

**INSURANCE ACT 1966**  
 INSURANCE (NOMINATION OF BENEFICIARIES)  
 REGULATIONS 2009

**FORM 3 - APPOINTMENT, OR REVOCATION OF APPOINTMENT, OF TRUSTEE OF POLICY MONEYS**

**PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM**

1. This Form can only be used to appoint, or to revoke the appointment, of one or more trustees of policy moneys payable under one relevant policy.
2. Unless the context otherwise requires, Parts 1, 2A and 3 must be completed in full in order to appoint a trustee of policy moneys payable under a relevant policy.
3. Unless the context otherwise requires, Parts 1, 2B and 3 must be completed in full in order to revoke the appointment of a trustee of policy moneys payable under a relevant policy.
4. Unless the context otherwise requires, Parts 1, 2A, 2B and 3 must be completed in full in order to revoke the appointment of a trustee of policy moneys payable under a relevant policy, and to appoint a new trustee for those policy moneys.
5. An appointment of a trustee of policy moneys payable under a relevant policy must comply with section 132(12) and (14) of the Insurance Act 1966 ("Insurance Act"), and must be made using this Form, in order for it to be valid.
6. The revocation of the appointment of a trustee of policy moneys payable under a relevant policy must comply with section 132(12) of the Insurance Act, and must be carried out using this Form, in order for the revocation to be valid.
7. The appointment, or the revocation of the appointment, of a trustee pursuant to this Form, 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.
8. A person must agree to be appointed as a trustee before the policy owner makes the appointment, and the person may only agree so after being informed by the policy owner of the details of the relevant policy in Part 1 (Policy No. or other reference and name of insurer).
9. If the policy owner wishes to amend Part 1 after obtaining a person's agreement to be appointed as a trustee, the policy owner must inform the person of the amendments to Part 1 and obtain the person's agreement again.
10. In order for the appointment or the revocation of the appointment, of any trustee of the policy moneys payable under a relevant policy, 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 3; or
    - (ii) sign this Form without witnessing the signing mentioned in sub-paragraph (i), and make the declarations in Part 3.
11. 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 appointment, or the purported revocation of the appointment, of any trustee of policy moneys pursuant to this Form.

**Part 1- POLICY OWNER'S INSTRUCTIONS**

In accordance with section 132(12) of the Insurance Act, I —

- (a) appoint each person specified in Part 2A as a trustee of the relevant policy specified below./; and\*
- (b) revoke the appointment(s) of the trustee(s) specified in Part 2B.\*

<b>Policy No. or other reference of the relevant policy</b> Where the policy number or other reference is NOT available, please provide:	
(a) the plan name; and	(a)
(b) the Basic Sum Insured.	(b)
<b>Name of insurer</b>	Manulife (Singapore) Pte Ltd
<b>Name of policy owner</b>	
<b>NRIC or Passport No. of policy owner</b>	
<b>Signature^ or right thumb print* of policy owner</b>	Wet-inked signature is required. Electronic form is currently unavailable.
<b>Email Address of policy owner</b>	
<b>Date (dd/mm/yyyy)</b>	

^ "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.  
 \* Please delete as appropriate.

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**Part 2A- APPOINTMENT OF TRUSTEE(S)**

- Notes:**
1. A trustee who is an individual must have attained the age of 18 years.
  2. A trustee appointed under this Part will be in addition to any trustee appointed earlier whose appointment has not been revoked.
  3. The policy owner may be named as trustee. However, if the policy owner is named as a trustee —
    - (a) he or she will not be able to consent to the revocation of the trust nomination;
    - (b) he or she will not be able to consent to the variation of a term or condition of the relevant policy, or to the execution by the licensed insurer that issued the relevant policy of any instruction in relation to the relevant policy which may directly or indirectly alter the benefits payable under the relevant policy; and
    - (c) he or she will not be able to give a valid discharge to the licensed insurer that issued the relevant policy for any payment made, pursuant to the trust nomination, from the policy moneys payable under the relevant policy.
  4. In this Part, “licensed trust company”, “director” and “resident manager” have the meanings given by section 2 of the Trust Companies Act 2005.

Name of trustee	(1)	(2)
NRIC or Passport No. of trustee (if trustee is an individual) or Unique Entity No. of trustee (if trustee is a licensed trust company)		
Date of birth of trustee (if trustee is an individual) or date of incorporation of trustee (if trustee is a licensed trust company) (dd/mm/yyyy)		
Address of trustee		
Telephone No. of trustee		
Email Address of trustee		
Signature <sup>^</sup> or right thumb print* of trustee (if trustee is an individual); or Signature or right thumb print*, name and designation of authorised director or resident manager of trustee (if trustee is a licensed trustee company)	I agree/The abovenamed licensed trust company agrees* to be appointed as a trustee of the policy moneys payable under the relevant policy specified in Part 1.	I agree/The abovenamed licensed trust company agrees* to be appointed as a trustee of the policy moneys payable under the relevant policy specified in Part 1.
	<i>Wet-inked signature is required. Electronic form is currently unavailable.</i>	
Date (dd/mm/yyyy)		

<sup>^</sup> “Signature”, in relation to a signatory of an electronic form, means the signatory’s secure electronic signature.  
 \* Please delete as appropriate.

**Part 2B- REVOCATION OF APPOINTMENT OF TRUSTEE(S)**

- Notes:**
1. A policy owner may revoke the appointment of a trustee if, after the revocation of that trustee’s appointment, there is at least one remaining trustee.
  2. The revocation of the appointment of a trustee under this Part does not affect the appointment of any other trustee.
  3. In this Part, “licensed trust company” has the meaning given by section 2 of the Trust Companies Act 2005.

Name of trustee	(1)	(2)
NRIC or Passport No. of trustee (if trustee is an individual) or Unique Entity No. of trustee (if trustee is a licensed trust company)		

**Part 3- 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 appointment/revocation of appointment of trustee(s) of policy moneys is witnessed, the date specified in this Part must be the same date as the date specified in Part 1.
4. Where the appointment/revocation of appointment of trustee(s) of policy moneys 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 appoint the trustee(s) or revoke the appointment of trustee(s) (as the case may be) as set out in Part 2A/Part 2B/Parts 2A and 2B\* 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 <sup>^</sup> 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.	I confirm that I witnessed the signing of this Form.
	<small>Wet-inked signature is required. Electronic form is currently unavailable.</small>	
Signature <sup>^</sup> of or right thumb print* of appropriate signatory who did not witness the signing of this Form (where applicable)	<b>Do not sign here</b>	
Date (dd/mm/yyyy)		

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<sup>^</sup> "Signature", in relation to a signatory of an electronic form, means the signatory's secure electronic signature.

\* Please delete as appropriate.