



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 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 : _____

Address : _____

Signature : _____