



AMALGAMATED UNION OF PUBLIC EMPLOYEES

Wisma AUPE 295 Upper Paya Lebar Road Singapore 534929
TEL: 62808033 FAX: 62800854 WEBSITE: www.aupe.org.sg

AUPE Mutual Aid Welfare Schemes Nomination Form

SECTION A

| | |
|--|---|
| Name of Member : | NRIC No : |
| I nominate the person(s) named in Section B to receive according to the shares set down against his/her/their name(s) of all sums payable by AUPE on my death. In the event that any of my beneficiaries is below 21 years at the time of claim following my death, Mr/Mrs/Mdm/Miss _____, NRIC No. _____ of Address: _____ _____ will act as guardian for the minor(s). | |
| Signed by the abovenamed member in the presence of the 2 witnesses below who must be 21 years old and above and must not be the member / nominee: |)))) _____ Signature of member & date |

SECTION B

The nominee's entitlement should be indicated in percentages and the total of such entitlement should not exceed 100 per cent. The names of the nominees should be as indicated in their NRIC or Birth Certificate.

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| Name of Nominee (IN BLOCK LETTERS) : _____ Address : _____ NRIC No / Birth Certificate No : _____ Date of Birth : _____ Relationship to the member : _____ Share : _____ % |
| Name of Nominee (IN BLOCK LETTERS) : _____ Address : _____ NRIC No / Birth Certificate No : _____ Date of Birth : _____ Relationship to the member : _____ Share : _____ % |
| Name of Nominee (IN BLOCK LETTERS) : _____ Address : _____ NRIC No / Birth Certificate No : _____ Date of Birth : _____ Relationship to the member : _____ Share : _____ % |

| WITNESS 1 | WITNESS 2 |
|-------------------|-------------------|
| Name : _____ | Name : _____ |
| NRIC No : _____ | NRIC No : _____ |
| Address : _____ | Address : _____ |
| Signature : _____ | Signature : _____ |