

IMPORTANT THINGS TO NOTE ON NOMINATION FORMS

A. When Completing the Form

To ensure that your form will be accepted and processed promptly, please note the following when completing the form:

1. No amendments or corrections can be made on the form. Amendment with countersigning or amendment using correction tape is not allowed.
2. Applicable to Form 1, Form 2, Form 3, Form 4 and Form 5. Please ensure that the date of witnessing by the two appropriate signatories is the same as the date specified by the policy owner, trustee(s) and nominee(s).
3. Applicable to Form 1 and Form 4. Please ensure that the "Total shares of all nominees (%)" field is filled in and the total shares of the nominees listed add up to 100%. The shares of the nominee(s) must be reflected as a percentage (up to a maximum of 2 decimal places).
4. Please send the completed form to:

The Great Eastern Life Assurance Company Limited
1 Pickering Street #01-01
Great Eastern Centre
Singapore 048659

B. Documents required when you make a Trust Nomination or appoint a Trustee

Applicable to Form 1 and Form 3. Please ensure that the following additional documents, where applicable, are submitted with the nomination form:

1. Copy of NRIC/passport of each trustee (if trustee is an individual);
2. Copy of Business Profile from Accounting & Corporate Regulatory Authority (ACRA) or its equivalent dated within the last three (3) months of each trustee (if trustee is a licensed trust company);
3. Pursuant to the U.S. Foreign Account Tax Compliance Act ("FATCA"), the Company is required to obtain information from the trustee of a policy to assess if such a trustee is a U.S. Tax Resident, as such, please provide:
 - i) FATCA Declaration Form to be completed by each trustee;
 - ii) W-8BEN-E Form to be completed by each trustee (if trustee is a licensed trust company and not having a U.S. Tax Residency);
 - iii) W-9 Form to be completed by each trustee (if trustee is having a U.S. Tax Residency);
4. Pursuant to the Singapore Income Tax Act 1961 and regulations thereunder, which implement the standard for automatic exchange of financial account information in tax matters (commonly known as the "Common Reporting Standard" or "CRS"), the Company is legally obliged to obtain a self-certification from the holder, trustee and/or nominee of a policy to which the CRS applies*, in order to determine the tax residence(s) of such person, as such, please provide:
 - i) CRS Individual Self-Certification Form to be completed by each nominee. For a nominee who is below 18 years old, the policyholder or the legal guardian can complete the form on behalf;
 - ii) CRS Individual Self-Certification Form to be completed by each trustee (if trustee is an individual);
 - iii) CRS Entity Self-Certification Form to be completed by each trustee (if trustee is a licensed trust company). For Controlling Person of the trustee who is a passive Non-Financial Entity ("NFE"), or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution, please also complete the CRS Controlling Person Self-Certification Form.

***FATCA and CRS do not apply to A&H policies and non-cash value policies**

Note: A Financial Representative/Personal Financial Consultant cannot be appointed as Trustee of the policy unless proof of relationship (spouse/ child/ parent/ sibling) is provided.

C. If your policy is to be used for Exemption from Home Protection Scheme ("HPS")

Trust Nomination should not be made for a policy which you have used or would like to use to apply for an exemption from the Home Protection Scheme as it may result in you having to purchase insurance under HPS from the Central Provident Fund Board or apply for another life insurance policy to enjoy the exemption from HPS.

If you need any clarification or assistance, you may contact our Customer Service Officers on 1800-248 2888 or email us at wecare-sg@greateasternlife.com.

Thank you for your continued support.

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.	(a) (b)
Name of insurer	THE GREAT EASTERN LIFE ASSURANCE COMPANY LIMITED
Name of policy owner	
NRIC or Passport No. of policy owner	
Signature[^] or right thumb print* of policy owner	Wet-inked signature is required. Electronic form is currently unavailable.
Email Address of policy owner	
Date (dd/mm/yyyy) (This date has to be the same as both appropriate signatories' date)	

[^] "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.

Name of appropriate signatory	(1)	(2)
NRIC or Passport No. of 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. Wet-inked signature is required. Electronic form is currently unavailable.	I confirm that I witnessed the signing of this Form. Wet-inked signature is required. Electronic form is currently unavailable.
Signature[^] of or right thumb print* of appropriate signatory who did not witness the signing of this Form (where applicable)	NOT APPLICABLE	NOT APPLICABLE
Date (dd/mm/yyyy) (This date has to be the same as policy owner's date on Page 1)		

[^] "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

* Please delete as appropriate.