

REMOVAL OF BENEFICIARY

- Important Note:** 1) The Great Eastern Life Assurance Company Limited will be referred to as "the Company".
 2) This form is to be used for removal of beneficiaries which do not include spouse and/or children.
 3) This form must be signed in the presence of 2 witnesses who must be at least 21 years of age.
 4) ONLY the original completed form will be accepted.

 POLICY NO.:

 NAME OF POLICYHOLDER :
 NRIC NO. / PASSPORT NO.:

I, the owner of the above policy, wish to remove the following beneficiaries currently in my policy

| Name of Beneficiary | NRIC/ Birth Certificate/ Passport No. | Relationship to Policyholder |
|---------------------|---------------------------------------|------------------------------|
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In consideration of the Company allowing me to remove the above beneficiaries I hereby discharge the Company from all liability whatsoever owed to me under the above policy and will, at all times from this day onwards, indemnify the Company and keep the Company indemnified against all actions, proceedings, liabilities, losses, damages, claims, demands and expenses and including all legal costs (on a solicitor and client basis) and other costs charges and expenses which the Company may incur or sustain as a result of allowing the removal of the above beneficiaries.

 Signature of Policyholder

 Signature of Witness

 Signature of Witness

 Contact No.

 Name of Witness

 Name of Witness

 Date

 NRIC / Passport No. of Witness

 NRIC / Passport No. of Witness

 Address of Witness

 Address of Witness

 Contact No. of Witness

 Contact No. of Witness

Any photocopies/downloaded forms submitted must be an exact duplicate of the original. The Company will not be responsible for the validity of any photocopied / downloaded forms submitted which are not exact duplicates.