

MINISTRY OF LAW
The Public Trustee

The URA Centre East Wing, 45 Maxwell Road, #07-11, Singapore 069118
Website: www.mlaw.gov.sg/pto Tel: 1800-2255-529 Fax: 6224-2858

Form 15B

For Official Use

File Ref No.:

LETTER OF AUTHORISATION & INDEMNITY
BY HOLDER OF JOINT BANK ACCOUNT

This form may take you 5 minutes to complete.

Please return the completed form to the Public Trustee's Office at the above address

IMPORTANT: It is an offence to make any false statement or to produce any document which is false for any purposes connected with this letter of authorisation & indemnity. Please sign against amendments made. Use of correction fluid/tape will render the letter of authorisation & indemnity void. An incomplete form will delay the processing of your application.

THIS FORM IS FOR USE WHERE THE PAYMENT IS TO BE MADE INTO A BANK ACCOUNT THAT IS NOT IN THE BENEFICIARY'S SOLE NAME

A. UN-NOMINATED CPF MONIES/ESTATE

Name of Deceased:

NRIC / Passport No. of Deceased:

B. DETAILS

1) I, _____ (Name & NRIC/Passport No.) of
_____ (Address Line 1)
_____ (Address Line 2) am the
joint bank account holder with _____ (Name & NRIC/Passport No.) of bank
account no. _____ held with _____
(Name of Bank).

I state that I have been informed that there is a sum of money due to
_____ (Name & NRIC/Passport No.) ("Recipient") which
will be paid into this bank account by the Public Trustee of Singapore. I hereby consent to the Public Trustee of
Singapore paying the sum of money due to the Recipient into the above-stated bank account.

A copy of my NRIC/Passport for the purpose of verifying my identity is attached.

C. DETAILS – CONT'D

- 2) I understand that the sum paid by the Public Trustee of Singapore into the bank account mentioned above is for the Recipient's sole benefit and I, hereby, irrevocably and unequivocally indemnify the Public Trustee of Singapore and hold the Public Trustee harmless against all claims or demands arising from the Recipient in relation to the payment.
- 3) I confirm that I do not lack mental capacity when making this document.
- 4) I understand that it is my responsibility to ensure that, if I cannot read or understand English, I have obtained such assistance as I require, to interpret and enable me to understand the contents of this document before I sign it.

D. SIGNATURE

Instructions: This form must be signed by the joint bank account holder in the presence of and at the same time as a witness. The joint bank account holder and witness must be at least 21 years old and must not lack mental capacity. The witness must not be the account holder of the above-mentioned bank account.

Name of Joint Bank Account Holder:	Name of Witness:
Signature/Thumbprint of Joint Bank Account Holder:	Signature/Thumbprint of Witness:
Date:	Date: