

IMPORTANT THINGS TO NOTE
WHEN COMPLETING THE FORM

(APPLICABLE TO FORM 2, FORM 3 & FORM 5)

To ensure that your form will not be rejected and will be processed promptly, please note the following when completing the form:

1. This form is to be used if your policy is insured under The Overseas Assurance Corporation Ltd.
2. No amendments or corrections can be made on the form.
3. The Date of witnessing by the two witnesses should be the same as the date under Part 1 Instructions. Otherwise the witnessing is invalid as the witness must see the signing of the form by the policyholder which follows that the date must be the same.
4. Please send the completed form to the following address:

The Overseas Assurance Corporation Limited
1 Pickering Street #01-01
Great Eastern Centre
Singapore 048659

If you have any queries, please contact our Customer Service Officers at 1800-363-3333. Thank you for insuring with us.

INSURANCE ACT

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

FORM 5

REVOCATION OF REVOCABLE NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

- 1 This Form can only be used to revoke a revocable 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 revocable nomination to be valid.
- 3 The revocation of a revocable nomination under section 49M(4) of the Insurance Act (Cap. 142) must comply with that provision, and must be carried out using this Form, in order for the revocation to be valid.
- 4 The revocation of a revocable nomination, if valid, will take effect from the date this Form is lodged with the registered insurer that issued the relevant policy specified in Part 1.
- 5 The revocation of a revocable nomination, if valid, will apply to the entire revocable nomination.
- 6 The policy owner must sign this Form in the presence of 2 witnesses, in order for the revocation of the revocable nomination to be valid.
- 7 This Form must be lodged with the registered insurer that issued the relevant policy specified in Part 1. Otherwise, the registered insurer will not be bound to give effect to the purported revocation of the revocable nomination by this Form.

Part 1 INSTRUCTIONS

In accordance with section 49M(4) of the Insurance Act, I revoke the revocable nomination which I had made on _____ in respect of the relevant policy specified below.

<p>Policy No. or other reference of the relevant policy 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>Name of insurer</p>	<p align="center">THE OVERSEAS ASSURANCE CORPORATION LTD.</p>
<p>Name of policy owner</p>	
<p>NRIC or Passport No. of policy owner</p>	
<p>Signature or right thumb print of policy owner</p>	
<p>Date</p>	



