



HSBC Insurance (Singapore) Pte. Limited. (Reg. No. 195400150N)  
 21 Collyer Quay #02-01 Singapore 049320, Monday to Friday 9.30 am to 5 pm www.insurance.hsbc.com.sg  
 Customer Care Hotline: (65) 6225 6111 Fax: (65) 6221 2188  
 Mailing address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

**INSURANCE ACT**

**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 49M (4) of the Insurance Act (Cap. 142) 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 The policyowner must sign this Form in the presence of 2 witnesses, in order for the revocation of the revocable nomination to be valid.
- 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.
- 8 The personal data which you have submitted is being collected for the purposes stated in the HSBC Data Protection Policy. For more information on how we manage your personal data, please visit <http://www.hsbc.com.sg/1/2/miscellaneous/privacy-and-security>.

**Part 1 INSTRUCTIONS**

In accordance with section 49M(4) of the Insurance Act, I revoke the revocable nomination which I had made on \_\_\_\_\_ in respect of the relevant policy specified below.

<p><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                  (b) the Basic Sum Insured.</p>	
<p><b>Name of insurer</b></p>	<p><b>HSBC Insurance (Singapore) Pte. Limited</b></p>
<p><b>Name of policyowner</b></p>	
<p><b>NRIC or Passport No. of policyowner</b></p>	
<p><b>Signature or right thumb print of policyowner</b></p>	
<p><b>Date</b></p>	

**Part 2 WITNESSES**

Notes:

- 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.
- 3 The date specified in this Part and the date specified in Part 1 must be the same date.

<b>Name of witness</b>	(1)	(2)
<b>NRIC or Passport No. of witness</b>		
<b>Address of witness</b>		
<b>Telephone No. of witness</b>		
<b>Signature of witness</b>	I confirm that this Form was signed in my presence.	I confirm that this Form was signed in my presence.
<b>Date</b>		