

NAME: \_\_\_\_\_

I/C NO.: \_\_\_\_\_

**NOMINATION FORM FOR GROUP PERSONAL ACCIDENT/TERM LIFE PURCHASED  
BY EMPLOYER ON THE LIFE OF THE EMPLOYEE**

I, \_\_\_\_\_ I/C No. \_\_\_\_\_ hereby nominate the following persons to the benefits entitled under the Group Personal Accident / Term Life policies arranged by the employer in the event of my demise.

**NOTE:**

This form is to be completed for the nomination of a spouse, child or parent (if there is no spouse or child living the date of application. Written consent of the trustee is required for revoking a nominee named herein or for varying, surrendering, assigning or pledging this policy as security. Only death benefits are payable to the trustees.

1. NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

IC NUMBER : \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_\_

RELATIONSHIP : \_\_\_\_\_ % OF SHARE : \_\_\_\_\_

2. NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

IC NUMBER : \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_\_

RELATIONSHIP : \_\_\_\_\_ % OF SHARE : \_\_\_\_\_

3. NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

IC NUMBER : \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_\_

RELATIONSHIP : \_\_\_\_\_ % OF SHARE : \_\_\_\_\_

4. NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

IC NUMBER : \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_\_

RELATIONSHIP : \_\_\_\_\_ % OF SHARE : \_\_\_\_\_

DATED THIS (DD/MM/YY) : \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
PROPOSED INSURED/POLICY OWNERS  
SIGNATURE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
I/C NUMBER

*(The witness must of at least 18 years old and not be a named nominee)*

FOR OFFICE USE

A copy of this nomination has this day been filled in the personal file of the above-mentioned employee.

DATE (DD/MM/YY) : \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE