

Form B – Revocable Nomination

Important Notice

1. This form can only be used to make a Revocable Nomination in respect of 1 policy.
 2. This form must be complete in full to make a valid Revocable Nomination.
 3. Only a Revocable Nomination made using this form will be valid.
 4. The Trust Nomination will take effect from the date indicated in Part 1.
 5. The policy owner must be at least 18 years old to make a Revocable Nomination.
 6. The policy owner must sign this form in the presence of 2 witnesses
 7. The insurer is not bound by this Revocable Nomination for all transactions effected under the policy, including payouts, unless this form has been sent to the insurer by way of notification
 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 (Cap.142), I revocably nominate the party(ies) named in Part 3 (the “beneficiary(ies)”) to receive the share set down against his/her/its name the death benefits payable from the policy specified below.

I understand that only death benefits under the policy will be payable to the beneficiary(ies). All living benefits will be paid to me. As such, there is a possibility that there may not be any death benefits to be paid to the beneficiary(ies) if all benefits under the policy had been paid out during my lifetime.

Policy Number / Reference Number	Where the Policy No. or Reference No. is NOT available, please provide the (1) Product and Plan Name (2) Basic Sum Insured
Name of Insurer	Sompo Insurance Singapore Pte. Ltd.
Name of Policy Owner	
NRIC/ FIN / Passport No	
Signature/Right Thumb Print	
Date	

Part 2: Witnesses

Important Notes

1. Witnesses must be at least 21 years old and must not be (i) any of the beneficiaries or representative of the beneficiaries or (ii) the spouse of any of the beneficiaries.
2. The date of witnessing must be the same as the date indicated in Part 1 of this form.

Name of Witness	(1)	(2)
NRIC/ FIN / Passport no.		
Address		
Telephone no.		
Signature/Right Thumb Print		
Date		

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Part 3: Beneficiary(ies)

Important Notes

1. Nominations in which any beneficiaries' shares are not specified and/or all the shares do not add up to 100% will be invalid.
2. If there are more than 6 beneficiaries, additional copies of Form A can be attached to this Form. The total shares for all Forms must add up to 100%.

Name of Beneficiary	Identification No. / Registration No.	Address	Date of Birth (for an Individual)	Share (%)
Total				%

If there are additional Form B attached, please indicate the number of additional copies: _____

For Official Use Only

NOB Reference No.: D_____NOB

Date of Nomination:

Date of Revocation: