

Part 1B: NOMINEE(S)
Notes:

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

	(1)	(2)	(3)	(4)
Name of nominee	Lim Mei Ling	Tan Jun Hong		
NRIC, Birth Certificate or Passport No. of nominee (if an individual), or Unique Entity No. or registration number of nominee (if not an individual)	S8765432E	T1234567Z		
Date of birth of nominee (if an individual), or date of issue of Unique Entity No. or registration number of nominee (if not an individual) (dd/mm/yyyy)	15/03/1985	20/07/2015		
Address of nominee	Block 123 Clementi Road #12-34, Singapore 123456	Block 123 Clementi Road #12-34, Singapore 123456		
Telephone No. of nominee	9123 4567			
Email Address of nominee	limmeiling@email.com			
Share of nominee (%)	60.00	40.00		
Total shares of all nominees (%)	100.00			

Note:

- 1 If there is no additional Form 4 attached to this Form, the total shares of the nominees listed in this Form must add up to 100%.
- 2 If there is any additional Form 4 attached to this Form, the sum of the total shares of all nominees listed in 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.

INSURANCE ACT 1966
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 133(2) and (3) of the Insurance Act 1966 ("Insurance Act"), 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 licensed insurer that issued the relevant policy specified in Part 1A.
- 5 Only a policy owner who has attained the age of 18 years may make a revocable nomination.
- 6 In order for 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 1A. Otherwise, the licensed insurer will not be bound to give effect to the revocable nomination purportedly made using this Form.

Part 1A: POLICY OWNER'S INSTRUCTIONS

In accordance with section 133(2) of the Insurance Act, I nominate each person named in Part 1B (called in this Form a nominee) to receive the share (of the death benefits payable under the relevant policy specified below) set down against his or her name.

I understand that only death benefits will be payable to the nominee(s) named in Part 1B, 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 1B.

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.	P1234567 (a) Health Protect (b) \$ 50,000.00
Name of insurer	THE GREAT EASTERN LIFE ASSURANCE COMPANY LIMITED
Name of policy owner	Tan Wei Ming
NRIC or Passport No. of policy owner	S7654321D
Signature[^] or right thumb print* of policy owner	Wet-inked signature is required. Electronic form is currently unavailable.
Email Address of policy owner	tanweiming@email.com
Date (dd/mm/yyyy) (This date has to be the same as both appropriate signatories' date)	21/04/2025

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

* Please delete as appropriate.

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.

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. Otherwise, the revocable nomination made using this Form will not be valid.
- 3 Where the nomination is witnessed, the date specified in this Part must be the same date as the date specified in Part 1A.
- 4 Where the nomination is not witnessed, the date specified in this Part must be within 7 calendar days starting on the date specified in Part 1A.

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 make the nomination as set out in Parts 1A and 1B of this Form.

	(1)	(2)
Name of appropriate signatory	Wong Jia Hui	Lee Kah Meng
NRIC or Passport No. of appropriate signatory	S8901234F	S7890123G
Address of appropriate signatory	Block 456 Bishan Street 13 #05-67, Singapore 567890	Block 789 Tampines Avenue 3 #10-11, Singapore 520789
Telephone No. of appropriate signatory	9876 5432	9765 4321
Email Address of appropriate signatory	wongjh@email.com	leekm@email.com
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 <u>did not</u> 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)	21/04/2025	21/04/2025

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

* Please delete as appropriate.