



**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).

<p><b>Policy No. or other reference of the relevant policy</b></p> <p>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><b>Name of insurer</b></p>	<p>Aviva Ltd</p>
<p><b>Name of policy owner</b></p>	
<p><b>NRIC or Passport No. of policy owner</b></p>	
<p><b>Signature or right thumb print of policy owner</b></p>	
<p><b>Date</b></p>	



**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><b>Policy No. or other reference of the relevant policy</b></p> <p>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>	
<b>Name of insurer</b>	
<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>	