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

APPLICATION FOR DISTRIBUTION OF A DECEASED PERSON'S UN-NOMINATED CPF MONIES THROUGH A BENEFICIARY REPRESENATATIVE

For Official Use
File Ref No.:

GUIDELINES FOR COMPLETION

1. Information on the Administration of Un-Nominated CPF Monies

Under the provisions of the Central Provident Fund Act 1953, if the deceased CPF member did not make a valid nomination, his/her CPF monies will be transferred to the Public Trustee for distribution in accordance with the Intestate Succession Act for non-Muslims and Administration of Muslim Law Act for Muslims.

2. Mode of Distribution

- a. The deceased's un-nominated CPF monies¹ will be paid to a Beneficiary Representative, at the agreement of all eligible beneficiary(ies).
- b. If the deceased was a non-Muslim person, beneficiary(ies) is/are eligible to inherit the deceased's unnominated CPF monies in accordance with the law of the country in which the deceased was domiciled at the time of his/her death. If the deceased was domiciled in Singapore, the eligible beneficiary(ies) will follow the rules of distribution under Singapore's Intestate Succession Act.
- c. If the deceased was a Muslim person, distribution to the eligible beneficiary(ies) will follow the relevant Muslim laws. For example, if the deceased was domiciled in Singapore, the eligible beneficiary(ies) will be in accordance with the Inheritance Certificate issued by the Syariah Court.
- d. The un-nominated CPF monies will be paid out within 1 month after receiving the completed Application Form, all required documents and relevant consent(s) from the eligible beneficiary(ies).
 - ¹ This applies only to deceased CPF members with un-nominated CPF monies of not more than \$10,000.
 - ² Note: Domicile refers to the country where the deceased intended to make his place of residence. It does <u>not</u> necessarily refer to the place of death.
- **3. Instructions on Completion** (Failure to submit a completed Application Form, documents and relevant consent(s) from the eligible beneficiary(ies) would result in a delay in the administration of the un-nominated CPF monies.)
- a. Complete every section of this Application Form.
- b. Fill in 'NA' for any part which is not applicable.
- c. Please submit your bank details via our "Submission of bank account/ PayNow Details eService at https://eservices.mlaw.gov.sg/ipto/forms.



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APPLICATION FOR ADMINISTRATION OF DECEASED PERSON'S UN-NOMINATED CPF MONIES THROUGH A BENEFICIARY REPRESENATATIVE

This form may take you 20 minutes to complete.

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

IMPORTANT: Please read the guidelines for completion 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 your application.

A. PARTICULARS OF DECEASED			
Name:	Identity Card No: Date of Birth:		
Any other name(s) as recorded in marriage c birth certificate:	Date of Death:	-	
Gender [please tick where appropriate]:	Occupation:		
Male Female		_	
Marital Status [please tick where appropriate]:	Place of Domicile [please tick where appropriate]:		
Single Married	Singapore Malaysia		
Divorced Separated	Others:		
Widowed			
Death Certificate No:	Religion [please tick where appropriate]:		
	Non-Muslim Muslim		

B. PARTICULARS OF BENEFICIARY REnot an undischarged bankrupt)	EPRESENTATIVE (Must be 21 Years Old & Above and
Name:	Relationship to Deceased [please tick where appropriate]:
Any other name(s) as recorded in marriage certificate or birth certificate:	Spouse Child Parent Grandchild Grandparent Uncle/Aunt
Identity Card No: Date of Birth:	Sibling Nephew / Niece Others:
Home Address:	Contact No:
Documents to Submit	1
Please submit a copy of the following documen	
children; mandatory if the Deceased wa e. Deceased's marriage certificate (if Dece passing)	sild or sibling of the Deceased) s the child of the BR) d was single or married/widowed/divorced without s a Muslim) eased was married or divorced with children at the time of and identification (if the beneficiaries are born in Singapore



