

INSTRUCTIONS FOR FILLING UP THE PRESCRIBED STATUTORY FORMS

With effect from 2 Jan 2024, the nomination of beneficiaries' framework is governed by the Insurance Act and Insurance (Nomination of Beneficiaries) Regulations 2009.

The prescribed statutory forms must be completed in full in order to be valid and duly registered by us. Any statutory form that is not properly filled up and completed in full will be rejected. You are therefore advised to read the instruction notes set out in each statutory form. We would also highlight and draw to your attention our following instruction notes for your reading before filing up the statutory form.

- 1 Policy owner who has attained the age of 18 years may make a nomination.
- 2 Nomination must be submitted on the relevant statutory form. The statutory form must be properly filled up and completed in full.
- 3 The statutory form must clearly state the policy number. Where the policy number is not available, you can provide the plan name and basic sum insured of the plan.
- 4 A new statutory form must be completed in the event that there is any amendment and/or alteration. Initialling against an amendment/alteration is not allowed.
- 5 Statutory Form 4 and Form 5 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 audiovisual link, and make the declarations in Part 2 (date specified in this part must have same signed date as policy owner); or
 - (ii) without witnessing the signing mentioned in (b)(i) and make the declarations in Part 2 (date specified in this part must be within 7 calendar days starting on the signed date of the policy owner).

Note: Currently, electronic nomination form submission is not available. The option for "without witnessing" is not applicable for hard copy form submission.
- 6 The statutory form must clearly state the full address and at least 1 contact number of each appropriate signatory.
- 7 Each appropriate signatory must have attained the age of 21 years. An appropriate signatory must not be a nominee or the spouse of a nominee.
- 8 The total shares of all nominees must add up to 100%.
- 9 If a policy owner wishes to name more than 4 nominees, additional copies of the statutory Form 4 (revocable nomination) to cover all nominees must be submitted. The additional Form 4 must be completed in full by the policy owner and signed by the same 2 appropriate signatories. Attachment in any other form will be rejected.
- 10 You cannot make a nomination if your policy falls into any of the following categories.
 - (i) Your policy is an annuity purchased under the Minimum Sum Scheme (MSS).
 - (ii) The life insured under your policy is not the same person as the policyholder.

Submission of Statutory Form

The completed and signed original statutory form must be submitted by hand or post to Income Insurance Limited (Income) for our registration. Any statutory form that is submitted by fax or email attachment will be rejected.

Enquiry on Nomination Matters

For enquiry on nomination matters, please contact our Customer Service Officer at 6788 1122 or submit via www.income.com.sg/enquiry. You may also approach your Financial Consultant for assistance.

INSURANCE ACT 1966
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 133(2) and (3) of the Insurance Act 1966 (“Insurance Act”), 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 1A.
- 5 Only a policy owner who has attained the age of 18 years may make a revocable nomination.
- 6 In order for 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 audiovisual 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 1A. Otherwise, the licensed insurer will not be bound to give effect to the revocable nomination purportedly made using this Form.

Part 1A: POLICY OWNER’S INSTRUCTIONS	
<p>In accordance with section 133(2) of the Insurance Act, I nominate each person named in Part 1B (called in this Form a nominee) to receive the share (of the death benefits payable under the relevant policy specified below) set down against his or her name.</p> <p>I understand that only death benefits will be payable to the nominee(s) named in Part 1B, 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 1B.</p>	
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	Income Insurance Limited
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 (dd/mm/yyyy)	

[^] “Signature”, in relation to a signatory of an electronic form, means the signatory’s secure electronic signature.

* Please delete as appropriate.

Part 1B: NOMINEE(S)Notes:

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

	(1)	(2)	(3)	(4)
Name of nominee				
NRIC, Birth Certificate or Passport No. of a nominee (if an individual), or Unique Entity No. or registration number of nominee (if not an individual)				
Date of birth of nominee (if an individual), or date of issue of Unique Entity No. or registration number of nominee (if not an individual) (dd/mm/yyyy)				
Address of nominee				
Telephone No. of nominee				
Email Address of nominee				
Share of nominee (%)				
Total shares of all nominees (%)				

Note:

- 1 If there is no additional Form 4 attached to this Form, the total shares of the nominees listed in this Form must add up to 100%.
- 2 If there is any additional Form 4 attached to this Form, the sum of the total shares of all nominees listed in all Forms must add up to 100%.

Is there any additional copy of Form 4 attached to this Form?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Part 2: DECLARATIONS BY APPROPRIATE SIGNATORIESNotes:

- 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. Otherwise, the revocable nomination made using this Form will not be valid.
- 3 Where the nomination is witnessed, the date specified in this Part must be the same date as the date specified in Part 1A.
- 4 Where the nomination is not witnessed, the date specified in this Part must be within 7 calendar days starting on the date specified in Part 1A.

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 make the nomination as set out in Parts 1A and 1B of this Form.

Name of appropriate signatory	(1)	(2)
NRIC or Passport No. of appropriate signatory		
Address of appropriate signatory		
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 this Form.	I confirm that I witnessed the signing of this Form.
Signature[^] of or right thumb print* of appropriate signatory who did not witness the signing of this Form (where applicable)	Not Applicable	Not Applicable
Date (dd/mm/yyyy)		

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

* Please delete as appropriate.