Guide on Submitting a Nomination Form
(Revocation of Revocable Nomination under Insurance Act 1966)

1. This Form can only be used to revoke a revocable nomination made in respect of one relevant policy.

2. You must sign the form in the presence of 2 appropriate signatory, in order for the revocation of the revocable nomination to be valid. Each appropriate signatory must have attained the age of 21 years.

3. Please ensure that all dates on the forms are the same.

4. Only original copies of the nomination form can be registered.

5. No amendments or alteration is allowed on the form.

6. Please refer to the "Your Guide to the Nomination of Insurance Nominees" published by the Life Insurance Association (LIA) to understand the NOB framework before proceeding with the nomination. You can download the NOB Guide from:
    LIA website at http://www.lia.org.sg
    Tokio Marine website at https://www.tokiomarine.com

7. Please send the completed form to:
    20 McCallum Street #07-01
    Tokio Marine Centre Singapore 069046

Should you require any clarification, please do not hesitate to contact your adviser or email us at Customercare@tokiomarine-life.sg. Alternatively, you may contact our Customer Service Officers at 6592 6100.
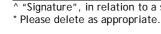
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INSURANCE ACT 1966
INSURANCE (NOMINATION OF BENEFICIARIES)
REGULATIONS 2009
FORM 5
REVOCATION OF REVOCABLE NOMINATION

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 133(4) of the Insurance Act 1966 ("Insurance Act") 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 licensed 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. In order for the revocation of the revocable nomination to be valid, this Form must be signed —
    (a)   by the policy owner; and
    (b)   by 2 appropriate signatories, both of whom must either —
        (i)   witness the signing of this Form by the policy owner in person or by means of any audiovisual link, and make the declarations in Part 2; or
        (ii)   sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 2.
7. This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1. Otherwise, the licensed insurer will not be bound to give effect to the purported revocation of the revocable nomination by this Form.

Part 1: POLICY OWNER'S INSTRUCTIONS

In accordance with section 133(4) of the Insurance Act, I revoke the revocable nomination which I had made on _____ (dd/mm/yyyy) in respect of the relevant policy specified below.

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	**Tokio Marine Life Insurance Singapore Ltd**
Name of policy owner	
NRIC or Passport No. of policy owner	
Signature^ or right thumb print* of policy owner	
Email Address of policy owner	
Date (dd/mm/yyyy)	

^ "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.
* Please delete as appropriate.

Part 2: DECLARATIONS BY APPROPRIATE SIGNATORIES

Notes:
1. Each appropriate signatory must have attained the age of 21 years.
2. An appropriate signatory must not be a nominee or the spouse of a nominee.
3. Where the revocation of revocable nomination in Part 1 is witnessed, the date specified in this Part must be the same date as the date specified in Part 1.
4. Where the revocation of revocable nomination in Part 1 is not witnessed, the date specified in this Part must be within 7 calendar days starting on the date specified in Part 1.

Declaration:
By signing below, I confirm that to the best of my knowledge and belief —
  a.   the policy owner completed and signed this Form;
  b.   the policy owner understands the purpose of this Form and the effect of his or her completion and signing of this Form; and
  c.   no fraud or undue pressure has been used to induce the policy owner to revoke the nomination as set out in Part 1 of this Form.

	(1)	(2)
Name of appropriate signatory		
NRIC or Passport No. appropriate signatory		
Address of appropriate signatory		
Telephone No. of appropriate signatory		
Email Address of appropriate signatory		
Signature^ of or right thumb print* of appropriate signatory who witnessed the signing of this Form (where applicable)	I confirm that I witnessed the signing of this Form.	I confirm that I witnessed the signing of this Form.
Signature^ of or right thumb print* of appropriate signatory who did not witness the signing of this Form (where applicable)	NA	NA
Date (dd/mm/yyyy)		

^ "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.
* Please delete as appropriate.

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DECLARATION & AUTHORISATION

I understand and agree that:

(a) Tokio Marine Life Insurance Singapore Ltd (the "Company") shall not be deemed to provide cover and neither should the Company be liable to pay any claim, provide any benefit under the Policy/relevant Policy or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose the Company (or its parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of its parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, Singapore, the European Union, United Kingdom or United States of America;

(b) where the Company becomes aware that I/We, the Life Assured or **any person or entity connected with the Policy/relevant Policy** (see paragraph (c) below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in paragraph (a), the Company shall be entitled to block, suspend and/or terminate the Policy/relevant Policy at any time including but not limited to, not making or receiving any payments under the Policy/relevant Policy. The decision of the Company on the aforementioned is final and;

(c) a person or entity connected with the Policy/relevant Policy includes an assignee, a beneficiary, a trustee, an executor, an administrator, a director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, for my/our beneficial owners or beneficiaries' beneficial owners. As an ongoing obligation, I/We will immediately inform the Company if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons;

(d) I hereby request that the policy(ies) stated in this form be changed in accordance with the above applications; and

(e) I understand and agree that my application is subject to the terms and conditions as stated in the Policy Contract and is effective only when it has been officially accepted and notified in writing to me by the Company.

Personal Data Notice

I / We agree and consent that Tokio Marine Life Insurance Singapore Ltd. may collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in the insurance application form and/or the Tokio Marine Insurance Group's Data Protection Policy available at www.tokiomarine.com, which I / we have read, understood and agreed to the same.

_____
Signature^ or right thumb print* of
policy owner (where applicable)

_____
Date

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