Nam	e of Beneficiary:	Identification No:	
NRI	C No:	Date of Birth:	
Ema	il Address	Contact No:	
Relationship with Deceased:			
Cons	Consent by the Beneficiary		
	I am a beneficiary of the un-nominated CPF monies of the above-mentioned deceased expressly consent out of my own free will for the Beneficiary Representative to receinn where the deceased's un-nominated CPF Monies on my behalf.		
Inde	Indemnity from the Beneficiary		
I hereby undertake to fully indemnify the Public Trustee and all his officers damages (including costs and expenses) suffered by the Public Trustee arising relation to any payment made to the Beneficiary Representative by the Public his officers in the discharge of their duties, in reliance on or use of any of the in provided by me.		y the Public Trustee arising from or in epresentative by the Public Trustee or	
Decl	Declaration by the Beneficiary		
	I declare that all the information which I have provided is true and that I give the information knowing that the Public Trustee and his officers would rely on and use the information to perform his duties. I also know that if any of the information is false, I may be prosecuted for giving false information.		
	may be prosecuted for giving false information.		
Sign	may be prosecuted for giving false information. ature of Beneficiary:	Date:	
		Date:	
The	ature of Beneficiary:	Date: Identification Number:	



refer to A	NT D NOT omit the names of any beneficiary(ies). If the name A for the list of eligible beneficiary(ies). If the st of beneficiary(ies) listed in the Inheritance Certification.	ne deceased was a Muslim person, plea	
2 Name	e of Beneficiary:	Identification No:	
NRIC	C No:	Date of Birth:	
Emai	il Address	Contact No:	
Relat	Relationship with Deceased:		
Cons	Consent by the Beneficiary		
	I am a beneficiary of the un-nominated CPF monies of the above-mentioned deceased expressly consent out of my own free will for the Beneficiary Representative to receimy share of the deceased's un-nominated CPF Monies on my behalf.		
Inde	Indemnity from the Beneficiary		
	☐ I 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.		
Decla	Declaration by the Beneficiary		
	I declare that all the information which I have provided is true and that I give the information knowing that the Public Trustee and his officers would rely on and use the information to perform his duties. I also know that if any of the information is false, I may be prosecuted for giving false information.		
Signa	Signature of Beneficiary: Date:		
The a	The above is witnessed by:		
Name	e of Witness:	Identification Number:	
Signa	ature of Witness:	Date:	

C. PARTICULARS OF BENEFICIARY(IES) OF THE DECEASED & CONFIRMATION OF



CONSEN Please DC refer to Ar	ULARS OF BENEFICIARY(IES) OF THE DEAT O NOT omit the names of any beneficiary(ies). If the name of the list of eligible beneficiary(ies). If the st of beneficiary(ies) listed in the Inheritance Certification.	the deceased was a Non-Muslim, plea he deceased was a Muslim person, ple	
Name	e of Beneficiary:	Identification No:	
NRIC	C No:	Date of Birth:	
Emai	l Address	Contact No:	
Relat	Relationship with Deceased:		
Cons	Consent by the Beneficiary		
	I am a beneficiary of the un-nominated CPF monies of the above-mentioned deceased. I expressly consent out of my own free will for the Beneficiary Representative to receive my share of the deceased's un-nominated CPF Monies on my behalf.		
Inde	Indemnity from the Beneficiary		
	I 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.		
Decla	Declaration by the Beneficiary		
	I declare that all the information which I have provided is true and that I give the information knowing that the Public Trustee and his officers would rely on and use the information to perform his duties. I also know that if any of the information is false, I may be prosecuted for giving false information.		
Signa	Signature of Beneficiary: Date:		
The a	The above is witnessed by:		



Name of Witness:

Signature of Witness:

Identification Number:

Date:

