

GUIDELINES ON DEPOSIT OF COPIES OF LAST WILLS

1. SAM Trust Services Department shall maintain a separate safe for copies of wills deposited, instead of mixing with other SAM documents. Each copy of Will deposited to be kept in a separate sealed envelope, which shall be clearly marked with name of Depositor, date of deposit and serial number as recorded in Register (see Paragraph 5 below), in the dedicated SAFE;
2. The SAM Trust Services Director shall not disclose identity of those who have deposited copies of their wills. SAM shall not entertain request from family members due to respect for privacy;
3. SAM will only keep a copy and not original of will furnished by Depositor. Each depositor to sign a **Form A**;
4. To qualify as a Depositor, he or she has to be church member or regular visitor to church;
5. SAM Trust Services Director to maintain Register of Wills (Copies) Deposited in following format:

Name:

NRIC/Passport:

Citizenship:

Address:

Contact Number:

Name of Next of Kin (NOK):

Relationship to NOK:

Contact Number of NOK:

*Date deposited:

*Date withdrawn:

*Recorded by: (name and signature of SAM Trust Director, with another as witness)

6. Only Depositor may request to replace prior copy of his will with latest copy, upon making signed written request via **Form B**. In such event, SAM Trust Director shall return prior copy and to add remarks to Register;
7. Only 2 of the following 3 officers of SAM may jointly open any sealed envelope containing copy of will upon notification of death by named NOK, via **Form C**, where NOK must produce certified true copy of death certificate, identification proof, and signed written request) or

police warrant (for avoidance of doubt, not police report) or certified true copy of order of court:

President, or
Executive Secretary, or
Trust Services Director

8. SAM Trust Services Director to make a copy of any will handed over to verified NOK, police or person named in Order of Court strictly for evidential purposes only;
9. If SAM Trust Services Director has been informed and has verified that a Depositor is near death, he shall only be obliged to disclose that there is a deposit of a copy of a Will to the NOK or Church Pastor.
10. Each Depositor to sign express acknowledgement (**Form A**) that such deposit service is provided without liability by SAM and subject to these guidelines which guidelines have been read and understood by depositor, and these guidelines may be changed from time to time, to enhance confidentiality, safeguard interests of Depositor and guidance from Trust Services Department of General Conference of Seventh-day Adventists.

FORM A

TO: Trust Services Department Director
Seventh-day Adventist Mission (Singapore)

FROM

Name: _____

NRIC/Passport Number: _____

Citizenship: _____

Address: _____

Contact Number: _____

Name of Next of Kin (NOK): _____

Relationship to NOK: _____

Contact Number of NOK: _____

1. Please allow me to deposit copy of will attached.
2. I agree that that such deposit service is provided without liability by SAM and subject to the Guidelines, which have been read and understood by me.
3. I further agree that these Guidelines may be changed from time to time, to enhance confidentiality, safeguard interests of depositor and guidance from Trust Services Department of General Conference of Seventh-day Adventist.

Signature

Date:

FORM B

TO: Trust Services Department Director
Seventh-day Adventist Mission (Singapore)

FROM

Name: _____

NRIC/Passport Number: _____

Citizenship: _____

Address: _____

Contact Number: _____

Name of Next of Kin (NOK): _____

Relationship to NOK: _____

Contact Number of NOK: _____

1. Please allow me to withdraw copy of will deposited under my name.
2. I agree that that such withdrawal shall absolve SAM from any liability.

Signature

FORM C

TO: Trust Services Department Director
Seventh-day Adventist Mission (Singapore)

FROM

Name: _____

NRIC/Passport Number: _____

Address: _____

Contact Number: _____

1. I would like to inform you that:

Name: _____

NRIC/Passport Number: _____

Citizenship: _____

Address: _____

has passed away on _____ [date].

2. A certified copy of death certificate is attached.

3. I am the Next of Kin [specify relationship: _____] of the abovenamed deceased.

Signature