

**IMPORTANT THINGS TO NOTE**  
**WHEN COMPLETING THE FORM**

(APPLICABLE TO FORM 6)

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 Great Eastern Life Assurance Co. Ltd.
2. No amendments or corrections can be made on the form.
3. Please send the completed form to the following address:

The Great Eastern Life Assurance Company Limited  
1 Pickering Street #01-01  
Great Eastern Centre  
Singapore 048659

If you have any queries, please contact our Customer Service Officers at 1800-248-2888. Thank you for insuring with us.

**INSURANCE ACT**

**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 49M(7)(a) or (b) of the Insurance Act (Cap. 142), 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 49M(7)(a) of the Insurance Act, of a revocable nomination made by him.
- 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 49M(7)(b) of the Insurance Act, of a revocable nomination made by him.
- 4 This Form must be lodged with the registered insurer that issued the relevant policy specified in Part 1 or Part 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 49N(3) of the Insurance Act and regulation 5(4) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that —

- (a) I have on \_\_\_\_\_ 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 \_\_\_\_\_ in respect of that relevant policy is deemed to be revoked on the date referred to in paragraph (a).

**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**

THE GREAT EASTERN LIFE ASSURANCE CO. LTD.

**Name of policy owner**

**NRIC or Passport No. of policy owner**

**Signature or right thumb print of policy owner**

**Date**



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

For the purposes of section 49N(3) of the Insurance Act and regulation 5(5) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that —

- (a) I have on \_\_\_\_\_ made a will in accordance with the Wills Act (Cap. 352) 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 \_\_\_\_\_ 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.	
<b>Name of insurer</b>	THE GREAT EASTERN LIFE ASSURANCE CO. LTD.
<b>Name of policy owner</b>	
<b>NRIC or Passport No. of policy owner</b>	
<b>Signature or right thumb print of policy owner</b>	
<b>Date</b>	

