT available, please provide:</p> <p>(a) the plan name; and</p> <p>(b) the Basic Sum Insured.</p>	<p>(a)</p> <p>(b)</p>
<p><b>Name of insurer</b></p>	<p><b>Etiqua Insurance Pte Ltd</b></p>
<p><b>Name of policy owner</b></p>	
<p><b>NRIC or Passport No. of policy owner</b></p>	
<p><b>Signature^ or right thumb print* of policy owner</b></p>	
<p><b>Email Address of policy owner</b></p>	
<p><b>Date (dd/mm/yyyy)</b></p>	

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

\* Please delete as appropriate.



**Part 2: DECLARATION THAT POLICY OWNER HAS MADE WILL PROVIDING FOR DISPOSITION OF ALL DEATH BENEFITS UNDER RELEVANT POLICY**

For the purposes of section 134(3) of the Insurance Act and regulation 5(5) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that –

- (a) I have on \_\_\_\_\_ (dd/mm/yyyy) made a will in accordance with the Wills Act 1838 which –
- (i) provides for the disposition of all death benefits under the relevant policy specified below; and
  - (ii) specifies the particulars of that relevant policy referred to in regulation 5(3) of the Insurance (Nomination of Beneficiaries) Regulations 2009; and
- (b) accordingly, the revocable nomination which I had made on \_\_\_\_\_ (dd/mm/yyyy) in respect of that relevant policy is deemed to be revoked on the date referred to in paragraph (a).

<b>Policy No. or other reference of the relevant policy</b>  Where the policy number or other reference is NOT available, please provide: (a) the plan name; and (b) the Basic Sum Insured.	(a)  (b)
<b>Name of insurer</b>	<b>Etiqa Insurance Pte Ltd</b>
<b>Name of policy owner</b>	
<b>NRIC or Passport No. of policy owner</b>	
<b>Signature<sup>^</sup> or right thumb print* of policy owner</b>	
<b>Date (dd/mm/yyyy)</b>	

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

\* Please delete as appropriate.