

**INSURANCE ACT
 INSURANCE (NOMINATION OF BENEFICIARIES)
 REGULATIONS 2009
 FORM 4
REVOCABLE NOMINATION**

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

1. This Form can only be used to make a revocable nomination in respect of one relevant policy.
 2. Unless the context otherwise requires, this Form must be completed in full in order to make a valid revocable nomination.
 3. A revocable nomination must comply with section 49M(2) and (3) of the Insurance Act (Cap. 142), and must be made using this Form, in order for it to be valid.
 4. 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. Only a policy owner who has attained the age of 18 years may make a revocable nomination.
 6. The policy owner must sign this Form in the presence of 2 witnesses, in order to make a valid revocable nomination.
 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 revocable nomination purportedly made using this Form.
 8. In relation to the personal data collected for this insurance Policy:
 - (a) the Company may collect, use and disclose your personal data for the purposes stated in its Privacy Policy, which include underwriting and administering the insurance Policy (including reinsurance/underwriting, claims processing, investigation, payment and other related purposes);
 - (b) the Company will not use, disclose or process your personal data for purposes which are not stated in the Privacy Policy or for which we have not obtained your consent. If the Company wish to use, disclose or process your personal data for another purpose, we will seek your prior written consent.
 - (c) the Company may disclose your personal data for the purposes to a related corporation; subsidiaries, holding companies, associated companies, or affiliates of, any credit bureau; any other person to whom disclosure is permitted or required by any law; and our third party service providers and agents (acting on our behalf). Those recipients may be located in or outside Singapore.
- For further details, please refer to our Privacy Policy available on our website at www.sompo.com.sg

Part 1 INSTRUCTIONS

In accordance with section 49M(2) of the Insurance Act, I nominate each person named in Part 3 (referred to in this Form as a nominee) to receive the share (of the death benefits payable under the relevant policy specified below) set down against his/her name.

I understand that only death benefits will be payable to the nominee(s) named in Part 3, and that all living benefits will continue to be payable to me. As such, if all benefits payable under the relevant policy are paid out during my lifetime, there is a possibility that there may not be any death benefits payable to the nominee(s) named in Part 3.

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

Part 2 WITNESSES

Notes:

1. Each witness must have attained the age of 21 years.
2. A witness must not be a nominee or the spouse of a nominee. Otherwise, the revocable nomination made using this Form will not be valid.
3. The date specified in this Part and the date specified in Part 1 must be the same date.

Name of witness	(1)	(2)
NRIC or Passport No. of witness		
Address of witness		
Telephone No. of witness		
Signature of witness	I confirm that this Form was signed by the policy owner in my presence.	I confirm that this Form was signed by the policy owner in my presence.
Date		

Part 3 NOMINEE(S)

Notes:

1. A revocable nomination will not be valid if any nominee's share is not specified.
2. A revocable nomination will not be valid if the total of the shares of all nominees does not add up to 100%.
3. A policy owner who wishes to name more than 4 nominees shall attach to this Form as many additional copies of Form 4 as may be necessary to cover all nominees.

Name of nominee	NRIC, Birth Certificate or Passport No. of nominee (if an individual), or Unique Entity No. or registration number of nominee (if not an individual)	Address of nominee	Date of birth of nominee (if an individual)	Share of nominee (%)
Notes:				
1. If there is no additional Form 4 attached to this Form, the total must add up to 100%.				
2. If there is any additional Form 4 attached to this Form, the sum of the totals for all Forms must add up to 100%.				
Total (%)				
Is there any additional copy of Form 4 attached to this Form?				Yes / No *
If the answer to the preceding question is "Yes", please state the number of additional copies of Form 4 attached to this Form.				

* Please delete as appropriate.

For Official Use Only

NOB Reference No.: D_____NOB

Date of Nomination:

Date of Revocation: