



**Central Provident Fund Board**

Website : [www.cpf.gov.sg](http://www.cpf.gov.sg)  
CPF Call Centre: 1800-227 1188  
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**Form 6A (3) – NOMBK**

For Official Use Only  
Serial No.

**CPF Nomination Forms Booklet**

**NOTE:**

- This booklet may take you 10 minutes to complete.
- Please complete this booklet if you intend to -
  - make a Cash Nomination; and/or
  - an Enhanced Nomination Scheme (ENS) nomination; and/or
  - a Special Needs Savings Scheme (SNSS) nomination;
  - authorise the Board to disclose your CPF information after your demise; and/or
  - authorise a person to act on your behalf if you subsequently lack capacity within the meaning of section 4 of the Mental Capacity Act (Cap 177A) (“MI member”).
- Before you fill up the booklet, please do the following:
  - read the instructions under each section carefully before completing the booklet. In particular, please consider the needs of your nominee(s) carefully and choose the appropriate option for each nominee.
  - furnish all information required in the booklet. An incomplete booklet will delay the processing of your booklet.
  - sign against amendments made. Use of correction fluid/tape will render the application void.
  - note that the same nominee can only receive your CPF savings via one of the schemes (Cash Nomination Scheme, Enhanced Nomination Scheme or Special Needs Savings Scheme).
  - ensure the total share of your CPF moneys received by the nominee(s) add up to 100%.
  - complete this booklet before our Customer Service Officers (CSOs) who can be your witnesses and clarify any questions you may have in respect of the nomination process.
  - strike off the sections which you do not intend to use.
  - note that the Board will keep your CPF nomination details and statement of account confidential even after your demise. However, if you wish to authorise the Board to disclose your CPF information after your demise, please complete Section D of this booklet.

**Section A : Particulars Of CPF Member**

**Name (as in NRIC/Passport)**

.....

**NRIC or CPF Account Number**

S/T									
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**Tel/HP No.:** .....

**Email Address:** .....

**Marital Status**

Single/Married/Divorced/Widowed/Separated\*

**Date of Marriage (dd/mm/yy)**

\_\_\_\_\_

**Country where marriage took place**

Singapore  Others, please specify : \_\_\_\_\_

\*Delete where applicable.

## Section B1 : CASH Nomination Scheme

**NOTE:**

- This section allows you to nominate your nominee(s) to receive your CPF savings in cash upon your demise.

**PARTICULARS OF NOMINEE(S)**

Name (as in NRIC/passport)	NRIC/Passport No.	Postal Address and Email Address	Relationship to CPF member	Share (in %)
<b>Total for Section B1 (%)</b>				

\_\_\_\_\_  
Signature/Right Thumbprint of CPF member

## Section B2 : Enhanced Nomination Scheme (ENS)

**NOTE:**

- This section allows you to nominate your nominee(s) to receive your CPF savings in their CPF Accounts upon your demise. There are 2 options:
  - For crediting into their CPF Special Account (SA) or Retirement Account (RA) first, please complete Part A.
  - For crediting into their CPF Medisave account (MA) first, please complete Part B.

**PARTICULARS OF NOMINEE(S)**

Name (as in NRIC/Passport)	NRIC / Passport No.	Postal Address and Email Address	Relationship to CPF member	Share (in %)
<p><b>Part A. CPF (Special/Retirement Account first)</b>                      [ I wish to nominate my nominee(s) to receive my CPF savings in his/their <u>Special Account (SA)</u> or <u>Retirement Account (RA)</u> first, subject to the prevailing Minimum Sum limit applicable at the time of transfer of moneys to the nominee(s), and thereafter into Medisave Account (MA) subject to the prevailing Medisave Contribution Ceiling applicable to the nominee(s) at the time of transfer of moneys, I understand that such transfer is usually completed within 1 month upon notification of my demise.]</p>				
<p><b>Part B. CPF (Medisave Account first)</b>                      [ I wish to nominate my nominee(s) to receive my CPF savings in his/their <u>Medisave Account (MA)</u> first, subject to the prevailing Medisave Contribution Ceiling applicable to the nominee(s) at the time of transfer of moneys, and thereafter into Special Account or Retirement Account, subject to the prevailing Minimum Sum limit applicable at the time of transfer of moneys to the nominee(s), I understand that such transfer is usually completed within 1 month upon notification of my demise.]</p>				
<b>Total for Section B2 (%)</b>				

\_\_\_\_\_  
Signature/Right Thumbprint of CPF member

## Section B3 : Special Needs Savings Scheme (SNSS)

**NOTE:**

- This section allows you to nominate Persons with Disabilities (PWD) to receive your CPF savings in monthly cash instalments upon your demise.
- You may opt to transfer a share (%) of your Medisave savings to the nominee's Medisave Account specifically for his healthcare needs, and to nominate your nominee(s) to receive a corresponding share (%) of your other CPF savings in monthly cash instalments, by completing Part A. Otherwise, please complete Part B.

