

MINISTRY OF LAW
The Public Trustee

The URA Centre East Wing, 45 Maxwell Road, #07-11, Singapore 069118
Website: <https://pto.mlaw.gov.sg> Tel: 1800-2255-529

Form 20

For Official Use

File Ref No.:

CONSENT FORM FOR APPOINTMENT OF BENEFICIARY REPRESENTATIVE

This form may take you 10 minutes to complete.

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

IMPORTANT: Please read the notes carefully before completing the application. It is an offence to make any false statement or to produce any document which is false for any purposes connected with this application. Please sign against amendments made. Use of correction fluid/tape will render the application void. **Please submit together with the documents required.** An incomplete form will delay the processing of the application.

NOTES

1 Information on Consent

- This is to be completed by the Beneficiary(ies) to give consent for the Beneficiary Representative to receive his / her share of the un-nominated CPF monies on his / her behalf. Only Beneficiary(ies) and Witness(es) who are 21 years old and above and not an undischarged bankrupt can complete this Consent Form.
- The Beneficiary Representative cannot be the Witness.
- Both the Beneficiary(ies) and Witness(es) must sign on the same date.
- Please submit a copy of the NRIC / Passport of both the Beneficiary(ies) and the Witness(es) who have signed on this form together with this Consent Form.

A. PARTICULARS OF DECEASED

Name of Deceased:	NRIC / Passport No. of Deceased:
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B. PARTICULARS OF BENEFICIARY REPRESENTATIVE APPOINTED

Name of Beneficiary Representative:	NRIC / Passport No. of Beneficiary Representative:
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C. CONFIRMATION OF CONSENT

I / We named below am a / are Beneficiary / Beneficiaries of the un-nominated CPF monies of the above-named Deceased ("Deceased"). I / We hereby expressly confirm that I / we had provided consent out of my / our own free will for the Beneficiary Representative to receive my / our share of the Deceased's un-nominated CPF monies on my / our behalf.

D. INDEMNITY

I / We hereby undertake to fully indemnify the Public Trustee and all his officers against all damages (including costs and expenses) suffered by the Public Trustee arising from or in relation to any payment made to the Beneficiary Representative by the Public Trustee or his officers in the discharge of their duties, in reliance on or use of any of the information provided by me / us.

E. DECLARATION

I / We declare that all the information I / we have given in this Consent Form is true and that I / we give the information knowing that the Public Trustee and his officers would rely on and use the information to perform his duties.

I / We also know that if any of the information is false, I / we may be prosecuted for giving the false information.

Please turn over the sheet.

<u>Beneficiary</u>	<u>Witness</u>
Name: _____	Name: _____
NRIC No: _____	NRIC No: _____
Relationship with Deceased: _____	
Signature / Date: _____	Signature / Date: _____

<u>Beneficiary</u>	<u>Witness</u>
Name: _____	Name: _____
NRIC No: _____	NRIC No: _____
Relationship with Deceased: _____	
Signature / Date: _____	Signature / Date: _____

<u>Beneficiary</u>	<u>Witness</u>
Name: _____	Name: _____
NRIC No: _____	NRIC No: _____
Relationship with Deceased: _____	
Signature / Date: _____	Signature / Date: _____

<u>Beneficiary</u>	<u>Witness</u>
Name: _____	Name: _____
NRIC No: _____	NRIC No: _____
Relationship with Deceased: _____	
Signature / Date: _____	Signature / Date: _____