



AMALGAMATED UNION OF PUBLIC EMPLOYEES

Wisma AUPE 295 Upper Paya Lebar Road Singapore 534929
TEL: 6280 8033 FAX: 6280 0854 WEBSITE: www.aupe.org.sg

AUPE Mutual Aid Welfare Schemes Nomination Form

SECTION A

Name of Member :	NRIC No :
Guardian's particulars	
Mr/Mrs/Mdm/Miss _____	NRIC No: _____
Address: _____ S (_____)	
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, the above mentioned name will act as guardian for the minor(s).	
Declaration and authorisation	
I declare that the particulars stated in this forms are true and correct, and that I have not wilfully withheld any material fact. I consent to my personal data being collected, used and retained by AUPE for purposes of processing, administering and managing my nomination. I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number is necessary to accurately establish my identity to a high degree of fidelity in relation to "NTUC Gift", a group insurance policy exclusively for members of NTUC affiliated unions and associations. I consent to be contacted by AUPE via email, text messages, phone, fax and/or post for matters relating to membership and its privileges.	
Signed by the member in the presence of a witness who must be 21 years old and above and must not be the member, the nominee nor the guardian	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.

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

WITNESS

Name :	_____
NRIC No : (last 4 digits)	_____
Signature : _____	