**PARTICULARS OF NOMINEE(S)**

Name (as in NRIC/passport)	NRIC / Passport No.	Postal Address and Email Address	Relationship to CPF member	Share (in %)	Monthly Payout Amount (\$)
<p><b>Part A. Transfer of Share of Medisave Moneys to nominee's Medisave Account <u>and</u> Share of Other CPF Moneys to nominee in Monthly Cash Instalments</b></p> <p>[ I wish to transfer a share of my Medisave moneys to my nominee's Medisave Account specifically for his/her healthcare needs. This share of my Medisave savings will be transferred to my nominee's Medisave Account in periodic payments up to the prevailing Medisave Contribution Ceiling applicable to my nominee at the time of transfer. I understand that the periodic payments would usually commence within 1 month upon notification of my demise. A corresponding share (%) of my other CPF savings will be paid to my nominee in monthly cash instalments. The monthly instalment amount shall be the <b>higher</b> of the amount stated below or \$250.]</p>					
<p><b>Part B. Payment of Share of CPF Moneys to nominee in Monthly Cash Instalments</b></p> <p>[ I <b>do not</b> wish to transfer my Medisave moneys to my nominee's Medisave Account specifically for his/her healthcare needs. The monthly instalment amount shall be the <b>higher</b> of the amount stated below or \$250]</p>					
			<b>Total for Section B3 (%)</b>		

\_\_\_\_\_  
Signature/Right Thumbprint of CPF member

**Section B4 : Summary of The Distribution of CPF Moneys**

Section B1 : CASH	%
Section B2 : ENS	%
Section B3 : SNSS	%
Total*	%

\*The total share should be 100%.

\_\_\_\_\_  
Signature/Right Thumbprint of CPF member

**Section C : Nomination Supplementary Form For Mentally Incapacitated (MI) Member**

**NOTE:**

- This section allows the authorised person to act on behalf of the member who lacks capacity within the meaning of section 4 of the Mental Capacity Act (Cap 177A) ("MI member").
- Please complete this section together with the appropriate nomination section(s) for an MI member.
- Please furnish a copy of your NRIC and the Order of Court together with the booklet.

**PARTICULARS OF AUTHORISED PERSON**

**Name (as in NRIC/Passport)**

**NRIC or CPF Account Number**

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S/T									
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**Tel/HP No.:** -----

**Email Address:** -----

**Relationship to CPF member:** -----

**DECLARATION**

Pursuant to the Order of Court (Originating Summons No. \_\_\_\_\_) dated \_\_\_\_\_,

- i) I as the authorized person acting on behalf of CPF member, sign/thumbprint on this **Section C** of the booklet
- (a) in the presence of the 2 witnesses, or
  - (b) after the contents have been read over and explained to me in \_\_\_\_\_ (please specify language/dialect) by \_\_\_\_\_ (Name) \_\_\_\_\_ (NRIC/Passport No.) in the presence of the 2 witnesses.

\_\_\_\_\_  
**Signature/Right Thumbprint of Authorised person acting on behalf of CPF member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name and NRIC/Passport No. of Authorised person acting on behalf of CPF member**

<p><i>Affix Court Seal here:</i></p>
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## Section D : Disclosure of CPF Nomination Details After Demise

**NOTE:**

- This section allows you to authorise the Board to disclose your CPF information after your demise.
- Please check the box to authorise the Board for such disclosure or leave this section blank if you do not wish to have your CPF information disclosed after your demise.

I authorize CPF to disclose –

(i) the names of my nominee(s) and witnesses;

(ii) the relationship between myself and –

(a) my nominee(s); and

(b) the witnesses to this nomination form;

(iii) the proportion of my CPF moneys that each nominee has been nominated to receive; and

(iv) my latest CPF Statement of Account and the current year's Transaction History as at the date of my death,

to the person(s) stated below upon his request made after my death. By indicating (v) in the box provided, I confirm that I have read this form and the nomination booklet and agree to the disclosure of the information stated in (i) to (iv).

S/No.	Name	NRIC / Passport No.	Relationship to CPF Member

\_\_\_\_\_  
Signature/Right Thumbprint of CPF member

## Section E : Particulars of Witnesses

**NOTE:**

- The witnesses must be at least 21 years old (unless they are employees of CPF Board) and must not be the CPF member or any of the nominee(s).

	1.	2.
<b>Name (as in NRIC / Passport)</b>		
<b>NRIC / Passport No.</b>		
<b>Address</b>		
<b>Tel / HP No.</b>		
<b>Relationship to CPF Member</b>		
<b>Signature</b>		

\_\_\_\_\_  
Signature/Right Thumbprint of CPF member

## Section F : Declaration

- i) I do not wish to distribute my CPF moneys according to the Intestacy laws/Inheritance Certificate, whichever is applicable. I wish to distribute my CPF moneys and any shares in an approved corporation to the person/persons named in the booklet.
- ii) I nominate the person/persons named in the booklet to receive according to the share set down against his/her/their name(s) the CPF moneys and any shares in an approved corporation designated under section 26(1) of the Central Provident Fund Act payable on my death out of the Central Provident Fund under section 25(1) of the Act.
- iii) I declare that where any further distribution of shares in an approved corporation will result in fractions of shares, the remaining shares shall not be distributed but shall be received by the nominee first-named in the form who survives me.
- iv) I understand that this nomination will be superseded by a subsequent nomination made by me under Central Provident Fund (Nominations) Rules.
- v) I understand that this nomination shall not supersede any nomination made by me under the Central Provident Fund (Minimum Sum Scheme Nominations) Rules.
- vi) I sign/thumbprint on the booklet in the presence of the 2 witnesses and after the contents have been read over and explained to me in \_\_\_\_\_ (please specify language/dialect).

\_\_\_\_\_  
**Signature/Right Thumbprint of CPF member**

\_\_\_\_\_  
**Date**

**FOR OFFICIAL USE ONLY**

<b>Receipt Date:</b>		
<b>Checked By:</b>		<b>Verified By:</b>
<b>Remarks:</b>		