



MINISTRY OF LAW  
The Public Trustee

The URA Centre East Wing, 45 Maxwell Road, #06-11, Singapore 069118  
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Form 15

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 Trust Division 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 application. Please sign against amendments made. Use of correction fluid/tape will render the application void. An incomplete form will delay the processing of your application.

**THIS FORM IS FOR USE ONLY WHEN THE BENEFICIARY DOES NOT PROVIDE A BANK ACCOUNT  
IN HIS/HER 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 my joint bank account with

\_\_\_\_\_ (Name of Bank), Bank Account

No. \_\_\_\_\_, which I hold with \_\_\_\_\_ (Name &

NRIC/Passport No. of joint-account holder).

2) I understand and agree that payments of the Un-nominated CPF Monies/ Estate\* made by the Public Trustee of Singapore into the joint bank account mentioned above shall be a complete discharge of the Public Trustee's obligation to pay me the monies that it received on my behalf pursuant to the Public Trustee Act and the Probate and Administration Act and I hereby indemnify the Public Trustee of Singapore and hold the Public Trustee harmless against all claims and demands arising from such payments.

(\* Please delete where inapplicable.)

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.

**C. 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 a joint-account holder of the above-mentioned bank account.

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