

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 Overseas Assurance Corporation Ltd.
2. No amendments or corrections can be made on the form.
3. 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.

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).

<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>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>	

