

REMOVAL OF BENEFICIARY

Important Note: 1. This form is to be used for removal of beneficiaries which do not include spouse and/or children.
 2. This form must be signed in the presence of 2 witnesses who must be at least 21 years of age.

Great Eastern Life Overseas Assurance Corporation Policy No.:

Name of Policyholder:

NRIC/Passport No:

I, the owner of the above policy, wish to remove the following beneficiaries currently in my policy

Name of Beneficiary	NRIC/ Birth Certificate/ Passport No.	Relationship to Policyholder

In consideration of the Company allowing me to remove the above beneficiaries I hereby discharge the Company from all liability whatsoever owed to me under the above policy and will, at all times from this day onwards, indemnify the Company and keep the Company indemnified against all actions, proceedings, liabilities, losses, damages, claims, demands and expenses and including all legal costs (on a solicitor and client basis) and other costs charges and expenses which the Company may incur or sustain as a result of allowing the removal of the above beneficiaries.

Signature of Policyholder

Signature of Witness

Signature of Witness

Contact No.

Name of Witness

Name of Witness

NRIC / Passport No. of Witness

NRIC / Passport No. of Witness

Date

Address of Witness

Address of Witness

Contact No. of Witness

Contact No. of Witness

Submitted form must contain the originally-signed signature as a faxed or scanned copy will not be accepted.