C Pl re	ONSEN lease <u>Do</u> efer to A	CULARS OF BENEFICIARY(IES) OF THE DENT O NOT omit the names of any beneficiary(ies). If the strong of the list of eligible beneficiary(ies). If the strong of the Inheritance Certification of the In	the deceased was a Non-Muslim, please ne deceased was a Muslim person, pleas		
	Nam	e of Beneficiary:	Identification No:		
	NRIO	C No:	Date of Birth:		
	Ema	il Address	Contact No:		
	Rela	tionship with Deceased:			
	Con	sent by the Beneficiary			
		I am a beneficiary of the un-nominated CPF monies of the above-mentioned deceased. I expressly consent out of my own free will for the Beneficiary Representative to receive my share of the deceased's un-nominated CPF Monies on my behalf.			
	Inde	Indemnity from the Beneficiary			
		I 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.			
	Decl	Declaration by the Beneficiary			
		I declare that all the information which I have information knowing that the Public Trustee and I information to perform his duties. I also know that may be prosecuted for giving false information.	nis officers would rely on and use the		
	Sign	ature of Beneficiary:	Date:		
	The	above is witnessed by:			
	Nam	e of Witness:	Identification Number:		
	Sign	ature of Witness:	Date:		



	I hereby undertake to fully indemnify the Public Trustee and the Government of the Republic of Singapore against all damages (including costs and expenses) suffered by the Public Trustee arising from or in relation to any payment made out 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.
E. D	ECLARATION BY THE BENEFICIARY REPRESENTATIVE
	 (a) I declare that all the information that I have given in this Application Form is true and that I give the information knowing that the Public Trustee and his officers would rely on and use the information to perform their duties. (b) I understand that this application under the Beneficiary Representative approach is limited to unnominated CPF monies which are no more than \$10,000. (c) I agree that where further un-nominated CPF monies which are subsequently received, that results in the aggregate amount of un-nominated CPF monies received from the CPF Board to exceed \$10,000, the distribution of these further monies shall be distributed in accordance with the relevant Intestacy or Muslim inheritance laws. (d) I also understand that Baby Bonus / Edusave / PSEA monies belonging to the Deceased would have to be distributed in accordance with the relevant Intestacy or Muslim inheritance laws. (e) I also know that if any of the information which I have provided is false, I may be prosecuted for giving false information.
E CI	CNATURE OF THE DENIED OF A DV DEDDESENT A TIME
F. SI	GNATURE OF THE BENEFICIARY REPRESENTATIVE

D. INDEMNITY BY THE BENEFICIARY REPRESENTATIVE



Signature of Beneficiary Representative

Date

Annex A

APPLICABLE FOR DECEASED WHO WERE NON-MUSLIMS ONLY

LIST OF BENEFICIARY(IES) WHO IS/ARE ENTITLED

The list of eligible beneficiary(ies) as provided for under the Intestate Succession Act is as follows:

Spouse^ No Issue* No Parents	Whole share to surviving spouse.
Spouse^ Issue*	½ share to surviving spouse. ½ share to be shared equally among issue*. Parents are not entitled.
Spouse^ Parents No Issue*	1/2 share to surviving spouse. 1/2 share to be shared equally among surviving parents.
Deceased was Single	
Parents No Spouse*	Whole share to be shared equally among surviving parents.
Brothers & Sisters and their Children No Spouse^ No Issue* No Parents	Whole share to be shared equally among deceased's siblings and children of siblings who have passed away before the deceased.
Grandparents No Spouse^ No Issue* No Parents No Brothers & Sisters and Their children	Whole share to be shared equally among surviving grandparents.
Uncles & Aunts No Spouse^ No Issue* No Parents No Brothers & Sisters and Their children No Grandparents	Whole share to be shared equally among surviving uncles and aunts.

- ^ Spouse means husband or wife.
- * Issue refers to children (legitimate or legally adopted) and the descendants of the deceased's children ie include the child, and grandchild of the deceased if the child of the deceased had passed away. A transferred child is not equivalent to a legally adopted child and is not entitled to the inheritance.

Annex B



APPLICABLE FOR DECEASED WHO WERE MUSLIMS ONLY

LIST OF BENEFICIARY(IES) WHO IS/ARE ENTITLED

The list of beneficiary(ies) who will be regarded as eligible beneficiary(ies) under the Muslim Inheritance Laws and reflected on the Inheritance Certificate as issued by the Syariah Court.

