

**ELIGIBILITY & SUBMISSION REQUIREMENTS FOR
FORM 4 - REVOCABLE NOMINATION (S49M)**

S/N	ELIGIBILITY
1	Policy owner and the Life Insured must be same person and be at least 18 years old
2	Policy must not be a CPF Min Sum Annuity policy
3	Policyholders who are Muslims are allowed to make revocable nominations but such nominations are subject to Muslim law. Muslim policyowners can seek guidance from the Islamic Religious Council of Singapore (MUIS) on how the different types of nominations interact with the principles of Muslim law.
4	Policy must be a life policy or accident and health policy which provides death benefit. Any supplementary plan/rider attached to the policy will follow the nomination under the policy
5	Policy is not the subject of any trust under Section 73 Conveyancing and Law of Property Act. If yes, trust to be revoked with the trustee(s)' and beneficiary(ies)' consent before making a nomination. Revocation form available from www.manulife.com.sg
S/N	POLICYOWNER, TRUSTEE & WITNESSES
1.	Submit NRIC/Passport of Policy Owner.
2	2 witnesses , each at least 21 years old . Witnesses cannot be nominee or spouse of nominee . Please refer to Part 2 of Form 4 for more details.
S/N	PLEASE TAKE NOTE OF THE FOLLOWING
1	<p>Some policies may have an option (i.e Parent's Option, Life Replacement Option) which allows the policy owner to change the life insured (with the policy owner remaining unchanged).</p> <p>As the nomination can only be made if the policy owner and the life insured are the same person, this means that if:</p> <p>(i) the nomination is still subsisting, the policy owner cannot change the life insured. To change the life insured, the policy owner has to revoke the nomination before he can change the life insured; and</p> <p>(ii) the life insured is changed before any nomination is made, no nomination can be made on the policy.</p> <p>If your policy has such an option and you wish to proceed with the nomination, please sign at the space below:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="margin: 0;">Name of policy owner:</p> <p style="margin: 0;">NRIC/PP:</p> <p style="margin: 0;">Policy No.:</p> <p style="margin: 0;">Date:</p> </div>
2	Please read the instructions and notes on the form carefully and fill in all the requisite fields. You are advised to refer to "Your Guide to the Nomination of Insurance Nominees 2009" which is available from www.manulife.com.sg

INSURANCE ACT
INSURANCE (NOMINATION OF BENEFICIARIES)
REGULATIONS 2009

FORM 4
REVOCABLE NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

- 1 This Form can only be used to make a revocable nomination in respect of one relevant policy.
- 2 Unless the context otherwise requires, this Form must be completed in full in order to make a valid revocable nomination.
- 3 A revocable nomination must comply with section 49M(2) and (3) of the Insurance Act (Cap. 142), and must be made using this Form, in order for it to be valid.
- 4 A revocable nomination, if valid, will take effect from the date this Form is lodged with the registered insurer that issued the relevant policy specified in Part 1.
- 5 Only a policy owner who has attained the age of 18 years may make a revocable nomination.
- 6 The policy owner must sign this Form in the presence of 2 witnesses, in order to make a valid revocable nomination.
- 7 This Form must be lodged with the registered insurer that issued the relevant policy specified in Part 1. Otherwise, the registered insurer will not be bound to give effect to the revocable nomination purportedly made using this Form.

Part 1 INSTRUCTIONS

In accordance with section 49M(2) of the Insurance Act, I nominate each person named in Part 3 (referred to in this Form as a nominee) to receive the share (of the death benefits payable under the relevant policy specified below) set down against his/her name.

I understand that only death benefits will be payable to the nominee(s) named in Part 3, and that all living benefits will continue to be payable to me. As such, if all benefits payable under the relevant policy are paid out during my lifetime, there is a possibility that there may not be any death benefits payable to the nominee(s) named in Part 3.

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	Manulife (Singapore) Pte Ltd
Name of policy owner	
NRIC or Passport No. of policy owner	
Signature or right thumb print of policy owner	
Date	

Part 2 WITNESSESNotes:

- 1 Each witness must have attained the age of 21 years.
- 2 A witness must not be a nominee or the spouse of a nominee. Otherwise, the revocable nomination made using this Form will not be valid.
- 3 The date specified in this Part and the date specified in Part 1 must be the same date.

Name of witness	(1)	(2)
NRIC or Passport No. of witness		
Address of witness		
Telephone No. of witness		
Signature of witness	I confirm that this Form was signed by the policy owner in my presence.	I confirm that this Form was signed by the policy owner in my presence.
Date		

Part 3 NOMINEE(S)Notes:

- 1 A revocable nomination will not be valid if any nominee's share is not specified.
- 2 A revocable nomination will not be valid if the total of the shares of all nominees does not add up to 100%.
- 3 A policy owner who wishes to name more than 4 nominees shall attach to this Form as many additional copies of Form 4 as may be necessary to cover all nominees.

Name of nominee	NRIC, Birth Certificate or Passport No. of nominee (if an individual), or Unique Entity No. or registration number of nominee (if not an individual)	Address of nominee	Date of birth of nominee (if an individual)	Share of nominee (%)
Total (%)				
<u>Note:</u> <ol style="list-style-type: none"> 1 If there is no additional Form 4 attached to this Form, the total must add up to 100%. 2 If there is any additional Form 4 attached to this Form, the sum of the totals for all Forms must add up to 100%. 				
Is there any additional copy of Form 4 attached to this Form?				Yes/No*
If the answer to the preceding question is "Yes", please state the number of additional copies of Form 4 attached to this Form.				

*Please delete as appropriate.