

**For Official Use**

**File Ref No.:**

**LETTER OF AUTHORISATION, DISCHARGE & INDEMNITY  
 BY BENEFICIARY**

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)

hereby instruct and authorise the Public Trustee of Singapore to pay the monies due to me as a part of the above-mentioned un-nominated CPF Monies/Estate\* into:

*Please fill up either a) for joint bank account or b) for third party's bank account. Joint bank account holder of third party account holder must be at least 21 years old and must not lack mental capacity.*

a) My joint bank account with \_\_\_\_\_ (Name of Bank),  
 Bank Account No. \_\_\_\_\_, which I hold with  
 \_\_\_\_\_ (Name & NRIC/Passport No. of joint-account holder).

b) The bank account with \_\_\_\_\_ (Name of Bank), Bank  
 Account No. \_\_\_\_\_ belonging to:

i) \_\_\_\_\_ (Name & NRIC/Passport No. of third party)

ii) \_\_\_\_\_ (Name & NRIC/Passport No. of third party) ^

^ (delete (bii) if the bank account is in sole name)

**Note: If a) is filled up, the joint bank account holder must fill up Form 15B. If b) is filled up, the third party account holder must fill up Form 15 C.**

2) I understand and agree that the sum of the un-nominated CPF Monies / Estate\* made by the Public Trustee of Singapore into the bank account elected by me for receipt of such payment as indicated above shall be a complete and final discharge of the Public Trustee's obligation as the case maybe to make such payment to me pursuant to the Public Trustee Act or the Probate and Administration Act 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 such payment.

(\* Please delete where inapplicable.)

**C. DETAILS – CONT'D**

- 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 beneficiary in the presence of and at the same time as a witness. The witness must be at least 21 years old, must not lack mental capacity and must not be the account holder of the above-mentioned bank account.

<b>Name of Beneficiary:</b>	<b>Name of Witness:</b>
<b>Signature/Thumbprint of Beneficiary:</b>	<b>Signature/Thumbprint of Witness:</b>
<b>Date:</b>	<b>Date:</b>