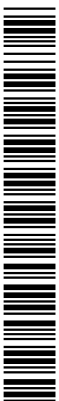


**Guide on Submitting a Nomination Form
(Notice Of Revocation Of Revocable Nomination under Insurance Act 1966)**

1. This Form can only be used to give notice of the revocation, under section 133(7)(a) or (b) of the Insurance Act 1966 ("Insurance Act"), of a revocable nomination made in respect of one relevant policy.
2. Only original copies of the nomination form can be registered.
3. No amendments or alteration is allowed on the form.
4. 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>
5. 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.



(wef 202511)

**INSURANCE ACT 1966
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 133(7)(a) or (b) of the Insurance Act 1966 ("Insurance Act"), 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 133(7)(a) of the Insurance Act, of a revocable nomination made by him or her.
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 133(7)(b) of the Insurance Act, of a revocable nomination made by him or her.
4. This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1 or 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 134(3) of the Insurance Act and regulation 5(4) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that —

- a. I have on _____ (dd/mm/yyyy) 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 _____ (dd/mm/yyyy) 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

Tokio Marine Life Insurance Singapore Pte. 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: DECLARATION THAT POLICY OWNER HAS MADE WILL PROVIDING FOR DISPOSITION OF ALL DEATH BENEFITS UNDER RELEVANT POLICY

For the purposes of section 134(3) of the Insurance Act and regulation 5(5) of the Insurance (Nomination of Beneficiaries) Regulations 2009, I declare that —

- (a) I have on _____(dd/mm/yyyy) made a will in accordance with the Wills Act 1838 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 _____(dd/mm/yyyy) 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	Tokio Marine Life Insurance Singapore Pte. Ltd.
Name of policy owner	
NRIC or Passport No. of policy owner	
Signature^ or right thumb print* 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.



DECLARATION & AUTHORISATION

I understand and agree that:

- (a) Tokio Marine Life Insurance Singapore Pte. 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 Pte. 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