



AMALGAMATED UNION OF PUBLIC EMPLOYEES

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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
1. I, the Member, declare that the particulars stated in this nomination form are true and correct, and that I have not wilfully withheld any material fact.
2. I have noted that I may be required to furnish supporting documents related to my nomination for verification and audit purposes.
3. I consent to the collection, use, disclosure and retention of my personal data by AUPE for the purposes of:
(a) processing, administering and managing my nomination; and
(b) carrying out verification of my membership status and/or information that I have provided in this nomination form.
4. I further declare that I have obtained the consent of my nominee(s) and guardian for the collection, use, disclosure and retention of their personal data, as provided in this nomination form, for the purposes of processing my nomination.
5. I acknowledge that the collection, use, disclosure and retention of our NRIC/FIN numbers, as required in this application form, is necessary to accurately establish our identities to a high degree of fidelity in relation to my nomination.
6. I will inform AUPE immediately of any changes to my contact details and/or personal data in order to enable AUPE to contact me for all matters relating to my nomination.
7. I consent to the disclosure of my personal data by AUPE to NTUC for the purposes of processing, administering and managing my nomination and to authorised third parties for audit purposes, and have obtained the consent of my nominee(s) and guardian for the same.
8. I consent to be contacted by AUPE via email, text messages, calls and/or post for matters relating to my nomination and other membership matters, as well as to obtain my opinion/feedback on such matters.
For any enquiries on personal data protection matters, please email to dpo@ntuc.org.sg. For more information, please visit www.aupe.org.sg or enquiries, please email to membership@aupe.org.sg
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 : %

Please submit additional nomination form if there are more than 2 nominees

WITNESS

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